Parenting Assessment Manual Software within Forensic Parenting Assessments:

A Descriptive Study

of Application and Perceived Value

Tracee Joy Green

PhD

University of York

Social Policy and Social Work

July 2017

Abstract

Decisions being made within care proceedings can result in potentially life altering outcomes for families whereby children can be separated from their carers and placed for adoption. Judges and magistrates utilising forensic parenting assessments (FPAs) to help make these decisions need to be able to rely on consistently good practices to inform them; however, there are indications that the quality of FPAs can vary with many not meeting forensic guidelines. This study is about Parenting Assessment Manual Software (PAMS) which is a standardised parenting assessment package that can be incorporated into FPAs. It has established a presence in FPAs despite very limited research on its use or value. This mixed methods project administered an online survey (n=54) and telephone interviews (n=11) to practitioners who have incorporated PAMS into their FPAs in order to explore the process and value in doing so. This study found variations in how PAMS was being incorporated into FPAs resulting in the identification of 3 different ways in which PAMS was used; PAMS Informed, Full PAMS and PAMS Plus FPAs. It has also found a full continuum of practitioner opinion on the use of PAMS within FPAs; although most participants preferred to use PAMS than not. Finally, results indicate that there are minimal differences in a PAMS versus a non-PAMS FPA; however, certain types of FPAs using PAMS *require* the application of better practice guidelines, may take longer than non-PAMS counterparts and possibly include more parent-child observations. This study provides recommendations regarding the implementation of PAMS when it is incorporated into an FPA and develops knowledge around the use of PAMS within FPAs for the consideration of social workers, legal professionals, health practitioners, family support workers and any other interested parties.

Table of contents

List of Tables

List of Figures

Acknowledgements

Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references.

1. Introduction

This chapter starts by setting out the reason for this study; including reflexive considerations and professional background motivations for undertaking this project. It will then provide a brief summary of chapter content. Early chapters will provide a literature review on child development, parenting and forensic parenting assessments (FPAs). Subsequent chapters will then provide details on the methodology, results and discussion on this dissertation which is designed to develop knowledge and understanding around the incorporation of a standardised assessment package called Parenting Assessment Manual Software (PAMS) within FPAs.

1.1 Reason for Dissertation

The Family Justice Review Panel (2011) has made a call for further research with regard to the types, and quality, of assessments completed for courts as a means of providing a more quality, child centred, time limited and cost efficient means of obtaining these expert reports. PAMS is a standardised assessment tool which can be incorporated into FPAs and it has received ample anecdotal attention. However, aside from two studies on interrater reliability (McGaw, 2010; McGaw, 2016) and a mention of their being used in 16% of Independent Social Worker reports (Brophy et al., 2012), there has been no other empirical research found on the use of this assessment tool.

A PAMS FPA appears to meet many of the better-quality guidelines suggested in the literature; for example, it is a multimethod, multisource, multisession assessment (Budd et al., 2001; Azar, Lauretti and Loding, 1998; Wolfe, 1998; American Psychological Association, 2010) that focuses on strengths and areas identified for improvement (Reder, Duncan and Lucey, 2003; Gupta, Featherstone and White, 2014; Budd et al., 2001; Beyer, 1993; Azar et al., 1998). Though Munro (2011) has advocated for more flexibility with regard to Social Worker's prescription to work, she has also spoke of the importance of their having evidence based practice tools that are underpinned by relevant research findings. As consumers and providers of programmes are giving greater emphasis to programmes that are evidence-based (Mowbray et al., 2003), it is important that programmes are tested for effectiveness.

A PAMS FPA may, or may not, be able to contribute towards a raised quality standard of FPA. The Family Justice Review Panel (2011) has agreed that quality standards for experts in family courts are needed and a recommendation has been made that this should be developed; therefore, this research project has endeavoured to contribute towards the knowledge base of FPAs and how the incorporation of PAMS impacts on them. As there is little to no research on the use of PAMS within FPAs, this is a predominantly descriptive study which has provided a basis for future research in this area.

1.1.1 Reflexive Considerations

I have chosen this dissertation topic due to a previous history in undertaking FPA within a community based family centre service. This work included both FPAs that incorporated PAMS and those that did not. In incorporating PAMS to complete FPAs within my team, I noted a variation in practice amongst colleagues. As this was identified in a small team whereby we all trained together and supported one another in PAMS implementation, this raised concern regarding fidelity measurements for PAMS and whether other teams or practitioners would have even greater variability in utilising PAMS to inform their FPAs. I also noted a range of opinion from my colleagues on their perception in utilising the tools which challenged my own perception of the use of PAMS to inform FPAs. There is essentially no research on the use and value of PAMS to inform FPAs; therefore, I started this research project in order to explore the use and perceived value of PAMS within FPAs.

1.2 A Model: Parent-Child Fit

The concept of the parent-child fit is the chosen model for this thesis. Its application is situated in the specific context of assessments of parenting capacity undertaken for court purposes as has been suggested by major writers and researchers in this area (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010). However, it is important to establish that the focus on this model is not applied at the expense or exclusion of other more broadly reaching models to assess parenting. Belsky and Vondra's (1989) model to explore 'why' parents parent the way they do encompasses a systems perspective which also considers the parent and the child – but adds a further dimension – the *context* that the parent and child find themselves situated within. The context is another important element to consider within any FPA and Featherstone, White and Morris (2014) support recognition of the contextual component. They explore the impact of poverty on families amongst other contextual factors like domestic abuse, substance misuse and mental health. However, the further consideration of context was considered too broad for this thesis. Therefore, although it is included and considered – the level of detail is minimal. Instead, the model of the parent-child fit is focused on – as will be explored further in chapters 2, 3, 4 and 9.

1.3 Dissertation Chapter Summary

The first half of this dissertation provides a literature review that unpicks and reconnects the notion that understanding the 'parent-child fit' is an essential element in assessing parenting capacity (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010) – drawing on the idea that children and parents have individual skills, needs and personalities that impact on their interactions. The second half of this dissertation provides this study's methodology, results and discussion on the perceived value and application of PAMS within FPAs. Specific chapter outlines are explored below.

The first chapter in this literature review (chapter 2) explores the concept of the *child* in the 'parent-child fit'. It starts by looking at the pioneering work of early child development theorists; including Freud, Piaget, Erikson and Bowlby and Ainsworth. It will then make a distinction between developmental milestones and 'shared stages' of development; the latter of which accommodates the uniqueness of each child and their circumstances. Therefore, although children may go through 'shared stages' of development, this chapter stresses the notion that each child is unique and different and may achieve milestones earlier, later or in different orders than others. However, having a developmental guide can help carers identify deviations that fall far outside of the norm in order to understand and possibly target required support.

Building on the idea that each child is unique and moves through shared stages of development – from general helplessness to that of a fully functioning adult in society – throughout their childhood, chapter 3 will look at the role of the *parent* in the 'parent-child fit'. More specifically, it explores the role of a parent in supporting their child through childhood. It will explore the concept of parenting and parenting styles; looking at theories and research regarding effective parenting. It will then explore the idea of 'why' parents parent in the way they do by utilising Belsky and Vondra's parenting model; looking at a systems perspective of how the child, the parent and the contextual environment interact and impact on one another. This chapter will then explore the idea of abusive parenting. Despite an understanding of good and abusive parenting, the dilemma regarding a limited understanding of 'good enough' parenting is explored.

As established perimeters of 'good enough' parenting remain unanswered, chapter 4 will explore the use of a forensic parenting assessment (FPA) to help establish if a *'parent and child fit' is effective* – drawing on the previous two chapters to inform this discussion. This chapter is focused on FPAs which are undertaken in the context of court proceedings whereby ultimate issue decisions are being considered. Attention is drawn to guidelines in producing FPAs and research is utilised to highlight the current quality of this work. Finally, this chapter provides a framework for which FPAs can be undertaken and identifies some tools which can be useful in informing them – including Parenting Assessment Manual Software (PAMS).

Literature to inform early chapters in this dissertation were found via the University of York and University of Kent library databases following key word searches. For example, chapter 4 utilised a Boolean search similar to "Parenting OR Parent OR Forensic OR Capacity AND Assessment OR Report OR Evaluation." Articles from the UK and USA and those that were written in English were included and articles outside of these parameters were excluded at this stage. Although this process started the literature search, a snowball approach to gathering research was heavily utilised; for example, when other articles were referenced in those already obtained, they were sought and – most often – found. When key literature

was unobtainable in available databases, article authors were contacted directly and many provided their work.

The review of literature provided in chapter 2-4 was then pulled together to inform the second half of this dissertation – details of the research project. Chapter 5 establishes the purpose and methodology for the presented research project. The project utilises a mixed method design to answer research questions regarding the use and perception of PAMS to inform FPAs. The project started with an online survey to professionals (n=54) who utilised PAMS within their FPA and was followed by telephone interviews (n=11) to explore results in more depth. A consideration of ethics and the application process for ethical approval is also provided. Finally, demographic details for those who were involved in both the quantitative and qualitative elements of this study are provided.

Chapter 6 presents quantitative and qualitative results on how PAMS is being used by participants in this study. In looking at how participants are implementing different elements of PAMS, these results found Three Phases of PAMS implementation. It also answers the research question regarding the variation in practitioner use of PAMS by identifying Three Types of PAMS; PAMS Informed, Full PAMS and PAMS Plus FPAs.

Chapter 7 presents quantitative and qualitative results on the perceived usefulness of PAMS to inform FPAs. It presents a wide range of participant opinion on different aspects of PAMS. These results are pulled together into a continuum of opinion whereby participants like, dislike and are indifferent to using PAMS to inform FPAs; however, quantitative results suggest most participants preferred to incorporate PAMS into FPAs than not.

Chapter 8 looks at differences between FPAs that incorporate PAMS and those that do not. Within this context, it compares observations, time-frames and better practice guidelines between non-PAMS FPAs and PAMS FPAs. Results indicate minimal differences; however, there are some indications that PAMS FPAs may take longer but incorporates more parent-child observations than non-PAMS FPAs.

Finally, chapter 9 pulls all of the previous chapters together into a synergy of application and value of PAMS FPAs and a comparison of PAMS FPAs to non-PAMS FPAs. This discussion chapter sets results within the context of the literature review; identifying where better practice guidelines and frameworks for FPAs are supported, required and lacking by incorporating PAMS. This chapter presents a summary of findings and explores particular results which set the context in which PAMS are undertaken. It provides a detailed application of PAMS in practice; identifying how each PAMS Tool and Output is used and valued by participants and how better practice guidelines and frameworks are applied. Research questions are answered within the confines of this study. As such, the chapter ends by reflecting on methodology, identifying this study's limitations, consideration of future research and a list of recommendations.

1.4 Conclusion

This chapter has set out what to expect in this research project; including a review of literature which is pulled together to inform a mixed methods study into the use and perceived value of PAMS FPAs.

2 The Child

2.1 Introduction

A core concept in evaluating parenting capacity is the assessment of whether there is a 'parent and child fit' (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010); therefore, this chapter aims to set a foundation of core theoretical concepts and understandings of the child. It will start by setting out and critiquing pioneering theories in the field of child development. Next, it will reflect on the assessment of healthy child development by considering the child in comparison to both others and themselves. Finally, a detailed exploration of currently understood "shared stages" in child development are explored with regard to language, communication and learning; social development; cognitive development and physical development.

2.2 Child Development: Pioneering Theories

Consideration and relevance of healthy child development can start to be understood via early pioneers in the field; therefore, this heading will look at some theories of child development including Freud's Psychodynamic Developmental Stages, Piaget's Stages of Cognitive Development, Erikson's Psychosocial Stages and Bowlby and Ainsworth's Attachment Theory. Strengths and limitations of these theories are covered as well as a basic-walk through of their relevant stages or concepts.

2.2.1 Freud's Psychodynamic Developmental Stages

Sigmund Freud (1856-1939) formulated the psychodynamic model which focuses on the relationship between conscious and unconscious motivation. It proposes that an individual's conflict is often subconscious and the result of experiences during childhood whereby they were not maturing properly or interacting effectively during one of Freud's Development Stages. In these cases, they can become fixated – or entrapped – in that stage (Comer, 1995). Today, psychodynamic ideas are criticised, ignored and ridiculed by many; however, it is has had a significant impact on how many people understand abnormal functioning and it still maintains a strong following. It is criticised for being male oriented, for not considering gay experiences and for not being able to stand up to empirical scrutiny and testing. Nonetheless, it is still considered important to many female and gay thinkers and a wide range of theorists today who look for answers and explanations outside of the confines of biological processes – instead focusing on less tangible psychodynamic concepts (Comer, 1995; Sudbery, 2010).

2.2.1.1 Psychodynamic Developmental Stages

The earliest development stage proposed by Freud is the *Oral Stage* and it lasts from birth to around 18 months. During this stage, the infant's main form of gratification is from feeding and the body parts that help procure this – the mouth, lips and tongue. During the early

phases of the Oral Stage, a child is totally narcissistic; however, as they mature in this stage they start to view other people as "objects" who can be sources of sustenance, gratification and protection. A real threat to a child in the Oral Stage is object loss; which is the fear of their comforting mother disappearing. If the child is routinely denied their oral needs (e.g. feeding, having their mother nearby), the infant will become fixated in this development and form anxieties. They will be unable to grow beyond their oral needs and then be unable to develop a genuine sense of independence and self-confidence. Instead, their personalities and behaviours could display extreme dependence, extreme distrust, pencil chewing, constant talking or overindulgence in eating, smoking and drinking (Comer, 1995; Sudbery, 2010; Scannapieco, 2005; Hill and Tisdall, 1997).

Freud's second stage of development, the *Anal Stage*, starts at around 18 months and continues through to around age 3 years. The child's focus for pleasure shifts from oral gratification to anal gratification. In this stage, a child becomes interested in their bodily functions – particularly retaining and passing faeces. It is typically within this stage that toilet training begins and Freud proposed that overly harsh toilet training could cause a child to develop anal characteristics (e.g. stubborn, contrary, stingy or over controlling), obsessive-compulsive characteristics (e.g. orderly, meticulous, punctual and hateful of waste) or extremely messy characteristics. These characteristics arise out of conflicts about control (Comer, 1995; Scannapieco, 2005; Sudbery, 2010; Hill and Tisdall, 1997).

Freud's third stage of development is the *Phallic Stage* and this occurs between the age of 3 years and 6 years. During this time, children's focus of pleasure shifts again. They had previously focused on oral gratification and then anal gratification and they are now focusing their pleasure on their genitals – the penis for boys and the vulva for girls. Freud proposes that young boys become aligned with their father's because they long for their mother but know they cannot complete with their father for her. As a result, they try to be more like their father. This is called the Oedipus complex. Girls go through a similar process: they align with their mother because they long for their father and know that they cannot compete with their mother for him. Girls will try to be more like their mother as a result and this is called the Electra complex. In addition, Freud has proposed that girls realise that they do not have a penis and yearn for one – known as penis envy. If children do not resolve their Oedipus and Electra conflicts by identifying with the same sex parent, if they are punished severely for sexual behaviour or if they are subtly encouraged to pursue their desire for the opposite sex parent they may become fixated in this stage of development. Additionally, children use their same sex parent as a moral compass and develop ethics from them. As a result, they could develop a sexual orientation different from the norm, fear sexual intimacy, be overly seductive, have other difficulties in romantic relationships or suffer pervasive feelings of guilt throughout their lives (Scannapieco, 2005; Comer, 1995; Sudbery, 2010; Hill and Tisdall, 1997).

From 6 years to around the age of 12, children are within Freud's *Latency Stage*. During this stage, a child's sexual desire subsides and they focus their pleasure in developing new skills, interests and activities. They will usually seek same sex friendships and avoid opposite sex friends. Children in this stage tend to become embarrassed by sexual displays. These peer relationships, as well as teacher or organisational leaders, start to have a significant influence on children; contributing to a decreased influence from family and a broader process of socialisation whereby they are learning their role in both the family and their society (Sudbery, 2010; Comer, 1995; Scannapieco, 2005; Hill and Tisdall, 1997).

Freud's final developmental stage is the *Genital Stage*. This stage starts with the onset of puberty and adolescence – when a child is around 12 years – and goes on until the child has reached sexual, social and vocational maturity. During the initial part of this stage, children tend to hold onto narcissistic tendencies and are not yet able to provide genuine affection and caring for others; however, they develop these abilities during this stage and learn to participate fully in affectionate and altruistic relationships. Freud believed a focus in this stage was for the adolescent to achieve mature sexual intimacy (Scannapieco, 2005; Comer, 1995; Sudbery, 2010; Hill and Tisdall, 1997).

2.2.2 Piaget's Stages of Cognitive Development

Jean Piaget (1896-1980) was one of the first psychologist to make a systematic study of cognitive development in children. In his work, he proposed the Stages of Cognitive Development which highlighted how children's thinking developed over time. He also highlighted that the way a child thinks is different to that of adults (Harris, 2002). Many of Piaget's specific theories are now heavily criticised and contemporary research suggests that his theory of the stages of cognitive development were too simplified; however, there is still merit in considering his work as it has had a profound influence in early developmental psychology. Piaget gained many followers which remain today as he produced a lot of constructive debate which pushed this field of study forward; for example, he has helped to bring about an understanding that children's cognitive processes develop differently to those of adults (Harris, 2002).

2.2.2.1 Stages of Cognitive Development

Piaget's Theory on Cognitive Development highlights key aspects of the first 2 years of a child's cognitive development as the *Sensorimotor Stage* (Scannapieco, 2005; Harris, 2002; Sudbery, 2010; Hill and Tisdall, 1997). Within the Sensorimotor Stage, an infant goes through 6 sub-stages. During the first sub-stage, Reflect Activity, which occurs in the first month of life, the infant responds through simple bodily responses and primitive reflexes. In the Primary Circular Reactions Stage, age 1-4 months, the infant repeats responses that bring pleasure and sensory experiences progresses to simple actions for their own sake. When the baby is in the Secondary Circular Reactions Stage, age 4-8 months, they will

engage in a trial and error process, imitate others and respond to visible objects; however, when an object is out of sight – it does not exist to the infant. Between 8 months and 12 months, children enter the Coordination of Secondary Circular Reactions Stage and Piaget suggests they have an understanding of object permanence and goal directed behaviour in anticipation of events. In the fifth stage, the Tertiary Circular Stage, from 12 months to 18 months, the toddler begins to problem solve and they will actively and purposefully experiment and try out new responses. They will be able to solve problems just by thinking about them because they have developed a mental representation of things that are separate from the object. Finally, during the Mental Representation Stage, from 18-24 months, the toddler can start to solve problems through mental representation and thinking skills (Sudbery, 2010; Scannapieco, 2005).

Piaget's Theory of Cognitive Development highlights key aspects from the age of 2 years to 7 years as the *Pre-Operational Stage* (Scannapieco, 2005; Harris, 2002; Sudbery, 2010; Hill and Tisdall, 1997). During this stage, a child's internal representation of the outside world becomes more developed; however, there are still many aspects of reality that are misunderstood and they cannot manipulate and transform information in a logical way. There are 4 significant qualities in the Pre-Operation Stage; the use of symbolism (imaginary play or role-play), egocentrism (always interpreting the world from their own point of view), centration (focusing on only one significant aspect of an object) and conservation (matter can change shape or appearance without changing in quantity) (Harris, 2002; Sudbery, 2010; Scannapieco, 2005).

Piaget's Theory of Cognitive Development highlights key aspects from the age of 7 to 11 years as the *Concrete Operational Stage* (Harris, 2002; Scannapieco, 2005; Sudbery, 2010; Hill and Tisdall, 1997). During this stage, a child is able to think logically; they can reason about concrete objects and perform mental operations on them. They are now able to see the world from multiple points of view (de-centration). They are able to reverse procedures they have seen (reversibility) and develop ideas and theories from their own experiences (inductive logic); however, they still struggle to work from hypothetical rules to concrete consequences (deductive logic) (Harris, 2002; Sudbery, 2010; Scannapieco, 2005).

Piaget's theory of Cognitive Development highlights key aspects from the age of 11 and beyond as the *Formal Operational Stage* (Harris, 2002; Scannapieco, 2005; Sudbery, 2010; Hill and Tisdall, 1997). Children in this stage are now developing the ability to reason about abstract ideas, understand the reason for distinguishing between valid and invalid conclusions and they can approach problems in a rational, thought-out manner using abstractions from reality (Harris, 2002; Sudbery, 2010; Scannapieco, 2005).

2.2.3 Erikson's Psychosocial Stages

Erik Erikson (1902-1994) has developed an analysis of the human lifespan in 8 stages whereby each stage has potential positive or negative outcomes based on experience and each stage builds upon the outcome of the previous one. Though his work presents an oversimplified linear picture that may – or may not – take into account a multitude of other factors (e.g. history, geography, etc.), it is a convenient psychosocial model that takes both psychological development and the influence of social and cultural factors throughout a whole lifespan and provides a framework in which questions can be explored and hypotheses tested (Sudbery, 2010).

2.2.3.1 Psychosocial Stages

Erikson's psychosocial stages suggest that the first year of a child's life is a period where they learn to *trust or to mistrust*. They have their first feelings about the world being a safe place, or not, based on a level of familiarity in their environment and based on the continuity of carers and care-giving. Positive experiences lead to a belief that people are reliable and loving. Trust, security and hope are the strong beliefs in development along with whether a child will see the world as a good place to develop. Unreliable or inadequate care leads to fear and inner mistrust of the world. Children may become apprehensive, insecure and mistrustful if they learn to view the world as fearful in their early development (Sudbery, 2010; Scannapieco, 2005; Hill and Tisdall, 1997).

From the age of 1 to 36 months, and following suitable resolution of their first psychosocial crisis (i.e. trust versus mistrust), a child will move on to their next psychosocial crisis; *autonomy versus shame and doubt*. During this stage, a child wants to govern their own body and actions; for example, dressing themselves, eating by themselves and deciding what to wear. They also learn to control and manage their own bodily functions; for example, toilet training and an expanding control of their gross motor skills. If a child's environment is too restrictive, they may not be able to develop autonomous skills and may feel shameful and doubtful of them instead (Scannapieco, 2005; Sudbery, 2010; Hill and Tisdall, 1997).

Erikson's third stage of development is *initiative versus guilt* and will be entered into following successful resolving the previous 2 stages of (trust and autonomy). This stage generally occurs between the ages of 3 and 7 and the child has a focus on exploring and discovering their sense of purpose and developing confidence in their abilities. If they are able to successfully master new skills, they develop a sense of competence and confidence in their abilities. Overly demanding parenting (e.g. not tolerating less than perfection from their child) and overly protective parenting (e.g. not allowing their child a chance to develop abilities and competence) tend to contribute to a child struggling to successfully resolve this stage in their development – resulting in the child lacking confidence in their abilities to pursue and achieve future goals (Sudbery, 2010; Scannapieco, 2005; Hill and Tisdall, 1997).

Erikson's fourth stage of development is *industry versus inferiority* and it occurs between the age of 7 and 11 years. During this stage, children learn to work with other children and they start to master their own cognitive and physical abilities and – as a result – a sense of industry arises. When children are unable to have positive experiences in working with others or undertaking solitary activities, they can develop a sense of inferiority which manifests into the child feeling unable to do anything well (Scannapieco, 2005; Sudbery, 2010; Hill and Tisdall, 1997).

Erikson's fifth stage of development is the conflict of *identity versus confusion* and this occurs in adolescence (age 12-18 years). The key goal in this conflict is to discover one's self-identity through political, social, sexual and career identities. In addition, an adolescent seeks to develop intimate relations with others; however, if they have been unable to resolve previous development conflicts successfully, they will be confused with their identity, their roles and in their attempts to establish ties with others. Erikson's stages of psychosocial crisis continue after adolescence with intimacy versus isolation (young adults), generativity versus stagnation (adulthood) and ego integrity versus despair (maturity); however, for the purpose of this chapter on child development, they will not be discussed here (Sudbery, 2010; Scannapieco, 2005; Hill and Tisdall, 1997)

2.2.4 Bowlby and Ainsworth's Attachment Theory

John Bowlby *(1907-1990)* and Mary Ainsworth *(1913-1999)* were pioneers in developing Attachment Theory. Attachment Theory is often used to inform child maltreatment practice and research in this topic is well established in child development literature (Scannapieco, 2005; Empson, 2004; Harris, 2002). Attachment in this context refers to the tendency of young children to rely on a parent figure for comfort and support when frightened, stressed or ill (Fearon, 2011). Bowlby was curious about the evolutionary aspects of attachment and how attachment performed a homeostatic task (Fearon, 2011; Bowlby, 1969). His work led to Ainsworth's work in understanding attachment in a naturalistic context with her Strange Situation Procedure which is the most commonly used tool for studying attachment behaviour (Ainsworth and Salter, 1978; Fearon, 2011). The work involved observing a young child in a number of ways as follows: with their parent alone, then introducing a stranger, then the parent leaving, then the parent returning and the stranger leaving, then the parent leaving (child alone), then the stranger returning and finally the parent returns and the stranger leaves. The child's reactions were observed and classified into Ainsworth's (1978) 2 main attachment styles; secure or insecure.

Securely attached children felt confident that their parent was available to address their needs and used their parent as a base from which to explore environments. They sought their parent at times of distress. As such, securely attached children develop an internal working model of attachment figures (i.e. parent, carer, etc.) being available, responsive, cooperative, dependable and helpful (Empson, 2004).

Though secure attachment is a classification of its own, insecure attachments generally fall within the following 3 categories; avoidant attachment, ambivalent attachment and disorganised attachment. *Avoidant attachment* is characterised when a child shows little emotion when their caregiver departs or returns. This is when the child appears more interested in the environment than the caregiver, the child is not upset during separation from caretaker and the child ignores the parent when reunited with them. The child will often ignore or avoid their caregiver as a result of a history of rejection and intrusive behaviours from their carer. In addition, their needs have not frequently been met by the caregiver; resulting in their believing they have little influence over the caregiver's ability to meet their needs (Sudbery, 2010; Fearon, 2011; Empson, 2004).

Ambivalent attachment is characterised by the child being distressed upon their caregiver leaving them, distressed when their caregiver returns and then being unable to settle and, instead, engaging in clingy behaviours. These children prefer to maintain contact with their carer than explore the environment. This behaviour is generally in response to unpredictable, neglecting and insensitive caregiving experiences and the clingy behaviours can be regarded as a strategy to maintaining availability of the caregiver (Sudbery, 2010; Fearon, 2011; Empson, 2004).

Disorganised attachment is characterised by a variety of confused or contradictory behaviours often thought to be brought on by a disruption, or flooding, of the attachment system; for example, by fear. The child may be seen to cry unexpectedly, freeze up after having been settled and to engage in confusing or "bad" behaviour. They are likely to view their caregivers as being frightening and unavailable (Fearon, 2011; Sudbery, 2010; Lyons-Ruth et al., 2013; Empson, 2004).

Secure attachments are the most common in low-risk communities and avoidant and ambivalent attachments are the second most common. Even though disorganised attachments are the least common attachment classification, they remain an area of serious concern due to it appearing to be closely related to more severe forms of adverse parenting and a raised risk of psychopathology (Fearon, 2011; Empson, 2004).

Attachment begins at birth whereby the child is totally reliant on their carer for all forms of care and generally occurs during the first 3 years of a child's life (Scannapieco, 2005; Sroufe, Cooper and DeHart, 1992). It is also important to note that the most important emotional relationship an infant has is with their primary carer. Though a relationship is developed through reciprocity, the responsibility is on the primary carer to initially develop, maintain and nurture their relationship with the infant. Eventually it becomes a more give and take relationship with the infant crying, the primary carer sensitively responding to and comforting the infant and the infant being satisfied and responding with smiles and cooing.

Many things can interfere with the development of a secure attachment. For example, it may be related to the infant's innate characteristics (the child may be very active), the primary carer's innate characteristics (the parent may be very passive), the environment or environmental circumstances (the child may remind the parent of a bitter break up with the child's father) or there could be difficulties in "the fit" between the infant and the primary carer (e.g. an active child and passive parent may find bonding more difficult); however, the development of a secure attachment is essential to the development of trust and security (Scannapieco, 2005; Sroufe et al., 1992). As the child grows, they will utilise their attachment figure as an anchor to return to when experimenting with their own independence and exploration of the environment (Scannapieco, 2005).

2.3   Child Development: "Shared Stages"

Pioneering theorists and practitioners have set the groundwork in child development and some of their techniques and theories still contribute to how we assess children and their needs. However, in looking at healthy child development as a base to also understand parenting and maltreatment; we must first look at children as the uniquely different individuals that they are (Empson, 2004; Lindon, 2012). At conception, we all inherit our own particular genetic makeup (although identical twins are an exception) which constitutes as our biological basis or "nature" element. Our unique environmental experience – or "nurture" element – also contributes to making us who we are. Mixing "nature" (biological base) with "nurture" (our unique exposure to the environment) makes us an even more unique person (Empson, 2004; Sudbery, 2010).

Given the premise that children are all unique individuals, it can be tricky to consider what "normal development" is for children as a whole (Empson, 2004; Lindon, 2012). Lindon (2012) talks about the perception of "normal development" being an exact pattern that all children follow, worldwide, at ages defined in years and months. She refutes that this is an accurate method of describing child development. Instead, she describes descriptions of stages that babies and children pass through at approximate age ranges when the development happens. She prefers the term "shared stages" versus "normal development." When assessing a child's wellbeing in this way, an assessor can consider 2 key points; how the child is progressing compared with other children of similar age and how the child is progressing when compared with herself or himself in the past (Lindon, 2012). In looking at children in this more flexible way, assessors can account for children with disabilities, children who are gifted and various different cultural ways of raising healthy children. There are patterns of development or behaviour that are signs that all is going well and significant variations from these patterns should catch one's attention; however, it is important to make sense of the information you have in combination with knowledge of the child's "shared stage" and a careful assessment of the framework in which that knowledge is being applied (Lindon, 2012).

This section will look at shared stages of child development. As discussed previously, each child is an individual and progresses at their own pace (Lindon, 2012); however, the stages and age ranges discussed below provide a general guide from which to make some comparisons. Before raising concern, one must also consider other relevant factors like the impact of a child's culture and specific circumstances. The following shared stages and theories are based on previous research and observations based around children and represent popular thinking in the field; however, it should be noted that ongoing research and interest in the field of child development will continue to push our understanding and will provide changes in how we understand children. Finally, the following paragraphs do not provide a comprehensive list of stages and key developmental targets during childhood; instead, it aims to provide an informative overview of child development in the context of how it fits into parenting and child abuse.

2.3.1 Language, Communication and Learning

2.3.1.1 Infancy and Toddlerhood (newborn to 36 months)

When infants are born they are completely dependent on their carers; however, their senses are working from birth to help them absorb information and their senses develop rapidly throughout their first year (Lindon, 2012). Though an infant's visual acuity is not as good as a normal adult's, they do see upon birth and will visually inspect their surroundings. They will focus on light and dark contrasting images, human faces and they can make eye contact. As they grow in the first year, their acuity gradually improves and starts to include more advanced visual abilities; for example, depth perception develops when an infant is around 5 months old (Sroufe et al., 1992). An infant can also hear when they are born – and while they are in utero. They will discriminate sounds from one another – especially human speech sounds and the sounds of a primary carer – and they are likely to turn their head towards sounds. Similarly, infants can discriminate between a variety of odours and have at least some of the four basic tastes (Sroufe et al., 1992).

Infant's senses help them to learn to communicate as, initially, this often involves the comfort of touch, smell and physical closeness (Lindon, 2012). After the initial few weeks, the infant starts using cries, smiles and a range of sounds (usually a 2 vowel sound) and limb movements to express themselves (Scannapieco, 2005; Lindon, 2012). The initial sounds made by an infant in the first 6 months are not specific to individual languages; however, over time, these sounds will be shaped by the responses of the language spoken by those caring for them (Lindon, 2012). Their sounds in the first 6 months include babbling and cooing noises and they are made with the intention of gaining a caregiver's attention (Scannapieco, 2005; Sroufe et al., 1992). They will use and be aware of sounds in their daily routines. They will develop the ability to use sound and body language more deliberately; using both vowel and constant sounds and saying their first word

(Scannapieco, 2005; Lindon, 2012; Sroufe et al., 1992). By the time they are a year old, infants are showing an understanding of basic messages that they have become familiar with; for example, hearing a firm "no" (Lindon, 2012). Between 1 and 2 years of age, toddler's use and understanding of words is increasing and they are often able to use 2-word phrases, 2-word sentences and invent words; however, words alone do not convey messages. Body language, touch and tone help a child to understand the messages being conveyed (Lindon, 2012; Scannapieco, 2005; Sroufe et al., 1992). 2 year old children further build on their understanding of language and start to use words more often; however they are usually simple words and phrases alongside gestures and repetition to help get their message across (Lindon, 2012; Scannapieco, 2005). Their vocabulary is growing and a child that is 3 years of age could be expected to have around a hundred or several hundred words and they can be putting these words together to form short sentences or questions (Lindon, 2012).

2.3.1.2   Early Childhood (age 3 to 6 years)

During early childhood, children's vocabulary continues to increase as they enjoy watching other adults and children and they are able to convey a wide variety of messages (e.g. requests, questions, telling about, recounting stories, arguing, talking about past and future events). By the time a child is 5 or 6 years old, listing all the words they know would be a major project since their vocabulary is usually very large and they can hold long conversations. They are now likely to ask about words they do not know as well as asking questions about many other things. They are able to reason logically with the support of language and can plan, speculate and think ahead within the limits of their experiences (Lindon, 2012).

2.3.1.3   Middle Childhood (age 7 to 11 years)

During middle childhood, children continue to develop their language and communication skills as well as their social skills. They become more adept at using their language; however, they still use body language to help them understand and express themselves – eventually becoming less dependent on the use of body language throughout middle childhood (Lindon, 2012). When a child is around 6 or 7 years old, they can be encouraged to express their emotions in words; including the reason for that emotion (Lindon, 2012; Scannapieco, 2005). Children in middle childhood have a greater capacity to remember things if they are interested in those things and they can be taught and encouraged to practice various things (e.g. poems, their phone number). This is also an age from when children are learning to read and write; however, there is great variety in the differences in skill levels (Lindon, 2012). Depending on where the child is being raised, formal education is likely to begin at the start of middle childhood. In addition to the formal learning experience schooling provides, children learn much more from their school years; for example, they

start to receive more influence from sources outside their family and mainstream cultural norms and values are reinforced (Sroufe et al., 1992).

2.3.1.4 Adolescence (age 12 to around 20)

An adolescent is primarily focused on developing a sense of who they are, further developing a sense of independence and in continuing to build upon previous skills such as writing, numeracy and academic learning – showing greater interest and talent in particular subjects and areas (Scannapieco, 2005; Sroufe et al., 1992). They now have the ability to think abstractly and to solve hypothetical problems versus only being able to solve concrete problems; resulting in their developing a "know it all" attitude, in their making new judgements about morality and in their challenging traditional ideas (Scannapieco, 2005). Adolescence also develop the capability of using deductive reasoning which allows formal education to move onto new subjects (e.g. geometry) and expand on other subjects (e.g. science) (Scannapieco, 2005). Adolescence are moving towards greater autonomy and independence both within the home (e.g. chores and responsibilities), within their school (e.g. responsibility for their own homework) and within the community (e.g. maybe taking on a part-time job) (Sroufe et al., 1992).

2.3.2 Social Development

2.3.2.1 Infancy and Toddlerhood (newborn to 36 months)

An infant is born with all of the basic reflexive emotions (anger, surprise, sadness and happiness) which will lead to more organised emotional responsiveness. In the later 6 months of their first year, the infant will be showing emotions in response to social events (Scannapieco, 2005). Stranger distress can start appearing in the latter half of an infant's first year and separation anxiety (an infant being distressed when separated from their primary caregiver) can become a feature. Infants also show a strong preference for particular caregivers – kicking their legs and making sounds when being reunited with them (Sroufe et al., 1992). As an infant enters into their toddler years, from age 1 to age 3, they engage in "affective sharing;" which is the expression of psychological closeness and interaction across a distance. This would include the toddler exchanging looks, words, smiles and positive emotions with a carer from across the room. Affective sharing allows the toddler to explore more of the environment and become a more autonomous – working on their early steps towards independence. Separation anxiety can still be a feature with toddlers; however, an increasing interest in peers is also noticeable (Sroufe et al., 1992). During their toddler years, a child is ready for behavioural management skills from their primary caregiver. They should start to be encouraged to understand rules and limits of many different kinds from the adults around them; known as socialisation (Sroufe et al., 1992).

2.3.2.2 Early Childhood (age 3 to 6 years)

When a child is around 3 or 4 years old, they develop better emotional self-regulation in relation to feelings of aggression, empathy and altruism (Sroufe et al., 1992; Scannapieco, 2005). They also develop self-conscious emotions like pride, guilt and embarrassment and they start to understand themselves as separate individuals with specific thoughts and feelings about themselves (Scannapieco, 2005; Sroufe et al., 1992). They start to play with others from the age of 3 or 4 and friendships start to emerge around the age of 4 or 5 (Scannapieco, 2005). They are now able to take part in turn based conversations (Lindon, 2012; Scannapieco, 2005) and they are watching and learning from others. 3 and 4 year olds identify with their parents; whereby they will strive to be like their parents and take on their parent's values and the expectations of the family (Sroufe et al., 1992). During early childhood, children will learn both good and bad traits of communication from those around them. For example, if a child is listened to attentively, they may develop attentive listening skills; however, if they are shouted and swore at, they may also shout and swear (Lindon, 2012; Sroufe et al., 1992). Children's individual character traits become more identifiable during early childhood and some children may, for example, have more curiosity, be more socially competent, be more flexible or have greater self-reliance (Sroufe et al., 1992).

2.3.2.3 Middle Childhood (age 7 to 11 years)

Children aged between age 7 and 11 are exploring the relationship between fact and fiction – now being able to understanding the difference between acting and reality on the television (Lindon, 2012). In addition, they are able to engage in organised games with fairly complex rules (Lindon, 2012) and they have developed their social communication skills to considering perspectives of others. The latter point gives way to children being more skilled at expressing hostile aggression with the use of verbal insults to their peers (Sroufe et al., 1992).They start to compare themselves to others and start to think of themselves as more or less competent in relation to peers – often contributing to a child's having higher or lower self-esteem (Sroufe et al., 1992; Lindon, 2012). Their peer relationships become increasingly important to them and this has a strong influence on their development of self-concept and self-competence (Scannapieco, 2005; Sroufe et al., 1992). Friendships become deeper based on common interests and mutual loyalty and support increases in friendships (Sroufe et al., 1992). Even from the age of 7, children have different conversations with each other than they would with an adult; for example, 7 year olds enjoy gossiping with each other about a topic they would not necessarily share with an adult (Lindon, 2012).

2.3.2.4 Adolescence (age 12 to around 20)

Adolescence is a time when moodiness increases. The pervasiveness of moodiness is dependent on a number of factors including their age, sex and culture. Partly as a result of increased moodiness, parent-adolescent conflict is common; however, the relationship an

adolescent has with their parent is not obsolete and remains an integral part of their ongoing development (Sroufe et al., 1992). Nonetheless, friendships become even more important during this time and are often linked to shared interests and values. Peers hold a lot of influence over one another and loyalty and intimacy are integral aspects of friendships; sometimes contributing to an increased risk of drug misuse. Mixed sex friendships often lead on to the start of sexual and romantic relationships; sometimes contributing to teenage pregnancies (Scannapieco, 2005; Sroufe et al., 1992). Adolescence can be subdivided into the 2 sub-phases of early and late adolescence. Early adolescence is a time when individuals are aware of feelings and thoughts that are different from others; however, they still have some trouble integrating themselves into their social circles and they do not fully understand the perspectives that others hold; sometimes increasing the risk of depressive feelings. This is in contrast to late adolescence; whereby they are more likely to integrate socially, have more acceptance of their own inconsistencies and they have a great understanding of the uniqueness and individual nature of everyone (Sroufe et al., 1992).

2.3.3   Cognitive Development

2.3.3.1   Infancy and Toddlerhood (newborn to 36 months)
In addition to the development of communication and social learning, an infant's senses are working to help children progress cognitively in the first year of their life – whereby an infant's brain more than doubles in weight (Sudbery, 2010). As suggested by Piaget, in the first 2 months of a baby's life, they learn the boundaries between their own body and the rest of the world and they start to develop an understanding of cause and effect (e.g. if they shake their rattle, it makes a sound; if they smile, a smile is returned); however, there has been criticism in how Piaget did not provided an explanation for the variability in children and how they do not all follow the same course he proposed, limitations in his presentation of infants cognitive development and assumptions about inborn abilities (Lindon, 2012; Sroufe et al., 1992). For example, Piaget believed infants cognitive development was constrained by the sensorimotor nature of their cognitive structure; however, subsequent researched suggest it may be constrained by limitations on information-processing capacity (Sroufe et al., 1992).

Infants develop their understanding of the world through a variety of ways. Initially, infants learn through habituation (a decrease in attention when the same stimulus is presented), dishabituation (paying more attention when a new stimulus is introduced) and imitative learning (imitating others) (Sroufe et al., 1992). Infants move on to associative learning at around 3 months; such as learning that certain events in the world go together, like in classical conditioning – if a baby comes to know the sounds of bath time and if they like the activity, they will show pleasure in anticipation of the bath (Lindon, 2012; Sroufe et al., 1992). Finally, it has been suggested that infants can also be instrumentally conditioned

from the very early age of 3 months. This includes positively and negatively reinforcing behaviours; for example, babies sometimes learn the effects of biting their own toes or inadvertently hitting themselves with a rattle is not pleasant and stop (Sroufe et al., 1992; Lindon, 2012).

By the time infants are a year old, they usually understand the concept of object permanence – just because they cannot see something, does not mean it is not there. They will enjoy playing games like peek-a-boo or finding objects that have been hidden (Lindon, 2012; Sroufe et al., 1992). The 1 year old will swiftly build upon their learning experiences and discover more rules regarding how the world works; for example, they may be learning about splashing with water and/or they may be unfortunate to learn that hot things can burn (Lindon, 2012). They have the ability to use their memories and remember things; however, they do not always have the inclination to remember things (Lindon, 2012). Though 2 and 3-year olds are developing rapidly in their cognitive skills; their understanding of concepts is still less developed than adults. For example, their concept of danger, time and sharing is very limited and it is not until a child's communication skills develop more that an adult can enquire about a child's understanding; however, prior to this, the different outlooks of child and adult can be a source of friction (Lindon, 2012).

2.3.3.2   Early Childhood (age 3 to 6 years)

From the age of 3, children start to show more interest in others. They consider what people look like and how they behave; however, they do not necessarily equate a positive or negative spin on their observations yet. Even at the age of 5 years, many children assume that other families operate similarly to their own family. They are starting to understand that other adults have different values and understandings of what is right and wrong; however, their own understanding of right and wrong was considered a universal rule and they can look very shocked when they realise other children do not obey the rules they have come to understand (Scannapieco, 2005; Lindon, 2012). A child's interest in others supports them in forming friendships with other children and learning how to manage different experiences with them – both positive ones and negative ones. Their interest in others also supports them in understanding that other children and adults have feelings too. They develop their powers of thinking and reasoning in a way that are very intermingled with their emotions.

In addition to their interest in other people, they are also making more observations about their environment; for example, consideration of pets, the weather, changing seasons and plant life (Lindon, 2012). They search for general patterns in what they see and hear and then they use these patterns as a basis for explaining and organising their world; however, they are still immature in their reasoning due to centration, believing what they see is reality (e.g. a nice looking person must be nice) and in still having a limited ability to manage their attention and memory (Sroufe et al., 1992). Though Piaget suggested that children in early childhood egocentric, further research has suggested that egocentrism in early childhood

is not absolute and in less complex situations young children can see another's perspective (Sroufe et al., 1992). Their understanding of time is still limited; however, it is developing further and they make take interest in watches, the time of day and how their routines fit into their day. They start to develop their understanding of numeracy (e.g. early counting concepts), size classifications (e.g. larger and smaller), classification systems (e.g. a dog is different to a cat) and different object properties (e.g. whether an object will float or sink in water) (Sroufe et al., 1992; Lindon, 2012). When a child is around the age of 5, they have a broad grasp about the world around them; however, their understanding is limited to the experiences they have had in their formative years and they can still be confused about ideas that seem obvious to adults (Lindon, 2012). They tend to have a firm grasp on colours, a clearer understanding of practical number applications (e.g. retrieving a specific number of things, counting how many with accuracy) and their writing skill is continuing to improve (e.g. writing and recognising numbers). They ask more questions about their world and further develop their understanding of their environment – including an understanding of what plant life and animals need to flourish (Lindon, 2012).

2.3.3.3 Middle Childhood (age 7 to 11 years)

Piaget thought of middle childhood – particularly age 7 – as a turning point for children and a point at which children were able to make more advanced concrete operational thinking; however, many theories of cognitive development now see a major developmental reorganisation occurring in early childhood, around age 4 (Sroufe et al., 1992). This has been one of the main criticisms of Piaget's Cognitive Theory. Though some debate exists as to when certain cognitive skills begin to appear, there is no question that middle age children present at a more advanced level of cognitive development than children in early childhood.

From the age of 7, children usually have the ability to learn independently from books or television programmes about topics of interest to them – resulting in their ability to surprise adults with information that the adult may not have known about (Lindon, 2012). Their memories improve; allowing them to retain facts over a period of days and they are able to develop memory strategies like rehearsal, organisation and elaboration. Attention spans can sometimes be linked to specific interest and, also in this age range, children start to be able to understand whether a task they are to undertake is difficult for them or not (Scannapieco, 2005; Sroufe et al., 1992). During middle childhood, children build upon and refine previously developing cognitive skills. They have a marked decline in centration, they are able to think about their own thinking and they start to understand that things are not always as they appear – resulting in their being much more effective problem solvers. Despite improvements, their cognition is still limited by their own practice experiences and knowledge and they have trouble reasoning maturely about abstract or hypothetical questions (Sroufe et al., 1992). Nonetheless, they will still ask lots of questions from the

more practical ones; for example, where do the pipes from the toilet go? to the more philosophical ones; for example, what happens when someone dies (Scannapieco, 2005; Lindon, 2012)? They understand and express their opinions and understand that others may have different opinions to them; however, they may not always understand why others think differently from them (Lindon, 2012). In addition, they have the ability to understand that accidents happen; whereby someone's intended behaviours have outcomes different to what they had anticipated and they are grasping and building further on other educational subjects (e.g. science, math, understanding of shapes and their properties, etc.) (Lindon, 2012).

2.3.3.4 Adolescence (age 12 to around 20 years)

Piaget's description of adolescence cognitive development has been found to be accurate by other researches; however, more criticisms have been held with his *explanation* of adolescent's cognitive development. For example, "It is not clear that the general advances in reasoning ability seen during adolescence actually depend on mastery of the specific principles of formal logic proposed by Piaget" (Sroufe et al., 1992, p. 502).

Evidence suggests that an adolescent's brain undergoes significant changes whereby the number of connections among brain cells decrease – making brain functioning less flexible but more specialised. The specialised nature of the brain allows for higher-level cognitive tasks to be undertaken (Sroufe et al., 1992). Logical thinking about concrete objects gives way to more sophisticated thinking about what is possible – opening up a whole new realm of thinking for adolescence (Sroufe et al., 1992). Teenagers now have the ability to use hypothetico-deductive reasoning. This enables them to think up various hypotheses about a problem and then consider and decide on which of the possible solutions is right (Sroufe et al., 1992; Scannapieco, 2005). In addition, during adolescence, teenager's new cognitive skills give way to a new kind of egocentrism; whereby they think extensively about other's thoughts and consider what that other person may be thinking of them. For example, is that other person thinking negative thoughts about them? They often see the world as revolving around them and do not believe that anyone else has ever had their special thoughts and feelings (Scannapieco, 2005; Sroufe et al., 1992). A teenager's maturing cognitive skills allow them a deeper consideration of moral issues. These issues are no longer seen in black and white terms because they are able to recognise that possibility of diverse opinions regarding moral standards (Sroufe et al., 1992). Finally, teenagers emotional regulation improves and they are able to give thought to the arguments they are making – making negotiation a key parental tool versus a more authoritative approach (Sroufe et al., 1992).

2.3.4 Physical Development

2.3.4.1 Infancy and Toddlerhood (newborn to 36 months)

An infant is born with built in reflexes (e.g. the sucking reflex or rooting reflex, startle response to sharp noises) and some psychologists believe that an important part of motor development during the first year is the inhibition of early reflex systems, followed by increasing refined voluntary control over movement (Empson, 2004; Sroufe et al., 1992). Very young babies are able to gaze intently at a face and they can track slow moving objects. By the age of 3 months they are very interested in what they can make their hands and feet do, they can firmly grasp a finger and they can follow the movements of adults and children with more accuracy (Lindon, 2012). At six months, they are likely to be lifting their heads, intentionally reaching for and grasping objects, rolling from front to back, sitting up with support and starting to take part in their routines; for example, holding a bottle or feeder cup (Lindon, 2012; Empson, 2004; Sroufe et al., 1992; Scannapieco, 2005). Within the next 6 months, they are more likely to be able to take part in their routines. They can help feed their self and will push their arm into a sleeve held out for them; however, they are more play focused than self-help focused and are just as likely to throw their food around. Also within the latter 6 months of life, an infant is likely to be able to sit up without support, deliberately explore objects made available to them (e.g. orally, banging them, dropping them, ripping them, etc.), start crawling, transfer objects from hand to hand, pull themselves up to stand and – eventually, they start to walk around the age of 1 year (Sroufe et al., 1992; Scannapieco, 2005; Lindon, 2012).

From the age of 1, children learn to walk better, climb and eventually they learn to run; however, they have little awareness of danger and keeping safe - oftentimes falling or hurting themselves (Lindon, 2012). 1 year olds are more able to feed themselves and get dressed; however, they still require assistance and tolerance by the adult caring for them (Lindon, 2012). They are able to build blocks, scribble, turn pages of a book (though they may rip them) and use gestures to make wants known (Scannapieco, 2005). By the age of 18-24 months, a child is able to incorporate more than 1 activity; for example, they can walk and pull a toy behind them or walk and carry an object of interest. They are usually able to negotiate stairs (with supervision) and move from a standing to a squatting position. Their fine motor skills are also developing and allow them to put little objects into larger containers, get their food into their mouths with more ease and accuracy, they are able to help with getting clothing on (Lindon, 2012), walk on their tiptoes, throw balls and sleep 12-13 hours (Scannapieco, 2005). Toddlers from the age of 18 months continue to show an interest in books; often enjoying the rereading of a favourite. With patience, they can now be taught not to rip pages (Lindon, 2012).

Between the ages of 24 months to 36 months, a toddler is learning to run well, they are starting to jump with 2 feet together, they are kicking balls and they are becoming more

aware of the need to urinate or pass a bowel movement. Toilet training can happen from around 2 years old; however, children vary in their ability to achieve a good level of control in this area and may remain unaware of toileting needs at this age. Though still requiring great support and supervision, toddlers are developing their sense of independence and should be consulted on their opinions, offered choices where possible and encouraged to help with small household tasks (e.g. tidying up, fetching or carrying something). Toddlers become more adept with stairs; although they may still take them with 2 feet to a step. In addition, their fine motor skills allow them to take pleasure in arts and crafts (e.g. they can enjoy drawing pictures cutting with scissors and constructing with junk materials) and every day activities (e.g. pouring from a jug, dressing) (Lindon, 2012). All of these skills are possible by the time a child is 36 months old which highlights the stunning transition children make from a helpless infant to the speeding toddler.

2.3.4.2   Early Childhood (3 to 6 years)

One could expect to find 3-year olds jumping from low heights and improving their general manoeuvrability. They are adept runners and climbers, they are beginning to balance their weight by standing on one foot for a short while (Lindon, 2012) and they are able to walk upstairs with alternate feet (Scannapieco, 2005). 3 and 4-year olds are more capable in feeding themselves, managing the toilet, dressing and some basic hygiene tasks (e.g. washing and brushing their hair); however, they may still want some assistance. 4 year olds start to play and enjoy games with balls, bats, hoops, bean bags or ropes; however, their skills in these games are still limited (Lindon, 2012). They can now walk downstairs, skip and show an interest and early inclination to throw and catch balls (Scannapieco, 2005). By their fifth birthday, children are improving their gaming skills – particularly with hiding and chasing games (Lindon, 2012). They become much more adept with everyday activities; for example, pouring a jug or dressing – managing these activities with relative ease. A 5 year old will able to manage most of the fastenings on their clothes, feed themselves, manage without help in the toilet and wash and bath themselves; although the latter should still be supervised for safety reasons and to ensure quality of care (Lindon, 2012). Children over 5 should also be given chores to undertake within the family – increasing their sense of personal satisfaction. Their drawing, writing and planning abilities also improve and a range of detailed creative or construction activities can be seen (Lindon, 2012; Scannapieco, 2005). Bicycle riding becomes possible within the age range of 4 , 5 or 6 (Lindon, 2012).

2.3.4.3   Middle Childhood (7 to 11 years)

By the time children are 7, they can become more interested and able with sports (e.g. cricket, basketball, gymnastics, dancing, swimming, diving, hose riding, skating, etc.); since they are able to experiment with movements deliberately to improve results and their reaction times improve in relationship to cognitive development (Lindon, 2012; Scannapieco, 2005). Children in middle childhood slowdown in how quickly they have been

growing in previous years and their bodies become slimmer with stronger muscles. In addition to improvements with gross motor skills, fine motor skills also improve. They develop an ability to build models, weave small looms and their writing and drawing skills also show a marked improvement (Scannapieco, 2005).

2.3.4.4 Adolescence (age 12 to around 20 years)

During the end of middle childhood there is an increased production of sex hormones that initiates the beginning of puberty and welcomes children into adolescence. Puberty is the transition from a sexually immature individual to someone who is capable of reproduction. For girls, it includes the onset of their menstruation and eventual ovulation and for boys it includes their ability to ejaculate sperm; however, it is also more than this since puberty includes a wide range of transitions that occur over time (Sroufe et al., 1992; Scannapieco, 2005). Girls start to develop breasts, grow pubic hair, have their hips start to widen and they experience a growth spurt – particular with regard to height. Boys also start to have body hair and experience a growth spurt with regard to their height. In addition, they experience growth in their testes and penis, their voice deepens, they have muscle growth and they develop facial hair. Throughout adolescence, children's bodies transform into an adult body with a more developed muscular system that allows them to become stronger and have a high level of physical performance (Scannapieco, 2005; Sroufe et al., 1992).

2.4   Summary

Children move from essentially being fully dependant on their carers through to being independent adults in the relatively short space of around 18 years. From being unable to procure the most basic needs (e.g. food, shelter, warmth) by themselves and being unable to transport oneself between two points, children learn how the world works, who they can trust, how to use their bodies, the specialisation of skills and much, much more. The journey a child takes from birth to adulthood clearly requires guidance and help to enable the child to develop the abilities, skills and knowledge to eventually meet their own needs. As already established, children are unique and the guidance that they require has to match their needs. As such, an understanding of parenting needs to be established. In addition to child development, parenting is another core element to consider within a forensic parenting assessment (FPA) and will be the focus of the next chapter.

3 The Parent

3.1 Introduction

In looking further at the 'parent and child fit' (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010), this chapter will develop an understanding of the parent within this context. It will look at how parents can support children in developing through their shared stages of development, introduce the definition of parenting and explore optimal parenting styles. An understanding of why a parent comes to parent in the way they do is also explored through a systems model developed by Belsky and Vondra (1989) before supporting further discussion on when things go wrong and parenting becomes abusive. In working through the continuum of optimal parenting and abusive parenting, the concept of good enough parenting is presented alongside the limited evidence base to implement, understand and assess it.
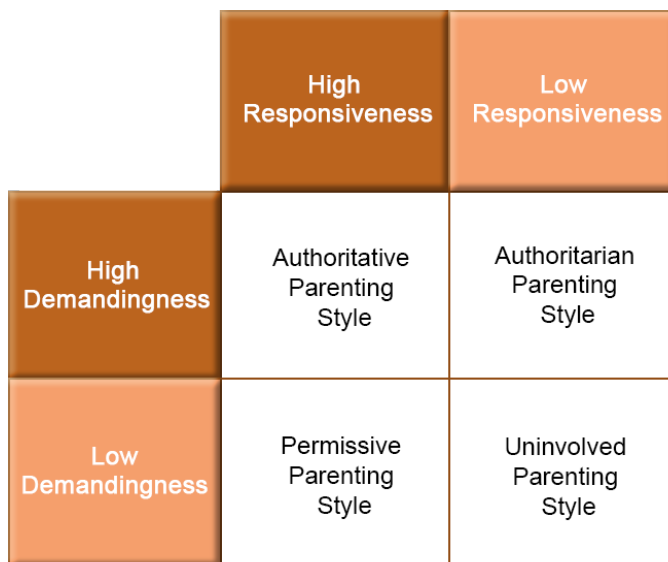
3.2 Introduction to Parenting

In considering popular definitions and understanding of parenting, as discussed below, it becomes clear that a parent must have an awareness of child development in order to nurture and support their child in their development. For example, to support a child's physical, social and cognitive development, the parent must understand what the child is capable (and incapable) of as an infant, toddler, child in their early or middle childhood and adolescence so they have age appropriate expectations. As such, it is important that parents develop a general understanding of the previous chapter on child development so they have a better understanding of what their child need – helping them to better meet those needs.

In looking at definitions of parenting, it must first be clarified that a parent is any adult who is regularly engaged in the rearing of a child; so, it could include biological parents, foster parents, grandparents, etc. Johnson defines parenting as "the acts of providing for and supporting the emotional, intellectual, physical, and social development of children from infancy to adulthood; these acts are required for successful childrearing" (2014, p. 94). Azar (1998) describes competent parental responses as being just within the child's "developmental reach" and far enough away to pull that child to their next developmental level. Parenting is generally considered a task that is multiply determined and inclusive of dimensions of sensitively to a child's needs (White, 2005). Hoghughi (1997) lists care, control and development as the core elements of parenting and believes parents need to have knowledge, motivation, resources and opportunity to be successful in the parenting of their children.

3.3   Parenting: Styles

Baumrind (1971; Baumrind, 1991) and Maccoby and Martin (1983) looked at styles of parenting in relation to child outcomes. Following interviews and observations that included more than 100 middle class families with children of preschool age, Baumrind (1971; 1991) provided a premise that parenting can be considered as styles; authoritative, authoritarian and permissive. The 3 styles determine whether there is high or low levels of warmth and encouragement versus control and demandingness. Baumrind (1971) described *authoritative* parenting to include high levels of warmth and encouragement and moderate to high levels of control and demandingness. She described *authoritarian* parenting styles as having high levels of control and demandingness and low levels of warmth and encouragement. *Permissive* parenting styles include high levels of warmth and encouragement and low levels of control and demandingness. Maccoby and Martin (1983) further expanded upon our understanding of parenting styles by describing a fourth parenting style –the *uninvolved* parenting style. This style included parents offering low levels warmth and encouragement and low levels of control and demandingness. Maccoby and Martin (1983) also restated Baumrind's definition of styles in terms of two dimensions; responsiveness (warmth, acceptance and involvement) and demandingness (control, supervision and maturity demands); also sometimes referred to as support and control (Johnson et al., 2014). Figure 3:1 provides a visualisation of the parenting styles (Johnson et al., 2014).

	High Responsiveness	Low Responsiveness
High Demandingness	Authoritative Parenting Style	Authoritarian Parenting Style
Low Demandingness	Permissive Parenting Style	Uninvolved Parenting Style

Figure 3:1: Parenting Styles

Responsive and supportive parenting includes the development of a positive parent-child relationship that continues throughout childhood. Johnson et al. (2014) state that these behaviours include spontaneous physical affection, verbal statements of acceptance, praise, worth and love, playing together, and supporting and encouraging child

development. It can involve frequent warm verbal interaction, stimulation or speech, avoiding negative reactivity, supporting social interactions and the development of the ability to encouraging compliance. Furthermore, parents positively model social interaction, use routines and protect children from risky people or situations. The use of a warm parent and child relationship has been associated with increase in a child self-disclosure (Johnson et al., 2014) and the use of many elements of responsive parenting contribute to and foster a more secure attachment between parent and child (Cummings and Cummings, 2002). As discussed in the previous chapter, the parent and child attachment is an important element in child development and provides a child with someone to return to when they are frightened, stressed or ill. When children's responsive needs are not consistently met, they are more likely to develop insecure attachments which impact negatively on their ability to trust and, in more severe cases; can be associated with a raised risk of psychopathology.

Demandingness and parental control includes the monitoring and discipline of children. Ideally, this should be nonintrusive and flexible. It should change with the development of the child and allow for autonomy gaining and promote an internalisation of prosocial values. This could be done through the use of privilege withdrawal, clear standard setting, enforcement rules, contingent rewards, being direct and firm, joint decision making, open communication between parent and child, avoiding overprotection, using logical and natural consequences and managing unsupervised time as well as peer and sibling relationships (Johnson et al., 2014; Simons, Simons and Su, 2013). Furthermore, control and demandingness includes a parent having some control over the environment their child is exposed to in order to promote their safety; for example, research highlights the deleterious effects on children's behaviour and psychological well-being when they are exposed to too much violent, sexual or other unhealthy content (Johnson et al., 2014).

The above mentioned, more positive, elements of demandingness and control are in contrast to more maladaptive methods which would include psychological control or harsh and coercive control. These methods can have a much more negative effect on children and should also be considered when exploring styles of parenting. For example, Simons, Simons and Su (2013) considered how corporal punishment impacted on parenting styles. They created 4 new styles of parenting to differentiate between the inclusion and exclusion of corporal punishment. The original 4 styles, authoritative, authoritarian, permissive and uninvolved were presumed to feature little or no corporal punishment. The 4 new styles – no nonsense (authoritative with corporal punishment), vigilant/punitive (authoritarian with corporal punishment), lax/reactive (permissive with corporal punishment) and abusive (uninvolved with corporal punishment) – along with the 4 previously agreed styles included all combinations of responsiveness, demandingness and corporal punishment (Simons et al., 2013).

The authoritative parenting style, without corporal punishment, is generally associated with the best outcomes throughout childhood; however, the no nonsense style regularly came in second best during Simons, Simons and Su's (2013) research. This suggests that high demandingness and high responsiveness are associated with better outcomes for children. Children raised with authoritative parents receive better academic, behavioural, and psychosocial outcomes. They are more likely to engage with school, refrain from delinquent behaviours and have the fewest depressive symptoms (Simons et al., 2013). Authoritarian and permissive parenting styles are associated with suboptimal child outcomes; for example, low demandingness increased probability for delinquency and low responsiveness increased probability for depressive symptoms (Johnson et al., 2014; Simons et al., 2013; Steinberg, 2001). Not surprisingly, low responsiveness and low demandingness is associated with the worse outcomes for children; for example, most juvenile offenders have uninvolved parents (Steinberg, 2001).

3.4   Belsky and Vondra's Parenting Model

Though there is impressive research with regard to parenting styles, another element of parenting that should be considered when thinking of parental competency is 'why' a parent parents in the way they do. Belsky and Vondra (1989) reported an extensive review of research which identified factors promoting optimal parenting behaviours with good consistency in their findings; however, research literature used was generally based on college-educated, middle-class majority parents (Azar et al., 1998). Based on findings, Belsky and Vondra proposed a model of parenting competence that is multiply determined with facets that are interrelated. They note that parenting competence is directly influenced by three main determinants; the parent, the child and the broader social context in which the parent-child relationship is enmeshed.

Though the 3 determinants of parenting (the parent, the child and the broader social context) are interrelated and multiply determined, Belsky and Vondra (1989) claim that a parent's psychological resources are the most crucial since this enables the parent to recruit support from the broader system. In addition, they explore the significance of the parent and child fit; whereas a specific parent has the specific skills needed to meet the specific needs of a particular child. The latter point is an area of great consideration and interest when considering the assessment of parenting, which has been the thread tying together this dissertation's chapters and will be explored in more depth in chapter 4.

3.4.1   The Parent, The Child and the Context

The parent determinant in Belsky and Vondra's (1989) model refers to the parent's sensitivity, psychological maturity, mental health and developmental history. This aspect of the model is a huge contributor to a parent's attributes, beliefs and cognitions about parenting (Johnson et al., 2014). Research has indicated that emotional regulation, positive

personality, self-efficacy in the parenting role and cognitions play powerful roles in parenting effectiveness and competence (Dix, 1991; Bornstein, Hahn and Haynes, 2011). For example, parents having a realistic understanding of their children and what their children should be able to do and not do can make a positive difference in parenting practices. Other research has indicated that a parent modelling adaptive behaviours increase the likelihood of the children also incorporating those adaptive behaviours; for example, modelling adaptive affect-management skills and other cognitive abilities like impulse control, empathy, patience and positive regard for children increases the likelihood of the child also engaging in similarly adaptive behaviours (Parke and Buriel, 2006; Bornstein, 2006).

The child determinant of Belsky and Vondra's (1989) model refers to the various elements of the child; for example, their health, age, developmental level, temperament and behaviour all impact on what a parent must do to be competent (Johnson et al., 2014). It needs to be understood that some children are harder to parent than other children on account of having a factious temperament, high activity levels, illness or disability or some other personal characteristic (Reder et al., 2003). In addition, a child experiencing a particular trauma or crisis could trigger an emotional crisis for their parent if it reminds the parent of their own past trauma (Reder et al., 2003); however, parents and children are all different and may react differently so assumptions should always be tested and explored further with the family. Individual characteristics and circumstances of the child – and parent – must be considered, but also, one must consider the fit between the child's specific needs and the parent's specific skills and abilities; more simply known as the parent-child relationship or fit (Azar et al., 1998). Can that specific parent meet that specific child's needs?

The context determinant of Belsky and Vondra's model (1989) refers to environmental factors that impact on a parent's ability to meet their child's needs. Holden and Miller's (1999) meta-analysis of studies highlighted that a parent's situation or context accounted for the largest difference in parenting. Potential impacts on parenting practices and parent-child interactions include noise level, fit of the environment to suit the child's best interest, supportive neighbourhood facilities and stable housing or predictable home changes (Bradley, 2002; Johnson et al., 2014). Contextual factors with regard to the parent's personal circumstances and how they impact on their ability to parent include teenage parenthood, parental stress, conflict between parents, (Bornstein, 2006; Belsky, 1984; Johnson et al., 2014) socio-economic status (including education, occupation and financial competence) and substance abuse (Hoff, Laursen and Tardif, 2002; Mayes and Truman, 2002). In addition, the parent's own childhood of being parented "will have laid crucial foundations for their capacity to be a parent and the nature of their *relationships with others*, including partners and other potentially supportive people. Adverse experiences of being cared for when a child, such as abuse or severe rejection, may lead to *unresolved care and*

control conflicts… in which the person grows up with conflicts about closeness to others and reliance on them, or about feeling controlled by others and capacity for self-control" (Reder et al., 2003, p. 17). Though adverse experiences of being parented can have negative implications for that individual as they grow and become a parent themselves; everyone who has experienced maltreatment in childhood will not necessarily develop such problematic behaviours (Reder et al., 2003). Resiliency plays a part in how an individual will be impacted on by past events; for example, if they have had the support of a significant adult while growing up they may be less susceptible to negative consequences of maltreatment (Reder et al., 2003).

3.4.2   Incorporation of the Model

Belsky and Vondra's (1989) 3 main determinates to parenting have been adopted by most current considerations in parenting capacity (Woodcock, 2003). For example, there are similarities to the Department of Health's Framework for the Assessment of Children in Need and their Families (2000). The Department of Health's Framework is a systematic approach to gathering information and analysing it; however, it discriminates effectively between different types and levels of need. Similar to Belsky and Vondra's 3 main parenting determinants, the Department of Health's framework consists of 3 core elements: the child's developmental needs, parenting capacity and family and environmental factors. Each of the 3 domains have a number of critical dimensions which impact and overlap on one another and require careful exploration during assessment. The dimensions of parenting capacity include; basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. The dimensions of the child's developmental include; health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. Finally, when considering family and environmental factors one should explore family history and functioning, wider family, housing, employment, income, family's social integration and community resources. It also considers the parent and child fit described above.

Other authors have proposed frameworks that incorporates Belsky and Vondra's (1989) model; including Azar et al. (1998), Budd and Holdsworth (1996) and Reder, Duncan and Lucey (2003). These authors propose frameworks to guide assessments of parenting capacity and will be explored in more detail in chapter 4.

3.5   Abusive Parenting

The above paragraphs have touched on elements of positive and maladaptive parenting; however, consideration will now be given to maladaptive parenting or child abuse. The Children's Act's (1989) and (2004) stipulates that significant harm is the "ill treatment or the impairment of health or development… including for example, impairment suffered from seeing or hearing the ill-treatment of another… compared with that which could reasonably

be expected of a similar child." In considering this in light of child abuse, the Children Act looks at child abuse in light of what a healthy childhood development should include and looks at how abusive childhoods may impact on that healthy development.

Child abuse has been an adaptable concept which has fluctuated in response to society's values and growing understanding of what children need. As such, how professionals have looked at child maltreatment has also changed. With a growing body of knowledge about child maltreatment, methods for assessing and understanding child abuse have evolved. Theoretical models to explain child maltreatment developed from single focused processes to transactional and multilevel explanations. In order for a model to be useful in looking at child maltreatment, it needed to encompass a multifaceted approach since every family, their experiences and their environment are unique. A multifaceted approach would take varying ecological risk factors into account at different development stages for the child (Scannapieco, 2005); such as the ecological transactional perspective of looking at child maltreatment.

3.5.1 Ecological Transactional Perspective

An ecological transactional perspective is used to understand both the cause of maltreatment as well as the outcomes of maltreatment on child development; however, it can also be more widely used to explain development in general and other psychopathological conditions (Lynch and Cicchetti, 1998). Despite its acceptance in both research and practice, it has limitations with regard to its descriptive nature and limited ability to be tested empirically. Nonetheless, the ecological transactional perspective on child maltreatment provides a well-accepted and multilevel explanation that places an individual in an interdependent relationship with culture and situation and development. This is in contrast to previous single-focused theoretical models which lack explanations for exceptions to their rule; for example, the sociological model of child maltreatment does not have an explanation for families living in poverty who do not abuse their children. In order to understand child maltreatment, an exploration at multiple levels is necessary (Scannapieco, 2005).

The *ecological* aspect of the model looks at an individual as interdependent with relationships within their culture and situation. It stresses that variables within an ontogenic, microsystem, exosystem and macrosystem level all impact and influence each other. The various levels may create risks of child maltreatment (e.g. exosystem risks of a child living in a violent neighbourhood) and they may simultaneously provide protection from risks (e.g. a microsystem protection by an appropriately responsive parent). Therefore, the existence of a risk in one level does not mean child maltreatment is inevitable. The rest of the levels need to be explored in parallel for protective and risk factors. The ecological model was first proposed by Bronfenbrenner (1979) in relation to human development and later applied to child maltreatment by Belsky (1980) and it is accepted in the field as the most explanatory

model of maltreatment to date (Scannapieco, 2005; Lynch and Cicchetti, 1998; Pearce and Pezzot-Pearce, 2006).

The *transactional* aspect of the ecological transactional perspective also looks at how child development is determined by multiple factors (Scannapieco, 2005; Sameroff, 1993). Predominately, child development is effected by various elements of nurture (e.g. the environment of the child) and nature (e.g. the genetics of the child) and the interplay between them. For example, in addition to determining physical features of a child, "nature" also genetically determines elements of the child's personality – like if they have high energy levels. The environment that the child is raised in – or how the child is "nurtured" – will be a factor in how this trait impacts on the child. If the parent harnesses that high energy and supports and encourages a willing child to funnel their energy and engage in sports the child may be able to get the most out of that personality trait and develop a positive sense of their self; however, if the parent does not allow the child a good outlet for their energy and sees such energy as a burden or as naughty behaviour – the child may grow to see themselves less positively. This example is very over simplified; however, it illustrates the transactional part of the ecological transaction perspective of child abuse and the interplay between nature and nurture. In addition, it highlights the importance of understanding healthy child development so that deviations from healthy development can be understood in relation to child maltreatment (Scannapieco, 2005; Sameroff, 1993).

When using any approach to look at child maltreatment a family-centred focus, a strength-based principle and a cultural responsiveness principle must remain key components throughout since these remain core features of child welfare policies (Scannapieco, 2005). In addition, one must also give serious consideration to the concept of resiliency which fits in well with the ecological transactional perspective since it also considers the impact of various elements interacting and contributing to how individuals respond and develop.

3.5.2 Resiliency

The origins and consequences of child maltreatment are not confined to the instant or months or years in which reported incidents actually occurred; instead, for those who survive, "the long-term consequences of child maltreatment appear to be more damaging to victims and their families, and more costly for society, than the immediate or acute injuries themselves" (National Research Council: Panel on Research on Child Abuse and on Neglect, 1993, p. 39). For example, some research has explored the concept of multigenerational cycle of maltreatment and suggests that between 25 and 35% of maltreated children grow up to abuse their children (Kaufman and Zigler, 1987); however, other reviews suggest that this may be an overestimate or that the type of maltreatment being looked at could vary. For example, multigenerational neglect has lower rates of being repeated (Starr, MacLean and Keating, 1991) and sexual abuse has higher rates of being repeated (Williams and Finkelhor, 1990). Nonetheless, just because someone was

maltreated during their childhood, it does not guarantee that they will be abusive parents. Research does suggest that past abuse is a "marker" variable versus a "causal" variable and it should be explored further with the parent (Azar et al., 1998; Lynch and Cicchetti, 1998).

Malinosky-Rummell and Hansen (1993) defined 4 broad domains which affect the direction and strength of causal and marker variables; maltreatment factors, individual child factors, family factors and environmental factors. *Maltreatment factors* encompass contemplation of the frequency and duration of abuse, consideration of the relationship between the child and perpetrator, whether there was a use of force and/or whether there was an occurrence of other forms of maltreatment. *Individual factors* consider the child's age and stage of development, the gender of the child, the temperament of the child, the child's appraisals and attributions regarding maltreatment and whether the child has any medical, biological or physical conditions. It also considers how the child presented prior to abuse; for example, their intelligence and cognitive skills as well as self-esteem. *Family factors* include the family's support of the child post maltreatment (e.g. acknowledgement of maltreatment, belief in the child, emotional support, etc.) and family functioning (e.g. attachment between child and their parent, quality of parental relationship and the individual functioning of the parent(s)). *Environmental factors* include the consideration of cultural-societal toleration of the maltreatment, cultural and religious factors, supportive social relationships for child and family, provision of appropriate services and criminal justice involvement. Some of these domains are found to moderate the impact of maltreatment; however, the same variable may be a protective factor in one situation and in another – a risk factor (Pearce and Pezzot-Pearce, 2006).

These causal, or marker, variables contribute to our current understanding of resilience in children. Resilience is the ability of an individual to adapt to stress and adversity; for example, the ability of a child to adapt to child maltreatment. Resilience varies among children, for example, studies undertaken of children who experienced parental stress, poverty, parental psychopathology and family disruption have found that the children have developed into competent and well-adjusted young adults (Werner, 1989). Pearce (2006) shares that around half of the children exposed to severe stress and adversity do not show evidence of major dysfunction and there are estimates that the rates of asymptomatic sexually abused children can range from 21-49%; however, other research indicates that around 10-24% of those asymptomatic children will develop problems in the future – even though there wasn't notable dysfunction at the time of initial assessment. The above mentioned causal variables are thought to contribute to a child's resilience in the face of maltreatment.

3.5.3 Types of Child Abuse

Following an exploration of how the environment and genetics impact on how each individual will develop and grow, this section will focus on what child maltreatment is and how it can – and does – impact on many children.

Literature on child maltreatment has largely focused on child maltreatment as one concept despite known differences in types of abuse; for example, *the absence of* a behaviour in neglect or *the act of* a behaviour in physical abuse (Scannapieco, 2005). Physical abuse, sexual abuse, neglect and emotional abuse are broad categories used to describe child maltreatment (National Research Council: Panel on Research on Child Abuse and on Neglect, 1993; Jutte et al., 2015). Physical abuse constitutes *the act of* a behaviour of physical discipline such as shaking, slapping, spanking, striking, scalding, biting, choking or attacking a child with a weapon (Condie, 2003; Jutte et al., 2015). Physical abuse can also result in a parent or carer fabricating the symptoms of, or deliberately inducing, illness in a child (Jutte et al., 2015). The definition of sexual abuse includes a relationship being deemed exploitative by virtue of an age difference or caretaking relationship that exists with a child. In addition, it includes *the act of* a behaviour that uses force or threat or incestuous sexual contact with a child (Finkelhor, 1991). Sexual abuse may, or may not, include a high level of violence and the child may, or may not, be aware of what is happening. The act of sexual abuse could include physical contact (e.g. oral sex) or non-contact activities (e.g. looking at sexual images) (Jutte et al., 2015). *The absence of* a behaviour that would provide for a child's physical, emotional, medical or educational needs and/or *the absence of* a behaviour that would provide appropriate supervision for a child would constitute as neglect of a child (Jutte et al., 2015). Finally, emotional abuse or psychological abuse, include *the act of* a behaviour that terrorizes children, keeps children in close confinement, engages a child in severe degradation and humiliation, or engages a child in severe psychological rejection (Condie, 2003; and Goldstein, 1999). Despite the above definitions, the terms physical abuse, sexual abuse, neglect and emotional abuse lack clarification about what they really mean. There is often overlap between these categories and these commonly used terms lack clear agreement about the severity or prolonged nature of a behaviour – or lack of behaviour - before it is titled abuse or neglect (Condie, 2003; Herrenkohl, 2005).

Legal scholars and empirical researchers have differences in how they determine spectrum and definitions of behaviours of abuse and neglect. Empirical researchers try to limit overlap as much as possible to prevent classification error or false positives or negatives and they need to agree on the level of pervasiveness of the behaviour in question. For example, some types of physical discipline (i.e. spanking) are viewed as acceptable by some people in a mild form. Therefore, "the frequency, chronicity, and severity of child maltreatment are operational problems that affect classification integrity" (Condie, 2003, p. 163). Where classification for empirical researchers focuses on strict ways to provide consistent and

reliable ways to gather data; legal scholars approach definitions of abuse with more flexibility. They purposely leave definitions vague because judicial discretion is a factor in whether a parental behaviour has been a cause of (or provided a risk of) significant harm to a child (Condie, 2003). Legal definitions also have to factor in the concept of "good enough" parenting which also lacks clear definition parameters and is discussed more later.

Now that a definition of child abuse has been considered, the next section will look at the impact and prevalence of child abuse.

3.5.4 Impact and Prevalence of Child Abuse

The impact of maltreatment on a child needs to be considered within the context of the previous chapters. As already discussed in those chapters, child development requires consideration when anticipating the consequences of maltreatment on a child; for example, the developmental stage of a child, at the time of abuse, impacts greatly on the outcome of the child being abused. In addition, parental factors need to be considered; such as the implementation of the Ecological Transactional Perspective to consider the child as interdependent with relationships within their culture and situation. The factors involved in child resiliency also require consideration since the impact of maltreatment may be tempered with other positive life experiences. As there are so many considerations on how a child will be affected by maltreatment, this section will only take a broad overlook at the impact of maltreatment on children.

3.5.4.1 Physical Abuse

As discussed earlier, physical abuse is the act or behaviour of physical discipline such as shaking, slapping, spanking, striking, scalding, biting, choking or attacking a child with a weapon (Condie, 2003); therefore, it is no surprise that children who have been physical abused may have burns, bite marks, bruises, fractures and other injuries. One ultimate consequence of physical abuse is death. The risk of violent deaths in infants and children is the highest in children between the ages of 0 and 3 and adolescence holds the second highest risk of a violent death (Department for Education, 2011). Although death is a serious potential consequence from which there is no cure, there are many other serious consequences of physical abuse that will impact on children – oftentimes, throughout the rest of their life. Physically abused children can be diagnosed as failure to thrive children, they may lag behind others in both gross and fine motor skills (Scannapieco, 2005), have brain injury (Bruce, 1992) and/or having paralysis (Perry et al., 2002). Physical abuse, particularly in infancy, can lead to developmental delays and lifelong academic problems (e.g. delayed language development) (Scannapieco, 2005).

When children experience physical maltreatment, they may show signs of post-traumatic stress disorder (PTSD) and they can struggle with social and emotional difficulties that can impact on them immediately and in the future. For example, children may develop unhealthy

attachments with their caregivers – learning that their caregiving environment is irregular and unpredictable – and, therefore, when placed in a safer and more stable environment they will continue to remain detached. Children who have been physically abused are more likely to display aggressive behaviours, be impulsive (Egeland, Sroufe and Erickson, 1983; Kolko, Moser and Weldy, 1990), exhibit attention problems (Wodarski, Kurtz and Gaudin, 1990), have lower intellectual functioning (Erickson, Egeland and Pianta, 1989; Perez and Widom, 1994; Wodarski et al., 1990), lack empathy for others (Burgess and Youngblade, 1989), have poor interpersonal relationships (Kolko, 1992) and lack motivation (Aber and Alle, 1987).

3.5.4.2   Neglect

As discussed earlier, neglect is different from physical, sexual and emotional abuse as instead of engaging in an "act" that is abusive – neglect is the "absence" of a behaviour required by the carer and it tends to be chronic versus episodic. Neglect remains a serious concern that affects the majority of confirmed victims of maltreatment (US Deparmtent of Health and Human Services Administration on Children Youth and Families, 2002), is usually the most common cause for being subject to a child protection plan or on a child protection register (Jutte et al., 2015) and results in the majority of deaths due to maltreatment (Scannapieco, 2005). As children in the age range of 0-3 are the most in need of a consistent and responsive caregiver, it is no surprise that highest rate of victimization is in this age range (US Deparmtent of Health and Human Services Administration on Children Youth and Families, 2002).

If a child survives neglect, they are more likely to and have cognitive deficits or delays with regard to not responding as expected to their environment, verbal language delay, expressive language delay and poor self-regulation. Children exposed to neglect may be labelled failure to thrive (e.g. low weight) and are generally smaller, weigh less than other children and are more at risk of poor developmental outcomes like poor fine or gross motor skills (Scannapieco, 2005). Neglected children are more likely to have attachment problems – predominately an insecure ambivalent attachment (Ainsworth and Salter, 1978).

3.5.4.3   Sexual Abuse

Reporting of sexual offences against children has seen a sharp increase in numbers which may be due to the willingness to report abuse following recent high profile sexual abuse cases versus an increase in occurrences (Jutte et al., 2015).

Sexually abused children may suffer physical consequences from abuse. Their genitalia may be injured, bleed, itch, develop an odour or be painful and anal trauma can result in difficulties with bowel movements. Children who have been sexually abused may develop sleeping, eating, walking and/or sitting difficulties (Scannapieco, 2005).

In addition to physical consequences, children who have been sexually abused are also at a higher risk of suffering cognitive-behavioural and socioemotional consequences. Many people suspect that very young children who are sexually abused will not remember events and may – as a result – not suffer from the effects of it; however, research indicates that children abused before the age of 3 can recall prior traumatic events even if they cannot "remember" them. Their bodies respond physically to danger and fear and they may retain physiological memories. These memories – which may trigger fear – can become associated with genital touch and then impact on sexual relationships in the future. Similarly, if the abuser is also a primary carer or person of trust, the child may grow to expect exploitation and mistrust in relationships which can then result in an insecure attachment (Perry, 2003; as cited in Scannapieco, 2005). Sexually abused children are more likely to experience delayed language development and hyperarousal from abuse means that their brain resources are less available for developmental achievements (Scannapieco, 2005).

3.5.4.4 Emotional Abuse

Emotional abuse is not accompanied with obvious physical symptoms and, as a result, it is often seen as less serious than other forms of abuse and neglect; however, over time, emotional abuse can have serious long-term effects on a child's health and development. Another reason emotional abuse may not be seen as serious as other forms of abuse is because it is often linked with neglect and physical and sexual abuse since these forms of abuse cannot occur without some emotional consequences to the child (Scannapieco, 2005); resulting in attention being drawn back to physical abuse, sexual abuse and neglect. Emotional abuse has been linked with increased risk of depression, anxiety, somatic complains and difficulties in interpersonal relationships (Spertus et al., 2003). It is also associated with risk taking behaviours such as stealing, bullying and running away and mental health problems, eating disorders and self-harming (NSPCC, 2016). Children who experience emotional abuse may struggle to control their emotions and express a full range of emotions appropriately since the abuse is likely to redistrict their emotional development which negatively impacts on their ability to maintain healthy relationships with other people later in life (NSPCC, 2016). Finally, emotional abuse is linked to attention deficit disorders.

3.6   What is Good Enough Parenting?

"The parenting children receive is a cornerstone for the development of their emotional, interpersonal and social well-being. The quality of relationships they form with others, including their own children when they become parents, will be shaped by their caretaking experiences" (Reder and Lucey, 1995, p. 3). It is clear that parenting is important and needs to be good enough; however, what is good enough parenting? Parenting is not considered to be a static quality that someone does, or does not have; rather, it is an adaptable relationship that responds to fluctuations in other relationships (Reder and Lucey, 1995). Concerns have been raised regarding models of parenting competency (Azar et al., 1998).

Developmental models of adequate parenting "typically delineate narrow qualities of an optimal parenting environment, not minimally adequate ones" (Azar et al., 1998, p. 78). Many parenting competency models have been based in research literature on college-educated, middle class, majority parents; however, this population does not make up the typical population of parents involved in forensic parenting assessments (FPA) (Azar et al., 1998). In addition, awareness of the functional significance of parenting practices among different cultures needs to be considered. Adequate parenting models need to be based on diverse groups of parents to decrease bias otherwise the validity of making comparisons between such different groups is highly questionable. Azar and colleagues (1998) are more optimistic about parenting competency models that are broader and have a more ideographic view; for example, the perspective on parenting she has identified with includes a specific parent having the right skills and abilities to match the range of needs of a specific child.

Similar to 'good enough parenting', what constitutes as 'abusive enough parenting' is also fluctuating. "A number of authors have argued that the phenomenon of 'child abuse' is not an objective condition but a social construction, the meaning of which arises from ever-changing social values (Scannapieco, 2005; Corby, Shemmings and Wilkins, 2012). "Standards of acceptable and unacceptable child care have evolved over time in response to new knowledge about children's needs and development and changing attitudes in society towards children and families. However, the distinction remains blurred" (Reder and Lucey, 1995, p. 14). Available child abuse models are limited in that they have focused on prediction of violence versus looking at the broad spectrum of ways in which parenting might fail. In addition, abusive parenting is often seen as a separate category to adequate parenting versus a more helpful continuum approach (Azar et al., 1998) which would have abusive parenting on one end and good parenting on the other end as can be seen in Figure 3:2.

Given the malleable characteristics and limited working models of good parenting and child abuse, it is difficult to determine how to assess if someone is 'good enough' to parent or if parenting is 'bad enough' to take more serious action. These limitations make circumstances rife for bias and, as such, professionals are encouraged to acknowledge and challenge their own personal biases, assumptions or beliefs that they hold which might impact on their opinion of what constitutes abuse and what constitutes good enough parenting (Reder and Lucey, 1995).
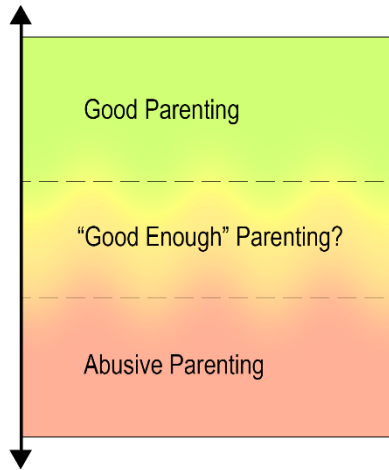
**Figure 3:2: Good Enough
Parenting Continuum**

3.7   Summary

In summary, the impact of child maltreatment – in all of its different forms and in how they may or may not overlap and impact on each other - can limit, delay and/or cease the acquisition of expected shared developmental phases during childhood. It is clear that children need to be kept safe and provided with parenting that offers them the opportunity to meet these shared phases of childhood; however, how this is determined can be a difficult process. This then leads into the next chapter which looks at the undertaking of forensic parenting assessments (FPA) to support decisions regarding whether a parent is providing good enough parenting amidst concerns of significant harm to a child.

4   The Parent-Child Fit: Forensic Parenting Assessments

4.1   Introduction

This chapter is going to explore the assessment of parenting in order to determine parenting competency in light of concerns of significant harm or abuse. It will specify the definition, context and value of a forensic parenting assessment (FPA). It will explore guidelines in undertaking these assessments and look at research assessing if they are of a good quality or not. Furthermore, this chapter is going to present a framework which will incorporate knowledge from the previous chapters on child development and parenting to inform assessment on the 'parent and child fit' while also looking at tools that can aid in the completion of FPAs for court.

4.2   FPA Definition

The assessment of parenting capacity is a broad and serious undertaking, particularly in child protection practice. It can include the assessment of a parent's ability to protect children from risk or enhance their child's developmental experiences and it can be used to identify support services required (White, 2005). This could include Initial Assessments, Core Assessments or a Common Assessment Framework which are undertaken with families as a way of identifying risks and needs; however, these assessments are not considered in the formation of this thesis. Instead, White (2005) also identified that the term parenting assessment can be used in a more forensic way to support decisions being made around whether to terminate parental responsibility, return a child to their parent's care or in considering contact or visitation schedules between parent and children (Zilberstein, 2016).

Forensic (e.g. law) parenting assessment, parenting evaluation, child custody evaluation, termination of parental rights report: these are some of the names given to reports provided by independent social workers, psychologists, psychiatrists, family centres and other professionals or teams of professionals in similar areas which detail an assessment of a parent's caregiving abilities and the child's safety while being parented by those parents. These reports, or assessments, are requested, often by the court, in relation to 'ultimate issue' concerns. 'Ultimate issue' refers to "offering an opinion on the particular legal question facing the court" (Budd and Springman, 2011, p. 34) and could include concerns around child abuse or neglect, custody visitation arrangements, termination of parental responsibility and to assist in intervention planning in these cases (Budd, 2001; Zilberstein, 2016). Consequently, the level of information and analysis required in these reports is significant in assisting the courts to make informed decisions (White, 2005).

The training of those completing these reports is specialised and should include training in areas like clinical assessment, child development, child maltreatment, an understanding of relevant ethical and professional guidelines, prevailing agency and legal standards

regarding child protection issues, culturally sensitive assessment methods and forensic assessment practices (Budd, 2001). These reports are different from other expert assessments for the courts; for example, a mental health evaluation (i.e. personality disorders, IQ tests, depression and anxiety assessments) will be completed by an approved mental health specialist (e.g. psychologist or psychiatrist). These reports may inform FPAs for court but they are not an assessment of parenting capacity. The reports referenced in this document all serve the greater purpose of assessing parenting capacity; looking at a parent's ability to meet their child's needs in a court, or the pre-court, process. For the purpose of this document, these assessments will all be referred to as FPAs. Additionally, these reports may refer to multiple parents or carers and it may include an assessment on their ability to meet the needs of multiple children; however, for the purpose of simplicity, the term 'parent' will refer to either one or more carers being assessed and the term 'child' will refer to either one or more children.

A FPA is completed within a legal context; therefore, the next section will further elaborate on this setting.

4.3 FPA Legal Context

FPAs are undertaken to inform care proceedings and pre-proceedings in the context of the Children Act (1989; 2004). The Act's core philosophies include the child's welfare being of paramount importance and that a child should remain in the care of their natural families. Professionals involved need to work in partnership with parents to keep families together; however, if a child has suffered, or is likely to suffer 'significant harm' the courts need to consider intervening if it is clearly better for the child to do so (Reder and Lucey, 1995; Zilberstein, 2016). Courts will only intervene if they are satisfied that it would be better for the child than not intervening; therefore, it is important that not only parenting capacity is assessed, but also the ability of a parent to change needs to be assessed, too (Reder and Lucey, 1995). Two relatively recent case law judgements (2013a; 2013b) have reiterated that adoption should be an absolutely last resort option; therefore, local authorities need to offer assistance and support to families to ensure that any recommendation for a placement order is absolutely the only alternative (Gupta et al., 2014).

As already stated, FPAs are undertaken within the context of the Children Act (1989; 2004) to inform decisions being made within care proceedings or pre-proceedings; therefore, an understanding of care proceedings and pre-proceedings needs to be established. Care proceedings are initiated by local authorities when they are worried about a child. They are able to apply for a care order which, if granted, would transfer parental responsibility for a child to the local authority; meaning the local authority could make critical decisions for that child including where they should live, who should look after them and how they are educated (Ministry of Justice, 2017). A placement order can also be applied for through care proceedings if it is believed that the child should be adopted due to the absence of any

more preferable care alternatives; for example, other members of the family and friends being able and available to care for the child. Care proceedings involves a team of professionals who will try to understand risks that may be present for the child. They will see what can be done to keep the child safe. The evidence, analysis and recommendations of these professionals will inform judges or magistrates who are responsible for making permanency decisions for children in this setting.

Prior to initiating care proceedings, pre-proceeding practices, known as Public Law Outline (PLO) procedures, are expected to be undertaken when it is considered safe to do so; alternatively, higher risk cases may go directly into care proceedings. PLO procedures were integrated in 2008 (Ministry of Justice) and updated in 2014 (Ministry of Justice) and claim to have the best interest of the child at heart. The idea of the PLO process was to reduce the well-known and much lamented delay in planning and decision making for children by tasking local authorities to undertake work with families prior to going to court (Dickens and Masson, 2016). This could include procuring and financing FPAs that may be deemed necessary to inform the outcome for the child and their family. This alternative dispute resolution process was also expected to render the services of the court unnecessary for some families by engaging them in a higher-level process that would prompt required services, necessary assessment and, potentially, effective changes. Although PLO was intended to reduce delay for families, there is still some concern that this remains a critical issue.

4.3.1   Delay

Recommendations from the Family Justice Review Panel (2011) have highlighted concerns of delay within the family courts which, historically, averaged 56 weeks (Cassidy and Davey, 2011; Ministry of Justice, 2016). This was considered too long for children to wait for permanency decisions; therefore, a 'modernisation agenda of the family courts with an emphasis on the deadline of 26 weeks for the completion of care cases' (Holt and Kelly, 2016, p. 3) was established. Although the 26-week timeframe is a goal, there are accommodations for circumstances that dictate a longer timeframe – within reason. There was also an expectation that court responsibility in these cases would shift from a stronger judicial lead to a stronger local authority lead; potentially avoiding the involvement of the courts altogether. Following reforms (including the PLO process), family court's average timeframe for a case has now been reduced to 28 weeks (Ministry of Justice, 2016). Although this is an encouraging figure regarding the reduction of delay, there are criticisms that these statistics do not represent an improvement on the system as a whole.

There is some opinion that PLO has not delivered expected results (Gupta et al., 2014; Dickens and Masson, 2016; Holt and Kelly, 2016); for example, qualitative research undertaken by Holt and Kelly (2016) suggests that professionals perceive the PLO process as having created more duplication and delay for families. Brophy identified that between

22 and 45% of families experienced expert assessments prior to the start of care proceedings; however, "cases seldom proceeded through to a final hearing without any additional assessments/examinations being undertaken and filed" (2006, p. 28) The difference is that the delay is likely to occur within the pre or post proceedings versus actual Care Proceedings (McKeigue and Beckett, 2010) and families will still have additional assessments. McKeigue and Beckette (2010) stress the importance of the whole journey for children awaiting a safe and secure home and care proceeding is just the middle step of a longer process. Already overstretched local authorities with diminishing resources available for families (Gupta et al., 2014) are left holding difficult cases awaiting decisions regarding whether concerns should be progressed from PLO to care proceedings – defining a conflict between the court and the local authority regarding the oftentimes delicate balance of not doing enough and doing too much too soon (Dickens and Masson, 2016).

Additionally, the intended withdrawal of the judiciary from pre-proceedings work has actually resulted in their continued involvement. They now "dictate to local authorities, in rather critical and legalist terms, how they should use the formal pre-proceedings stage. The danger is that pre-court practice may become less about family support, more about evidence and timescales, less about prevention of proceedings and more about preparation for court" (Dickens and Masson, 2016, pp. 367-368).

Although pre-proceedings have offered benefits with regard to professionals being able to "engage in a helping alliance with families with the provision of support that otherwise they would have not have been able to offer" (Holt and Kelly, 2016, p. 3), some professionals have speculated that the 'real' focus of the PLO process was to reduce court time and costs versus having a focus on the child's welfare (Holt and Kelly, 2016). There is a fine line to tread between "family autonomy and child safety, support and protection, thoroughness and speed, welfare practice and court processes" (Dickens, Beckett and Bailey, 2014, p. 103). Considerations in further improvements are emerging, such as Dickens and Masson's (2016) recommendations for smoother and more collaborative communication between judges and social workers. Although Dickens, Beckett and Bailey's (2014) agree that a concerted collaborative effort between the judiciary and social welfare agencies is required, they conclude that the tension and division of power between them are an essential aspect for protecting individual rights with necessary checks and balances. Alternatively, Gupta, Featherstone and White (2014) advocate for reform with the courts to include a Capability Approach whereby critical and ethical child protection practice promotes dignity and utilises a multidimensional analysis by way of promoting capabilities identified in children and parents.

Although potential reforms and continued development within the courts are fascinating subjects worthy of attention, delving further into this would serve to deviate from the purpose of this thesis. Nonetheless, it is important to understand that FPAs continue to inform both

PLO and care proceeding cases. Understanding the context in which they are situated is imperative to minimise their contributions to identified concerns (e.g. being completed in timely manner) and to maximise their purpose (e.g. offering relevant evidence, analysis and recommendations that can transfer between care proceedings and PLO).

4.3.2 Process

FPAs are undertaken within the above-mentioned settings; within care proceedings or as part of the PLO process. FPAs undertaken as part of the PLO process can be instrumental in identifying support for families, reducing concerns and avoiding progression into care proceedings; however, there is always a chance that these assessments will arrive in care proceedings if concerns continue to progress. This is because the PLO process is limited in its ability to make decisions. For example, if concerns regarding the care of a child has reduced, the PLO process can de-escalate statutory involvement. If, on the other hand, concerns continue and are significant enough to warrant a decision regarding care orders, it will need to progress into care proceedings. The PLO process can support a decision to progress the case to care proceedings but it cannot make a decision to terminate parental rights. Care proceedings are required to make these decisions and will consider evidence, analysis and recommendations provided from available evidence (e.g. FPAs) regardless of where the assessment process may have commenced. Therefore, although FPAs are completed in both pre-proceedings and care proceedings, escalating concerns routinely progress so that all high-risk cases are heard within care proceedings. As such, it is important that PLO FPAs are of an equal quality to a FPAs that are commissioned within care proceedings; reducing the necessity for replication and delays of these assessments.

In helping courts to make crucial decisions which could impact on whether parental responsibility is terminated, judges or magistrates are presented with evidence from those who are 'party to proceedings'. A 'party to proceedings' typically includes the local authority, the parent and a representative from Children and Families Court Advisory Support Services (Cafcass). In addition to parental statements, the courts are routinely presented with two professional reports (Ministry of Justice, 2017). One from the local authority social worker and one from Cafcass – both of whom are party to proceedings and, therefore, not officially referred to as 'experts' within the court arena (Brophy et al., 2012). Instead, they are referred to as professional witnesses. The omission of the title 'expert' is not intended to incur a lack of confidence in their abilities; instead, within family courts, the term 'expert' is reserved for those who are instructed by the courts and whose first duty is to the courts – versus any individual party presented (Family Law, 2017). The expert may be instructed by a particular party to the proceedings, for example, the Local Authority or the parent; however, the role of the expert is of an independent adviser to the court who has the child's best interest in mind (Brophy et al., 2012).

In addition to evidence, analysis and recommendations from those who are party to proceedings, a FPA can be undertaken to inform these crucial decisions (Budd and Holdsworth, 1996). A FPA is a report completed by an expert witness, as discussed above. They are instructed by a letter of instruction (LOI) which is drafted according to Practice Direction Guidance on instructing experts in children's cases and specifies principles, duties and responsibilities of expert witnesses to the court – distinguishing experts from professional witnesses (Brophy et al., 2012; Family Law, 2017). Experts should not speak at great length with any party without documenting these discussions and advising other party members or they can risk jeopardising their independent nature in the eye of the court (Zervopoulos, 2010).

In summary, care proceedings are the process in which decision makers – judges or magistrates – are required to determine permanency plans for a child based on evidence, analysis and recommendations from those who are party to proceedings. Sometimes expert witnesses are also instructed to provide courts with specific information – including a FPA; which is the focus of this thesis.

4.4   FPA Value

There has been a historical trend towards an increased interest in child custody practice (Bow, 2006) which could be due to an acknowledged importance that "professionals trying to help children and their families in crisis are not driven by personal bias, but are guided by up-to-date knowledge and experience" (Reder and Lucey, 1995, p. 3). Although Brophy (2006) highlights the good quality of the present research on care proceedings in general, it remains an under-researched area. This is particularly under-researched with regard to expert assessments as there is no substantial evidence base and no routine publication of data regarding this work (Brown et al., 2015). Additionally, research on expert assessments tend to focus more on psychological and psychiatric or paediatric reports versus FPAs.

Looking specifically at available expert assessment research, evidence suggests that there has been a historically high use of expert evidence in the courts to determine if parents are to lose parental rights to their children (Family Justice Review Panel, 2011). In fact, in 2004 care proceedings were appointing experts to aid in decisions regarding permanency planning in 90.9% of cases (Masson, 2010) with later figures consistently fluctuating between 80 and 89% of cases (Brophy, 2006).

There are a variety of experts instructed during care proceedings including paediatric reports, child and adolescent/family psychiatric reports, adult psychiatric reports, psychological reports and FPAs (Brophy, 2006). FPAs were commissioned in 23-46% of these instances and there was an indication that the use of these reports has been on the increase (Brophy, 2006); however, concerns have been raised about the high costs of using expert assessments with their fees stated to be around £40 million a year (Masson, 2010;

Pearce, Masson and Bader, 2011). Controls of these fees and the number of hours commissioned have been put in place which are intended to reduce costs; however, it may also, inadvertently, reduce the supply of experts willing to undertake these assessments which should be monitored closely (Masson, 2010; Brown et al., 2015).

These expert assessments can have quite a strong influence in proceedings. A small study found that 73% of recommendations made within a child psychiatric report in child care court cases in England were followed in entirety; although, this was regularly in agreement with original care plans and, therefore, didn't change the course of proceedings (Jamieson, Tranah and Sheldrick, 1999). Another, more recent, study by Cox, Kroese and Evans (2015) undertook interviews and focus groups with solicitors who highlighted the local authority, Cafcass practitioner and expert witnesses were the strongest influences over the outcome of proceedings. In fact, Masson (2010, p. 6) suggested that it could "appear that the role of the judge is being displaced by that of the expert, who is effectively unaccountable." An expert's role is to provide an opinion or recommendation – not to decide the outcome of the case. Experts have little accountability versus a judge or magistrates whose role is to make decisions for which they are accountable for by way of an appeals process.

Identifying the extensive and expensive use of experts in proceedings, the Family Justice Review Panel made recommendations to reduce their use in this context (2011). The government accepted these recommendations and they were incorporated into the Children and Families Act that came into force in April 2014; particularly with regard to the Practice Direction 25B (Family Law, 2017). Since this time, the use of experts is reported to have declined (Brown et al., 2015); however, exact figures are not available at this time and the consensus on this reduction has been met with mixed reviews, as will be explained.

4.4.1 Family Justice Review Panel

The Family Justice Review Panel (2011) believes the increase of expert appointments to be "unjustified" and their recommendations to reduce the use of experts within the courts has been accepted in the Government's response to it (Brophy et al., 2012; Brown et al., 2015). Concerns have been raised that the use of experts in Care Proceedings has contributed towards unnecessary and potentially compromising delays for children, the duplication of evidence and the stigmatisation of local authority social workers within the family court system (Masson, 2010; Family Justice Review Panel, 2011; Pearce et al., 2011). Although ISW were singled out from other expert assessments for court initially, the final recommendations from the Family Justice Review Panel included a broader target audience – including any expert evidence – and stated that their use should be restricted if the expertise is already available from a party to proceedings (Family Justice Review Panel, 2011; Brophy et al., 2012).

Although this sounds like sound advice, research undertaken subsequent to these recommendations suggest that the courts will be "severely hampered in the absence of access to the body of expertise and the evidence provided" (Brophy et al., 2012, p. 57) by experts, particularly with regard to the drive to complete care proceedings within 6 months.

4.4.1.1 Delay

The Family Justice Review Panel (2011) received submissions that expert reports caused delay in care proceedings which impacted negatively on children's welfare due to their needing a timely decision on their future permanency. Associations between longer cases and the appointment of experts were noted in research (Cassidy and Davey, 2011; Masson et al., 2008; Rodger, Thomas and Green, 2013); however, it was not clear if the inclusion of an expert was the cause of delay or the fact that the case was more complex (and, as such, required an expert) that caused the delay. Masson (2010) also reported that the use of experts resulted in delay; however, shared that this was largely due to a shortage of experts and difficulty locating the right experts.

Brophy et al. (2012) shared that the concerns raised by the Family Justice Review Panel regarding the instruction of ISW reports causing delay was not based on hard evidence; therefore, they undertook research to clarify these concerns. Their research found that ISW reports were almost always submitted without delay which opposes concerns that they contributed to delayed hearings. In looking at experts more widely, research by Rodger, Thomas and Green (2013) found that Cafcass practitioners felt the instruction of an expert within a case facilitated the conclusion of proceedings in a timely manner.

There is concern that parents instruct experts in order to challenge evidence already available; causing unnecessary delays by exploiting their right to a second opinion of existing local authority evidence (Brophy et al., 2012). However, research indicates that it is usually the Local Authority who submitted expert evidence and that parental submissions were limited (Brophy, 2006); further highlighting the need for more research in this area.

Although more research is required on the impact of expert assessors on delay, it could also be argued that the benefit of a *limited* level of delay was in the better interest of the children to whom care proceedings hope to serve. It is understood that "the pursuit of an unattainable level of certainty" (Masson, 2010, p. 5) is fallible. However, this is a fine line that professionals involved in these settings continue to tread with their checks and balances within the system – advocating and arguing from their corner. Masson (2010) found that experts typically 'buy time' and 'supply independence'; which may result in the parent being able to demonstrate sustainable changes – challenging assumptions that delay results in poorer outcomes for children awaiting a timely decision about their future. However, this isn't a point in support of delays; instead, it is clarification that delay - in and of itself – isn't bad. It is an acknowledgement that *limited* delays – in order to raise

confidence in reaching the right decision – is a difficult balancing act and a purposeful fight to undertake.

4.4.1.2 Duplication

The Family Justice Review Panel (2011) also received submissions that expert reports were simply duplicating local authority assessments without adding any new information; however, research by Brophy et al (2012) did not support the claims that the Family Justice Review Panel based some of their recommendations on. Instead, they found that ISW reports provided new evidence in contradiction to concerns that they duplicated local authority social work reports. They highlighted the complexity involved in these care cases and how further evidence resulting in a more robust framework to inform and support permanency decisions shouldn't be underestimated. They also found that 43% of cases did not have a current local authority assessment to duplicate. Therefore, the ISW report added considerable value and information to the decision-making process.

Although local authority social workers have a lot to offer as a party to proceedings with their long-term involvement with families, their intricate knowledge of the family's history and their own extensive professional knowledge (Brown et al., 2015), this does not offset the benefit of an expert assessment in particularly complex cases or with particularly vulnerable parents. Expert assessments are typically commissioned for families with complex cases where parents are highly vulnerable (e.g. learning difficulties, mental health difficulties), where there are allegations of high risk abuse, where there are multiple problems and allegations and where concerns are historical (Brophy, 2006; Brophy et al., 2012). Neglect is a feature of most cases and a parent's capacity to meet their child's needs in this context is often a focus of concern with regard to what *will* happen versus what *has* happened (Masson, 2010). Brophy and colleagues (2012) found the benefits of expert assessments to include their independent nature; skills for observation, interpretation and analysis of information; use of research to support opinions and the use of evidenced based methods within their report. They also identified that an expert is able to provide a balanced assessment which identifies what needs to change and the parent's capacity to change. They can also take instruction to answer posed questions which can be taken from all parties to proceedings and by the court in order to draw out key hypotheses and they are likely to deliver their reports on time. Finally, expert witnesses often have a particular skill or expertise that can be pertinent to a specific case (e.g. domestic abuse).

Ward (2012) also raised concern with the Family Justice Review's assertions that expert assessments resulted in the duplication of work. He published a response to the Family Justice Review Panel in which he argued the merits of using expert assessments to include an increased accuracy in "getting it right," less bias with the use of an expert and the added benefits of having additional opinion's in complex cases. Further support for expert assessments has been expressed by the judges and solicitors who use them; for example,

they provide more evidence to support a parent to accept a court decision, their independent nature enlist more trust in the court's decisions and they provide less chance of appeal (Masson, 2010). Further, 88% of Cafcass practitioners in a study by Rodger, Thomas and Green (2013) found the effect of expert witness' contributions to be beneficial in adding to the quality of the court's determination. Research participants described expert evidence as "invaluable," "critical," and "crucial" (Rodger et al., 2013, p. 15). More recent research drawing from qualitative interviews and focus groups with solicitors and legal executives involved in care proceedings also found value in a good FPAs as they helped to offset concerns around Cafcass and local authorities lack of objectivity and the potential for less competent practitioners (Cox et al., 2015).

4.4.1.3   Undermining of Local Authority Social Workers

In looking more closely at local authority social workers within care proceedings, the Family Justice Review Panel (2011) asserts that courts should rely more on the evidence they make available. By instructing expert social workers (e.g. ISW), the courts have contributed to an undermining of local authority social workers in the court setting. Masson (2010) also suggests that the courts have become dependent on expert information. He questions the justification of needing expert information on complex issues when considering that the ability of the local authority social worker to provide similar information.

Concerns have been raised that local authority social workers have not consistently provided high quality assessments for court with some being sophisticated and others very poor (McKeigue and Beckett, 2010; Family Justice Review Panel, 2011; Ofsted, 2015; Brophy et al., 2012; Brophy, 2006). Local authority social workers themselves feel that they are being pressured to provide evidence outside of their own expertise (Brown et al., 2015). Additionally, as mentioned previously, local authority social workers are overstretched and have dwindling resources available to support their work with families (Brophy, 2006). Local authority social workers have struggled to carve a credible and reliable status within the court setting (Family Justice Review Panel, 2011; Ofsted, 2012).

More recently, however, local authority social workers have been given a new vote of confidence which recommended that they were backed up with appropriate training and available resources and has resulted in advice for the courts to rely on their evidence and expertise (Family Justice Review Panel, 2011; Brown et al., 2015; Munby, 2013). This movement is catching on and research suggests that local authority social worker's expertise on their cases is being acknowledged in the courts which is empowering them to take ownership of their cases (Brown et al., 2015); however, this is taking time since previously "woeful practice had occurred" and local authority social work evidence was seen as "sloppy" and "inadequate" (Masson, 2014).

4.5 FPA Quality

There are mixed opinions on the extent to which experts should be used within care proceedings; however, despite an apparent reduction in use there is clearly still merit in these assessments. Even the Family Justice Review (2011) saw value in multi-disciplinary teams providing expert reports to the courts when information is needed outside the expertise of those who are party to proceedings. They simply feel courts should maintain clearer powers to refuse expert assessments if they did not feel they were necessary. However, research has raised concern around less than competent practice from expert assessors as some reports could fall below an expected level of quality (Cox et al., 2015). As such, this leads into a discussion on current expert guidelines and frameworks for FPAs and the extent to which experts are meeting them.

4.5.1 Guidelines

Practice Direction 25B (Family Law, 2017) outlines expectations of an expert for court which includes their responsibilities, report content and arrangements to attend court. As already discussed, an expert has an overriding duty to the courts which takes precedence over the party who is instructing them. They are involved to assist the courts by formulating an opinion which is drawn from their knowledge within a particular area of expertise and they are required to answer questions put to them via a Letter of Instruction (LOI). The Practice Direction 25B also provides detailed information on what should be included in an expert's report, such as qualifications and experience; a differentiation of opinion from facts; clarity on who was involved in undertaking the work; an analysis of how an opinion – or range of opinions – was established and a statement which includes clarification of no conflict of interests in undertaking the work.

Guidelines more specific for a FPA are also available. Though different organisations have provided guidelines for FPA practices (e.g. American Academy of Child and Adolescent Psychiatry, 1997), the American Psychological Association (APA) Committee on Professional Practice and Standards (2010) provides the most specific guidelines for FPA and include references to FPA versus professional evaluators more generically (Budd, 2005; Bow and Quinnell, 2004). APA guidelines are not intended to be mandatory or exhaustive. They are intended to provide guidelines that are based on empirical and broad based professional consensus in order to improve practice and create a way in which to evaluate the quality of an assessment (American Psychological Association, 2010; Zervopoulos, 2010; Bow, 2006). Their recommendations include appropriate measure selection, consideration of diversity issues, informed consent, advice regarding the limitations of confidentially, knowledge of the limitations of measures and predictive validity and, whenever possible, a parent-child observation in natural settings.

Budd and colleagues (2001), Azar and colleagues (1998), Wolfe (1998) and the APA (2010) advocate for multimethod, multisource, multisession assessments in order to create and

rely on convergences in findings and it is well documented in the literature that assessments should be balanced in identifying both strengths and weaknesses of the carer being assessed (Reder et al., 2003; Gupta et al., 2014; Budd, 2001; Beyer, 1993; Azar et al., 1998). Interpretations, conclusions and opinions of any findings should be analysed conservatively and with an understanding of the difficulties in being able to predict future behaviour – particularly around child abuse and neglect (Budd, 2001).

Beyer (1993), the APA (2010) and Brown and colleagues (2015) recommend that the LOI contains clear and focused questions for the assessor(s) to answer. Questions would include (a) what specifically the referral source wants to know about the parent's functioning, (b) what problems or events gave rise to the concerns, and (c) what specific outcomes or opinions will be affected by the findings (Beyer, 1993; Budd, 2001; Brown et al., 2015). Evaluations that lacked clear questions contributed to a limited usefulness of reports (Budd et al., 2001; Budd, 2005) and would more readily result in addendum requests and potential delay (Brown et al., 2015). The Family Justice Review Panel (2011) supports clear and specific questions by way of giving more power to judges so that they put forward the questions to be asked. "Common referral questions in evaluations of parents focus on their cognitive, emotional, and social functioning; caregiving skills and deficits; the impact of substance abuse or mental illness on parenting ability; characteristics of the parent–child relationship; risk and protective factors in the family; and progress in response to mandated services. Parents may be referred to assist in service planning or to inform dispositional decisions such as placement, permanency goals, visitation arrangements, or termination of parental rights" (Budd, 2005, p. 430). Although these are common referral questions, research suggests that the ideal number of questions should be around six to eight questions and include a more generic question about 'any other comments' in order to give experts a forum to present unexpectedly uncovered evidence (Brown et al., 2015).

FPAs always entail professional judgement and the errors associated with it. Emotionally charged material within these cases can interact with an assessor's personal issues which may result in their becoming impartially aligned with one party or the other. They may unconsciously rule out valuable and relevant information. Therefore, it is important that assessors adopt strategies to reduce bias (Bow and Quinnell, 2004); for example, using multiple sources of information, avoiding over-reliance on instruments, having recognition of the issue of 'faking good', acceptance of responsibility and readiness of parent(s) to change, collaborative practice, regular supervision and appropriate training (White, 2005; Bow and Quinnell, 2004). In addition, working in a multidisciplinary team was highlighted in The Family Justice Review Panel (2011) as providing better expert assessments to the courts; potentially due to the benefits of team working, whereby professionals should have access to collaborative practice.

4.5.1.1 Parents with Learning Difficulties

The Department of Health produced a Good Practice on Working with Parents with Learning Disability (2007) which was updated by the Working Together with Parents Network (2007). These documents outline key features of good practice in working with parents who have learning disability to include; accessible information and communication, clear and co-ordinated referral and assessment process, support designed to meet the needs of parents and children based on assessment of needs and strengths, long-term support (if necessary) and access to independent advocacy. Similarly, Swift et al, (2013, p. 3) identify good practice in working with this population as being adaptive; for example, "producing information in accessible formats, being respectful to learning disabled clients, explaining legal terms in plain language and allowing time for meetings." Therefore, a prescriptive 26 week timeframe within proceedings could be an unrealistic and unfair goal for parents who have learning difficulties (Cox et al., 2015; Booth, McConnell and Booth, 2006); nonetheless, if the flexibility of this process is exercised then the required additional time to understand issues and make required changes could – and perhaps should – be implemented with this population.

4.5.2 Guidelines in Practice

Though some research indicates that the quality of FPAs is increasing (Bow, 2006; Bow and Quinnell, 2004); other research has shown that the quality of these assessments can vary and some can fail to meet the guideline standards outlined above (Budd et al., 2001; Conley, 2003; Family Justice Review Panel, 2011; Masson, 2010; Bow and Quinnell, 2004; Cox et al., 2015; Rodger et al., 2013). There is some concern that low quality expert assessments may be impacted upon by the limited supply of good experts to inform them (Cox et al., 2015; Brown et al., 2015) and this needs to be monitored. However, as already established, judges or magistrates have to make key decisions in a child's best interest and they sometimes need a FPA from which to help them make the right decision for the family. Therefore, these reports inform potentially life changing decisions and need to be of a consistently high quality.

Surprisingly, most of the current literature regarding expert assessments is with regard to implications in the wake of the Family Justice Review Panel recommendations which have now been established in legislation. Studies specifically evaluating quality of these assessments is limited and those that are available are not as current as other publications. Instead, the more current publications pinpoint particular concerns or offer particular praise to various aspects of expert involvement. Interestingly, Brown and colleagues (2015) found that judges perceived the quality of expert reports to have remained the same since before the Family Justice Review Panel recommendations were implemented into the Child and Family's Act (albeit, expert reports have become shorter, as was intended and desired).

Therefore, both historical and the currently patchy presentation of the understanding on the quality of expert witnesses' assessments will be explored in this section.

4.5.2.1 Implementation of Expert Assessments

As outlined in the section above, the implementation of expert assessment requires particular skill and attention. Focus groups undertaken with judges, barristers, solicitors and magistrates' legal advisers found that some saw the quality and implementation of expert work as being "obviously inadequate" at times and identified that experts did not always follow the government specified Practice Direction guidance (Masson, 2010). Reports did not always set out the purpose of the work, the presenting problems giving rise to the assessment or the specific questions being addressed (Budd et al., 2002; Budd et al., 2001) which are clear requirements in the content of the expert's report according the Practice Direction guidance.

Two studies investigating content of clinical evaluations of parents involved within the legal setting due to child protection concerns found that these assessments were typically completed in a single session which is in contrast to other guidance recommendations for multisession assessments in order to triangulate findings (Budd et al., 2001; Budd et al., 2002). Additionally, these studies found that few reports included reference to multimethod data collection like utilisation of previous evaluations, child welfare documents or mental health records and they often lacked any reference to other forms of contemporary information gathering. For example, they typically only spoke with the parent versus also talking with education or health or other family members. Finally, the study also reported a lack of clarification on whether parents had been clearly informed about the assessment's purpose and the limitations of confidentiality (Budd et al., 2001). Brophy et al. (2012) undertook an investigation into ISW assessments within care proceedings and found that around a third of assessors read or evaluated observation contact records and interviewee contact centre staff to further inform their understanding of parent and child interaction. Although it is encouraging that a multimethod approach is being undertaken, a third is not an encouraging number and leaves room for significant improvements.

In contrast to recommendations to see parent and child observations in a natural environment, the content analysis study mentioned above found that home visits were rarely undertaken in clinical evaluations of parents (Budd et al., 2001). Additionally, the same study found that the relationship between parent and child as well as the parent's child rearing qualities were often not presented in assessments. A more recent study indicates that 29% of ISWs undertaking FPAs will observe parent and child interaction in more than one setting; however, it is not made clear how many times the interaction is observed or whether these observations are taking place in a natural environment (Brophy et al., 2012).

4.5.2.2 Analysis in Expert Assessments

As mentioned above, the need to improve analysis has been identified as an area for improvement (Ofsted, 2015; Munby, 2013). Analysis remains a key ingredient in any good quality report and the questions, process, evidence and outcomes should all be presented like a "story" in order to justify how conclusions have been reached and this should be focused on the questions presented in the LOI versus offering a larger opinion regarding the outcome of proceedings (Brown et al., 2015). Sir Munby (2013) suggests that analysis should be the focus of reports at the expense of longer narrative style formats. Analysis is a key area of focus which may not always be undertaken to the quality desired; however, there are occasions whereby this is done well. For example, in research undertaken by Brophy and colleagues (2012), ISW's reports were mostly high quality in that they were robust, fair, included analysis and answered LOI questions.

Although some reports are getting analysis right, there are particular areas that can be targeted for improvements. It has been identified that expert assessments need a stronger child focus (Bow and Quinnell, 2004) and it has also been unclear regarding whether ethnic and religious diversity needs are being adequately considered due to a limited level of recording of these features in assessments (Brophy et al., 2012). In contrast to guidance, it was found that expert assessments tended to focus more on a parent's personal weaknesses versus their strengths (Budd et al., 2001); however, a more recent study found that almost all sampled ISW reports contained a balanced view that set out the parents strengths and weaknesses (Brophy et al., 2012).

Brophy and colleagues (2012) found that ISW's reports contained a limited use of peer reviewed research to inform and clarify their thinking. The use of peer reviewed research suggests a larger body of professional agreement and testing of hypotheses. Nonetheless, there have been historical concerns of experts having pet theories and ideas that were unconventional, not supported by evidence or just wrong. Masson (2010) presents the example of a doctor who informed the courts of his views on brittle bone disease and his publications – but no other evidence. Masson also highlight how experts have 'got it wrong'; however, the parents had been criminally prosecuted based on the evidence presented by the expert at the time. These examples, and others like them, have been the premise of a right to a second opinion (Masson, 2010) as well as an increase in the use of peer reviewed research within these assessments (Brophy et al., 2012).

Research also shows that the recognition of 'faking good' is not routinely acknowledged. Instead, experts engage in the "start again syndrome" (Brandon et al., 2008) whereby they do not take a balanced account of local authority social worker evidence and take an overly optimistic stance of parents (Masson, 2010). Research by Farmer and Lutman (2010) shared that neglected children within their study were reunited with their parents following support from expert evidence; however, 85% of them experienced a return to care

proceedings due to further breakdown within their home placement. In subsequent research, a sample of children who were looked after due to concerns of neglect were reunified with their carers; however, two-thirds of these children experienced further placement instability as the placements broke down (Lutman and Farmer, 2013). In research by Rodger, Thomas and Green, they found that Cafcass practitioners found both written and verbal evidence provided via expert evidence to be inadequate or of a poor quality with one participant commenting that the evidence was "adult-centred and optimistic in the face of the evidence filed in the proceedings" (2013, p. 16).

It has also been raised that some expert evidence requires greater evaluator objectivity and impartiality (Bow and Quinnell, 2004). The level of bias in both judge's and expert assessors can impact on these assessments – as discussed previously. There is a limited psychological knowledge base and assessment strategies regarding parenting that need developing (Azar and Benjet, 1994). "Whereas all forensic evaluations are subject to bias because of the coercive and stressful circumstances in which they are conducted, evaluating parents in a legal context is complicated further by the lack of accepted standards of minimal parenting capacity and the scarcity of appropriate measures" (Budd et al., 2006, p. 668). FPA should have a focus on minimum, or good enough, parenting versus perfect, ideal or optimal parenting (Reder et al., 2003; Azar et al., 1998; Budd, 2001); however, as discussed in chapter 3, there is no agreed upon criteria for what constitutes minimally good enough parenting. Therefore, the standards around which to base an evaluation of parental fitness remains lacking and open to bias (Budd, 2001). Identifying what is good parenting and what is not good parenting is generally straightforward; however, identifying the quality and effectiveness of parenting when it is not in either extreme end of the good/bad continuum can be more difficult and this area still requires further research and discussion (Azar et al., 1998; Reder et al., 2003).

A FPA should not be a snapshot in time and should consider capacity to change. They should integrate information from a variety of sources and explore the fuller consideration of the origins of presenting difficulties, their connections to emotional and relationship conflicts and, as such, the impact of this on the family (Reder et al., 2003). Brophy and colleagues (2012) found that 89% of sampled ISW reports for care proceedings gave a detailed analysis regarding a parent's capacity to change – particularly, why change had not occurred. Most also provided detailed analysis on what help and support parents required and they were clear regarding how they conveyed this with the parent being assessed.

Finally, reports lacked analysis on the 'believability of data' and limitations of findings (Budd et al., 2001, p. 105; Budd et al., 2002). "There is a legitimate concern about whether the artificial circumstances of the specialist assessment provide valid information and observations about the parent-child relationship. Parents are sent, often unwillingly, to be

interviewed and it is unlikely that any parent could have a relaxed and enjoyable interaction with their child while being watched 'for assessment purposes'" (Reder and Lucey, 1995, p. 15). Parental caution and scepticism are understandable given the important decisions for which the evaluation will be used (Budd, 2001). Assessors should be open and up front with parents and explain the parent's right to decline to answer sensitive questions or to refuse to participate; however, this explanation should include how their response would be used or reported to the courts (Budd, 2001). Reder and colleagues (1995) suggests acknowledging the limitations of the assessment with families while the assessment is being undertaken as well as with the courts when reporting findings. Budd ((2005, p. 436) provides a useful breakdown of what FPAs can and cannot do in Table 4:1. "At their best, parenting assessments can provide an informed, objective perspective that enhances the fairness of child welfare decisions. At their worst, they can contribute inaccurate, biased, and/or irrelevant information that violates examinees' rights and/or impairs the decision-making process" (Budd, 2005, p. 430).

Table 4:1: What Parenting Assessments Can and Cannot Do
(Budd, 2005, p. 436)

Parenting Assessments Can	- Describe characteristics and patterns of a parent's functioning in adult and childrearing roles - Explain possible reasons for abnormal or problematic behaviour, and the potential for change - Identify person-based and environmental conditions likely to positively or negatively influence the behaviour - Describe children's functioning, needs and risks in relation to the parent's skills and deficits - Provide directions for intervention
Parenting Assessments Cannot	- Compare an individual's parenting fitness to universal parenting standards - Draw conclusions about parenting adequacy based on indirect measures - Predict parenting capacity from mental health diagnosis - Rule out effective or situational influences (e.g. time limitations, demand characteristics, current stressors, cultural issues) on the assessment process - Predict future behaviour with certainty - Answer questions not articulated by the referral source.

4.5.2.3 Structure of Report

The structure of assessments should clearly present the nature of the assessment exercise, allow clear tracking of key issues, have clear visibility of the data and evidence utilised and it should clearly present recommendations (Brophy et al., 2012). In a study exploring quality of ISW assessments in care proceedings, it was found that most reports were rated "good" or "excellent" in terms of structure; however, improvements could be made. This could be done by ensuring a table of contents is provided (Brown et al., 2015), including a summary

of conclusions and opinions (Munby, 2013), having a clear layout with signposting throughout (Brophy et al., 2012) and reducing the use of professional jargon (Ofsted, 2015; Brown et al., 2015).

Overly lengthy expert reports have been raised as a concern by solicitors and judges historically (Bow and Quinnell, 2004) as well as more recently (Munby, 2013). Sir Munby, President of the Family Division, (2013) named two reasons for this. The first reason is a repetitive and unclear LOI. In response to this, he recommended clearer LOI questions to be provided – as discussed previously. The second reason for long reports was due to experts providing too much narrative and repetitive information in reports. To bring expert assessments within a more manageable and useful size they need to have a stronger focus on analysis and opinion without losing the imperative evidence base. They need to be succinct and focused while also balancing an increased amount of supporting data for conclusions reached (Munby, 2013; Bow and Quinnell, 2004).

Although solicitors and judges in Bow and Quinnell's (2004; Bow, 2006) study requested 10-12 page expert reports versus the typical mean average of 21 pages, Sir Munby's (2013) suggestion appears more relaxed in stating that a report should require no more than around 25 or 50 pages. Although he is also advocating for a reduced number pages in these assessments, his recommendation is above the average number of pages found in Bow and Quinnell's study. Even more recently, a study by Brown and colleague's (2015), found that solicitors and judges thought a good quality report should be fewer than 20 pages. They also felt these reports should still be clear and not repetitive - avoiding lengthy discussion of interviews and a large number of quotes. The large range of recommendations for the length of these assessments is between 10-50 pages. Although this is a large range with some conflicting information about the desired report size, it does provide a useful indication of the size of these reports – suggesting a bare minimum and maximum depending on the circumstances of the case. Additionally, there are indications that the length of these reports have decreased following Family Justice Review Panel recommendations being implemented into the Child and Family's Act (Brown et al., 2015).

4.5.2.4 *Parents with Learning Difficulties*
Finally, concerns of quality within a FPA may be further impacted upon when parents have additional vulnerabilities. Parents with learning difficulties are over-represented in care proceedings and have a much higher risk of their children being removed from their care (Booth et al., 2006). A study by Cox, Kroese and Evans (2015) has highlighted concern that many professionals involved in care proceedings hold prejudices and disapproving attitudes towards parents with learning difficulties because they are not well informed on how learning difficulties can impact on a person. The idea that many professionals working within care proceedings or the PLO process have gaps in the skills required to work with parents who have learning difficulties is not a new concern. Previous enquires have also highlighted

similar concerns (Swift et al., 2013; Booth et al., 2006; Department of Health and Department for Education and Skills, 2007). As such, it is not surprising that research indicates parents who have learning difficulty struggle to understand and access legal/judicial systems (Swift et al., 2013).

4.6   FPA Frameworks

Three core authors (or author groups) across the United Kingdom (UK) and the United States of America (USA) have presented frameworks for undertaking FPA. From the UK, Reder and Lucy (1995) and Reder and colleagues (2003) provided a clear framework. They updated their framework most recently in 2003 in order to incorporate other core author developments preceding it. In the USA, Azar and colleagues (1998) developed their framework for undertaking FPA and soon after Budd colleagues (2001) presented their own. This section will compare these three approaches which have clearly influenced one another and drawn from similar resources and literature.

4.6.1   Parent, Child, Context and Parent-Child Fit

All three frameworks implemented variations of Belsky and Vondra's (1989) model of parenting competences which fit closely within the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) and is discussed in more detail in chapter 3. This model and the frameworks which have incorporated it are multiply determined in that they consider the parent, the child and the wider context in which the family is situated when determining parental competences (Budd, 2001; Reder et al., 2003; Azar et al., 1998). Azar and colleagues (1998) added a fourth dimensions in that they felt special attention needed to be given to the fit between the parent and child and this has since been incorporated in all of the core frameworks discussed in this section. There are warnings of overlap between these headings and there is a clear expectation that they should not be used as a checklist; instead, headings provided in these frameworks are presented as proposed guidance to ensure significant areas are covered when looking at interactional behaviours (Budd and Holdsworth, 1996; Azar et al., 1998).

4.6.1.1   Parent

Under the heading of *Parent,* the assessor is guided to look at the parent's personal functioning which could include the parent's childhood experiences of being parented, relationship history, unresolved control conflicts, resilience factors, sense of personal agency, sensitivity to relationship stresses, psychological mindedness, potential for change, social functioning and mental health problems (Reder et al., 2003; Azar et al., 1998). Azar and colleagues (1998) outlined 5 key categories for consideration of the parent: parenting skills (e.g. child management), social cognitive skills (e.g. problem solving), self-control skills (e.g. impulse control), stress management (e.g. coping capacities) and social skills (e.g. empathy).

This heading would also include looking at the parent's relationship to the parenting role with questions regarding the parent's ability to provide basic care and age appropriate emotional and behavioural care. It looks at their knowledge, attitude and commitment to the task of parenting and the parent's ability to accept responsibility for their own parenting behaviour (Reder et al., 2003) and their history of child protection involvement (Azar et al., 1998).

Furthermore, when considering this heading, assessors should look at the parent's relationship with the child and asks questions about how the parent feels towards the child, what the meaning of the child is for the parent and whether the parent can empathise with the child, prioritise the child's needs above their own and view the child as a person in their own right (Reder et al., 2003).

In being guided to consider parental functioning, it should be made clear that the inclusion of a marker variable is not necessarily a causal indicator that the parent will maltreat their child. For example. Jones (2006) highlighted the importance of rational decision-making that explored and weighed up both the positive and negative factors within a parent and child system in which a parent suffered with poor mental health and Cox, Kroese and Evans (2015) share similar sentiments with regard to parents who have learning disabilities. The presence of some marker variables should not automatically result in a decision of insufficient parental capacity; however, it may serve as an indicator for further assessment.

4.6.1.2   Child

Under the heading of *Child*, the assessor is guided to look at: the evidence of significant harm (harm to physical, emotional, cognitive, moral and sexual well-being and/or development), the child's contribution to parenting relationship (temperament, activity, illness or disability, emotional or behavioural problems, rejection or testing out of parenting figures commitment, triggers for parents emotional crisis, child's developmental history), the child's attitude to parental figures (feelings and behaviours towards parental figures, descriptions of experiences, conflicts, wishes for future) and the young person having sufficient understanding (age, cognitive development, complexity of the issues and influence of personal and interpersonal conflict) (Reder et al., 2003; Azar et al., 1998).

This would also include observations of the child's reactions to their parent and an assessment of the alleged abuse/neglect they experienced and the impact it had. Maltreated children often have additional needs (e.g. emotional problems, cognitive delays, difficulties with physical health and well-being, stress management/anger control limitations and insufficient self-regulation ability) and this is further complicated when there is more than one child in the family (Azar et al., 1998). The parent, or carer, is required to be able to meet those additional needs despite whatever circumstances lead to the child being maltreated in the first place.

An in-depth assessment specifically on the child's needs is often a separate piece of work undertaken outside of a FPA and can includes intelligence testing, behaviour problems checklists, observations with peers, interviews with teachers and other collateral contact; however, sometimes this work can be accomplished as part of a FPA. For example, Brophy and colleagues (2012) found that 14% of ISW undertaking a FPA were given leave to interview a child/young person to inform their assessment. Nonetheless, it is important that the child's needs are considered and linked to their future parenting needs when evaluating a parent's ability to meet that child's needs (Azar et al., 1998).

4.6.1.3 Context

Under the context heading, the assessor is guided to look at family functioning, social stresses, potential for stability and relationships with others. This would include looking at discord or violence between the parental couple and the child's involvement in discordant family relationships. It also looks at executive effectiveness and tolerance of transitional stresses (Reder et al., 2003). Social stresses may include poverty, unemployment, isolation, discrimination or geographical dislocation which could all have a significant impact on a family. A family's stability should also be explored and this may include looking at partner relationships (regular partner, frequent change of partner) and accommodation (regular accommodation or frequent changes in accommodation) (Reder et al., 2003). It may also include a look at the parent's interpersonal skills with regard to negotiating, keeping a job and managing stressful encounters (Azar et al., 1998).

Available support networks should also be explored with the family and this may include an exploration of the support offered via any potentially available extended family members or it could include community supports. In looking at a family's ability to utilise support, their willingness to cooperate with professionals and take ownership of personal contributions to the evolution of their relationships with others – including the involvement of the local authority – may be areas that requires further unpicking. This could include an understanding of how parents are complying with service plans, any treatment required, attendance to contact with a child not in their permanent care, and the parent's interaction with professionals (Reder et al., 2003; Azar et al., 1998).

4.6.1.4 Parent and Child Fit

Azar and colleagues (1998) added a forth heading which was also adopted by the other core frameworks: the parent-child fit (Reder et al., 2003; Budd, 2001). Consideration of the parent-child fit has since, also, been incorporated within the APA (2010) guidance on undertaking FPA. Azar and colleagues (1998) proposed that parenting adequacy should be determined based on the ability of that particular parent's parenting ability combined with that particular child's needs. In other words, there should be a good fit – or match – between the child's individual needs and the parent's individual ability to meet that child's range of

needs. This would be in contrast to a static tick-box of good enough parental characteristics, attitudes and reactions. Consideration of the parent-child fit would include assessment of the parent-child bond, the parent and child's perception of the quality of their relationship, observational data during visits and risk prediction estimates (Azar et al., 1998).

Attachment theory (explored more in chapter 2) is often considered by assessors when looking at parent-child fit. Attachment application involves looking at the security and bond the child perceives that they have with their parent (Azar et al., 1998). Limitations exist regarding how to measure the attachment a child has with their parent. The child's reaction to being separated and reunited to the care of their parent has produce some promising results; however, there is mixed evidence as to whether the child's attachment is stable over time and most research has been limited to children aged between 6 and 30 months (Azar et al., 1998). In addition to looking at separation and reunification, it is important to look at other aspects during observations, like the parental investment, involvement, attunement, pacing and responsiveness (Azar et al., 1998).

Bias and interpretations can become a problem with observations and having multiple observations, with relatively close spacing between them, and providing multiple activities in "natural" settings may provide more useful information (Azar et al., 1998). Azar and colleagues (1998) suggest using collateral information to supplement observations; for example, speaking to other professionals who may have also seen the parent and child together (e.g. Social Worker, school, etc.). Finally, Azar and colleagues (1998) points out that the reciprocal nature of the parent-child fit should be considered. Though children should be receiving love, support and safety from their parents, parents often gain from their relationship with their child, too. What the parent "gets" out of their relationship with their child may be a sense of pride in their child's accomplishments or it could be that they expect their child to grow to meet the parent's needs. Though there is some link to maltreating parents expecting their children to meet their own needs – non-maltreating parents are not exempt from having this expectation entirely, either (Azar et al., 1998).

Budd (2001) has developed a 2-part nexus to further help in the assessment of the parent-child fit (see Table 4:2). The first part of the nexus explores the connection between a child's developmental needs and the parent's care giving skills. The child's developmental needs, as discussed in chapter 2, would vary depending on age, developmental levels, previous maltreatment, special needs of the child and the previous history of the child and family. The second part of nexus looks at the parent's competence to care for his or her own needs and for the child's needs and the impact if this is not achieved. "Adult qualities and characteristics need to be linked to specific aspects of parental fitness or unfitness by showing how they provide a protective factor or pose a risk to the child, respectively, or how they enable or prevent the parent from profiting from rehabilitative services" (White, 2005, p. 47).

Table 4:2: Framework for Viewing Parent-Child Fit
(Table modified directly from Budd, 2001, p. 6)

Areas of Child Need	Examples of Functional Parenting Skills	Examples of Functional Parenting Deficits
Parent's competence to meet child's needs		
Physical Care	Provides regular, nutritious meals	Leaves young child unsupervised
Cognitive	Provides toys and activities to foster child's development	Keeps child alone in crib for long periods during the day
Social/emotional	Shows warmth and affection toward child	Makes fun of child for mistakes or accidents

Areas of Competence	Examples of adaptive skills/deficits in parent's independent functioning	Examples of how deficits in independent functioning may impact on childrearing
Adults' personal competence relevant to parenting		
Physical/self-care	Shops for and prepares regular meals/often goes hungry or eats on haphazard schedule	Feeds child irregularly because of lack of food in house
Cognitive	Exercises reasonable judgment/fails to consider the consequences of actions	Has unrealistic childrearing beliefs
Social/emotional	Handles conflicts in a nonaggressive manner/becomes angry and hostile when provoked	Swears and demands child for developmentally normative infractions

4.6.2   Dynamical, flexible, functional and contextual

Building on the parent-child fit described above, the whole assessment process should 'fit' to the family and their particular circumstances and needs. Pulling on guidance and available models, each assessment should be, essentially, tailor made. What may apply in one family may not necessarily have the same impact on another. Therefore, tick lists and guidance offer a model to follow but Reder and colleagues (2003), Azar and colleagues (1998) and Budd (2001) propose that a model should also be dynamic to account for changes within the family and wider context; be flexible enough to accommodate the family's circumstances; functional in terms of "emphasising behaviours and skills in everyday performance;" (Budd, 2001, p. 1) and contextual with regard to the 'family and wider picture-fit.' A model for assessing parenting competency should first "identify a set of

factors that are particularly relevant to parenting in general and to parenting breakdown in particular. Second, the scheme attempts to collate these through an interactional framework. In practice, certain factors will emerge as much more relevant than others for detailed scrutiny in a particular case, depending on the nature of the problems and the family's history, while some factors will have a different significance for families from dissimilar cultural backgrounds" (Reder et al., 2003, p. 21).

4.6.3   Specific Direction for Implementation

Budd (2001) proposes a clinical practice model for forensic evaluators of parents in child welfare context based, in part, on relevant past research she was involved in (Budd et al., 2001). In addition, she makes reference to Azar and colleagues (1998) and Reder & Lucey (1995) and other articles on the assessment of parental fitness; however, she makes the point that literature was limited regarding specific direction for implementing clinical assessments in individual cases and so her article sought to address this. The actual implementation of a FPA entails several steps which have been collapses into a 3-phase approach; 1) planning the evaluation, 2) carrying out data gathering activities and 3) preparing the report (Budd, 2001).

4.6.3.1   Planning the Evaluation

In *planning the evaluation*, it is important to identify specific referral questions and to understand the objective of the assessment. Background records should be reviewed in detail and a section in the final report should clearly name which documents have been read (Budd, 2001). Based on information gained from the referral source, background review and referral questions, the assessor should begin to conceptualise the parent-child fit and develop an assessment agenda (Budd, 2001).

4.6.3.2   Carry Out Data Gathering

The next step is to *carry out data gathering activities* and one of the first steps is to interview the parent, or parents if it is an assessment on a couple. Budd (2001) suggests that this would usually takes several hours divided between around 3 sessions and would include the following topics; purpose of the evaluation and limitations of confidentiality, history of child maltreatment allegations or parenting concerns, services received relating to allegations or parenting concerns, parent's current living situation, parent's personal background, children and parent-child relationship and hopes and expectations for dealing with current allegations or parenting concerns (Budd, 2001).

Data gathering would also include the administration of any psychological tests, tools or inventories and the observation of parent-child interactions. Observational data is best collected from the home environment; however, if circumstances preclude this, it is possible to undertake observations in a visitation centre, clinics or elsewhere (Budd, 2001). More than one observation should be undertaken in order to compare interactions across

occasions. Though some standardised measures and coding systems exist for observations, it is not often feasible to use them due to the individualised circumstances giving rise to a FPA (Budd, 2001). Instead, informal observations could be used and these could include recording "specific behaviours (e.g., the parent's positive attention, criticism, and responses to child initiations) or describing examples of the sequence of parent-child interactions across the session" (Budd, 2001, p. 12). Informal observation methods maximise flexibility of observations; however, they do not allow for systematic analysis or comparison of findings across or within families (Budd, 2001). Interviews with collateral sources should also be obtained and can include interviewing family, friends and professionals known to the family; however, it is important to gain the parent's permission before speaking to others first (Budd, 2001). Budd's (2001) final part of the data gathering step is to administer child measures to understand the child's needs.

4.6.3.3 Integrating Findings

When *integrating findings and writing the report*, the first step is to review and interpret assessment data. Using Budd's (2001) 2-part nexus in the consideration of good enough parenting (described earlier) can help interpret the findings regarding the fit between what the child needs and what the parent is able to provide. A report is then constructed which responds to the specified referral questions which can be a challenging task. "It entails integrating multiple and often mixed findings, weighting the strength of data supporting various interpretations, judging whether the parent's functioning in various areas meets a minimally adequate threshold, and deciding which statements to make in summarising the key results and conclusions" (Budd, 2001, p. 13). The report needs to be free of technical jargon and assumptions and it should be sound with accurate logic for the conclusions. Budd (2001) stresses the importance of the assessors having an open mind, tolerance for ambiguity and confidence that full information enhances fair decision-making. Opinions and recommendations or predictions should be made conservatively and limitations to validity within the assessment should be made clear.

4.7   FPA Tools

In addition to available frameworks, there are various assessment tools available to assist in the compilation of a FPA. In a sample of ISW reports informing care proceedings, it was found that just over a third of these assessments included the application of standardised measures during the assessment (Brophy et al., 2012) suggesting the use of tools are well established in assessments for court but not particularly highly utilised. There are various limitations to consider in the use of standardised assessment tools and they are generally in need of further testing for use with FPA (Azar et al., 1998; Budd, 2001). Some are more often used in assessment of need versus a FPA and/or some have limitations with regard to validity and standardisation for legal purposes (Azar et al., 1998; Budd, 2001).

There are a lot of warnings regarding the use of measurements as a whole in a FPA. Assessors are advised to cite the measurements they use and the limitations that each used measurement has. Many measures have not been developed and researched for their use with FPA specifically and many lack standardisation for legal purposes. It is important to keep in mind that measurements can provide corroborative information and they can highlight areas for assessment that may have otherwise been missed; however, when using any additional measures or tools, it is essential that their limitations are provided along with the findings and any findings are interpreted conservatively (Budd, 2001).

The above warnings are also similar with traditional psychological instruments (tests of intelligence, academic functioning, and personality). They provide information on adult adjustment problems and capabilities. They also contribute to diagnostic determinations; however, they were not designed to assess parental fitness specifically. At best, they may provide an indirect relationship to parenting issues (Budd, 2001). Though they can be useful in understanding a parent's needs – and thus, opens consideration into how the parent can then meet the child's needs – these psychological instruments are not discussed further due to the specialised nature of their implementation.

A few tools are mentioned and discussed briefly below and a table is provided that names even more available tools worth looking into further (Table 4:3). The table provides a place to start if interested in learning about more tools, but it is by no means a comprehensive list.

In assessing family functioning, there are a few tools to consider. *The Darlington Family Assessment System* (DFAS) is one such tool. This tool supports practitioners in their assessment of family functioning with a focus on health issues within a developmental framework. It uses an individual and systemic approach and was modelled around the concepts of multisystem and multimethod assessment. "For experienced clinicians, the DFAS may serve as a set of clinical guidelines and as a general framework for the assessment of children and their families. In specialist services and research projects, the DFAS may be used as the basis for a comprehensive family assessment package" (Wilkinson, 2000, p. 221). The McMaster's model of family functioning (Epstein, Bishop and Baldwin, 1982) and the Beaver's model of family competence (Beavers and Hampson, 1993) are other tools that can be considered in assessing family systems and providing starting points for more in depth areas of assessments.

In undertaking FPAs, it is often important to understand a parent's social history as this can have a significant bearing on how they raise their own children; however, historical information needs to remain in context and should only be judged as important if it links to the parent's current functioning. Nonetheless, links from the past to current functioning need to be specified and can be crucial to a parent's ability to parent (Azar et al., 1998). In addition to in-depth discussions with parents about their past experience (e.g. of behaviour

Table 4:3: A Sample of Tools Available in the Assessment of Parenting

Adult Attachment Interview	(George, Kaplan and Main, 1985)	Michigan Alcoholism Screening Test	(Pokorny, Miller and Kaplan, 1972; Selzer, Vinokur and VanRooijen, 1975)
Areas of Change Questionnaire	(Margolin, Talovic and Weinstein, 1983)	Marital Adjustment Test	(Lock and Wallace, 1959)
Arizona Social Support Interview Schedule	(Barrera, 1981)	Millon Clinical Multiaxial Inventory (MCMI-II and – III)	(Millon, 1987; Millon, 1994)
Beck Depression Inventory-II	(Beck, Steer and Brown, 1996)	Minnesota Multiphase Personality Inventory-2	(Butcher et al., 1989)
Brief Symptom Inventory (BSI)	(Derogatis, 1993)	Nursing Child Assessment Satellite Training instruments	(Barnard et al., 1989)
CARE-Index	(Crittenden, 1981)	Parenting Stress Index	(Lloyd and Abidin, 1985)
Child Abuse Potential Inventory	(Milner, 1986)	Parenting Stress Index-Short Form	(Abidin, 1995)
Childhood History Questionnaire	(Milner, Robertson and Rogers, 1990)	Parent Problem-Solving Measure	(Hanson et al., 1995)
Community Interaction Checklist	(Wahler, Leske and Rogers, 1980)	Parent Opinion Questionnaire	(Azar et al., 1984; Azar and Rohrbeck, 1986)
Conflict Tactics Scale	(Straus, 1979; Straus and Hamby, 1996)	Perceived Social Support Questionnaire	(Procidano and Heller, 1983)
Drug Screening Test	(Skinner, 1982)	Relationship Belief Inventory	(Eidelson and Epstein, 1982)
Dyadic Adjustment Scale	(Spainer, 1976; Spainer, 1989)	The Social Network Form	(Weinraub and Wolf, 1983)
Dyadic Parenting-Child Interaction Coding System II	(Eyberg et al., 1994)	Symptom Checklist 90-Revised	(Derogatis, 1983)
Family Support Scales	(Dunst, Trivette and Hamby, 1996)	Vineland Adaptive Behaviour Scales	(Sparrow, Balla and Cicchetti, 1984)
The Home Inventory	(Caldwell and Bradley, 1984)	Wechsler Adult Intelligence Scale-III	(Wechsler, 1997)
Home Observation for the Measurement of the Environment	(Caldwell and Bradley, 1984)	Wide Range Achievement Test 3	(Wilkinson, 1993)
The Life Stress Scale	(Egeland, Breitenbucher and Rosenberg, 1980)		

management as a child, development of relationships as a child, etc.) and the use of written material referencing the parent's behaviour in the past, Azar and colleagues (1998) suggest that the *Conflict-Tactics Scale* (Straus, 1979; Straus and Hamby, 1996) or the *Childhood History Questionnaire* (Milner et al., 1990) could be used to assess a parent's exposure to conflict resolution strategies and abuse by caretakers. The Adult Attachment Interview is another commonly used tool within FPA that looks at how a parent responds to perceived dangers and is often linked to their social history narrative (George et al., 1985).

Parental substance abuse is often associated with child maltreatment; however, a parent's admission of use should not determine the outcome of a parent's caretaking ability without further investigation and special attention. This would include investigating the parent's engagement with services, available support network and other contextual factors that need to be explored (Azar et al., 1998). Azar et al. (1998) suggests screening parents for substance misuse with instruments like the *Michigan Alcoholism Screening Test* (Pokorny et al., 1972; Selzer et al., 1975) and the *Drug Screening Test* (Skinner, 1982) and then progressing to more sophisticated assessments (e.g. hair strand tests, urine tests, etc.) as necessary.

Measures exist to assess the wider support network and include *The Social Network Form* (Weinraub and Wolf, 1983) and the *Community Interaction Checklist (Wahler et al., 1980). The Life Stress Scale* (Egeland et al., 1980) is also identified as a measure of stressful events that the parent qualifies with regard to intensity and the *Parenting Stress Index* (Lloyd and Abidin, 1985) which measures stress specifically on parenting (Azar et al., 1998). In addition to wider supports, some measures exist that can help distinguish distressed form non-distressed couples; *Marital Adjustment Test* (Lock and Wallace, 1959), *Areas of Change Questionnaire* (Margolin et al., 1983), *Dyadic Adjustment Scale* (Spainer, 1976; Spainer, 1989) and the *Relationship Belief Inventory* (Eidelson and Epstein, 1982).

In assessing a parent's reactivity to or interpretation of their child's behaviour (e.g. if the parent has unrealistic expectations of the child and labels a developmentally normal behaviour as noncompliant) The *Parent Opinion Questionnaire* (Azar et al., 1984; Azar and Rohrbeck, 1986) has been found to distinguish abusive and neglectful mothers from controls. The *Adult/Adolescent Parenting Inventory* (Bavolek, 1984) has been used to measure parenting attitudes – including expectations of the child; however, these measures are limited because they lack predictive validity and standardisation for legal purposes (Azar et al., 1998).

Azar and colleagues (1998) suggest a few protocols for observations of a dyadic interaction; the *Nursing Child Assessment Satellite Training instruments* (Barnard et al., 1989), the *Home Observation for the Measurement of the Environmen*t (Caldwell and Bradley, 1984) and the *Dyadic Parenting-Child Interaction Coding System II* (Eyberg et al., 1994).

Additionally the CARE-Index is another dyadic assessment tool used to assess the parent and child fit and attunement (Crittenden, 1981). These tools have shown some validity in distinguishing abusive/neglectful and at-risk parents from control ones; however norms for interaction data do not yet exist (Azar et al., 1998).

4.7.1 FPA and PAMS

Parenting Assessment Manual Software (PAMS) is another available tool to support the exploration of a parent's ability to meet their child or children's needs while also having a strong presence in the literature as a tool to be used with parents who have learning difficulties (Brophy et al., 2012; Department of Health and Department for Education and Skills, 2007; Working Together with Parents Network, 2007). A PAMS is an evidence-based multidimensional assessment tool designed to provide a systematic and functional method of assessing parents. It has been developed to present complex information within a format that interfaces well with the Framework for the Assessment of Children in Need and Their Families (Department of Health, 2000) and the Common Assessment Framework (Department for Education and Skills, 2006); however, unlike these frameworks, it is not freely available. The 2-day training (£460), software license and booklet materials (£625) required to use the most current version of PAMS available costs over £1000 (Pill Creek Publishing, 2017). In an ideal world, this package would be free to use with the vulnerable families it was designed to assess; however, this has been developed and sold by a private company. Therefore, they have not been limited to provide it as not-for-profit or a free-to-use product. Unfortunately, the gap that this tool appears to fill was not developed via government or charity funding organisations which may have allowed a more universal and free-to-use choice in its application.

McGaw (2010) developed PAMS following twenty years of experience in working with parents who had learning difficulties. In her work, she identified that there was a need for a structured and all-encompassing assessment package. In developing PAMS, McGaw (2010) claims that it can be used as a comprehensive specialist assessment to identify and target support required by those families where parents or children have additional, and/or complex needs; for example, parents with learning disabilities, physical disability, poor physical and/or mental health, teenage parents and parents who misuse drugs and alcohol. Although not for the sole use of parents with learning difficulties, PAMS is listed as a suitable assessment tool to use with parents who have learning disabilities within an updated version of the Department of Health's Good Practice Guidance on Working with Parents with a Learning Disability (Working Together with Parents Network, 2007). Additionally, Brophy (2012) undertook some research into Independent Social Work (ISW) reports for court and identified that 16% of these reports utilised PAMS; however, the population characteristics within this specific figure is unknown. Nonetheless, with around 1400-1500 who have

purchased and registered for PAMS updates (McGaw, 2015), this is an established tool worthy of further consideration despite outlaying costs to utilise it.

PAMS does not claim to be a psychometric tool that provides a quantitative score that determines if parental capacity is suitable or not. Instead, it is a tool with which to systematically cover a number of areas considered to be relevant in as much as possible to describe good enough parenting. PAMS does not claim to eliminate subjectivity from an assessment as it recognises the need for assessors to make judgements about parenting ability – including the difficulties in determining good enough parenting. However, it provides guidelines and example answers to aid the clinician in making these judgements. Reder and colleagues (1995, p. 3) agree that it "is important that professionals trying to help children and their families in crisis are not driven by personal bias, but are guided by up-to-date knowledge and experience." A PAMS assessment provides a functional and contextual approach as it emphasises a parent's abilities and resources which is the recommended approach to FPA presented earlier in this chapter by Reder and colleagues (2003), Budd (2001) and Azar and colleagues (1998). It identifies needs and strengths rather than focusing on weaknesses and it encourages parents to participate in the process by describing, and having help to identify, where they feel they need support. A PAMS assessment also provides cultural prompts and insights to guide the assessor; however, these are guides and are not definitive. Therefore, these prompts should not stop the assessor from asking questions about a carer's personal culture.

As a summary, the incorporation of PAMS within a FPA could include a variety of tools which come together to support the assessment of 312 skills which have been collapsed into 31 domains of parenting. Some of the tools used to assess these skills are the Initial Screening Tool, I Need Help… Form, Parent Questionnaire, Worksheets, Knowledge Cartoons, Parent Booklet, Observation Form and Skills Index. Aside from the Parent Questionnaire, these tools are used to quantify parenting into a Priority Rating which indicates if there are no concerns, low concerns, medium concerns or high concerns (McGaw, 2010). As PAMS terminology, tools and outputs will be explored in detail throughout subsequent chapters, more in-depth detail has been provided in an easy reference guide in Appendix I. It is also important to note that this dissertation has focused on PAMS 3.0; however, following the start of this study, a new version of PAMS has been released (PAMS 4.0). Differences between the two are not thought to impede on this study; as process and content have remained relatively unchanged. Changes within PAMS 4.0 are more with regard to explanation; for example, it has offered a stronger description of process, offered suggested timeframes for work and made training for PAMS a requirement. The term 'PAMS' will be used to describe PAMS 3.0 throughout this work and when a distinction is necessary 'PAMS 4.0' will be used to specify the newer version.

McGaw (2010) states that research findings indicate that interrater reliability is more than satisfactory across professional groups in their scoring of different aspects within PAMS. Additionally, there is an, as yet, unfinished and unpublished qualitative PhD study looking the experiences of parents who have learning disabilities and are involved in care proceedings. Preliminary analysis has highlighted that these parents found FPAs incorporating PAMS to be more fair than FPA that did not incorporate PAMS (Goodram, 2017). However, currently, there is no empirical research available on the use of PAMS within FPA. As it has a stable footing within practice this dissertaiton hopes to provide inisght into how this tool is being utlised and what assessors think of it.

4.8   Summary

This chapter has explored the definition of a FPA and presented the context in which they are undertaken. It explored the value of these assessments including the recommended and materialising decline in their use. Although not as frequently utilised since the implementation of the Children and Families Act in April 2014, these assessments have remained an integral element of care proceedings. Guidelines for undertaking FPA as well as an inventory of the quality of these asssessments was then presented. There were some indications that expert assessments are of a high quality while there were other indidications that many failed to meet recommended guidelines. Elements for improvement were reviewed and this was followed by a framework, process and tools to help in the undertaking of a FPA. Finally, the latter point introduced PAMS and identified limited research regarding this tool's use and value despite having an established presence in practice; therefore, introducing the premise for the research design presented in the next chapter.

5 Methodology

5.1 Introduction

This chapter will first draw on key elements of the previous chapter to set out this study's reason for undertaking this research. This leads into the chosen research questions and the mixed methods approach implemented in answering them. It will establish the epistemological lens through which knowledge was framed and then discuss how mixed methodologies were implement with regard to quantitative approaches – including sampling, survey design, implementation of the survey and analysis of data – and qualitative approaches – including theoretical applications, sampling, interview design and the use of grounded theory analysis throughout the interview process. Ethics will be discussed and finally, demographic data from both the quantitative and qualitative element of this study are presented prior to presenting results in the subsequent 3 chapters.

5.2 Reason for study

As outlined in chapter 1, a call for further research into the types and quality of forensic parenting assessments (FPAs) was made by the Family Justice Review Panel (2011) in order to provide a more quality, child centred, time limited and cost effective process in obtaining these reports. Parenting Assessment Manual Software (PAMS) is a tool that can be used in the undertaking of a FPA. PAMS claims to be a systematic and functional tool to support an assessment of parenting capacity and it appears to meet many better practice guidelines outlined in previous chapters. For example, it supports a multimethod, multisession and multisource FPA (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010) which focuses on strengths as well as difficulties in parenting capacity (Reder et al., 2003; Gupta et al., 2014; Budd et al., 2001; Beyer, 1993; Azar et al., 1998). PAMS FPAs have an established presence in practice (Brophy et al., 2012; Department of Health and Department for Education and Skills, 2007; Working Together with Parents Network, 2007); however, there is very little research into the use or value of this tool. As such, this study aims to contribute to knowledge and understanding around the types and perceived quality of FPAs by considering the implementation and value of a PAMS FPA according to practitioners who undertake them.

5.3 Research Questions

As this study is providing a descriptive basis for further research, the research questions identified for this study are as follows:

1) How does the use of PAMS vary among professionals who use it?

2) How do professionals who have used PAMS within a FPA perceive the incorporation of PAMS in this context? and

3) How do a PAMS and non-PAMS FPA compare to each other?

5.4   A Mixed Methods Design

In answering these 3 questions, a mixed methods research design was formulated. This included both quantitative and qualitative aspects to contribute to the knowledge base of FPAs that have incorporated PAMS. A mixed methods approach provided both a measurable consideration of what participants stated they were doing and how much they liked different elements of PAMS while also offering a deeper contextual understanding of why they were doing it – exploring a personalised appraisal and application of PAMS within this setting.

The quantitative aspect of this research was inductive as it provided quantifiable descriptive information about the use of PAMS in order to develop potential theories; for example, establishing which PAMS' tools most participants utilised in a FPA and how they rated the usefulness of them. Qualitative methodologies incorporated both deductive and inductive approaches interchangeably. Developing theories from quantitative analysis were expanded upon, tested and explored with participants while simultaneously progressing an inductive approach whereby new theories were still emerging. A deductive approach was reapplied whereby newly developed theories were, again, expanded upon, tested and explored with subsequent participants. As such, a mixed methods design offered a well-rounded exploration of this study's 3 research questions; however, a mixed methods design can have conflicting epistemological considerations.

5.5   Epistemological Considerations

Epistemological orientations within research are more often "slogans, hopes [and] aspirations… [versus] guidelines with clear implications that are followed in practice" (Platt as cited in Bryman, 2012, p. 619). The goal of an orientation is to connect assumptions together; however, their application can rarely be expected to be absolute. Epistemological considerations are further complicated when considering a mixed methods design, such as this study. It could be argued that the two designs within this mixed methods study are rooted within two very contrasting epistemological orientations. The web-based survey is arguably more strongly rooted in a positivist orientation; pulling on the scientific model to study the social world. The semi-structured interviews are more strongly rooted in an interpretivist orientation which applies a more critical view of the scientific model in this setting and utilises a more specialised way of studying human behaviour – looking at the quality and texture of an experience.

The positivist approach sits firmly within the quantitative element of this study. Despite the qualitative element of this research being arguably more interpretivist, this study can accommodate a more flexible epistemological application due to the application of a modified grounded theory analysis. Grounded theory analysis can fall into a positivist or interpretivist orientation (Willig, 2013a; Engward and Davis, 2015; Bryman, 2012).

"Grounded theory itself does not necessarily sit with any one epistemological or theoretical framework" (Engward and Davis, 2015, p. 1532) as it entails both observable patterns in the social word as well as a degree of subjectivity with regard to the influence of the researcher and the participants; for example, what patterns are noticed by the researcher and what the participant's agenda may be.

Hasan (2016) argues that both positivism or interpretivism can be used to generate meaningful analysis of social action; however, he suggests that positivism is more suitable to providing descriptive information about the social world. Additionally, online surveys are provided at the start of this study to inform, in part, the direction of interviews. As such, the quantitative design raised a sample of variables to be addressed in the qualitative study which is in contrast to more traditional interpretivist qualitative studies whereby even a small sample of preconceived variables would be avoided (Willig, 2013b). Furthermore, this study anticipated that it would be highlighting data that is truly grounded and developed from what it is – with little help from the researcher in deciphering what is *meant* by the data. Theorising and the development of categories and subcategories are simply the processes by which to present findings emerging from the data versus great degrees of interpretation being applied. Therefore an assumption has been held throughout this study that the natural world and social sciences can be studied with similar approaches (Bryman, 2012). As this study is largely descriptive, has some variables to be addressed at interview and assumes that that natural world and social sciences can be studied in similar ways, the positivist orientation seemed a suitable orientation to tie this study's results together. However, a natural overlap between this orientation and an interpretivist orientation are not to be ignored or dismissed.

Although a positivist orientation is a stronger foundation of this study, qualitative researchers must acknowledge that their data does "not stand alone… and emergent analysis can take various forms which may or may not be dependent on what the researchers consider as credible data" (Engward and Davis, 2015, p. 1531). Essentially, there is an element of subjectivity in qualitative research and although this raises concern regarding bias, replicability and validity, reflexivity can strengthen qualitative data by developing transparency in the decision-making processes, as presented in this methodology chapter.

Therefore, a positivist epistemological foundation frames the quantitative element of this study and a flexible positivist-interpretivist orientation frames the qualitative aspect of this study. Hesse-Biber (2010) warns against mixed method studies that focus on the traditionally used positivist orientation at the expense of the true value of qualitative methodologies. For example, he spoke of qualitative data being gathered as a 'nod' to previously obtained quantitative data – offering some vignettes but not a deeper and more contextual dimension to the study. This current study has heeded this warning and has not

undermined the value of its mixed methods. Instead, it has utilised both qualitative and quantitative elements to answer different dimensions of this study's research questions.

5.5.1 Personal Reflexive Considerations

As mentioned above, acknowledging and framing any presumptions held by the researcher can help reduce bias (Engward and Davis, 2015); therefore, a reflexive summary on the background to this research is provided briefly below in order to provide readers full disclosure of the personal purpose in undertaking this research.

In maintaining a reflexive approach within this research, it is important to note my background in social work in which I undertook both PAMS and non-PAMS FPA for around 14 years. My opinion regarding the use of PAMS or non-PAMS FPA was divided and the lack of research on this topic prompted the commencement of this study. I ceased employment undertaking these assessments around half way through this study and took up alternative and unconnected employment. Although there are no obvious conflicts of interest either prior to or after the change of employment, previous experience in undertaking FPA could have influenced how results were interpreted. Being aware of this potential bias has enabled me to raise and explore it in supervision as a means of minimising its impact.

5.6 Quantitative Aspect of Research Design

5.6.1 Cross-Sectional Web-Based Survey

Using a positivist epistemological framework, this study's research questions were first explored through the administration of a web-based cross-sectional survey which sought to explore what already exists in the PAMS-using population. This process provided a predominantly numerical focus on how PAMS is being used and what participants rated as being useful elements – observing the social word through a measurable and objective lens.

This cross-sectional survey was chosen over a face to face interview or postal survey due to the benefits gained in reduced costs, having unrestricted compass, gaining faster response rates and having better data accuracy. In addition, the population being addressed require access to the internet to complete their work, so it was not expected that the use of internet would exclude participants.

Difficulties related to web-based surveys have been considered; for example, low response rates and the risk of multiple replies. Responses can be low for web-based surveys since they may be seen as just another nuisance email; however, the research issues being addressed are salient to respondents and it was anticipated that this would prompt greater participation. To further help with this, email reminders were sent to all potential participants

on 2 further occasions with at least 2 weeks between reminders. Response rate were anticipated to be around 10-20% which is in line with similar online surveys (Galvani, Dance and Hutchinson, 2013; Loughran, Hohman and Finnegan, 2010; Scourfield and Maxwell, 2010).

The risk of multiple replies is also a reality with web-based surveys. This was not considered a great concern since the participants had the option of providing an email address (this was not mandatory) and – later in the survey – the option of providing a postal address (this was not mandatory); therefore, the risk of multiple replies was reduced. Finally, there is the consideration of bias with regard to non-response. It is possible that those who have responded are more pro-PAMS and those who have not responded are more anti-PAMS; however, some respondents have sent emails in addition to their survey and have expressed strong concerns regarding the use of PAMS in a forensic setting. Additionally, there is a good showing of both moderate-PAMS and anti-PAMS stances among participants who have replied. This suggests that the forms used to encourage participants to undertake the survey did not necessarily deter those with an anti-PAMS stance.

In conclusion, the benefits associated with web based questionnaires were thought to outweigh the disadvantages; resulting in this research method being chosen above other options.

5.6.2 Sampling

PAMS is distributed via only one publishing house – Pill Creek Publishing. Pill Creek Publishing retains emails for those who purchased, and then automatically become registered users, of PAMS in order to provide software updates. As such, they retain an accessible whole population of registered PAMS' users. At the time of this research, there were around 1400-1500 people who had purchased and registered to use PAMS 3.0 in the UK, Ireland and Channel Islands (McGaw, 2015).

PAMS can be used in a variety of settings from identifying what support a family needs to support within a FPA. This research is only interested in the latter population sample; however, Pill Creek Publishing has not made this separation in their database of emails. Therefore, the specific number of registered PAMS users who use PAMS in a legal setting is unknown.

Alongside the purchasing of PAMS, there is also an option to undertake official training to use PAMS through Dr Sue McGaw – creator of PAMS. This option is not mandatory; however, when used in the court setting it is favourable preference. In emails with Dr Sue McGaw (2015), she has estimated that around 50-60% of those who undertake training with her use PAMS in the legal setting. Therefore, based on available information, it can be estimated that the whole population sample for this research is around 560-750.

This research has sent emails to everyone registered with Pill Creek Publishing (1400-1500 people) since there was no distinction between those who used PAMS in a legal setting and those who did not.

The whole population sample (n ~ 560-750) has been accessed via my sampling method and there was no need to use probability or non-probability sampling methods. My population sample has been estimated for the purpose of determining a response rate; however, regardless of the accuracy of this number, this process has enabled me to ensure that I have been able to access the whole population sample.

On the 24th of September 2015, an article was published in Community Care Online about the research I was undertaking and it included a link to the consent form and web-based survey for those who qualified to take part (Green, 2015). This article provided further opportunity to reach participants – including those who may not be registered with Pill Creek Publishing. Community Care's online target audience includes those involved in Social Care; including social workers, psychologists, nurses and care workers – all of whom are potential participants for this research.

Some of the weaknesses in my sampling method were sampling error and bias. Pill Creek has enabled me access to the whole population sample of registered PAMS users; however, this sample does not give me access to those who have been introduced to PAMS and decided it was not a useful tool to use and, as a result, did not purchase PAMS. Therefore, the population sample used is likely skewed towards those who were introduced to PAMS and liked it more than those who were introduced to PAMS and decided they did not like it. This has not been considered a large sampling error; however, as this research wanted the experience of those who have used PAMS and non-PAMS assessments.

The article published in Community Care Online would also help to reduce the above-mentioned sampling error; however, it also introduces other sampling errors since it was the only social media site used to recruit for this project. The result of which would have led to a focus on readers of that publication versus a more widely applied publication selection.

My population sample has been heavily dependent on information provided by Pill Creek Publishing and Dr Sue McGaw; both of whom have a personal investment in the success of PAMS and could introduce an element of bias in the research. As such, their involvement has been limited to providing information about and access to the population sample as well as offering limited feedback on the design of the web-based survey.

5.6.2.1 Participation from the Judiciary of England and Wales

The original intention of this research project was to also include judges from within the Judiciary of England and Wales in order to triangulate findings from assessors that undertake FPA and the judiciary who uses FPA to inform ultimate issue decisions they have to make; however, this was not possible. It was anticipated that judges would be informed

about the research project and then be asked to participate in a similar – but much shorter – version of the questionnaire provided to assessors. It was also anticipated that they would be able to participate in telephone interviews in a similar – but much shorter – version of the interviews to be conducted with assessors.

Following preliminary ethical approval on the 5th of September 2014, contact was made with the Judiciary of England and Wales to include them in this research project. An application was sent following their protocols and procedures on the 9th of September 2014.

On the 11th of December 2014, The Judiciary of England and Wales replied to the research request. They could not agree the request and suggested a resubmission following consideration and changes on the advice they provided. They provided advice as follows:

- Updating references made in submitted background information
- Concerns were raised that a large-scale survey proposed was unfeasible and questioned anticipated response rates.
- Concerns were raised around who would distribute the initial email (providing information about the research and requesting participation) and reminder emails as they thought this would be burdensome on their service since they did not have a bulk emailing system in place to contact judges.
- They found that both a lengthy questionnaire and an interview would not be a justified use of judicial resources.
- They raised concerns regarding there not being a clear indication of how many interviews would be needed since grounded theory's theoretical saturation was being used and cannot commit to a predetermined number – possibly adding further pressure on judicial resources.
- Concerns were raised that there was potential for bias in this research due to my being a PAMS' practitioner. In addition, they felt that my mentioning that I was a practitioner on my covering letter could cause a "social desirability affects and may distort the judges' responses."
- They offered advice around the wording of some questions in the questionnaire because they thought that some questions were leading.
- They raised concern that I was using grounded theory analysis but had provided prediction of results ("outcomes of this study are predicted to highlight that a PAMS' assessment can be used in providing better quality assessments…") which is not consistent with the grounded theory approach.
- Finally, they stated that they were of the view that the submitted research proposal "would add to the academic field, but are not presently convinced that both the quantitative and qualitative stages are necessary to achieve the research's aims. It must be questioned whether the additional judicial interview is needed or is a

sensible use of time. Overall, Analytical Services felt that the research has merit, based on the potential for providing assessments of a higher quality in care proceedings, but questions relating to administration of the questionnaire, timescales and potential sources of bias may need to be considered."

On the 4th of February 2015, I made a new application to the Judiciary of England and Wales with changes that took their feedback and advice into account.

- Background information was updated with more current references; however, it still stressed that this remains an under-researched area.

- Arguments were made that the large-scale nature of the survey was not unfeasible and clarification around how the data would be managed was made. In addition, reference was made to anticipated response rate of 15-20%; which was in line with similar online surveys.

- I was able to get in contact with an employee in the Head of the Family Division (a subdivision of the Judicial Head of Division). Initial enquires were around more feasible ways to contact judges; however, they suggested that – if approval was gained – they would be able to send emails to leadership judges who would then make a decision as to whether they distributed the email to judges under their management. This would take some of the burden off of the Judicial Head of Division and distribute responsibility to relevant parties who volunteered to do so.

- My updated research proposal advised the Judiciary of England and Wales that judicial resources required for this research were reduced; for example, they were advised that the questionnaire was piloted and only took 20 minutes to complete (versus the originally anticipated 30 minutes) and they were advised that that interviews were no longer being requested of the judiciary.

- I removed mention of my being a PAMS' practitioner from my cover letter and information so that social desirability bias would be reduced; as I thought this had been requested of me. They later informed me that this was not ethical and not what they had requested.

- I acknowledged that my research proposal may have suggested a "pro-PAMS stance." In response, I informed them that I had reworded aspects of my proposal and tried to ensure them that – even though I was a PAMS' practitioner – I was undecided about the tool and did not consider myself to be for or against PAMS at this point in time and that this was the reason for my research.

- Advice around changes to the questionnaire were made and resubmitted.

On the 15th of May 2015, the Judiciary of England and Wales responded to my resubmitted request for their involvement in my research; however, they informed me that they did not agree for the judiciary to patriciate in my research project for the following reasons:

- They maintained concerns that the circulation of emails relied on the Private Office of the President and possibly leadership judges and they thought this was a considerable burden on that office – potentially to the detriment of other work priorities.

- They did not think it was feasible to achieve the anticipated response rate and they were unclear on what the impact of a lower response rate would be on the research (e.g. would it be robust enough for statistical analysis?).

- Finally, as already mentioned above, they said "It is acknowledged that you have removed your pro-PAMS stance from your research as Analytical Services identified the possibility of this causing a social desirability concern. Nonetheless, the removal of this information could cause an ethical concern. Any judiciary involved in the research should have the right to know about your active involvement in this area. Only then could they make an informed decision about whether to take part in the research. By removing this information, the validity of the consent could be questioned."

I remain very disappointed that I was not able to obtain judicial involvement for this research project. This research would benefit greatly from their involvement; however, until I am able to consider more feasible ways of accessing a large sample of judges this will remain a research project for the future.

5.6.3 Design of Web-Based Survey

A questionnaire was designed via Google Forms to answer this study's research questions. The questionnaire included both open and closed questions around the use of PAMS. Previous work history in undertaking FPA incorporating PAMS was drawn on in the design of the survey; including typical conundrums identified in my previous team's use and perception of PAMS. For example, consideration on how to administer the Parent Booklet has been raised for debate within my previous team; therefore, a question was designed for participants to specify how they administered the Parent Booklet. Research was also strongly drawn from in the creation of this survey. For example, current best practice guidelines were identified in the literature to inform the section in the survey asking if participants incorporated them within their FPAs. Upon request, Karen Budd (1998; 2003), psychologist and researcher, kindly provided the code booklet used in empirical content analysis research which assessed the quality of FPAs. Additionally, Dr Sue McGaw, creator of PAMS, was consulted to ensure questions were relevant and to consider whether further questions should be included. As she has a vested interest in the outcome of this study, her participation was limited. She was not given an opportunity to make alterations that would trigger a more favourable response. Although all of her suggestions were not followed, most of them were and they included the addition of three general questions, the suggestion of clearer question instructions (e.g. to write: "circle the appropriate answer") and confirmation

of relevance regarding content already proposed. All questions were worded to be as neutral as possible.

Although the questionnaire was long (74 questions), it was designed to be clear, spaced out attractively and easy to use. Clear instructions were given to minimise confusion. After permission was gained via Pill Creek Publishing, pictures of different aspects of PAMS' tools were added to the questionnaire to provide visual aids and reminders for the various elements of PAMS.

The preliminary questionnaire was piloted with 10 practitioners who undertook FPAs that incorporated PAMS. They were identified via previous employment contacts. Retrospective verbal probing was undertaken to gain feedback on their understanding of the questions. This included discussion them regarding the questions they completed; for example, if questions were clear or not and how to make some questions that were unclear – clearer. Two of the 10 practitioners who piloted the questionnaire also underwent cognitive interviewing. They were asked to think out loud throughout the duration of their completing the questionnaire – providing a better understanding of how questions are being understood and interpreted. Both of these approaches to developing surveys are important in ensuring quality and accuracy of survey instruments (Willis, 2005). There were a number of minor changes made as a result of this process with regard to the wording of questions; for example, instead of ticking one possible PAMS training option the suggestion to tick as many as were relevant was accepted.

As a result of piloting feedback, it was estimated that the questionnaire would take around 30 minutes to complete. Some questions were reworded for clarity or to reduce bias. Some questions were omitted, some questions were added and, finally, some questions were broken down from 1 question to 2 questions. The final questionnaire is provided in Appendix II. There was a total of 83 questions in the final version of the questionnaire as follows:

- Consent Form (4 questions),
- Use of PAMS (35 questions),
- Usefulness of PAMS (13 questions),
- PAMS compared to non-PAMS (20 questions; some divided amongst boxes) and
- Professional and demographic information (11 questions).

5.6.4 Implementation of Online Questionnaire

On the 13th of July 2015, a cover letter (see Appendix III) was embedded into an email inviting the population sample to become involved in this research. The information sheet (see Appendix IV), which included a link to the consent form and web based survey, was attached to the email.

Response rate was very low initially at just 3% within the first month (13/7/15-10/8/15). Enquires about why were made via Pill Creek Publishing's IT team. They suggested that it could be due to emails going into spam folders, links not working on firewalls and emails going to individuals who purchased the software on behalf of someone else (e.g. IT and procurement services). Based on advice gained, the second email to participants turned off hyperlinks to reduce the likelihood of the email going into spam folders. In addition, the email provided information on checking spam folders and how some firewalls will not allow individuals to open the questionnaire. This second email to participants (see Appendix V) was sent on the week of the 10th of August 2015.

Although response rate picked up a little after this, it remained low at around 5-7% (13/7/15-12/10/15). Pill Creek Publishing offered to send the first 100 participants who completed the questionnaire a free PAMS Parenting Booklet. This offer was retroactive to those who had already undertaken the survey and details were provided on how they could request a PAMS Parenting Booklet. The Booklet retailed at £10.30 each and the offer of the book was hoped to offer appreciation for participation and encouragement of further participants. An amendment to the original ethical approval was sought and approval was given. The third – and last – reminder went out on the 12th of October 2015 (see Appendix VI) along with an updated information sheet (Appendix VII) and the offer of a free PAMS Parenting Booklet to the first 100 participants.

The questionnaire closed on the 1st of November 2015 and the final response rate was lower than expected at around 7-10% (13/7/15-1/11/15). Seventeen PAMS Parent Booklets were requested from participants and they were posted to those participants on the 2nd of November 2015.

5.6.5 Analysis of Data

Closed questions were transferred from Google Forms into SPSS (IBM Analytics, 2017) which supported descriptive processing of the data. Although most questions were closed, there were 6 open questions relating to why some participants chose to modify and/or omit questions within the Parent Booklet, Knowledge Cartoons or Parent Questionnaire. Responses were compiled together and then comparisons were made and questions asked as to their compatibility to become an identified theme. This process highlighted patterns in the data to explain why some participants chose to omit or modify particular questions with the specified tools.

All quantitative results are presented in chapter 6-8 alongside qualitative results to aid in comprehension and understanding of data. The chapters are divided according this study's research questions and relevant quantitative and qualitative data are provided in order to build upon an understanding of these questions.

5.7   Qualitative Aspect of Research Design

5.7.1   Theoretical Application

Drawing on the previously mentioned flexible positivist-interpretivist epistemological framework, a modified grounded theory analysis was used to analyse qualitative data obtained via semi-structured telephone interviews. Grounded theory analysis is an active process that occurs simultaneous to data gathering; therefore, details of its implementation will be describe in more detail below. However, as an overview, grounded theory analysis can be summarised as making constant comparisons and asking questions and repeating these two processes interchangeably throughout the research process (Strauss and Corbin, 1990; Strauss and Corbin, 1998). These comparisons are important because they highlight patterns observed in the data. "It is not just one form of a category or pattern in which we are interested but also how the pattern varies dimensionally, which is discerned through comparison of properties and dimensions under different conditions" (Strauss and Corbin, 1998p. 67). Data is viewed and re-viewed multiple times to confirm or disconfirm emerging theories from the categories using selective coding (Strauss & Corbin, 1990; Strauss & Corbin, 1998).

The term *modified* grounded theory is used in this study because in addition to grounded theory's traditionally inductive approach (moving from an observation to a theory) and deductive approach (moving from a theory to confirmation); there was also a specific line of enquiry to explore from the outset. This is outlined in this study's research questions but was also built upon from quantitative data obtained prior to interviews. A pure use of grounded theory would not include anticipated elements and would, instead, strictly elicit concepts and categories to emerge from the data. This study had some theories already emerging from previously undertaken quantitative data; for example, the development of divided opinions regarding the requirements in training to undertake a FPA.

5.7.2   Semi-Structured Telephone Interviews

Semi-structured telephone interviews were chosen for the qualitative aspect of this research project with the aim of answering this study's research questions. A decision was made to include semi-structured versus structured or unstructured interviews as there was an aim to achieve a balance of priorities between covering specific topics alongside giving participants a chance to decide on pertinent issues to share. However, when pushed, interviews did move more towards unstructured interviews as participant's agendas was considered a slightly stronger priority. This structure offered flexibility and sensitivity whereby discussions from previous interviews could be presented in new interviews to prompt further discussion and participants were enabled to speak about important topics. The benefits of a flexible approach and the large amount of data generated form this

process where thought to outweigh the difficulties that may arise with regard to analysis of such complex and thick data.

Strengths and difficulties related to telephone interviews have been considered. The population for this study required the use of a telephone to undertake their work; therefore, it is not expected that the use of a telephone interview would exclude participants. In addition, there was a desire to collect data from across the UK, Ireland and Channel Islands alongside serious cost restrictions. Therefore, the telephone interview allowed for a diverse geographical sample at a small cost that also minimised cluster sampling effects (Novick, 2008).

There are concerns that telephone interviews may limit participant's response due to there not being body language to observe (Novick, 2008). In research conducted by Irvine, Drew and Sainsbury (2010; 2012), it was found that face to face interviews were associated with longer interviews versus telephone interviews; suggesting that richer data would be available in face-to-face versus telephone interviews. The same research team (2012) also found that researchers completed or summarised participant dialogue more in face to face interviews, participants made more requests for clarification in telephone interviews, interviewers made less vocalisations in telephone interviews and participants checked on the competence of their answer more often in telephone interviews. In contradiction, however, research conducted by Sturges and Hanrahan (2004) did not find any noticeable differences between the response given in face to face versus telephone interviews. Although this is something to consider and keep in mind, evidence is not conclusive that undertaking telephone interviews versus face to face interviews makes a significant difference at this point in time. In fact, during this study, interviews were estimated to take 1 hour; however, participants were often surprised to learn that the hour had concluded as they spoke amply and appeared to speak freely. Therefore, concerns regarding the use of telephone interviews inhibiting participation was not raised as a concern in the implementation of this research. Instead, participants often chose to speak beyond their agreed timeframe, offered rich data to inform research questions and all agreed to speak further in the future if required.

5.7.3 Sampling

The sample for the qualitative aspect of this study was taken from assessors who completed the online questionnaire and chose to be involved in the telephone interview. Participants who undertook the online-survey were asked if they would also volunteer to partake in a telephone interview to expand on questions asked in the quantitative aspect of the study. Despite no incentive or token of appreciation being offered to participant volunteering for interviews (as opposed to a Parenting Booklet being offered to undertake the web-based survey), 36 out of 54 (67%) participants volunteered to be interviewed.

Qualitative elements of this research used purposive theoretical sampling which is based on concepts that have proven theoretical relevance to the evolving theory. As this aspect of the study endeavoured to look at the perceptions of pro-PAMS assessors, moderate-PAMS assessors and anti-PAMS assessor's, purposive sampling allowed for a focus on these specific categories under consideration. Therefore, participants were first placed into one of the three PAMS Stances; pro, anti or moderate. This was predominantly determined based on how they answered the question within the web-based survey about their preference to use PAMS within an FPA (Table 5:1). There was a strong representation of all stances; however, most participants were categorised in the pro-PAMS stance. Despite more being in the pro-PAMS stance, it was considered more important to have an equal distribution of stances versus a representative distribution – prioritising a broad range of opinions. Purposive sampling also identified participants according to profession and their sex in order to further broaden the array of perspectives.

Table 5:1: PAMS Stance Determination

PAMS Stance	Question Determining Stance	Number of Replies
Pro PAMS Stance	I prefer to undertake parenting assessments for Care Proceedings or PLO WITH PAMS	29
Moderate-PAMS Stance	I find that using PAMS DOES NOT MAKE ANY DIFFERENCE in undertaking Parenting Assessments for Care Proceedings or PLO.	12
Anti-PAMS Stance	I prefer to undertake parenting assessments for Care Proceedings or PLO WITHOUT PAMS	11

5.7.4 Design of Interview

A semi-structured interview template was designed which included a few sections that aimed to be nonintrusive, descriptive, context setting and a way to build rapport and get participants talking. The interview template also included a division of topics according to this study's research questions (Appendix X). Interview templates were modified slightly for each participant to include answers they had already provided in the quantitative web-based survey that may be an area of interest to evolving theories or themes identified from the quantitative analysis and/or from past interviews. For example, a strong proportion of participants maintained that PAMS training was not enough to undertake a FPA but a strong minority stated the opposite. Participant views were indicated on interview templates to prompt further discussion on these opposing views. Although templates were created, these interviews were semi-structured; therefore, the templates were not adhered to strictly and were available as a means to prompt discussion as needed. Subsequently, this was not often required as participants were keen to talk about PAMS, stayed on topic and utilised the full hour without significant prompting or guiding.

5.7.5   Implementation of Interviews

5.7.5.1   Interview Process

Interviews were conducted between the 21st of March 2016 and the 29th of November 2016 following a three-phase approach building upon purposeful and theoretical participant engagement which will be outlined below. In all three phases, potential interviewees were sent an initial email (see appendix VIII) requesting their involvement in the study. These emails had the Information Sheet (see appendix VII) and Consent Form attached (see appendix XI). If participants did not reply within the week, a follow up email was sent (see appendix IX). Once participants agreed to be interviewed, an interview date was arranged and they provided a contact number. The Information Sheet and Consent Form were re-sent prior to phone interviews. Participants were contacted on their provided number via a Skype (Microsoft, 2017) telephone call which was audio recorded using Amolto software (Amolto, 2017). Prior to and after hitting 'record', participants confirmed they agreed that the conversation could be audio recorded and the Information Sheet and Consent Form were opened up for discussion prior to proceeding.

Throughout the course of interviews 18 of the 36 participants who had volunteered to be interviewed were contacted; however, only 11 participated in interviews due to reasons of which remain unknown. As all had originally agreed to interviews, an assumption can be made that there was an initial interest. Indeed, some participants did respond positively about being interviewed following post-online survey contact but then they did not reply to subsequent contact suggesting dates for interview and requesting a contact number. Others did not ever reply to post-online survey requests for them to participate in interview. Both instances are suggestive of an interest in participating in interviews but, perhaps, not having the time.

5.7.5.2   Interview Phases

The first phase of interviews started with five requests being made for interviews in March 2016 and included a purposeful spread of pro-PAMS (2), anti-PAMS (1) and moderate PAMS (2) stances as well as a purposeful professional spread which included social workers (2), a social work assistant (1), a nurse (1) and a psychologist (1). This phase also included a request for one of the two male participants in the online web-based survey. Two interviews were undertaken within this phase.

June 2016 marked the start of the second phase of interviews. The same procedure was followed the first phase. Six initial request emails were sent with a spread of pro-PAMS (3), anti-PAMS (1) and moderate-PAMS (2) stances. A variety of professionals were also purposefully targeted to included social workers (4), a practice manager (1) and a psychologist (1). All interviews were undertaken within this phase.

The final phase was initiated in November 2016 and, again, followed the same format as the first two phases. Seven initial request emails were sent with a spread of pro-PAMS (2), anti-PAMS (3) and moderate PAMS (2) stances. Additionally, a distribution of professions was targeted to include social workers (4), a practitioner from Child and Family Court Advisory and Support Service (Cafcass) (1), a psychologist (1) and an unemployed participant (1). This phase also included a request for the remaining male participant from the online web-based survey and a focus on trying to include participants who used both PAMS and non-PAMS assessments since this was identified as a gap in data obtained from phase 1 and 2 interviews. Three interviews were undertaken in this final phase.

5.7.5.3 Modified Grounded Theory Application

Interviews were transcribed from audio files and then coded in NVivo Software (QSR International, 2017). Transcription was undertaken manually by the interviewer in order to aid in the absorption of the data.

A modified grounded theory analysis was applied to completed interview data prior to starting subsequent interview phases. Sentence-by-sentence initial open coding was undertaken following transcription. An open and broad labelling of data was firstly undertaken whereby initial categories started to materialise following the first interview phase and then again following the second phase of interviews. For example, participants spoke about negative aspects of PAMS; therefore, comments to this effect were categorised under a 'negative comments about PAMS' category. Initial categories guided the second and then the third phase of interviews. Questions were identified from the data which informed subsequent phases of interviews; for example, participants spoke of general preference as to whether PAMS was used or not and more information on this was targeted in subsequent interviews.

Open coding led to focused or selective coding; however, the majority of selective coding (resulting in subcategories) was undertaken following the second and third phase of interviews. For example, as mentioned above, a broad initial coding identified negative comments made about PAMS. In looking through this data, more specific sub-categories were developed – like PAMS not being culturally sensitive. Identified sub-categories influenced subsequent phases of interviews with regard to what topics should be prioritised; for example, anecdotal accounts of rising popularity in the use of PAMS resulted in prompted discussions on this area in subsequent interviews – in order to see if anecdotal accounts were consistent across participants and to ascertain if sub-categories were identifiable. Some participants also chose to raise cross examination experiences when using PAMS which prompted questions around this in subsequent interviews, too.

In looking at categories and subcategories, themes started to become more identifiable and concepts were developed.

An example that will bring the above process together can be found in the development of the concept of 3 Types of PAMS (PAMS Informed FPA, Full PAMS FPA & PAMS Plus FPA) – which is discussed more in chapter 6. Participants were asked about what a PAMS FPA was. Responses were recorded and elaborated upon by further questions and prompts. Participants spoke about using aspects of PAMS to 'inform' their FPA whereby others spoke about using the 'full PAMS' package and others spoke of sometimes using the Capacity Report or Capacity Teaching Report. Initially, these responses were open coded under the category of 'what a PAMS assessment is'. These responses were explored further in subsequent interviews and elaboration requested. Additionally, the coding process was also elaborated upon, moving into sub-categories of 'what a PAMS is'. 3-Types of PAMS were starting to materialise as sub-categories with terminology for them coming from the participants themselves. For example, participants identified specific core aspects of PAMS that would constitute a 'Full PAMS FPA'. More questions were asked about these 3-Types of PAMS FPAs and participants identified with these Types and explored their own understanding of them – leading to questions about what they were – more specifically. For example, it was identified that the PAMS software was not always used or necessary for a PAMS Informed FPA. Coding like this lead to the development of the concept that there are 3-Types of PAMS: PAMS Informed FPAs, Full PAMS FPAs and PAMS Plus FPAs (as discussed in Chapter 6).

5.7.5.4 *Theoretical Saturation and Concluding Interviews*

In applying a modified grounded theory analysis, a number of themes and subthemes have been identified in analysis both during the interview process and after the interview process. They are presented in chapters 6-8 alongside quantitative results to aid in comprehension and understanding of this study's research questions. Themed categories are first presented with underlined text and subcategories are *italicised*. This is to highlight discussion and analysis around these categories and subcategories and to provide a clear presentation of information. Furthermore, tables present these categories and subcategories alongside quoted evidence taken from interviews.

Grounded theory analysis dictates that interviews continue until theoretical saturation is reached; which means that no new or relevant data is emerging from the interviews (Strauss and Corbin, 1990; Strauss and Corbin, 1998). Theoretical Sampling does not allow for exact planning in how many interviews would be undertaken as analysis occurs simultaneous to interviews; instead, more specific sampling decisions evolved during the research process itself alongside trying to maintain a relatively equal distribution of stances. Theoretical saturation is an important aspect of grounded theory analysis and if it is not achieved the theory will be conceptually inadequate (Strauss and Corbin, 1990; Strauss and Corbin, 1998); however, theoretical saturation is to be viewed as a goal versus an exhaustive reality

since modification of categories and perspectives of participants change throughout the process (Willig, 2013a).

Theoretical saturation should be strived for and it could be argued that it was reached with regard to many topics within this study. In particular, the process of undertaking PAMS was explored in good detail and there was no new information emerging from the interviews. Additionally, with regard to some of the strengths and limitations in using PAMS within a FPA there was a confident level of saturation. Both of these aspects were explored thoroughly and a range of opinion and process are presented in the results chapters. Although a sample of 11 participants may be considered a small sample to have reached theoretical saturation since qualitative samples are often recommended to be between 20 and 30 and below 50 (Rijnsoever, 2017), this was considered met due to a great deal of repetition in interviews around these concepts with no new information being presented. Boddy (2016) suggests that the use of theoretical saturation could be achieved in samples of 12 when undertaken with relatively homogeneous populations – like assessors using PAMS with FPAs. Rijnsoever (2017) also identified that qualitative research can be laborious and time consuming and, as such, oversampling should be avoided. Questions remain regarding a suitable sample size in qualitative studies; however, one proposed argument suggests that the researcher discretion should be used to judge if the sample size is enough (Rijnsoever, 2017); therefore, this sample size was considered suitable as theoretical saturation was judged to be reached with regard to process in undertaking PAMS and perspectives on the use of PAMS.

An area that required more exploration and did not reach theoretical saturation included discussion on PAMS versus a non-PAMS assessment. This may be due to some participants only using one or the other type of assessment; however, other reasons should not be dismissed, including the notion that many participants were keen to discuss particular strengths and limitations of PAMS versus offering a comparative perspective between PAMS and non-PAMS FPAs. Although certain topics were identified and built upon from previous interviews, semi-structured interviews allowed participants an element of control in interviews to talk about what was pressing and important for them with regard to using PAMS within FPA. Pressing participant agendas were a priority in interviews so long as they stayed on topic; therefore, some topics were oversaturated while others remained unexplored in full which remains a limitation of this study. As it was agreed that interviews would only last an hour, it was not possible to expand on topics further during this study. A decision was made to end interviews due to the level of oversaturated data and a relatively equal distribution of stances at the time.

All qualitative results are presented in chapter 6-8 alongside quantitative results to aid in comprehension and understanding of data. The chapters are divided according this study's

research questions and relevant quantitative and qualitative data are provided in order to build upon an understanding of these questions.

5.7.6 Trustworthiness

In qualitative research, looking at reliability and validity of the study involves a different process to quantitative research. The key concept in qualitative research is whether a study is trustworthy. In determining trustworthiness, four key concepts are considered; credibility, transferability, confirmability and dependability (Amankwaa, 2016).

Due to a large range of opinion being presented, grounded theory's negative case analysis was applied whereby instances that did not fit with findings were sought and identified (Willig, 2013a). This is explored more in chapter 7 when naturally contested and uncontested benefits and limitations are compared and analysed – highlighting contentious data to inform recommendations. Applying negative case analysis contributes to establishing credibility within qualitative studies (Amankwaa, 2016). In further exploring credibility within this study, member checking (Amankwaa, 2016) was utilised during interviews; whereby emerging concepts were presented to participants during the interview for confirmation of opinions and processes. According to Lincoln and Guba (1985), member checking is the most crucial aspect in establishing credibility within qualitative research.

In considering transferability, it is important to consider whether someone else could replicate this project with similar findings. Thick description is often necessary to enable replicability of data gathering process (Amankwaa, 2016); however, as this study utilised telephone interviews – this description is somewhat limited. Instead, this study has provided the process of interviews (e.g. presentation of informed consent, recording, priority of letting participants speak, use of semi structured interview sheet, etc.) which contribute to a confident transferability level.

Lincoln and Guba (1985) suggest that triangulation and reflexivity are key aspects of establishing confirmability – that is, ensuring bias and personal aspects don't contribute towards misrepresenting data. Although triangulation was attempted by way of trying to get the judiciary involved alongside assessors; this aspect is limited in this study due to the judiciary declining to participate. This study has gathered data quantitatively and qualitatively which has drawn out a larger and broader aspect that can be compared to richer and deeper data; highlighting further areas for study. For example, quantitative results suggest that PAMS takes longer to than a non-PAMS; however, qualitative data suggests limited variation between the two. Reflexivity has been considered throughout and is apparent in the introductory chapter outlining my background and reasons for undertaking this study, earlier within this chapter and again in the discussion chapter. I have established my motivations and biases in undertaking this study and, as such, have been aware of them throughout and, therefore, have been more able to more successfully counteract them.

Building on this concept, I have utilised supervision with my PhD process to consider reflexive considerations and minimise their impact and maximise the truth of my data. This is also a key aspect of trustworthiness within qualitative research – dependability. Dependability includes having someone other than the researcher audit the work by examining both the process and product of the research study – establishing if the findings are supported by the data (Lincoln and Guba, 1985; Amankwaa, 2016). My supervisor has been involved in auditing my work and helping me think through the truth behind my data.

5.8   Ethics

Following the initial design of the questionnaire, an application was submitted for ethical approval via University of York's Social Policy and Social Work Departmental Ethics Committee on the 7th of July 2014. Following adjustments made around providing more information (e.g. clarifying details around sending out reminder emails, clarifying actions taken if disclosures are made, queries around the time frame for completing the questionnaire, etc.) ethical approval was granted to proceed with piloting the questionnaire on the 5th of September 2015; however, an update was requested after piloting.

On the 21st of May 2015, after piloting and long delays from unsuccessfully trying to include the Judiciary of England and Wales in this research project, an updated application for ethical approval was submitted with changes made to the questionnaire. Following minor adjustments (e.g. the wording of instructions), full ethical approval was granted on the 1st of July 2015.

On the 7th of September 2015, further approval from the University of York's Social Policy and Social Work Department of Ethics Committee was requested in order to implement new strategies to recruit participants – notably the offer of free PAMS Parent Booklets referred to earlier. Ethical approval was granted for this on the 23rd of September 2015.

5.9   Sample Demographics

5.9.1   Quantitative: Demographics of the Population Sample

A 7-10% response rate was achieved as it was an estimated population sample of 560-750 (n ~ 560-750) with 54 respondents undertaking the online survey. The majority of participants in this study were female (n=50, 93%) and the population sample was predominantly White British (n=45, 83%); however, other ethnicities also featured (Table 5:2).

Table 5:2: Ethnicity of Participants

Ethnicity	n	%
White: English/Welsh/Scottish/Northern Irish/British /Southern Irish	45	83
White: Irish	2	4
Other ethnic group	2	4
Black/African/Caribbean/Black British: Caribbean	1	2
Black/African/Caribbean/ Black British: African	1	2
Asian/Asian British	1	2
Missing	2	4
Total	54	100

The median number of years participants have been undertaking FPAs (either with or without PAMS being incorporated) was 4 years (IQR = 2-10.75). The median number of years participants have been undertaking FPAs that *have* incorporated PAMS is 3 years (IQR = 3 to 5). Therefore, participants have been undertaking FPAs, in general, longer than they have been incorporating PAMS into their assessments.

The majority of participants undertook FPAs within a Community Parenting Assessment Team (n = 21, 39%), Social Care Teams (n = 15, 28%) and as an Independent Professional (n = 14, 26%) (Table 5:3).

Table 5:3: Distribution of Self-Reported Place of Work

Type of Team	n	%
Community Parenting Assessment Team	21	39
Social Care Team	15	28
Independent Professional	14	26
Residential Parenting Assessment Team	1	2
PAMS Trainer	1	2
Family Support Team	1	2
Nursing Team	1	2
CAFCASS	1	2
Team for Children with Complex Needs	1	2

Social workers make up the majority of participants in this sample (n = 35, 65%); however, other professionals have also featured in the sample (Table 5:4).

Table 5:4: Self-Reported Professional Title

Title	n	%
Social Workers	35	65
Family Support/Social Work Assistant	7	13
Other	7	13
Psychologist	3	6
Nursing	2	4

The majority of participants did not work with anyone else (n = 21, 39%); however, when they did, they worked with social workers (n = 19, 35%) and social work assistance or family support workers (n = 17, 32%) most often (Table 5:5).

Table 5:5: Self-Reported Title of Colleagues

Title of Colleague	n	%
None	21	39
Social Workers	19	35
Family Support Workers/Social Work Assistants	17	32
Psychologists	6	11
Nurse	4	7
Other	4	7

5.9.2 Qualitative: Demographics of the Sample

Interviews were undertaken between 21st of March 2016 and 29th of November 2016. From the 54 participants involved in the quantitative online survey, 68% (n = 37) agreed to be contacted for interview. Within those who volunteered, 48% (n = 18) were contacted and 30% (n = 11) proceeded to undertake the interview. The reason for non-participation is unknown; however, there was either no reply to the email request or agreement was originally made but participant became unreachable.

The demographics of those who participated in the qualitative interview was largely in line with the quantitative demographics. The majority of those who were interviewed were qualified social workers (45%, n = 5) or family support/social work assistances (27%, n = 3); however, a psychologist, a practice manager and a senior family assessment work were also interviewed. Participants were mostly practicing within a community parenting assessment team (54%, n=6); however, independent professionals (27%, n=3) and specialist local authority teams (27%, n=3) were also included. Despite trying to encourage male participation and to canvas more diversity within my sample, all participants were female and White British which was also the majority within the quantitative survey.

Those who were interviewed had a variety of experience with FPAs ranging from 4 years to 26 years of experience with a mean number of years being 9.2 years. They also varied regarding how long they had been using PAMS to inform their FPAs: this was between 3 and 14 years with a mean of 6.1 years. All but 1 participant had been undertaking FPAs, in general, longer than they have been incorporating PAMS into their assessments**.**

5.10   Conclusion

This chapter has highlighted the reason for this research, established this study's research questions and provided a detailed account of the mixed methodologies utilised in answering them via a positivist and flexible positivist-interpretivist epistemological framework. Finally, it provided demographic details for participants in both the quantitative and qualitative elements of this study; providing contextual information for the following 3 chapters which present both quantitative and qualitative results for each of this study's research questions. Chapter 6 will explore results looking at the use of PAMS within FPAs, chapter 7 will explore

results looking at the perceived value of the assessors who use PAMS within FPA and, finally, chapter 8 will provide results that compare a PAMS with a non-PAMS FPA.

6 Results: Variation in Use of PAMS

What is a PAMS... and what has to be included?

(interviewer)

*It is quite interesting because, I suppose, yeah, I think it's the most interesting question- is, the one, "What do I think a PAMS assessment is?" And I sort of, I use it all the time and then I don't know what to say! *laugh**

(participant 54)
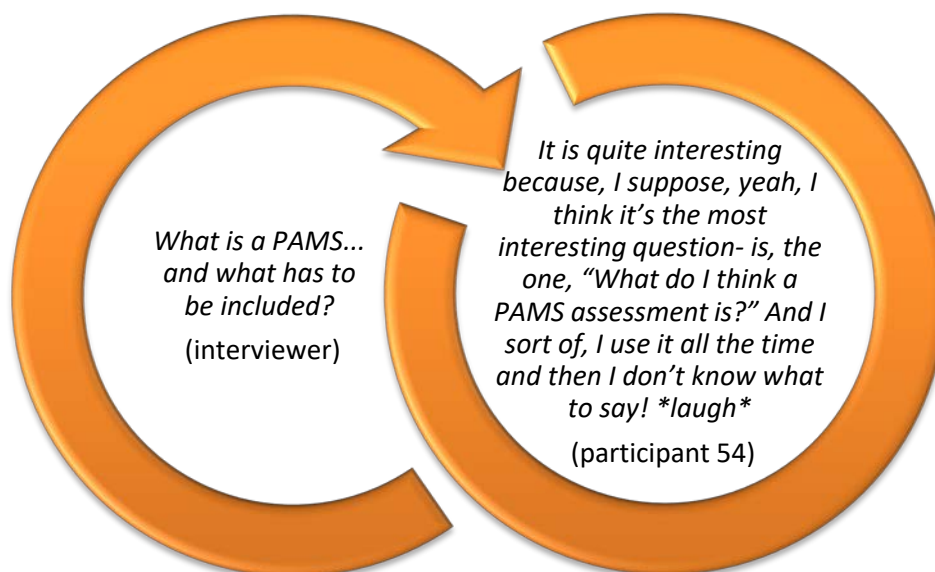
6.1 Introduction

This chapter will set out both quantitative and qualitive results regarding the research question on understanding how the use of Parenting Assessment Manual Software (PAMS) varies among the professionals who use it. It will look specifically at the variation in the use of different PAMS elements, tools and outputs. As the dialogue pictured above indicates, participants have been asked to consider how they are using PAMS within a forensic parenting assessment (FPA) and, sometimes, how they have seen others using PAMS within a FPA. The chapter starts by presenting results regarding PAMS elements and then looks at the application of PAMS tools and outputs. This chapter concludes with a synthesis of the chapter results which results in a proposed typology of PAMS FPA.

6.2 PAMS Elements

6.2.1 Training

6.2.1.1 Quantitative Results

74% (n = 40) of participants have undertaken official PAMS training, 11% (n = 6) have undertaken official PAMS training plus other forms of training and 14% (n = 8) have not received official PAMS training and have received either no training at all or other training for PAMS (e.g. trained themselves, colleagues taught them, etc.).

Although most participants did not think FPA could be undertaken based on their PAMS training alone, 41% (n = 22) believed that PAMS training alone would be sufficient to undertaken an FPA.

All participants interviewed had undertaken official PAMS training. The majority undertook the official PAMS training provided by the developer's training team (63%, n=7) but some had received this training plus other forms of training (27%, n=3). Another participant (9%, n=1) had received external PAMS training and described a similar training process to the official PAMS training provided by the developer's team.

Analysis of data from interviews have been drawing together into categories and subcategories. In presenting this work, categories are represented in text by being underlined and subcategories are represented in text by being *italicised*.

The reasons for undertaking PAMS training fell within 5 categories of which two have 2 subcategories (Table 6:1). Some participants undertook the training due to an innate enjoyment of training and learning. Another reason to undertake the training came from a desire to develop skills to work with parents who have learning disabilities and PAMS was identified as being one of the only comprehensive tools known for this work. Some participants expressed an interest in developing standardisation and clarity of use when producing a FPA with PAMS that would be enable comparisons across different practitioners and regions.

Some participants also shared a feeling that there were external training requirements outside of their own preferences; whether it was *court required* (guardians, judges or legal teams requesting them) or *employer required*.

Although training was considered a necessity due to external demands, there was a strong theme around PAMS training necessity ambiguity from individual practitioner's perspectives. If external demands did not dictate training necessity, some participants felt that *official training was unnecessary if supported by someone who is trained*; for example, if they are supervised by, or co-work with, a trained PAMS practitioner. However, another view was that *official training was necessary despite being supported by someone who is trained,* as it was felt that an understanding of the whole process was needed to make sense of the data collected and processed at any point during the whole PAMS process.

As a large minority of participants in the quantitative survey shared that they thought an FPA could be undertaken following PAMS training alone, this area was identified for further exploration during interview. It was an unexpected result because it suggests that a large minority accept and approve the likely omission in developing an understanding of the various guidelines for FPA as outlined in chapter 4. Participants were questioned on this dichotomy and the results are presented in Table 6:2.

Table 6:1: Reasons for undertaking Official PAMS training

Category	Subcategory	Examples
Enjoyment of any training		Um, *pause* I train because I like training and doing other things *laugh*. (participant 9)
Develop skills to work with parents who have learning disabilities		…the judge and one might have come more from the guardian – about, "Oh, it has to be the PAMS because mom has LD. And it has to be someone who is trained in the PAMS…" So, there is a real, um, drive, I suppose, to be able to have particular skills to be able to work with parents with learning disabilities. (participant 15)
Standardisation and clarity of use		…in terms of the whole, um, consistency and moderation of the assessment – it is an evidence-based assessment and for it to have any credibility I do believe it needs to be undertaken consistently. (participant 26)
External training requirements	Court Required	There was a particular case where, uh, a judge was really, um, adamant that a PAMS had to done and it had to be done by someone who was trained… (participant 15)
	Employer Required	Um, why did I train? Well, it was part of, um, our manager's decision. That, that's what she wanted everyone to do in assessments. (participant 23)
PAMS training necessity ambiguity	Official training unnecessary if supported by someone who is trained	…if you were working alongside someone who had been trained in it or who has used PAMS before, then I think it would be fine not to be trained. (participant 34)
	Official training necessary despite being supported by someone who is trained	[Official training is still necessary because] …recently we've had people doing, completing the PAMS with clients and then giving it to somebody who's had training, to score and input... [but] you didn't have the rest of the information to go with it. So, it kind of, it made it very difficult… if it is a black-and-white question it is easy to score but sometimes you just needed to know what the client's thinking was around the answer. (participant 43)

Interviewed participants, who had felt that a FPA assessor would <u>need more than PAMS training</u> to undertake an FPA offered a few subcategories to explain why. They felt *other skills and knowledge were necessary*. For example, outside of PAMS training they felt FPA assessors should develop knowledge in child development, attachment, behaviour management, health, education, parent and child fit, disguised compliance or 'faking good', the court process, unresolved loss and trauma and risk. They also found that there were key skills necessary in undertaking an FPA including skills in communication, analysis, processing other professional reports (e.g. cognitive assessments), best practice in working with parents with additional needs or concerns (e.g. learning disabilities, mental health, domestic violence, substance misuse, etc.), report writing, using research to inform practice,

how to constructively challenge others, offering support and taking meaning from a social history. Particular tools or approaches that were mentioned, in addition to PAMS, were the Adult Attachment Interview, the Fowler Model for engagement with parents and the CARE-Index. Some participants also felt that a *qualification was necessary* to undertake and FPA; for example, a social work qualification. Finally, an argument was made about the necessity of training beyond PAMS training because an FPA was a *pivotal piece of work* that could have huge implications on the lives of children and families.

Table 6:2: Undertaking FPA based on PAMS training alone

Category	Subcategory	Examples
Need more than PAMS training	Other skills and knowledge necessary	I wouldn't be happy with that. Not with one, um one, um, one, kind of, programme or one tool, um, namely PAMS, just, you know, thinking that is the be all and end all, because I, I just can't, I can't – that doesn't, sort of, sit comfortably with me. (participant 27)
	Qualification necessary	…when PAMS assessments are done by family support workers and I, I absolutely value their work and I'm really not being judgemental here, please, um, I think they, they can do a very broad, and they can bring in the information, but I think it lacks the analysis from somebody who is social work trained. (participant 54)
	A pivotal piece of work	So, I think there is a lot to it and I don't think enough – I don't think it's, um, given enough, kind of, you know, um, importance. That just, it is so serious, so crucial, it is such a pivotal piece of evidence, um, and you know, you need to put all of that in there. (participant 42)
Can do a FPA based on PAMS training alone	Good foundation for new assessors	Well, the, the reality of the situation is that people are being asked to do court reports… and some people have just come out of college… so, I certainly would feel that it [PAMS training] would give them the best possible chance of success because it, at least it's giving them a model, a format, a process to work through with a backdrop of, you know, criteria to mark against. (participant 12)
	Experience necessary, not qualifications	I think you would need experience, or other experience. But in terms of training or qualifications, um, and because it's very prescriptive, I think it is possible to write a, um, comprehensive and intelligent report based on the PAMS training without being a qualified social worker, for example. (Participant 26)

The individuals spoken to who had been in the large minority and thought you can do a FPA based on PAMS training alone also agreed that more training was ideal; however, explained their answer as follows. Some felt that the reality of the situation was that there were requests for FPAs by individuals without the ideal qualifications or experience. They felt that PAMS provided a *good foundation for new assessors* since it offered a framework, a model and the best possible chance of success in that context. Others answered the question in this way to challenge the assumption that qualifications were a necessity to undertake a FPA. Instead, they felt *experience was necessary, not qualifications.* They felt experience

in child protection, in undertaking other assessments and in completing previous FPA qualified someone to undertake the FPA. They felt the relevant experience was more valuable than a specific qualification (e.g. a social work qualification) which is in contrast to the subcategory above which stipulated that a qualification was necessary.

6.2.2   The Populations PAMS is used with and Frequency of PAMS use

6.2.2.1   Quantitative Results

The majority of participants (n = 24, 44%) only use PAMS with parents who have additional vulnerabilities; however, there were strong minorities who only use PAMS with parents who have learning needs (n = 14, 26%) and participants who use PAMS with any and all parents (n = 11, 20%) (Figure 6:1).

Legend:
- ■ (blue) Do not use PAMs with any parents
- ■ (green) Only use PAMs with parents with learning needs
- ■ (tan) Only use PAMs with parents with additional vulnerabilities
- ■ (purple) Use PAMs with any and all parents
- ■ (yellow) Use PAMs when requested via LOI and only use parts of it
- ■ (red) Use PAMs with parents who have difficulties with practical parenting skills
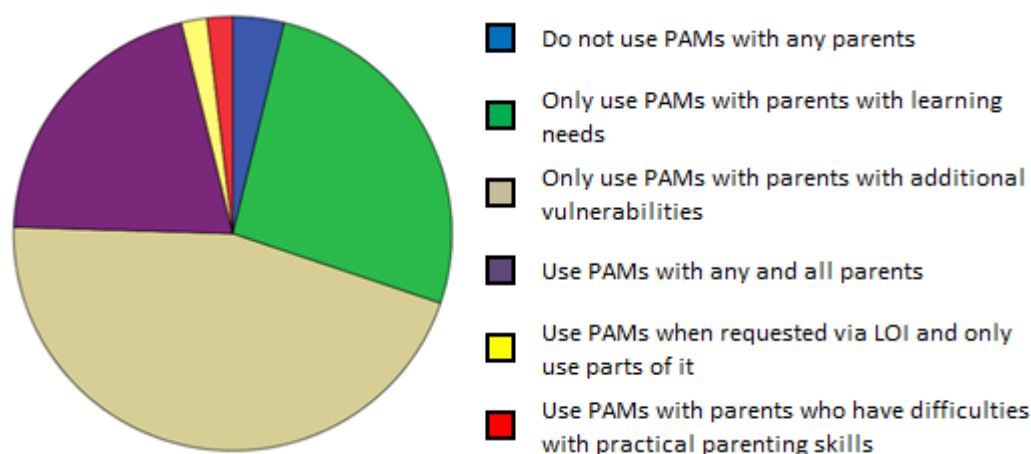
Figure 6:1: PAMS is Incorporated with the Following Populations

PAMS is regularly being incorporated into FPA by participants involved in this study. 37% (n = 20) of the participants incorporate it in all, or most, PAMS and 22% (n = 12) incorporate it into more than half of the FPA they undertake (Figure 6:2).

Legend:
- ■ (blue) All or most include PAMS
- ■ (green) More than half include PAMS
- ■ (tan) Half include PAMS
- ■ (purple) Less than half include PAMS
- ■ (yellow) Very few include PAMS
- ■ (red) I don't know
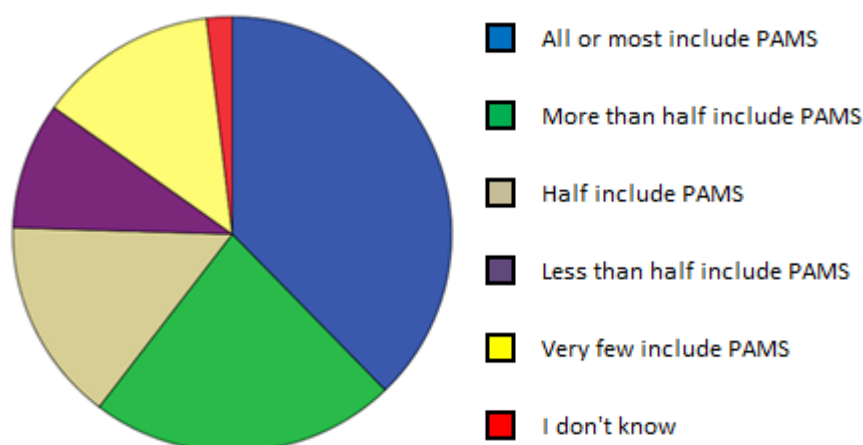
Figure 6:2: How Many PAMS Undertaken in the last 12 Months

6.2.2.2   Qualitative Results

Participants were asked to consider who PAMS was undertaken with. This prompted a lot of categories and subcategories (Table 6:3). Some participants stated that PAMS could be used <u>with any and all parents</u> and 5 subcategories have been identified in repose to this. Some felt that the using PAMS offered a *clarity of process* whereby the steps needed within an FPA were standardised and routine; which allowed more focus on other elements of the FPA process. Another view was that the use of PAMS *supports understanding* for parents; for example, it offered visual aids that prompted discussion and allowed assessors to fully explore the parent's thinking around particular topics. Another reason to use PAMS with any and all parents was made around the argument that PAMS *provides a comprehensive assessment* which is valuable and difficult to match without the PAMS tools and process. In response to upcoming categories which argue that PAMS is designed for parents with learning disabilities or other extra vulnerabilities, it has been argued that *all assessed parents are vulnerable* when involved in care proceedings or PLO and are, therefore, in need of the specialised and supportive PAMS assessment process. Finally, PAMS has been identified or used with any and all parents involved in an FPA because of *managerial decisions* outside of the individual assessor's control.

As just alluded to, some participants felt that PAMS should only be used when parents who have <u>additional vulnerabilities</u>. Two subcategories have been identified. Some participants felt that *any extreme vulnerability* identified in a parent would be justification for using PAMS. This would include, but is not limited to, young parents, parents with mental health needs, parents struggling with substance misuse, parents with learning difficulties and parents involved in domestic abuse. Some participants identified *specific vulnerabilities* that PAMS should and should not be used with. For example, parenting capacity concerns and learning disabilities were identified as being able to benefit from the PAMS process; however, concerns regarding domestic abuse or substance misuse were identified as not benefiting from the PAMS process by some participants.

Another view regarding who PAMS should be used with was that assessors should <u>use PAMS with parents who have learning difficulties (LD)</u>; with 4 subcategories identified. One view was that PAMS is *useful with parents who have LD* and is recognised as a suitable tool in literature on best practice with parents who have LD. Another view was that PAMS is *only applicable with LD parents* and using it with other parents was viewed as patronising and counterproductive. Another view was that *limited resources limit the use of PAMS to LD parents*; however, they felt PAMS would be useful to a broader range of parents if, for example, more staff were trained and available to use it. Another key view regarding the use of PAMS with LD parents was the concern that *LD prompted reflexive PAMS inclusion* without further thought regarding why. The mere mention of a parent having LD was an

Table 6:3: With Whom PAMS is Undertaken

Category	Subcategory	Examples
With any and all parents	Clarity of process	Yeah, I use it now with virtually every – every assessment I do, I do PAMS. One, because that's what I'm asked to do and two, because [it's] what I choose to do. Um, and… I'm absolutely clear on what my sessions are. (participant 12)
	Supports understanding	…even those without learning difficulties or disabilities. You could use that, um, just to get some understanding *cough* of where they think they're at. So, I think there were components of the PAMS that you could use in, in lots of assessments, you know, regardless of, oh, ability or disability. (participant 27)
	Provides comprehensive assessment	I believe that if, um, for any parenting assessment, that if anybody wants a really comprehensive parenting assessment – that's what they should use and that's what I do. (participant 54)
	All assessed parents vulnerable	I guess, that thing about the parents with the vulnerability is [that is] probably any parent that we work with *laugh*…. People across a range of cognitive functions. (participant 12)
	Managerial decision	We use PAMS with everybody… It's our manager's decision to use PAMS with everybody. (participant 43)
Additional vulnerabilities	Any extreme vulnerability	Where there is vulnerability or a learning difficulty it's a PAMS… So, it's not just learning difficulties – it's under an umbrella of extreme vulnerability. (participant 42)
	Specific vulnerabilities	I just think it is not always required. If the assessment is to do with, maybe, domestic abuse or drugs and alcohol, then maybe the PAMS isn't, ya know, shouldn't be needed. I think if there are concerns with the parenting, then PAMS would always probably be helpful. (participant 43)
With parents who have learning difficulties (LD)	Useful with parents who have LD	Primarily over the years, it has become more and more that I have been doing it in the context of proceedings because of it being the learning disabilities side, really. Because that is good practice for people with learning disabilities… (participant 8)
	Only applicable with LD parents	I think definitely parents who, um, with learning needs. Most definitely it is the most useful, um, um, yea. I'd say if the parent hasn't got learning needs, I found it difficult to find why we was using PAMS (participant 34)
	Limited resources limit use to LD parents	I have a limited number of, um staff who are trained in being able to facilitate the [PAMS] assessments… So, we are saying, at the moment, that until I get more staff trained up, that we will only be able to undertake a PAMS assessment with, um, a parent or carer that has a diagnosed learning disability. (participant 26)
	LD prompt reflexive	Um, so I see it being discussed so much, almost as um, it's almost as a given. It's, "Oh, this parent

	PAMS inclusion	has learning disability. Oh, we need a PAMS, then.". (participant 15)
Only use PAMS when requested via LOI		…as soon as I, kind of, thought about it, I really thought, "No, I wouldn't [choose to do PAMS in my independent assessments]." (participant 15)

automatic and reflexive request for a FPA to include PAMS. This was not viewed positively and concern was expressed that PAMS was being used to rubber stamp assessments with parents who have LD; without a real understanding of what PAMS may, or may not, offer this population.

There were two final categories regarding who PAMS was used from participants involved in interview; those who only use PAMS when requested via the Letter of Instruction (LOI) or when observations are not possible. With regard to the former, there was some reluctance in using PAMS at all; therefore, it was only used when specifically requested. This would sometimes include an attempt to deviate referrers from making a request for PAMS, only using elements of it when required to use PAMS and having colleagues undertake the majority of the PAMS in order to avoid it. The latter category identified the benefit of using PAMS to compensate for not being able to undertake observations. Some of the PAMS tools provided information on parental practices that would be harder to obtain without observation or with simple discussion.

When talking to participants regarding how many PAMS they are doing the discussion focused on PAMS popularity (Table 6:4) and who is making the referrals for FPA that incorporate PAMS (Table 6:5). It was revealed that there is a high demand for assessments that incorporate PAMS and 3 subcategories were identified to explore this. When talking about their work, some participants felt that the *majority of assessments undertaken were PAMS.* Some participants were happy about this and spoke about a regular stream of work available to them; however, another view was that there were too many PAMS requests which limited a more balanced PAMS to non-PAMS assessment ratio. The latter was desired as a way to avoid repetition in using PAMS only and to continue to develop other skills utilised in a non-PAMS assessments. Other participants found a more balanced ratio in that *half of their assessments were PAMS*; however, they still identified a steady, and often increasing, stream of requests for PAMS to be incorporated into FPA. One identified actively trying to deviate referrers from requesting PAMS and another view was to explore why PAMS was being requested and to make sure it was the right fit for the parents being assessed. Finally, not using PAMS at all was another's experience; however, the reasons for *not using PAMS* were due to managerial decisions to outsource PAMS FPA versus no longer having PAMS utilised in these assessments.

A strong theme was identified whereby participants perceived PAMS' popularity growing versus abating. Some spoke about the *demand and availability* discrepancy regarding PAMS; for example, there was a high demand for assessments to incorporate PAMS but not many assessors to undertake the work. Therefore, those who were trained in using PAMS were getting a lot of request for PAMS. Another view was presented regarding PAMS popularity *withstanding time*. The idea that most tools have a heightened period of use which is eventually reduced due to new and improved tools was made; suggesting that nothing has been developed to replace the PAMS tools and, as such, is has continued to grow in use and popularity. Another view regarding the stability of PAMS popularity was that the developer of PAMS has been rigorous about marketing the tool which may include some exaggerations regarding what it can and cannot do.

Table 6:4: PAMS Popularity

Category	Subcategory	Examples
High demand	Majority of assessments undertaken are PAMS	So, mainly the assessments I'm doing in the family courts now are PAMS assessments… I get, oh lots of enquiries. I probably get at least one a week if not two a week of people's solicitors …asking if I'm available to do PAMS assessments. (participant 12)
	Half of assessments are PAMS	In fact, at the moment, there is probably more than half of my work is PAMS… Um, so, at the moment there is a lot of PAMS business. (participant 15)
	Not using PAMS	Just to say that, um, you know, I'm, I'm not using it any more now… It's going to be all outsourced if they're going to use them now…. I, um, I don't know why. (participant 27)
Popularity Growing	Demand and availability	I think the demand for it is escalating considerably. I also think the number of people doing it has reduced, it appears. That sort of, um, just information I've picked up from various solicitors who regularly seek you out to do them. (participant 2)
	Withstanding time	Because it is just one of those assessments that doesn't seem to, to be – you know how things come and go out of fashion? And I'm surprised at how long PAMS has stayed, um, and maybe is even growing… Because normally something new comes along and it just wipes it all out. Gone *laugh*. So, somehow this is sticking around. (participant 54)

In looking at who is making referrals for PAMS assessments (Table 6:5), there is an indication that some requests start outside the court arena. This is often initiated by the local authority in an attempt to pre-empt necessary evidence prior to entering care proceedings. There are also requests from inside the court arena which may come from a variety of different professionals including barristers, judges, local authority's, children's guardian and from a psychologist's recommendation. In some instances, it is felt that these requests are

an unnecessary and detrimental delay tactic; however, there are other instances whereby it is felt that PAMS offers a fairer assessment for parents (particularly with regard to parents with learning difficulties), a reduced timeframe by ensuring a specialist assessment have been undertaken, a more transparent assessment and, sometimes, it is unknown why PAMS is requested.

Table 6:5: PAMS referral sources

Category	Examples
Requests start outside the court arena	I see it happening because I'm working in the local authority – in social care – obviously, I see the discussions happening at the very early point – before care proceedings are issued. (participant 15)
Requests from inside court arena	I've got a case at the moment where, um, a Guardian [requested a PAMS] … And because his cognitive assessment said that lack of education created the learning need – he needed the PAMS. And she [the guardian] wouldn't rest until a proper PAMS was done. (participant 42)

6.2.3 PAMS Timeframes

Specific timeframes for incorporating PAMS into an FPA were discussed (Table 6:6). Responses were matched with the specific type of PAMS being discussed. The types of PAMS are outlined in Figure 6:13 whereby 3 types of PAMS were identified; a Full PAMS FPA, a PAMS Informed FPA and a PAMS Plus FPA. Completing a Full PAMS FPA timeframe ranged from 3 hours (when completing the PAMS tools only) to 12 weeks (completing the Full PAMS FPA); however, many responses were in the range of 4-10 weeks to complete a Full PAMS FPA. A PAMS Informed timeframe wasn't very different and ranged between 4 and 12 weeks. A PAMS Plus timeframe was considerably longer at 16-22 weeks; which, when broken down included a baseline assessment (essentially a Full PAMS FPA) in 10 weeks, an intervention in 4-10 weeks and a capacity update report in 2 weeks.

A regular theme during interviews was that of the time pressure on assessors to complete a FPA (Table 6:7). Often, these concerns were more generic in that all FPA have time pressure whether applied to assessments that included PAMS or assessments that did not. FPA timeframes have been reduced with updated court guidelines designed to reduce the average case's time in the courts from 52 weeks to 26 (Holt and Kelly, 2016). As such, many FPA assessors have noticed a decrease in their own timeframes to complete these assessments. Sometimes these decreased timeframes are met with a rush FPA request; for example, a party contacting services in the middle of a hearing to arrange an urgent FPA which further reduces the timeframe. FPAs with unreasonable timeframes are being turned away by some established FPA services since they are stretching resources thinly in trying to meet demand and timeframe restrictions. This has resulted in internally developed services outsourcing FPA to ISWs. Building on this, there is a growing concern that there is

Table 6:6: Specific FPA with PAMS Timeframe

Category	Examples
Full PAMS FPA timeframe	Um, it's, it's a time-limited – quite a time-limited process for me. I would, I would target, um, 4 weeks to 6 weeks to do a PAMS – max. Max 6 weeks. Um, there is a lot of pressure from the courts to do them very fast, um, and report very quickly... (participant 2)
PAMS informed FPA timeframe	I suppose, my main concern with the PAMS was that we didn't have enough time. We were supposed to have 12 weeks and that always got cut down, and cut down, and cut down. Sometimes we had 4 weeks to do an assessment. (participant 27)
PAMS plus FPA timeframe	[Baseline/initial PAMS] I would try to be getting that done in, sort of, over a 4-week, 4 to 6-week period… and then I would always give myself a week to get it all collated and written up… [and this would bring the assessment to] 8 weeks. At which point, the report would go to the manager. And you would have a 2-week timeframe in order to edit and send that back. So, they had the timeframe of 10 weeks… [Intervention:] I've sometimes just had a 6 – you know, a 6-weeks, um, 6 to 10 weeks of intervention. But sometimes I've had people only saying they are prepared to do 4 weeks… [Update Report:] …then I can do a capacity update, well, it could probably take two weeks' maximum. (participant 12)

an <u>inability to assess change with limited time for intervention</u>. Some participants discussed routinely having 12 weeks to complete assessments in the past but having this time now reduced to 10, 8, 6 and sometimes 4 weeks. As such, many do not have time to provide a baseline observation, offer intervention and assess potential for change. Specific concern was raised that <u>parents with learning difficulties are rushed unfairly</u> as a consequence of these timeframe pressures. It was expressed that best practice in working with this population, in particular, dictated that they needed more time and are likely to struggle in rushing through any FPA. The final subcategory is more specific to PAMS's contribution to timeframe pressures. Some participants expressed concern that <u>PAMS was too large for tight court timeframes</u> and it was unreasonable to expect it to be completed alongside other necessary assessment tasks. Concerns about the size of PAMS and decreased timeframes support quantitative data which highlighted that the majority of participants felt that incorporating PAMS into a FPA took longer; therefore, this subcategory may cast some light on why quantitative participants felt this way.

6.2.4 Assessment of Capacity to Change

An area only explored during the qualitative element of this study is the perception of how a parent's capacity to change is, or is not, assessed during an FPA that incorporates PAMS (Table 6:8). Some participants raised concern that there isn't enough time to undertake both an assessment and intervention; however, this is not explored further in this section since it has already been raised above when discussing timeframes (Table 6:7). Despite some concern that there wasn't enough time to do both an assessment and intervention, others felt that <u>change was assessed with a PAMS FPA Plus</u> (Capacity Update Report). As also explored above (Table 6:7), participants who undertook these assessments shared that the

Table 6:7: PAMS Time Pressure

Category	Examples
All FPA have time pressure (generic)	… parenting assessments they take a lot of time… we would do quite a bit of work… So, um, so I just think they take a lot longer than, um, one, the LAA [Legal Aid Agency] agreed. (participant 9)
Rush FPA requests (generic)	…social worker, literally, comes out [of court] in a break and is phoning me up saying, "We need a PAMS and we need it now." That has caused huge problems because it doesn't feel that they're being requested in a timely manner. (participant 26)
Unreasonable timeframes turned away (generic)	Yeah. Um, it, if it is absolutely, um, a priority and courts aren't shifting [in their timeframe] then, um, I do have to look at my cohort of staff members and, sort of, jiggle things around... however, you know, the court also need to appreciate the situation that we are in and if they really need it and it is beyond our ability to be able to, um, provide it within the timescales that they have specified then I will say, um, an ISW needs to undertake it. (participant 26)
Inability to assess change with limited time for interventions (generic)	… [there is] really little [opportunity for teaching] except on the spot sometimes when you see something and you, you just give some advice or you show. Um, but I wouldn't, I wouldn't say it's actual parent teaching… If you, if you did it in the right timescales I think it is, there is, there is the opportunity for change. Um, but the way we do it for the courts at the moment, um, it's, it's not there. (participant 54)
Parents with learning difficulties rushed (generic)	… if they've got learning disability, they can't manage two hours' solid work... Um, because actually are they being able to sustain, um, or they are ill or there are not well or different things are going on in their lives? Um, and so it takes quite a bit of time to do them… you have to, to some extent, sometimes allow that [time]. (participant 9)
PAMS too large for tight court timeframes	And I think sometimes that's where, again it, PAMS, was a disadvantage with PAMS. I think, because, when, we could be able to do, you used to have 12 weeks to do an assessment and that got taken down eight weeks… it's too much and it's too specific. Um, I don't think you get enough time to do all of that. (participant 34)

timeframes for completing them took longer than a Full PAMS FPA or a PAMS Informed FPA; pushing the PAMS FPA Plus timeframe outside of many prescribed court timeframes.

Interventions are often a useful tool in ascertaining whether a parent is able to learn, incorporate and maintain targeted areas of change; therefore, it is no surprise that participants discussed intervention packages – and sometimes the lack of them – when exploring how capacity for change is assessed in a FPA. There are three subcategories; one of which is the idea that *full PAMS intervention development is required*. This was discussed in relation to having a standardised intervention toolkit that correlated to targeted areas for development identified within the PAMS itself. For example, if PAMS identified that a parent needed to develop their ability to meet a child's emotional needs; there should be a pre-identified toolkit of interventions to use with that parent in order to ascertain if that parent is able to engage in change within the timescales of the child. Some practitioners have identified particular interventions to support this process and there has been a

suggestion that pooling this work together would be beneficial for all. Another subcategory identified *minor interventions offered* already. These practitioners feel capable of providing interventions and their interventions tend to be creative and targeted; however, general limitations with this work came back to time and availability restraints. As such, some of these practitioners have expressed a desire for more time, resources and support in undertaking this work more robustly. The third and final subcategory provides a clear distinction that *intervention is separate from assessment*. Some participants felt it was unfair to offer the parents both an assessment and intervention at the same time and felt there should be a clear distinction between the two. For example, a baseline assessment should be undertaken followed by an intervention and then another assessment. To offer an assessment and intervention may prove too much for parents to balance, particularly parents with learning difficulties.

Table 6:8: Assessing Capacity to Change

Category	Subcategory	Examples
Change assessed with a PAMS FPA Plus		I think that [assessing potential for change is] one of its [PAMS FPA Plus's] key things, really. So, I mean, it clearly helps you assess whether someone has got the ability to retain knowledge – acquire and retain, should I say, knowledge. (participant 12)
Interventions	Full PAMS intervention development required	Um, but, about developing a training package. An intervention package alongside the PAMS, to sort of, dovetail with all those domains... I think there's massive scope to improve the teaching programme within PAMS and not enough focus is, is put on it… (participant 12)
	Minor interventions offered	Um, occasionally. I've done role modelling and I've done – I've done role modelling with behaviour management and have done, um, teaching with things like bathing baby… Um, but really if there is major intervention required, we might do a little bit within the assessment but it would have to be somebody else... (participant 42)
	Intervention separate from assessment	…ideally good practice, I believe, um, would, kind of, dictate we concentrate on the assessment first. And then from that assessment, we can then look at other interventions. (participant 26)
No change expected		But I just find that in the majority of our cases there is absolutely nothing you can do. I mean, you talk about what you would do but then you talk about, the fact that, he has been a drug addict for 15 years and he has never achieved abstinence… (participant 42)

A final category to raise under the discussion of assessing capacity to change in a FPA that has incorporated PAMS is the idea that, often, during or after an assessment, no change is expected; therefore, no intervention is recommended. In these cases, the concerns are quite high and the assessed parent has not agreed that change is necessary, is not interested in engaging in services to promote change and has continued to engage in the high-risk behaviour throughout assessment and for a significant period of time prior to

assessment. Some discussion during interview suggest this kind of scenario is common in FPAs and renders the PAMS routine inclusion of "teaching areas being required in certain timeframes" as useless.

6.2.5 Order and Sequence in Using PAMS

When participants were questioned regarding the order and sequence in which PAMS should be utilised within an FPA there was some variability in terms of detail, order, sequence and inclusion. Nonetheless, there were some common, but flexible, themes which are presented in Figure 6:3. The majority of participants shared that they would start the assessment with a request for the Initial Screening Tool from the referral source and the completion of the I Need Help… Form with the parent being assessed; marking the Foundation Phase of a FPA that incorporates PAMS. Other non-PAMS specific elements of the Foundation Phase were explored including reading background information, meeting the referral source for an exchange of information, completing assessment agreements with parents, explaining the role of an FPA assessor with parents, explaining the use of PAMS and utilising specialist assessments that are already available.

The next phase in using PAMS within a FPA is called the Formative Phase and encompasses the main collection of the parent's knowledge, skills and frequency of skills in parenting ability. This phase includes undertaking observations of parent and child interaction throughout the phase; which may, or may not, include the Skills Index and PAMS Observation Form. It also includes the administration of the Knowledge Cartoons, Parent Booklet and Parent Questionnaire; however, the order of their administration may vary, some tools may not be included and elements of each tool may be modified or omitted. Non-PAMS specific tasks may also include talking to other professionals (e.g. health visitors, education, etc.) or reading other parent and child observation reports (e.g. foster carers, contact supervisors, etc.).

The Final Phase is the core analytical phase and includes reviewing and scoring the tasks and activities undertaken in the Formative Phase. Scoring may be made against available PAMS marking criteria or as a cumulative scoring of the Priority Ratings – including some discussions with colleagues to challenge bias. If used, the Report Template will be generated at this stage and adaptations, analysis and additions to the report made to suit the FPA assessor. Final analysis is considered and integrated into the report. Non-PAMS specific aspects of this phase may include the analysis and incorporation of different headings or topics not pre-specified by PAMS and the associated Report Template.
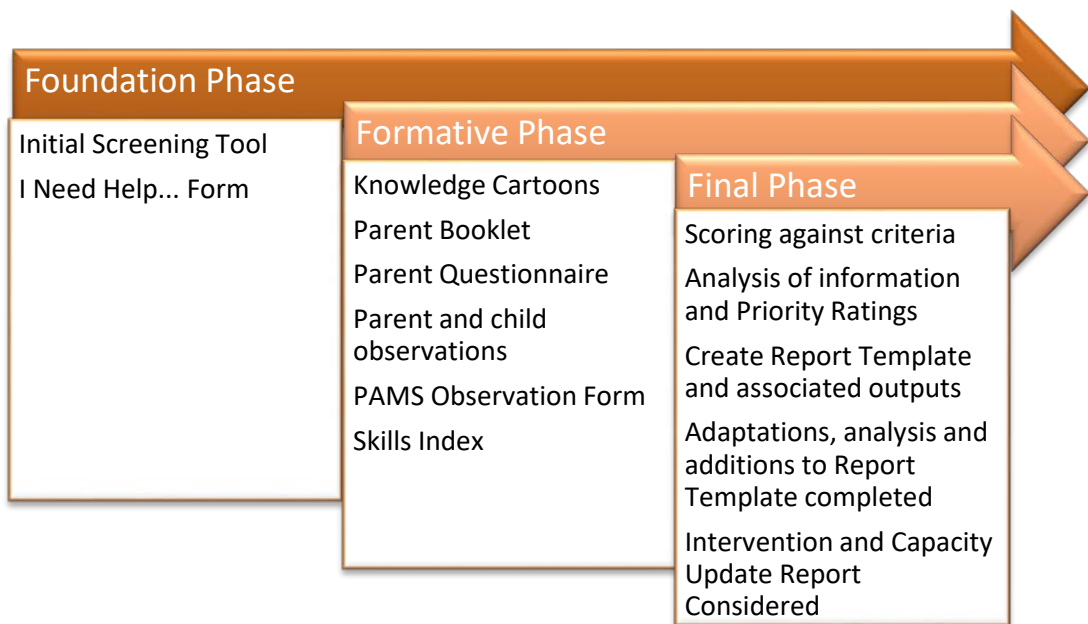
Figure 6:3: Order and Sequence of PAMS Process

The application of PAMS within a FPA may be undertaken differently amongst assessors. As such, some participants felt that tighter guidelines were needed in applying PAMS to a FPA. Some raised the concern that utilising PAMS within the loose guidelines available leave the tool more open to misuse and misinterpretation. Another argument was put forward that the element of a standardised, consistent, evidence based assessment process was needed to make these assessments comparable across regions and maintain a standard quality. Another opinion entirely suggests that PAMS flexibility is a positive element; however, it requires confidence and experience with the tool to utilise it well in this way (Table 6:9).

Table 6:9: Considerations of Order and Sequence of PAMS Process

Category	Examples
Tighter guidelines needed	They just sell a programme… And then people use the programme how they like…. Because if you take, if you use it out context and takes bits out then it changes the whole, you know, remit of PAMS… I think she [the developer of PAMS] should have tighter guidelines [for using PAMS] … (participant 43)
Flexibility as a positive element	So, we wouldn't necessarily always follow the same pattern in terms of which of the tools we are using first… It is having that confidence to be able to, sort of, mix and match. And, you know, once you become more familiar with the assessment, you know, there are some things that you could use first rather than last, et cetera. (participant 26)

6.3   Application of Different PAMS' Tools and Outputs

Table 6:10 shows the frequency for how often some key PAMS tools and outputs are used. All of the tools and outputs in this table are used with regularity. Each tool will be discussed in turn.

Table 6:10: Frequency of Use for Some PAMS' Tools & Outputs
(0= Never used and 10= Always used)

PAMS' Tool or Output	Mean	SD
How often are Knowledge Cartoons used?	9.04	2.331
How often is the I Need Help… Form used?	8.91	2.698
How often is the Parent Booklet used?	8.80	2.565
How often is the Initial Screening Tool requested?	8.45	3.104
How often is the Perception of Need and Risk Table included?	7.92	3.463
How often is the Parent Questionnaire used?	6.91	3.882

6.3.1 Knowledge Cartoons

6.3.1.1 Quantitative Results

Knowledge Cartoons are used the most consistently out of all of the PAMS' tools. Figure 6:4 shows the strong negative skew of the distribution which indicates that this tool is in regular use.
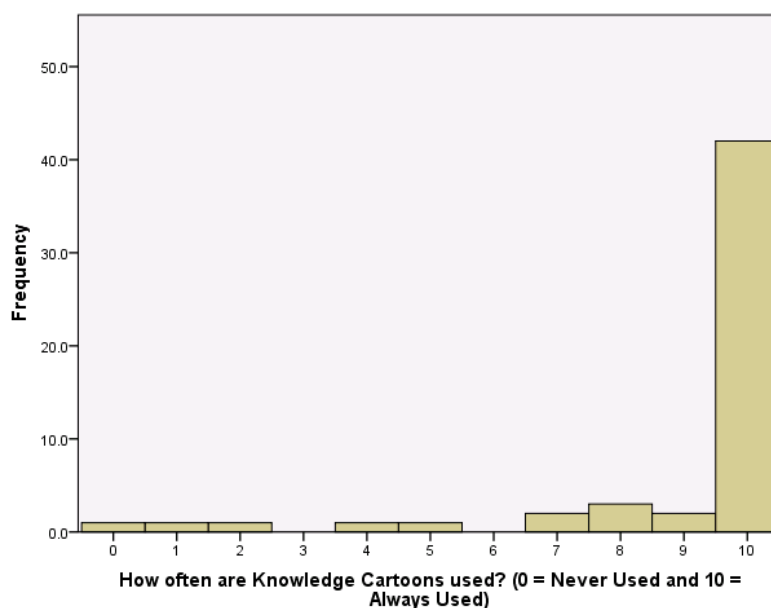
Figure 6:4: Frequency in using Knowledge Cartoons

Although the majority of participants did not omit any of the Knowledge Cartoon questions; 20% (n = 11) did omit questions and the following qualitative data provides some reasons as to why:

Sensitivity: Some participants stated that they would omit questions due to "sensitivity on issues" and because questions are "Too sensitive in certain cases."

Special Circumstances: Others stated that they will omit questions due to the "circumstances of the parent i.e. may not have own accommodation or be living with

grandparents therefore do not have… responsibility for independent living skills." Another participant commented that "Questions may be adapted in order to relate to the wider context of the case" and another participant stated they omitted questions from Knowledge Cartoons because "I already have the data and tend to use these only for the risk issues."

Age Range: Another reason questions may be omitted from Knowledge Cartoons is when the questions fall outside of the age ranges of the children within the family being assessed. For example, some participants stated, "if not for a baby I might not include weaning question on first cartoon," "If they don't have babies, I won't ask the baby questions" and "consider questions from child's age and above."

Other Reasons: Individual participants named other reasons to omit questions. These include: "If the referrer and parent score a zero in the same domain," "if the matter has been adequately addressed at other interview" and "Often parents complain they are child-like and feel patronised by showing cartoons so I just select a few."

Similar to above, the majority of participants (n = 31, 57%) did not modify Knowledge Cartoon questions; however, 32% (n = 17) of participants did make modifications. Qualitative data provided in the online survey indicates that – when modifications are made – they are made for the following reasons:

Improving Clarity: The main reason participants modify Knowledge Cartoon questions was to improve the clarity of the question for the parent. Some examples of what participants stated include: "language used not English," "to make the question even simpler," "to clarify and explain," "so parents understand, "to help parents with learning difficulties who are struggling…" and "the cartoons are a little ambiguous."

Other Reasons: Individual participants also named a few other reasons for modifying Knowledge Cartoons. These reasons include already exploring issues in more depth, relating questions directly to the parent's case and making assessments bespoke and tailored to meet individual needs.

Participants were asked how they scored Knowledge Cartoon answers and a large majority (82%, n = 44%) stated that they scored answers based on the scoring criteria in the PAMS' Instruction Booklet and showed some limited flexibility for worker judgment. 9% (n = 5) stated that they scored according to the PAMS' Instruction Booklet scoring criteria exactly and 7% (n = 4) stated that they gave more weight to their own worker judgement and used the scoring criteria as a loose guide.

6.3.1.2 Qualitative Results

This was not an area that many participants chose to explore in any detail nor was it pushed at interview because of the qualitative data already provided in the quantitative survey

outlined above. However, some participants did choose to elaborate more on the Knowledge Cartoons and how they implemented the tool. One participant outlined the process undertaken within her team as follows:

"Um, we've got them [Knowledge Cartoons] printed out, um, and laminated, um… they would show the cards to the parent and then set the scene and then… ask for a response from the parent. We really do try not to, sort of, coach or prompt. But what we would do is very much encourage them to say anything else: "Is there anything else you would like to say? Is there anything else that you could see? Is there any other comments you would like to make?" … Because sometimes the parent might be expecting that they've only got to give the one response. So, they are very much encouraged to… Talk around the picture… And then it would be dependent on the parents, um, learning disability and their ability to engage for a significant period of time, as to how many of the cartoons we complete in one session. Sometimes it may only be five or six and other times we could, um, potentially, get through half of them. So, it is very much done at the pace of that parent… And we would never do it for more than an hour." (participant 26)

Some participants spoke about doing all of the Knowledge Cartoons in entirety but one participant discussed being selective in choosing which cartoons to use; for example, only choosing the cartoons relating to parenting (see above for more reasons to omit and delete Knowledge Cartoons). Another participant shared that they liked to change the order of the Knowledge Cartoons since some of the cartoons were repetitive and breaking them up ensured fresh responses to repetitive questions. Finally, some participants, like participant 26 (above), spoke about not wanting to prompt parents in answers but felt the need to encourage parents to provide more answers to questions than they may have done without any prompting.

6.3.1.2.1 Scoring

This section covers scoring with regard to both the Knowledge Cartoons and Parent Booklet (Table 6:11). Although PAMS training ambiguity has already been explored in section 6.2.1, it has been raised again under this heading because additional discussions around training were raised with a specific regard to scoring. Many participants felt that training was required for scoring due to PAMS having a *complicated scoring system*. The scoring was not considered to be intuitive; therefore, it was not expected that someone could pick up the process without training. This is consistent with earlier discussions around training. Even though some did not think training was required by everyone involved in undertaking a FPA with PAMS incorporated – it was felt that they should, at least, be supported by someone who was trained. This is often with regard to the scoring element within PAMS. Adding to concerns of a complicated scoring system, one participant raised a concern around a *lack of understanding of how outputs are calculated*; for example, sometimes they were

surprised that PAMS outputs did not match their thinking. They did feel able to adjust the PAMS so it reflected what they were thinking; however, this took additional time.

Scoring according to the marking criteria with flexibility for worker judgement was the main concept applied to the scoring process. It was explained that assessors needed to be fair and discerning when it came to scoring against PAMS criteria; whereby it was important to take a larger picture into consideration and not be too redistricted by criteria set out. Other scoring options (scoring exactly to PAMS criteria and not giving much weight to PAMS criteria) were not raised during interview. One participant shared that she scored materials manually and then input them onto the software later due to past concerns of losing hardware.

Table 6:11: Training Required for Scoring

Category	Subcategory	Examples
Training required for scoring	Complicated scoring system	…the scoring is actually really complicated on the computer programme… It is really, like, ridiculously complex. You could never just look at it, could you, and just say "oh yea I get this." [giggle]… So, um, yes, definitely with scoring you can't do it without training… (participant 15)
	Lack of understanding of how outputs are calculated	And then, some of the scoring, I'm thinking, "how did I get that score?" Because that was okay. *laugh*… What happened there, you know?... I'm wondering how the, how the, sort of, final analysis of it all – within that software – come out the way it does, sometimes… (participant 2)
Score to marking criteria with flexibility for worker judgement		I think, there's times where your own, kind of – what's the word? – Not integrity, discretion needs to be used. Where you can see that they get it but they're not, they're not giving strictly the responses that PAMS is requesting… Um, so discretion has to be used… It has to be fair. (participant 42)
Score manually and add to software later		I'll wait to put it onto the laptop to the last minute – when I've got all the scores in… because one of the laptops went missing, um, when I had input loads of PAMS stuff before… so now I do everything on paper and I put it in once I've got everything. (participant 15)

In addition to the above discussion surrounding the complication of scoring and requirements for training; an addition dimension was raised with regard to joint working training requirements (Table 6:12). Some felt that *non-PAMS trained assessors could gather data but then needed to score that data with a trained member of staff*. In this instance, it was felt that the trained member of staff understood and could support the correct process of scoring. Additionally, the PAMS trained assessor would receive the final word on which score was given; however, discussions prompted consideration of alternative scores. In contrast to this, another view was presented that *non-PAMS trained assessors shouldn't administer any PAMS* because they needed a wider understanding of how the

data was going to be used. Without the training, the Parent Booklet and Knowledge Cartoons answers turned into a tick list with black and white answers that lacked the depth and context needed when considering the score. An alternative view was also explored

Table 6:12: Joint Working and Scoring

Category	Subcategory	Examples
Joint Working training requirements	Non PAMS trained assessors gather data but then score with trained member of staff	"Go, go with this booklet of cartoons. Ask these questions. Write down their responses." And then I'll score it up with them. Um, and then help them kind of interpret... cause I, I think they are perfectly capable individuals of going through the actual Cartoon Booklet. (participant 15)
	Non-PAMS trained assessors shouldn't administer any PAMS	No [I don't think you can administer or score PAMS without training] … I don't think, personally, it works because when you're scoring you have no perception of, of, how the client presented and, kind of, the language they used or what they were saying… [Therefore,] a black-and-white question it is easy to score but sometimes you just needed to know what the client's thinking was around the answer… (participant 43)
	Only Joint trained assessors gather different parts of the PAMS and score together	I would go through marking the, um, the Booklets and the Knowledge Cartoons using the criteria that was set out, um, and then I would look through it with the social worker that I was working with and then we would agree on the scoring, um, on my observations, their observations and we would look at that together. And, um, talk through that and mark it accordingly... (participant 34)
Joint worker scoring reliability	Limited disagreements regarding scores	[Assessors generally agree a score] because, um, the training they've received and the fact that I'm overseeing it and doing the supervision and, obviously, do joint supervision if it's two workers that are working a particular assessment. (participant 26)
	Disagreements resolved through discussion of evidence	[When disagreements arise,] we would talk through what we saw, why we thought that was, um, and the reasons, justify the reasons, we come to that decision. Um, we'd both decide and listen to each other and then, um, kind of, see where we went from there. Um, maybe I will take on board what she was saying and maybe it something I hadn't seen in my observations. Um, or something I read and she hadn't. So, it was weighing up that maybe I hadn't seen it or she hadn't see it and we would discuss that further. (participant 34)

which included *only joint trained assessors gathering different part of the PAMS and scoring it together*. In this instance, both assessors are trained, complete different elements of the PAMS and then come together to assign scores.

Another interesting element arose from interviews which explored <u>joint worker scoring reliability</u>. All participants who discussed joint working arrangements shared that there were *limited disagreements regarding scores*; suggesting some stability around interrater reliability as also suggested by McGaw (2016; 2010). Finally, *disagreements were resolved through discussion of evidence.* Although disagreements didn't occur often, when they did it was looked upon positively as it encouraged colleagues to challenge, debate, analysis and discuss issues which limited bias and eventually led to compromise and agreement.

6.3.2   I Need Help… Form

6.3.2.1   Quantitative Results

The I Need Help… Form is also used with regularity. Figure 6:5 shows the strong negative skew of the distribution which indicates that this tool is in regular use and Figure 6:6 indicates that the majority of the I Need Help… Form is completed.
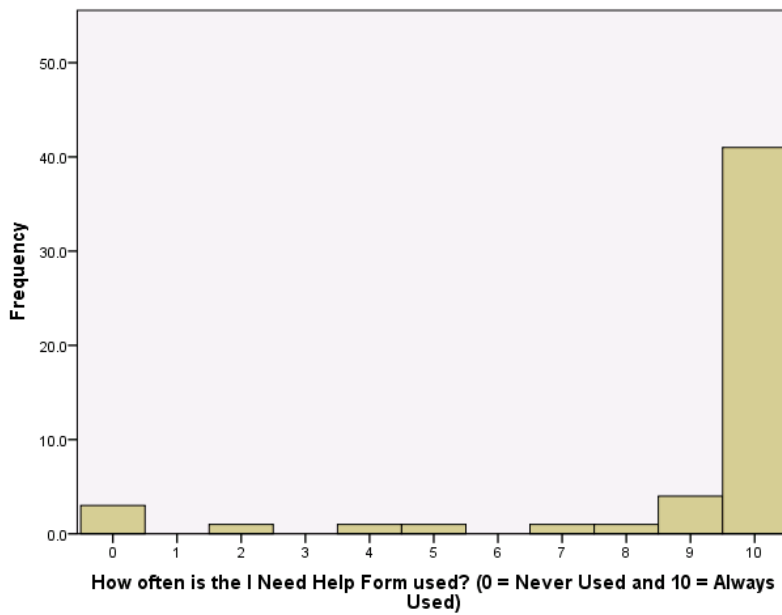
Figure 6:5: Frequency in Using I Need Help… Form
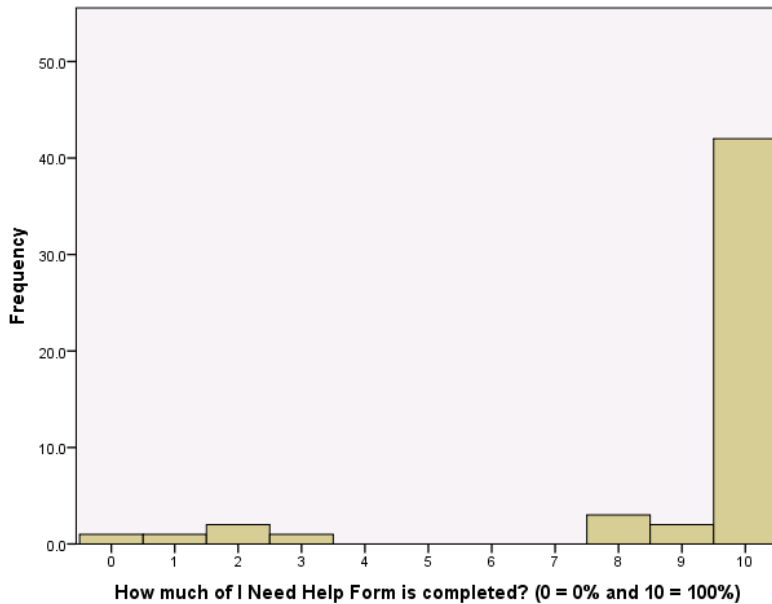
Figure 6:6: Percentage Completed for I Need Help… Form

6.3.2.2 Qualitative Results

A lot of participants spoke about the FPA assessor completing the I Need Help… Form with the parent; however, there was an alternative view put forward that the referral source completes the I Need Help… Form with the parent instead, as explored in Table 6:13.

Table 6:13: Different ways to use the I Need Help… Form

Category	Examples
FPA assessor completes the I Need Help… Form	…the I Need Help… [Form], is what I do when I get parents to sign the working agreement. So, I explained myself; who I am, what my background is, what I'm doing. Um, and then we go through the working agreement which sets out why we are doing the work and what it's going to involve and all of that stuff. And then, I'll do the I Need Help… Form… as their very, very first exercise. (participant 42)
Referral source completes I Need Help… Form	Yea, I do [use the I Need Help… Form] … if a social worker comes to me and says, you know, "I'd like a PAMS," … I would say, "Right, you go away and you do the I Need Help… Form with the parents." (participant 15)

Another participant shared a creative way in which to modify their use of the I Need Help… Form with additional self-made tools:

"Yeah, but with the I Need Help… Form… I've drawn faces, smiley faces, so we have the number scores and smiley and sad faces, um, we have four different faces and the words because I feel that they don't always know what the numbers… So, I tried to give them what the numbers might visually… represent by using a card with a face or so. So, we have the four cards with the scores and the words in the face. And they indicate which one they feel, as there talking to me..." (participant 9)

6.3.3 Parent Booklet

6.3.3.1 Quantitative Results

The Parent Booklet is another PAMS tool which is in regular use by participants and Figure 6:7 demonstrates this by showing a strong negatively skewed distribution in favour of using the tool.

Participants are more likely to omit questions from the Parent Booklet than they are the Knowledge Cartoons discussed earlier. 56% (n = 30) of participants omit questions from the Parent Booklet. Qualitative data gathered in the online survey provides some information as to why questions are omitted from the Parent Booklet and the reasons are given below:

Irrelevant or Outdated Questions: This was the most common reason for omitting questions from the Parent Booklet. Some participants made the following comments: "Irrelevant questions are omitted," "because they are of no purpose and outdated," "Not
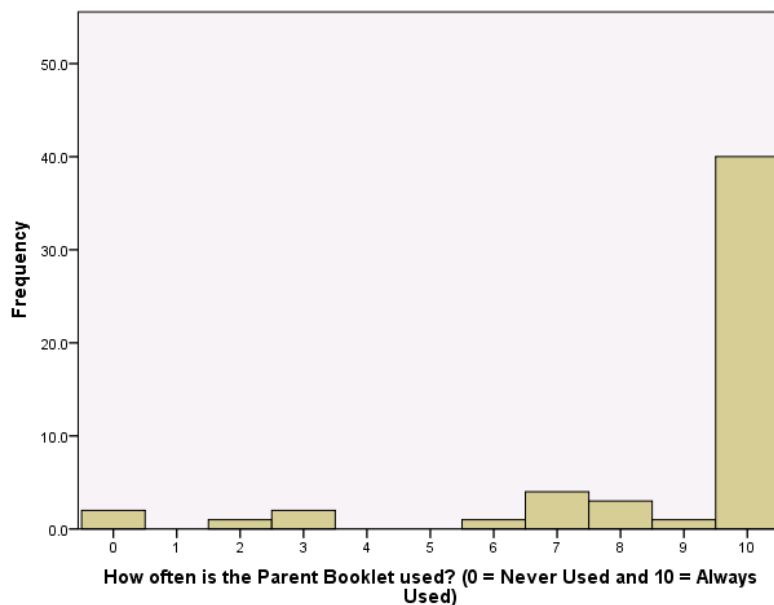
Figure 6:7: Frequency in Using Parent Booklet

relevant e.g. completing a cheque," "some out of date i.e. child trust fund," "if not applicable i.e. prescriptions are free in Wales and this Parent Booklet question is not needed."

Questions Irrelevant Due to Youngest Child's Age: This was another common reason for omitting questions from the Parent Booklet. Some participants made the following comments: "If the child is older and the baby stage questions are not relevant," "depends on the age of children and what the issues are," "Only age-inappropriate ones are omitted," and "If they have no children of a certain age i.e. if children all 5+ I would not cover teething, nappies and bottle feeding."

Data Already Known: Already knowing the data is another reason participants omitted Parent Booklet questions. Participants stated that they omitted questions "like bottle making if the data is already known," "if I have already observed someone using or not using a skill or if they have specifically sated that they do not have skills in certain areas," "if the question has been adequately dealt with earlier or the question is known not to be a concern" and "if a particular area is scored a zero by the parent and the referrer."

Other Reasons: Individual participants named other reasons for omitting Parent Booklet questions. These reasons include when a parent is in supported living and when some questions seem unclear.

Although more than half of participants omitted questions in the Parent Booklet, they were slightly less likely to modify this set of questions. 43% (n = 23) state modifications were made. Qualitative data gathered in the online survey confirmed that – when modifications were made – they were made for the following reasons:

Aid in Understanding: The main reason modifications are made to the Parent Booklet, is to aid in the parent's understanding of the question. For example, participants wrote that they modified "due to lack of understanding," "to simplify question," "for clarification," "sometimes bus routes are given names to be less confusing" and "may vary language if I think they will understand the question better."

Cultural Sensitively: Another reason modifications are made is due to a desire to practice more cultural sensitivity. Participants shared that they modified questions "because they are not culturally sensitive or effective," because "some questions are not sensitive to cultures" and because "some questions do not have parents of different culture, i.e. making an omelette or shepherd's pie."

Making Additions: Some participants' feel that they need to modify some questions in order to make additions to the information gathered and others shared that they modified to "include IT skills/knowledge." Additionally, some practitioners decided to extend scenarios "e.g. what if Martin was 36 (sex with 14-year-old) what if he was 14?"

Question Is Not Relevant: In some instances, participants felt that questions may not be relevant; as discussed in the section regarding omitting questions.

Participants were asked how they administered the Parent Booklet with parents (Table 6:14) and the majority of practitioners either read to, or let the parent read, the questions and then the practitioner records the answer. The next most common way to administer the Parent Booklet is when the practitioner or the parent read the question and the parent records their own answer. Finally, another popular choice is for the parent to complete the Parent Booklet on their own – but the practitioner is present at all times. Other options were not popular ways to administer the Parent Booklet; including the assessor not being present when the Booklet is being administered.

Table 6:14: Administration of the Parent Booklet

Administering Procedure	n	%
Parent and/or assessor read the Parent Booklet and the assessor records answer	25	46
Parent and/or assessor read Parent Booklet and the parent records answer	20	37
Parent completes the Parent Booklet but the assessor is always present	15	28
Other	9	17
Parent completes the Parent Booklet on-site but the assessor is not always present	7	13
Parent completes the Parent Booklet off-site	2	4

Participants were asked how they scored Parent Booklet answers and a large majority (n = 44, 82%) stated that they scored answers based on the scoring criteria in the PAMS Instruction Booklet while also having some limited flexibility for worker judgment. 15% (n =

8) stated that they scored according to the PAMS Instruction Booklet scoring criteria exactly and 2% (n = 1) stated that they gave more weight to their own worker judgement and used the scoring criteria as a loose guide.

6.3.3.2   Qualitative Results

As highlighted in the quantitative data above, participants at interview also shared a range of options in using the Parent Booklet. This ranged from going through all questions every time to omitting or modifying questions due to a similar variety explored above in the quantitative results. Some participants who did every question routinely did express some reservation in some questions; nonetheless, they completed the Parent Booklet in entirely for continuity. Other participants were happy to pick and choose which questions seemed most suitable:

Table 6:14 explores the variation in the administration of the Parent Booklet. Although the majority of participants remained with the parent when administering the Parent Booklet, there was a small minority who sometimes chose to leave the parent alone to complete this booklet:

> "Yea, the Parent Booklet…I would, mostly sit with the parent in the room and I would give them the option of whether they wanted me to go through the Booklet and read the Booklet with them… And whether they did want to do it on their own or, um, whether they wanted me to stay in the room with them while they completed 'em. So, there was, we gave options to the parent on how they would like to complete that Parenting Booklet." (participant 34)

Another participant shared their reservation in leaving any parent to complete the Parent Booklet on their own due to confusion the parent may have in answering the questions and the extra time needed to clarify afterwards:

> "… it has been suggested that we can leave parents in the room if their – haven't got a learning needs, to complete the booklet. But I personally, I've tried it and didn't find it worked. Because parents do find the questions… quite misleading. So, they'll put the answer and then you've got to go through it and go back to them and get them to kind of verify what they've said or go over again. So, I find it easier to actually just do it with them from the first go." (participant 43)

Participants explored scoring the Parent Booklet and Knowledge cartoons which has already been covered in Table 6:11 and Table 6:12.

6.3.4   Initial Screening Tool

6.3.4.1   Quantitative Results

The Initial Screening Tool is different from other tools as it is not administered with the parent. Instead, this form is completed by the original referral source (e.g. the Local

Authority Child Care Team) and they are asked to score their level of concern in 15 parenting headings.

Figure 6:8 shows that the Initial Screening Tool is another commonly used PAMS tool. We again see a strong negatively skewed distribution that indicates practice regularly includes requesting that the tool is completed.
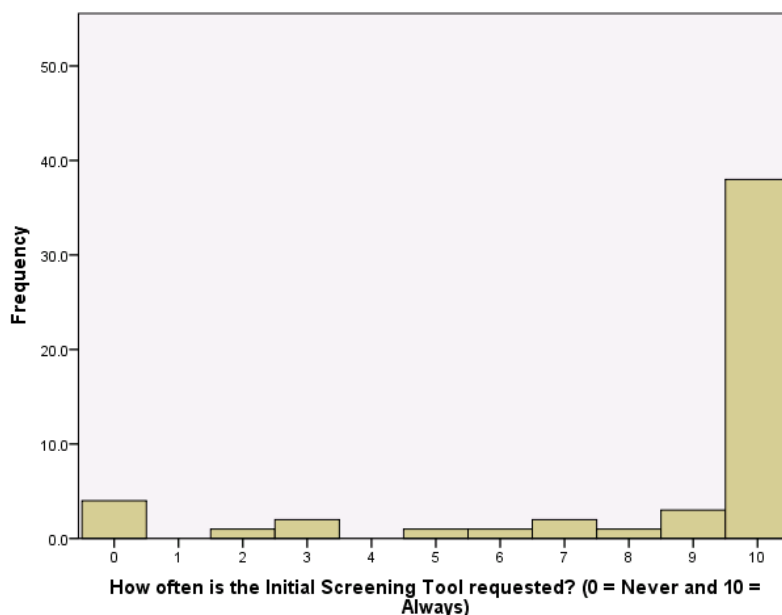
Figure 6:8: Frequency of how Often Initial Screening Tool is Requested

Participants were asked about the return rate (Figure 6:9) and completion rate (Figure 6:10) of the Initial Screening Tool; as the use of the tool is dependent on the referral source returning and fully completing the form. There is still a negatively skewed distribution for the return rate, suggesting most Initial Screening Tools are returned; however, it is not as strong as previous distributions. In addition, the completion rate is again negatively skewed which suggests Initial Screening Tools are being either fully or mostly completed.

6.3.4.2   Qualitative Results

When talking about the application of the Initial Screening Tool (Table 6:15), participants shared that it was often done early with the referral source present; for example, at an initial FPA meeting. Another option to complete the Initial Screening tool included the FPA assessor sending it early to the referral source; for example, it might be emailed with a request for completion. Finally, in relation to the latter point, sometimes the Initial Screening Tool was not done because of poor return rates from the referral source.
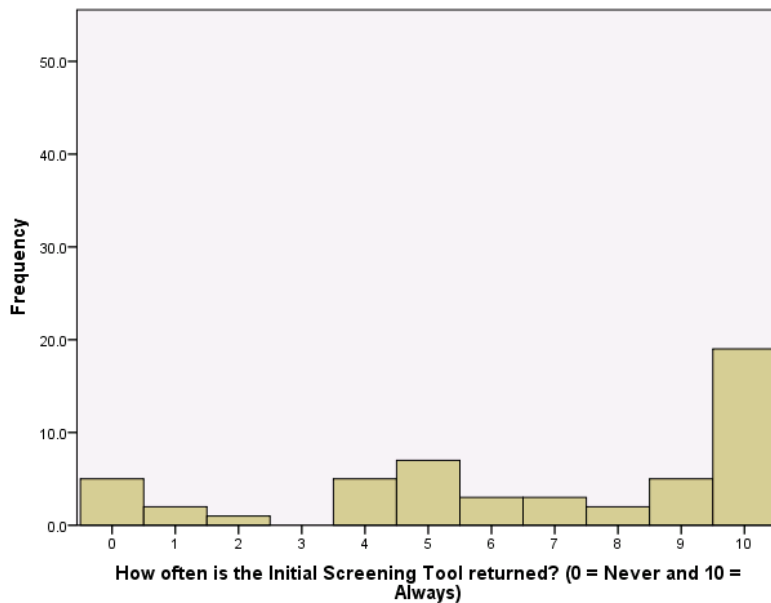
Figure 6:9: Frequency for how often the Initial Screening Tool is returned
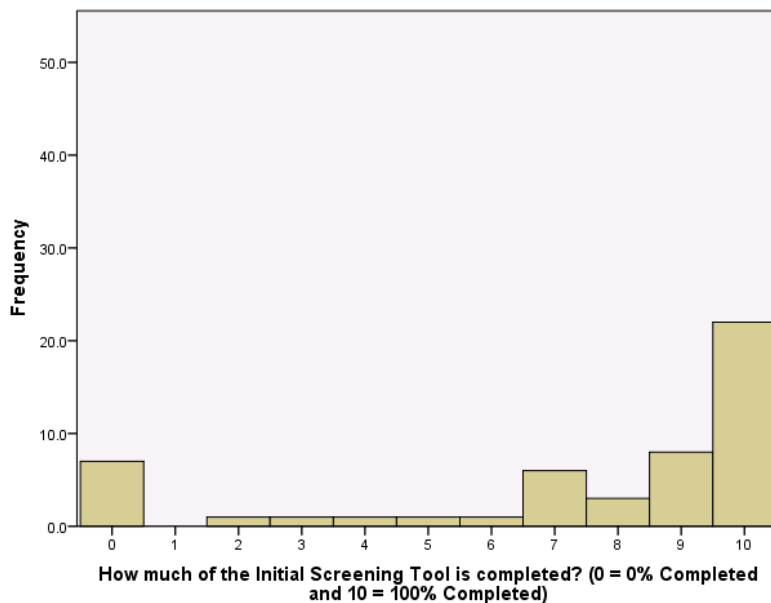
Figure 6:10: Frequency for how much of the Initial Screening Tool is Completed

Table 6:15: Different Ways to use the Initial Screening Tool

Category	Examples
Done early with referral source	That's, kind of, what I do in my, I do it in my introductory visit. So, with the initial screening tool – that would be done during the planning meeting with the social worker. (participant 42)
Sent early to referral source	If a social worker comes to me and says, you know, "I'd like a PAMS," we have, you know, we'd go through the whole process and it gets allocated…. I would say [to the social worker], "Right, you go away and you do… the Initial Screening Tool." (participant 15)
Sometimes not done because of poor return rate	[I don't do the Initial Screening Tool]. Not always, no. Because sometimes I am chasing social workers to do it. So, sometimes I'm phoning them at the last minute to do it over the phone with them. So, I don't always fill that section in, then. (participant 8)

6.3.5 Perception of Need and Risk Table

6.3.5.1 Quantitative Results

Figure 6:11 shows that the Perception of Need and Risk Table is regularly used when FPA incorporate PAMS. The distribution is, again, negatively skewed, indicating a strong use of the tool.

Figure 6:11: Frequency of Perception of Need and Risk Table Use
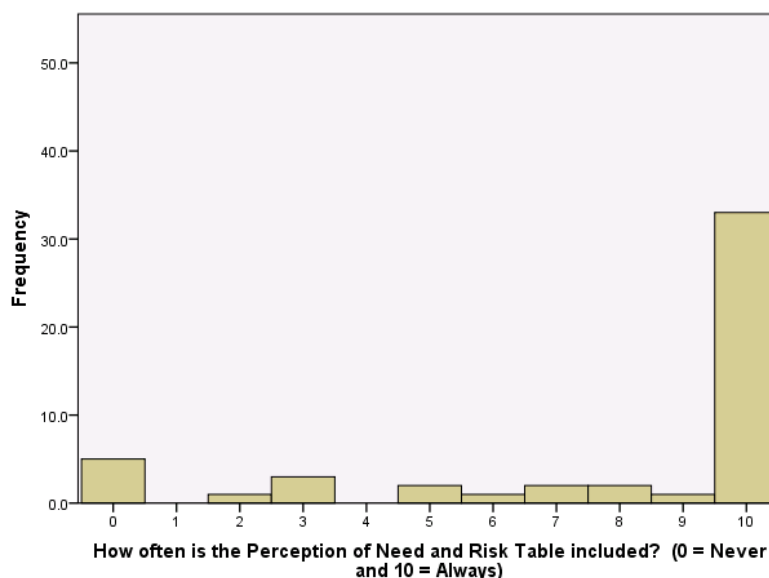
6.3.5.2 Qualitative Results

Despite its regular use within an FPA that incorporates PAMS, participants did not discuss how they made use of the Perception of Need and Risk Table independently. This is not surprising since the incorporation of the tool is automatically generated within the PAMS Report Template and assessors simply need to decide if they will keep the table or delete it; which, according to the quantitative data above – they majority of participants are opting to keep in the final report.

Participants have explored how they use the main tools which inform the Perception of Need and Risk Table, including:

- the I Need Help…Form which collates the parent's rating of their parenting (pages 134),
- the Initial Screening Tool which collates the referral sources rating of the parent's parenting ability (pages 140) and, finally,
- the final PAMS Priority Rating scores (page 149) which are the culmination and analysis of the various PAMS and non-PAMS resources used to assess the parent.

All 3 scores, the parent's scores, the referral sources score and the final PAMS score are presented in the Perception of Need and Risk Table for comparison.

6.3.6 Parent Questionnaire

6.3.6.1 Quantitative Results

In Table 6:10, the PAMS' Parent Questionnaire is the least used PAMS' tool or output. In looking at Figure 6:12, the distribution is approaching U-shaped which suggests that there is a division regarding whether the form is used or not – with some using it every time and some never using it; however, there are more participants who use the tool than do not.
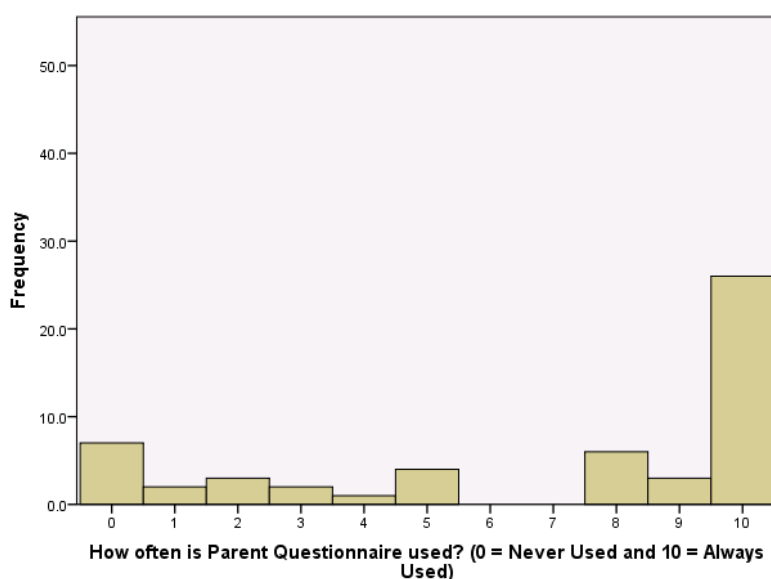
Figure 6:12: Frequency for how often the Parent Questionnaire is used

When using the Parent Questionnaire, 41% (n = 22) of practitioners omitted questions on the Parent Questionnaire and the reasons for doing so are given below:

Not Relevant: One of the man reasons that questions are omitted from the Parent Questionnaire is to do with the questions not being relevant to the specific family. For example, participants wrote that they omitted questions because, "some not relevant to specific case," "not always relevant," "Not relevant to the case or unnecessary to the case, not information generally used in final report, trying to keep social histories brief," and "I try to concentrate on questions that I am aware are relevant to the family I am assessing rather than going through each question step by step."

Another Tool or Method Used to Gather this Information: Another reason that practitioners omitted aspects of the Parent Questionnaire is because they incorporated other methods or tools in gathering background information about the parent. Some examples of what participants wrote include," "I use alternative assessment

144

questionnaire tools to provide better information on attachment and specific issues of concern," "Using own knowledge and judgement," "I prefer to ask my own format to gain a social history but is broadly the same as the questionnaire" and "I ask all the questions and more. Have my own format for collecting the information."

Background Information Obtained Elsewhere: Some practitioners found that background information was obtained elsewhere and it was not necessary to use the Parent Questionnaire. They wrote, "Depends on what background information has already been collated, what the issues are etc.," "if there are areas of information already available from another source/already recorded" and "if information is already available i.e. other reports."

Sexual Questions Not Being Asked: Another reason practitioners mentioned that certain questions were omitted was because they omitted specific questions – particularly, the questions around the parent's past sexual history. Some practitioners wrote that they omitted questions "regarding first sexual experiences," "regarding the parent's sex life," and because "some parents have been reluctant to record their sexual relationship history."

Other reason: One participant also shared that they omitted questions because "I want to show strengths as well as weak areas and I am covering specific age groups."

Participants who use the Parent Questionnaire may choose not to omit questions and, instead, modify the questions. 43% (n = 23) of participants who used the Parent Questionnaire make modifications and qualitative questions on the online survey indicate that they do so for the following reasons:

Aid in understanding: Questions have been modified by some participants to promote a better understanding of the questions. They wrote that they modified questions "to further simply," "to clarify what is needed" and "if problems understanding."

To gain more information: Some participants modified questions to gain more information. One participant wrote that they modified "to gain more detailed information about a family background or event. I tend to ask a great deal more information than listed in the Questionnaire." Others wrote that they made modifications "to get deeper into some aspects of the parent's life" or that they "sometimes expanded to include more detail or info needed."

Other reasons: Finally, modifications were made by some participants for the same reasons outlined for why omissions are made: the questions are not relevant or another tool or method is used to gather information.

6.3.6.2   Qualitative Results

During interview, many participants needed prompting to discuss the Parent Questionnaire as it wasn't a tool many spoke about naturally. In terms of administration of the tool, there is a lot of variety as expected from the quantitative results above. Some participants don't really use the Parent Questionnaire because they had their own way of obtaining background information or because that background information was already available. On the other side of the continuum, the Parent Questionnaire is completed in full and often expanded upon; for example, a few participants mentioned incorporating the Adult Attachment Interview alongside the Parent Questionnaire. Use of the Parent Questionnaire also covers areas between these two continuums; for example, when using the form, it may be regularly modified or have aspects omitted (for reasons explored in the section above).

A few alternative approaches to using the Parent Questionnaire were raised in interviews (Table 6:16). Some participants spoke about having others do the Parent Questionnaire; for example, they may request support staff complete the form, update them and then use that material to inform the FPA. Additionally, there was the consideration of whether the Parent Questionnaire was a written analysis versus an attached document. One participant shared her disapproval of some reports she had seen which added the completed Parent Questionnaire form as a 'messy' attachment; however, this was not something that anyone who was interviewed spoke of doing themselves. Instead, participants spoke about providing a summative-style analysis of the information gained from the Parent Questionnaire.

Table 6:16: New Approaches to Using the Parent Questionnaire

Category	Examples
Have others do the Parent Questionnaire	Because when I was in a parenting assessment centre I used to give it to the family support worker. Sometimes, not always. (participant 54)
Written analysis versus attachment document	…we would write down the parent's response to the Parent Questionnaire and, but we would then include a section under new – called analysis, which could then unpick some of what the parents had said in their responses to those questionnaire questions" (participant 26).

6.4   Further PAMS tools and outputs

The following PAMS tools and outputs are not included in the above section because they were presented differently in the online survey. In the online survey, the above questions were rated on a scale of 1-10 as to how often each tool was used; however, with the majority of tools and outputs to follow, the question was simply asked if they were used.

6.4.1   Observations

This section aims to look at the process of undertaking observations for a FPA when PAMS is incorporated and incorporates qualitative data obtained from interviews. The terms 'observation' and 'contact' will be used interchangeably. As will be evidenced, the use of

observations in an FPA does not necessarily mean that the PAMS tools designed to aid the process of observing parent and child interaction are necessarily utilised when undertaking an FPA which incorporates PAMS. The specific PAMS tools used to aid in undertaking observations (Skills Index and the PAMS Observation Tool) and analysing observations (Priority Ratings and Worksheet Summary) are explored in more detail in the following sections of this chapter and the next chapter.

Observations have been named as one of the most important elements of any FPA (see Table 7:7, Figure 7:2 and Figure 7:3), therefore, observations are considered an integral part of the FPA process. Participants have shared key elements for observational consideration (Table 6:17) including the idea that at least some observations need to be done by the lead assessor in order to ensure quality of assessment. This was further expanded upon by using multiple professionals to look at observations. The contribution of different professionals also viewing observations was valued and considered to help reduce bias and save time; however, some concerns were raised in over relying on other's observations due to a variable level of quality in these reports which typically came from contact supervisors, foster carers or team colleagues. Another participant shared how it was useful to spread contacts out to include an early and later observation in order to compare how the parent and child are developing throughout the period of assessment. Some participants share that they would direct observations to an extent; for example, if they felt parents needed to demonstrate certain skills they would ask to see them directly.

A few participants shared how they recorded observations with two subcategories raised. The first subcategory is that *thematic contact recordings* were undertaken during the actual observation; including starting early analysis and identifying particular themes. Some felt that this was the big difference between an experienced FPA assessor's recording of an observation and another professional's recordings of an observation – with the latter lacking detail, analysis and thematic highlights. The other subcategory included participants *writing everything down* from a contact; for example, they would write quotes from the parent or children and have some chronological sequence to their recordings

Finally, participants spoke about the location of observations when undertaking a FPA which fell under two subcategories; *contact centres* and *natural settings.* Although participants generally seemed to utilise natural settings when they could, they were often restricted to observing during a prearranged contact schedule. This may shed some light on quantitative data presented in chapter 8 indicating that contact centres were one of the most popular location for observations in both FPA that incorporate PAMS and those that do not (see Table 8:1).

Table 6:17: Key Elements in Observations

Category	Subcategory	Examples
Some observations need to be done by lead assessor		I'll often do observations… [and] my feelings around observation of contact won't be reflected in contact notes. So, I get quite annoyed about contact notes because I think they're often really poor quality, um, and really basic… (participant 15)
Multiple professionals looking at observations		You need to also be able to rely on other people's observations if you're trying to get a holistic view… (participant 12)
Include early and later observations		I might do like a few observations at the beginning of the timeframe and a more observations at the end of the timeframe so that I can see that the baby has developed a little bit more... (participant 8)
Directing observations		I know I'm going to see a little bit of play – if I don't see it, then I'll ask for it, as well… (participant 8)
Recording observations	Thematic contact recordings	I tend to write more thematically… I would think about the same things and think about attachment relationships and... the synchrony between the two of them – the mother and child… (participant 15)
	Write everything down	I just take my book with me and I just write down everything that I see in contact… I just write everything down. Everything that's said, everything they do. (participant 8)
Location of observations	Contact centre	Parenting assessments for court, in a – in a lot of instances, children weren't with the parents, so, we would observe them at contact and we'd have extended contact sessions at a contact centre. (participant 27)
	Natural environment	And sometimes, yea it's been in the family home. Sometimes, I've done observations in the park, in McDonalds, in swimming – wherever. (participant 8)

6.4.2   PAMS Observation Form

6.4.2.1   *Quantitative Results*

The majority of participants (n = 35, 65%) reported that they did not use the PAMS' Observation Form.

6.4.2.2   *Qualitative Results*

As with the quantitative results, the majority of interviewed participants did not use the PAMS Observation Form, *"Yeah, I don't ever use that [PAMS Observation Form]"* (participant 42). However, there were a few participants who were starting to use it more often, "*Um, we are beginning to use that more*" (participant 26). Additionally, another participant spoke of colleagues who loved using the PAMS Observation Form, "*I have supervised people that loved it*" (participant 12).

6.4.3 PAMS' Skills Index as an Observational Checklist

6.4.3.1 Quantitative Results

41% of participants (n = 22) shared that they use the PAMS' Skills Index as an observational checklist when undertaking FPA; however, a strong minority (n = 17, 32%) stated they did not use it at all.

6.4.3.2 Qualitative Results

Qualitative results contributed to an understanding that the use of the PAMS Skills Index is varied. Some interviewed participants shared that they never used the PAMS Skill's Index; "*No, [I don't ever use the Skills Index]*" (participant 15). Another shared that they used the Skills Index regularly "*I quite like the [Skills Index] … and can use those… I often incorporate those with non-PAMS parenting assessments*" (participant 2). However, a regular theme was that they weren't used consistently; instead, they were used in the right context; "*I do [use the Skills Index]. I tend to, not all, not 100% [of the time]*" (participant 34).

6.4.4 PAMS' Priority Ratings

6.4.4.1 Quantitative Results

Participants were not asked if they undertook Priority Ratings since this is generally an automatically incorporated aspect of the PAMS; however, following the receipt and analysis of results this may have been worth asking since some participants have shared that they do not use the software element of PAMS. Nonetheless, when incorporating the PAMS software, as most participants do, the Priority Rating will be undertaken; therefore, this would likely have been a highly-used feature of PAMS.

With regard to Priority Ratings, participants were asked if they considered information outside of the information gathered using other PAMS' tools when determining the Priority Rating. The majority of participants (n = 36, 66%) stated that they used information outside of PAMS, 17% (n = 9) stated that they sometimes considered information outside of PAMS' information and 9% (n = 5) stated that they did not consider information outside of the information gained using PAMS' tools.

6.4.4.2 Qualitative Results

Participants didn't often talk about Priority Ratings during interview which may be a result of the complicated process in determining them (Table 6:18). The process is complex due to the various strings of analysis coming together to inform the final Priority Rating scores. As outlined above, most participants consider information inside and outside of PAMS to determine their analysis and priority ratings; for example, this may include historical information and information received from other professionals. Participants also shared that observations are a key consideration in priority rating determination and spoke of the limitations of a parent's self-reported evidence in comparison to what the parent is seen to

do. Finally, the <u>impact on the child is a key consideration</u> in determining the Priority Rating; as it isn't simply what the parent can and cannot do – but how it impacts on the child and whether the parent can change sufficiently to meet the child's needs. Interview participants did not discuss the determination of a Priority Rating based on PAMS material only; however, this is an area that could be explored in future research.

Table 6:18: How Priority Ratings are Determined

Category	Examples
Consider information inside and outside of PAMS	And that would be using our notes and our observations and discussions that we'd had with the family. And, um, taking on some historical, um, concerns, um, or reports that we'd, we had from the social workers in the team... Um, reports from social workers, um, information from health visitors, um, other professionals that the parent might have been working with would have been taken into consideration… (participant 34)
Observations a key consideration	Um, the priority rating, to me, what you are looking at, I actually use a lot of observation as well, if I can, to support the PAMS… when you see them in practice and observation that, that's when you get more of the reality of what they are doing and that would change the scores. So, I would incorporate quite a bit of observation into the, um, scoring. (participant 9)
Impact on child key consideration	But it is about the impact it would have on the child in my view, about whether it needs to be changed sooner as opposed to later as to where the priority ratings go. (participant 9)

6.4.5 Report Template

A PAMS output that was only explored during the qualitative element of this study was the option to use the PAMS Report Template feature. Using this feature enables participants to transform all of the PAMS tools into a report format; including charts, tables, figures and proforma headings.

When utilising PAMS for a FPA, interviewed participants fell in one of two categories in which the first category was the most common (Table 6:19). The first category involved participants <u>adding to the Report Template</u> but not taking much – or anything – out of the standard Report Template. Two subcategories were identified. Some shared that additional information was *added to easily* in this format; however, others felt *adding information was frustrating*. Typical information added to the Report Template; which may have a specific heading created for them, included the follow areas;

- Description of the children (e.g. personality, development, physical appearance, etc.)
- Analysis of various information (e.g. parent's history, family's history, etc.)
- Comments added to all domains – not just domains marked as the highest concern
- Formatting adjustments required (e.g. margins, paragraph numbers, line spacing, etc.)
- Author qualifications and credentials
- Signs of Safety elements

- Summary of observations/contacts – including any concerns raised during contact
- Parenting styles discussion
- Exploration of risks (e.g. domestic abuse, substance misuse, mental health, physical abuse, learning difficulty, etc.)
- Specific social service concerns challenged and explored

The other category raised by participants included adding the above information as well as underlined_removing content from the Report Template. Sometimes, *specific areas were removed* from the Report Template; for example, the removal of the inclusion of a genogram. Elements were removed due to dislike of the deleted item, to avoid repetition from other reports or to save time. Finally, some participants shared that they would just *copy and paste specific bits out of the Report Template into their own formatting* set up; for example, they found that the courts preferred reports to be set out in a different way and took the elements they found most useful from the Report Template.

Table 6:19: Use of the PAMS Report Template

Category	Subcategory	Examples
Adding to Report Template	Added to easily	So, I've always encouraged the, there's a profile of the child right at the beginning, really… I do a bigger section on the child. Because, I just think it just helps me in all my thinking the whole way through, anyway. (participant 12)
	Added information frustration	From a formatting point of view, it is a bit frustrating because the format of it isn't for, um, isn't in keeping with what the courts require… Mm. I don't take much away from it. I've added to it quite extensively. (participant 2)
Removing content from Report Template	Specific areas removed	Um, I tend to take the genogram out only because, um, the local authority have their own anyway. So, I used to do it every time and it was by far the most time-consuming bit because we haven't got a company to do it for us. (participant 42)
	Just copy and paste specific bits out of the Report Template into own format	Um, but I think, most often I would, um, create a PAMS report and then cut and paste from there. Um, and use the tables and I'll use the basics. (participant 54)

6.5   Chapter Synthesis: Variation in Use of PAMS

As indicated in the quoted dialogue at the start of this chapter, participants were asked what a FPA that incorporated PAMS was. This was met with a variety of responses as well as some confusion and contemplation. Based on the quantitative and qualitative variations in the use of PAMS tools and outputs presented in this chapter, there appears to be three distinct uses of PAMS within a FPA. The three variations do not differentiate between high quality or poor quality FPA; instead, these are simply distinctive ways in which PAMS is used to inform a FPA. (Figure 6:13).

PAMS Informed FPA

- Low structured use of PAMS tools
- Non-specified tools used
- Software not always utilised
- Significant modification and omission in utilised tools
- Informs other key FPA structure
- Can be completed within a 4-12-week timeframe

Full PAMS FPA

- Structured use of PAMS tools
- Five key PAMS tools used (Initial Screening Tool, I Need Help... Form, Knowledge Cartoons, Parent Booklet and Observations)
- Software utilised
- Limited modifications and omissions of utilised tools
- Can be completed within 4-12-week timeframe
- Report Template utilised
- Core PAMS outputs available in final FPA (Perception of Need and Risk Table and Worksheet Summaries)
- (May be a baseline measurement for a PAMS Plus FPA)

PAMS Plus FPA

- Structured use of PAMS tools
- Five key PAMS tools used (Initial Screening Tool, I Need Help... Form, Knowledge Cartoons, Parent Booklet and Observations)
- Software utilised
- Limited modifications and omissions of utilised tools
- Can be completed within a 16-22-week timeframe
- Report Template utilised
- Core PAMS outputs available in final FPA (Perception of Need and Risk Table and Worksheet Summaries)
- Interventions offered
- Capacity Update/Capacity Teaching Report produced
- Capacity for change assessed

Figure 6:13: Types of FPA that Incorporate PAMS

The first variation includes using a variety of PAMS elements, tools and outputs that are considered most applicable and useful at the time; whether with a particular parent or in a particular circumstance. This is the PAMS Informed FPA. This is the most flexible and non-standardised use of PAMS and it may exclude certain elements, tools and outputs and it may use minimal elements of others. A PAMS Informed FPA may not always include the use of the software to create typical quantitative PAMS outputs and it may not include the designated use of materials. For example, an assessor may use a picture available in the Knowledge Cartoons to prompt discussion; however, the PAMS question and scoring

criteria associated with the picture may not be utilised. Instead, the tools within PAMS are used by FPA assessors to undertake their own variation of an FPA.

"[I don't use all the tools or input them onto the computer]. So, for the most part we'd do the Assessment Triangle and try and incorporate some of the PAMS tools in to show that, actually, we've, we've sort of, looked at this with the parents, um, gone through questionnaires. And their level of understanding is then, um, kind of, um, it gives a measure of the level of understanding... Um, well, if you put them as, you know, if parents filled in bits themselves we could use them as attachments, um... we could analyse the, you know, what, what parents have told us..." (participant 27)

Another way to incorporate PAMS would include a more consistently structured approach to using PAMS and this has been called a Full PAMS FPA. There are five core tools which are required in the Full PAMS FPA; the Initial Screening Tool, the I Need Help… Form, the Knowledge Cartoons, the Parent Booklet and Observations. These tools are consistently used; although, participants still undertake some limited flexibility to omit or modify elements within these tools. The Parent Questionnaire, Skills Index and PAMS Observation Tool may also be used; however, it is also common for other tools to be utilised to gather that information instead. Therefore, they are not essential inclusions of a Full PAMS FPA. A Full PAMS FPA would utilise the PAMS tools as intended; scoring questions against marking criteria and running quantitative data through the software programme to obtain various PAMS outputs via the Report Template. Core outputs would be provided in the final FPA; including the Perception of Need and Risk Table and Worksheet Summaries.

"[The Knowledge Cartoons, Parent Booklet, Parent Questionnaire, Initial Screening Tool and I Need Help… Form]; you need all of them to, um, as a combination to help inform, um, the kind of, tenue of the assessment… Um, that I think, every single part of them – all of the tools – is necessary to progress the report. I don't think, you could, you wouldn't be able to do it eliminating one of those tools… And that the Skills Index could or couldn't happen, the PAMS Observation Form may or may not happen; those are, sort of, more optional." (participant 26)

Finally, some participants shared that they provide a PAMS Plus FPA. This may be an optional additional element to a Full PAMS FPA. This could include the Full PAMS FPA as a baseline measure, then an intervention is offered over a period of time and a Capacity Teaching Report is provided. Alternatively, it could include a Capacity Update Report which combines a previous Full PAMS FPA with a new one. These Reports considers how a parent has progressed from an original set of PAMS scores to an updated set of PAMS scores either following an intervention or the passage of time. Participants have shared that these reports support an effective process to assess a parent's capacity to change.

"…my personal view is that, that that baseline needs to be done as quickly as possible. Because otherwise, you go off on a tangent teaching stuff, or maybe not teaching it, collecting evidence to, to suggest someone can't do something *laugh*. Um, and I just think that, that the more quickly you can get the baseline done and, and then take decision on whether you feel it's, that intervention is required, and, um, if it something that you're going to pursue. And then, then the Capacity Update [Report] will obviously determine whether any change is being made." (participant 12)

This chapter has explored the variation of PAMS use within FPA; including specific elements, tools and outputs. The next chapter will present the results on how participants perceive the use of PAMS within a FPA.

7 Results: Perception of Incorporating PAMS into a FPA

... you can see some merit in it [PAMS] but you can also see some caution in using it?...

(interviewer)

...I think it's a useful tool sometimes... I just am a little bit wary when... it was being put on some kind of pedestal.

(pariticipant 9)
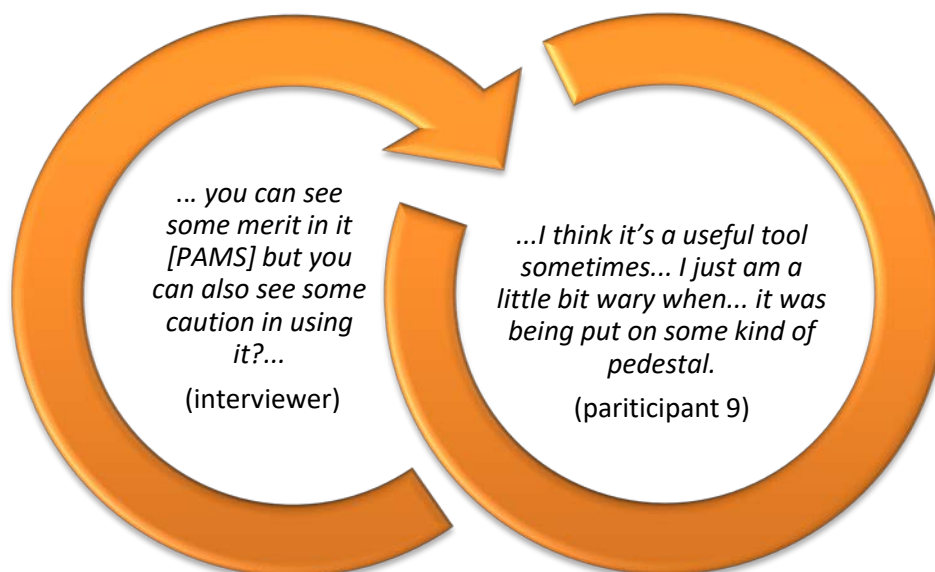
7.1 Introduction

As the dialogue above indicates, this chapter presents quantitative and qualitative results addressing the research question regarding how professionals who have used Parenting Assessment Manual Software (PAMS) within a forensic parenting assessment (FPA) perceive the incorporation of PAMS. Participants perception on different elements, tools and outputs used within PAMS are presented with figures, tables and text to indicate their usefulness and the variation of their individual benefits and limitations. This chapter starts with results regarding the general elements of PAMS and then presents findings on PAMS tools and outputs before concluding with a synthesis of the chapter's results.

7.2 Usefulness of General Elements of PAMS

7.2.1 Preference and General Usefulness a PAMS FPA

7.2.1.1 Quantitative Results

The majority of participants (n = 29, 54%) prefer to use PAMS in a FPA than not to use it. 24% (n = 13) of participants do not have a preference with regard to whether PAMS is or is not incorporated. However, this data – which suggests a preference of participants preferring to use PAMS or not minding the use of PAMS – should be considered alongside the large minority (20%) who prefer not to incorporate PAMS. The latter point requires further exploration due to the expectation that assessors who participated in this research may have been more likely to think in favour of PAMS due to the sampling frame being primarily those on the Pill Creek Publishing's mailing list.

The majority of participants (n = 29, 54%) find that incorporating PAMS into their FPA provides more clarity of information in the final report and 24% (n = 13) find that incorporating PAMs provides equal clarity of information in the final report.

Figure 7:1 responds to questions asked about the general usefulness and helpfulness of PAMS training in contributing to quality of a FPA. It is approximately a normal distribution, which suggests that practitioner's opinions are more moderate; showing a spread of responses from 0-10 with clustering in the upper middle range (5-7 range).
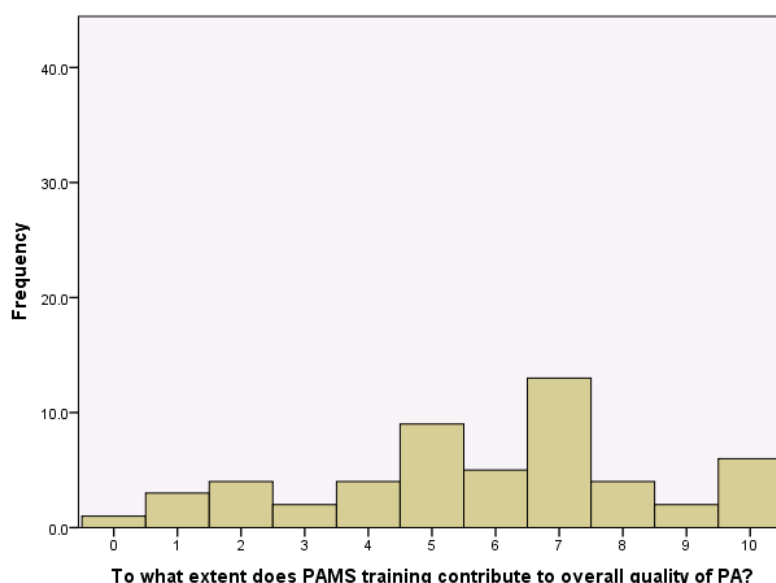
Figure 7:1: Extent to which PAMS training contributes to overall quality of FPA

7.2.1.2   Qualitative Results

In contrast to looking at the benefits and limitations of specific outputs, tools and elements of PAMS, this section will offer a broader look at PAMS benefits and limitations.

Benefits to incorporating PAMS within a FPA are presented in Table 7:1. One benefit to incorporating PAMS in an FPA was raised in relation to giving parents with learning difficulties more of a chance. Some felt it has been helpful in bringing the capabilities of parents who have some learning difficulties to the forefront; raising awareness regarding giving this population a fair chance to parent their children. Additionally, a lot of interviewed participants felt that PAMS was good tool to use with parents who have learning difficulties because it is structured, visual, straight forward and there is flexibility to add further alternations as deemed via professional judgement.

The majority of interviewed participants felt that the standardised process was helpful; for example, they consistently knew what step to take next, were able to keep focused, felt they obtained maximum data and assessments were comparable to other PAMS assessments in consideration of quality. In addition to the benefits of having a standardised assessment

Table 7:1: Benefits to PAMS within a FPA

Category	Subcategory	Examples
Parents with learning difficulties given a chance		It does raise questions around parents with learning disabilities… just having discussions around parents with learning disabilities. And I suppose helping people to recognise that parents with learning disabilities don't necessarily, they're not written off as parents. (participant 15)
Good tool to use with parents who have learning difficulties		A lot of the time it's around the impact of the LD. Have I done my assessment, right? Did I take into consideration the fact that these parents have got a LD and are concrete thinkers? And my response to that, is well, "That's why I'm asked to come because the PAMS tool is made for parents who have a learning need." (participant 8)
Standardised process helpful		I think it just gives, it, because you got that format – just think how easy it is to go off track and I think back, sort of, years back and running out to do parenting assessments and where do start and, um… Well, I think it just makes a more objective and I, I feel that it makes one like the other… a more consistent approach. (participant 12)
Flexible enough to incorporate professional judgment		I'm trained in the attachment style interviews and I've done care index and various other things, so, you know, I would always encourage people to bring in other pieces of training that they have done, um, that may add to the report… (participant 12)
A comprehensive tool in assessing parenting	Covers a lot of ground	I believe that if, um, for any parenting assessment, that if anybody wants a really comprehensive parenting assessment – that's what they should use and that's what I do. (participant 54)
	Unexpected discoveries	…you know, perhaps a lot of people, um, if they were assessing parenting wouldn't ask that question. But, because it's in the PAMS, you ask it and its suddenly, you suddenly think, "wow, you know, I didn't, I didn't expect that response." (participant 27)
Evidenced based		And, I just think the whole thing in terms of collating information and, and providing something evidence-based is much easier with the PAMS. (participant 12)
Knowledge, Skills and Frequency framework helpful		And the way that it's split in terms of finding out what people know and then observing, to actually see what they do do – is a really good framework for me. Because, it makes sense, doesn't it? (participant 8)
Useful focus on targeted change		I don't think it takes so long to suss through, um, what, what doesn't need any further attention and what, where the work should be done. And for me that is great because they are not sitting down there and work on stuff that's unnecessary. But really hone-in on where the parent needs support. (participant 54)
Strong tool to		…questions might start off in court of "had I done

use within courts		my knowledge sections correctly? Have I got that information correctly?" And I go, "well, yea, because they've got adequate. They know how, they do understand that topic, but actually, the skills are poor. And there is your evidence." (participant 8)

tool, some participants felt that the tool was still <u>flexible enough to incorporate professional judgement</u> which incorporated other angles, tools, analysis and concepts.

Another popular consideration is that PAMS is a <u>comprehensive tool in assessing parenting</u>. This category has two subcategories. The first subcategory is that PAMS *covers a lot of ground*; for example, it enabled a FPA assessor to effectively and efficiently collect pertinent information that might otherwise be forgotten without the use of PAMS. The second subcategory is that using PAMS can result in *unexpected discoveries* that shed light on key issues and might not have been uncovered without it.

Furthermore, some participants feel that PAMS is an <u>evidenced based tool</u>; the assessments are based on evidence that fit within the established PAMS framework and are measured against marking criteria. The <u>Knowledge, Skills and Frequency framework is helpful</u> to some participants as it gives a useful lens to look at parenting through and it offers a dialogue to explain and explore disconnects between parental knowledge and parental practice.

Another popular benefit to PAMS builds on the above strengths to develop a <u>useful focus on targeted change</u>; this offers parents a targeted focus on what they need to change, develop and do in order to meet their child's needs. There has also been discussion regarding a standardised interventions tool kit matching relevant interventions with specific gaps raised through PAMS. Finally, some participants felt that <u>PAMS was a strong tool to use within courts</u> and gave assessors the framework and evidence they needed to provide strong and reliable evidence which was easy to defend.

A broad look at PAMS being incorporated into a FPA also raises some concern about its limitations (Table 7:2). A large number of participants shared that <u>key areas of focus need more guidance</u> within PAMS. This was often with reference to understanding and incorporating attachment issues as well as a more meaningful and vigorous exploration of specific risks and concerns that brought the family to the attention of the Local Authority (e.g. mental health, substance misuse, domestic abuse and disability concerns); however, it also included limitation in how to analyse the Parent Questionnaire, understanding the concept of the parent and child fit, more probing into a parent's understanding of behaviour management, more information gathered on general health ailments and a deeper consideration of the parent's understanding of education. Some participants felt they were able to incorporate the above without difficulty due to other training they had; however,

raised the above as areas of limitation since they thought they could possibly be drawn out more clearly within the PAMS materials. Building on this point, some participants wanted more flexibility and less standardisation when completing a FPA; for example, some found the expectation to complete PAMS in entirety left them with little scope to go into more depth with the questions being asked of parents.

Some concerns were raised by smaller groups of participants including concerns that PAMS software is difficult to use. This included concern regarding the acquisition and cost of obtaining the licenses, the complication and cost of upgrading the software when administration rights were placed in outside IT agencies, losing the location of files, information not being saved automatically and general aversion to the necessary computer inputting process. Many of these complaints are with regard to Local Authorities use of the software which comes with many restrictions and additional costs to external IT departments; however, some of these concerns encompass a more general use of PAMS. Another limitation expressed by a group of participants was how the use of PAMS can be a monotonous process; for example, the scoring and inputting process was found to become "tedious", "repetitive", "irritating", "monotonous" and "quite samey" when doing it time after time with each new parent who is assessed. One participant even felt that the process of asking the same questions could feel "de-skilling".

Other participants felt that because PAMS was not developed for court specifically and found this limited its application to the courts. They spoke about PAMS developmental origins relating to a residential support unit for parents who had learning disabilities with longer timeframes for assessment and intervention practices which the courts cannot afford. Despite some concerns regarding the positive hype PAMS is perceived to be receiving, a number of participants felt that an FPA that has incorporated PAMS was only as good as the assessor who was using it. This went a step further, too, in that any FPA was only as good as the assessor completing it. Therefore, including PAMS within an FPA didn't automatically make the assessment a high-quality piece of work – it was the skills of the assessor to utilise the tools available to them – whether this included or did not include PAMS – that made an assessment good.

Finally, some participants expressed the view that PAMS is a social worker's tool more so than a tool for other professions; despite the fact that it was developed by a psychologist. Some explained how PAMS was better suited to social workers because of the 'grounded' nature of it; for example, being really practical in its assessment of what children need in terms of parenting and risk. Interestingly, this view was expressed by some interviewed social workers and the psychologist.

Table 7:2: Limitations of PAMS within a FPA

Category	Examples
Key areas of focus need more guidance	I'm coming back to the attachment stuff, but I feel it works for me. But I could see how sometimes, on the attachment, there are some limitations… I'd probably quite like to see something like a section on attachment flagged up in the instruction book where there is a bit more focus on it and helping, maybe, someone think through how they can [incorporate it]. (participant 12)
Want more flexibility and less standardisation	Um, and I like, I'm a practitioner who likes to fit the stuff to the client rather than getting the client to fit the stuff. And so, I struggle with the prescriptive nature of it. (participant 8)
PAMS software difficult to use	…one of our biggest, biggest problems is the IT around it [PAMS] and the software. And that is because of the way that those licences – the software packages – are put on our, um, laptops… They were all put on individually so that any update that's done means that each laptop has to be done individually. (participant 26)
Use of PAMS can be a monotonous process	I think it's quite, if you're not careful, if you do too much of it, it can become a little bit restricting… I don't want it to feel like a process that somebody is going through, you know? ... It can become quite samey, if you're not careful, I think. (participant 2)
PAMS not developed for court	I think the whole thing, the whole programme, um, was d – was developed to be used over about a year to 18 months… I think, as a court report, as I say, we were having to do, um, court reports in, say, 4 to 6 weeks. You don't have that time... (participant 27)
PAMS only as good as the assessor	I think it can depend on people, I mean, obviously, everyone is professional but it can also depend on people's moods on the day – when they complete the PAMS. (participant 43)
PAMS a Social worker's tool	I think there is something about being, having that social work background and being a social worker and using the PAMS. It's different than if you were a LD worker doing it…. Or a psychologist… [or] maybe a health visitor – you're view might be completely different... you might get a completely different outcome. (participant 8)

7.2.2 Perception on Training

Quantitative figures presented in chapter 6 have established that the majority of participants who undertook the online survey had received official PAMS training; however, this section will explore the qualitative discussions held regarding the benefits and limitations of the training.

When looking at useful training elements, 3 categories have been identified (Table 7:3). Some participants felt training brings clarification on implementation of PAMS which enabled them to understand how the whole PAMS system worked which was lacking prior to training – even when PAMS material had previously been available. For example, one participant spoke about using PAMS materials but not associating the marking criteria, specified questions or scoring element with the tools. Training paired with practice being beneficial was highlighted as a way to bolster training, as some participants felt learning

was only fully solidified following the training *and* their first use of PAMS within an FPA. Some participants found <u>support from colleagues with PAMS experience beneficial</u>, suggesting that some participants felt that, despite being trained, working alongside others who were trained and had experience was valuable in solidifying their own, or others, official training. In particular, some felt it was beneficial to be supervised by someone who had experience in undertaking a PAMS FPA.

Table 7:3: Benefits of Official Training

Category	Examples
Training brings clarification on implementation of PAMS	[Before PAMS training, PAMS] wasn't even done in the same way…. There was different things and with the knowledge cartoons we didn't know that there was a, um, hrm, a paragraph that went along with it or a question that went along with it to ask the parents what they thought was going on. (participant 43)
Training paired with practice beneficial	So, then, when you're actually in the training - it is sometimes a little bit difficult to get your head around, but, it becomes quite easy once you start applying PAMS with the families. (participant 34)
Support from colleagues with PAMS experience beneficial	I think one of the other problems was, it's a personal belief of mine… that if someone is going to be, um, supervised on PAMS, then the person who supervises needs to have done a PAMS assessment themselves. (participant 12)

Limitations of official training has also been raised among the sample of FPA practitioners (Table 7:4). When exploring the limitations of training, 3 categories have been identified. <u>Specification confusion in training</u> was raised with regard to some participants being unsure about how to undertake aspects of a PAMS despite training; for example, who it should be used with, whether there was a specific order of implementation and whether all PAMS tools needed to be utilised every time. When reflecting on training, some participants had <u>expectations that PAMS would do more</u>. The training has generally been described as only learning how to use PAMS; although, some seemed to have expectations that training would offer broader FPA skills and tools. One participant reflected on how really getting a good understanding of how to use PAMS within a FPA was a <u>time-consuming</u> learning process which some professionals just weren't afforded.

7.2.3 Perception of Parental Attitudes Towards PAMS

During the qualitative element of this study, participants were asked about their understanding of assessed parent's attitudes towards the incorporation of PAMS in their FPA. Some participants shared that they had experienced positive parental attitudes towards the use of PAMS (Table 7:5). A few participants felt that <u>parents expected an advantage with PAMS</u>. They shared that parents are informed by their solicitor that a FPA that incorporates PAMS gives them an advantage; therefore, an FPA utilising PAMS was beneficial and would give them a better chance of a positive outcome. Some participants

Table 7:4: Limitations of Official Training

Category	Examples
Specification confusion	But I suppose, I mean it, it should be used in a standardised way. It should, well, I don't know actually what Sue McGraw [the developer] would say about that. I can't really think back to what she might have said in the training. About whether it should be used… I don't, I can't imagine her being that upset about it [and thinking that] it should be done, you know, all of it. I think she would have said, actually, that, use it how it's useful. (participant 15)
Expectations PAMS would do more	I think, when I did the training, I expected so much more. I just thought, "well, that's it?" You know? And I expected far more, sort of, specialist knowledge, um, you know? And a lot of the questions are questions that you would ask anyway... (participant 27)
Time-consuming	I think that, um, until you're quite skilled at doing it, then it is time-consuming. Um, and I think that the problem is, is that for people often in local authorities, they're not given sufficient time [to learn how to use PAMS]. (participant 12)

also felt that the use of PAMS in a FPA was <u>appreciated by parents with learning difficulties</u>; particularly when paired with other efforts to ensure the parent is able to express their knowledge, skills and considerations. One participant also shared that she found the incorporation of PAMS to support a <u>positive strength based approach</u> whereby what the parent does well is highlighted alongside what the parent doesn't do well and that <u>visual aids and activities were helpful</u> in making them feel comfortable and prompting them to express more knowledge, skills and considerations.

Table 7:5: Positive Perception of Parental Attitudes Towards PAMS

Category	Examples
Parents expect an advantage with PAMS	I think they see it as an advantage over a standard assessment. Because that is basically what they're told to expect. That it will help them *pause* … Yeah, I think the solicitors advised them to the effect that the model will make it easier for them to evidence their capacity. (participant 2)
PAMS appreciated by parents with learning difficulties	Um, we, we get some very, very favourable comments from parents. They, um, for the first time, it might be, um, an assessment tool or, um, an intervention that has been used, that has really considered their own individual needs. (participant 26)
Positive strength based approach	Plus, also, I think, it, it does come from a slightly strengths-based, sort of, perspective. We use a lot of strengths-based models within the service. So, this isn't, "oh you not doing that properly and this needs to improve." This is a – they find it very supportive. (participant 26)
Visual aids and activities helpful	And I think that parents find it a lot easier because there is a vis– one, there is a visual aid, um, in all of it. Um, and there and there exercises it is like sitting and doing a workbook, isn't it? So, it's, I don't know, I think it simplifies it for them and for me. (participant 26)

Some participants also felt that the utilisation of PAMS within a FPA was met more negatively by parents (Table 7:6). A popular concern was raised regarding <u>patronising ambiguity</u>. Some participants felt that parents found *PAMS tools patronising*; particularly

when used with parents who did not have learning difficulties. The coloured cartoons and level of questioning was considered condescending by some parents; however, other participants felt that they were able to *overcome patronised* parents by explaining the process and highlighting how they have been given a chance to demonstrate a range of skills. Nonetheless, there was a concern that the patronising element of a FPA that incorporates PAMS and the question-and-answer style process of some tools may result in <u>difficulty building relationship with parents</u>.

Table 7:6:Negative Perception of Parental Attitudes Towards PAMS

Category	Subcategory	Examples
Patronising Ambiguity	PAMS tools patronising	I know it wasn't beneficial with all parents I worked with. Some parents, um, found it to be, um, not intimidating, they found it to be, um, well, like they were being treated like children... I think some parents got quite angry… They found it quite insulting that we was asking these questions in the PAMS. (participant 34)
	Overcoming Patronising	I have come across parents that have said it's patronising and I've said, "well, you're answering the questions and if you're answering them, well, then, is this your opportunity to demonstrate areas of strength?" So, people, generally, have been happy to do the assessment really. People across a range of cognitive functions. (participant 12)
Difficulty building relationship with parent		Um. I think it become harder to build a relationship with the parent doing PAMS, personally. That, that's, because… You know, you would go in a room and you'd just be asking question after question and it would be hard to get that relationship with them. (participant 34)

7.3 Usefulness of Specific PAMS Tools and Outputs

Table 7:7 shows quantitative results which highlight aspects of PAMS' tools and outputs that practitioners found the most useful in undertaking FPAs for court or PLO purposes; however, the mean is not a good measure of central dispersion because the distribution of results are skewed. In response, the median has also been provided in the chart since it is a better indicator of central tendency.

Undertaking observations with PAMS' materials is clearly the most useful aspect of using PAMS; however, determining Priority Ratings, using Knowledge Cartoons, using the Parent Booklet, the Perception of Need and Risk Table and the I Need Help… Form are also among the most useful tools and outputs provided via PAMS.

The use of the PAMS' Observation Form was rated as having the least usefulness of the PAMS' tools and outputs. This could be due to time limits with regard to FPAs versus longer term assessments of parents that are undertaken outside of the forensic arena; however, the developing U-shape of the distribution (Figure 7:13) indicates a polarity of opinion regarding the tool. Practitioners in this study were more likely to rate the PAMS' Observation

form as not useful at all; however, there was a large minority who felt strongly that the tool was very useful.

Table 7:7: Usefulness of PAMS' Tools and Outputs

Tool/Output	Mean	Median	SD	Figure
Usefulness of observations within PAMS	8.49	10.0	2.603	7:2
Clarity in which PAMS conveys quality of observation	7.94	9.0	2.562	7:3
Usefulness of determining Priority Rating	7.86	9.0	2.441	7:4
Usefulness of Knowledge Cartoons	7.79	8.0	1.984	7:5
Usefulness of Parent Booklet	7.69	8.0	2.302	7:6
Usefulness of Perception of Need and Risk Table	7.50	8.0	2.830	7:7
Usefulness of I Need Help… Form	7.12	8.0	2.805	7:8
Usefulness of Worksheet Summary	6.92	8.0	3.395	7:9
Usefulness of Parent Questionnaire	6.90	8.0	3.297	7:10
Usefulness of Skills Index	6.38	8.0	3.594	7:11
Usefulness of Initial Screening Tool	6.25	8.0	3.331	7:12
Usefulness of PAMS Observation Form	3.52	2.0	3.739	7:13

7.3.1 Observations with PAMS

7.3.1.1 Quantitative Results

Participants who completed the online survey rated observation of the parent and child as the most useful tool to inform a FPA that incorporates PAMS. This can be seen in the very strong negatively skewed distribution in Figure 7:2. Figure 7:3 is another strong negatively skewed distribution which suggests that the majority of practitioners feel that clarity regarding observations is well presented in a FPA that incorporated PAMS.
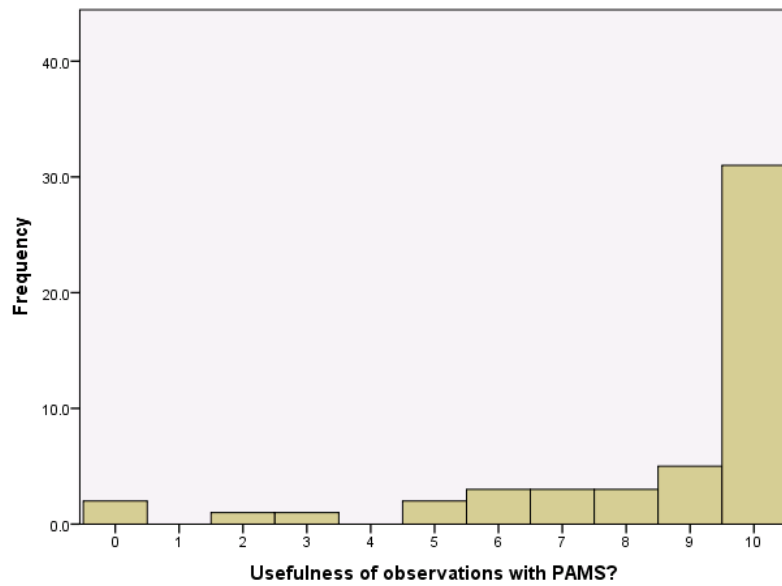
Figure 7:2: Usefulness of Observations with PAMS
(0 = not very useful and 10 = very useful)
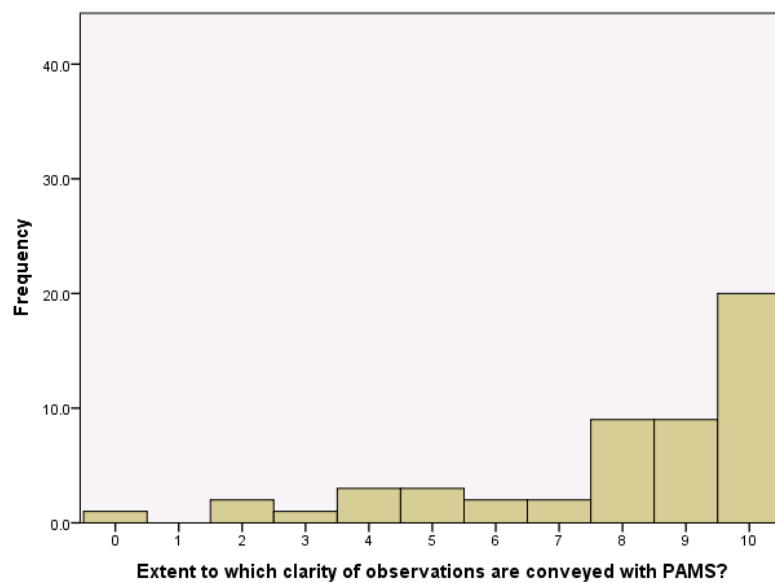
Figure 7:3: Clarity in which PAMS conveys quality of observations
(0 = not very useful and 10 = very useful)

7.3.1.2   Qualitative Results

The specific PAMS tools used to aid observing parent and child interactions (Skills Index and the PAMS Observation Tool) and analysing observations (Priority Ratings and Worksheet Summary) are explored in more detail in the relevant sections of this chapter – which has been ordered in descending order from the most useful tool or output from PAMS to the least useful.

A strong theme that came out of interviews was that observations were the most important element of any FPA whether it incorporates PAMS or not. One participant stated, "The observation bit – for me – is the most important bit really" (participant 8) and another similarly stated, "I think, I really do think observations is a really important part [of a FPA]" (participant 9).

In relation to a FPA that incorporates PAMS, observations remained of key importance, "I suppose when I do PAMS, as well, I, I kind of feel like the most helpful bits, if I'm doing a PAMS assessment, are the observations" (participant 15). Another participant shared that official PAMS training highlighted the importance of observation; "…as far as observations are concerned, I think they're really, really important. And I know Sue McGraw [the developer of PAMS], says that, actually, whatever the parent tells you then the observation overrides that" (participant 27). Furthermore, another participant felt that a stronger weight was applied to observations with the courts; "And when they get into the court arena there is not a lot of weight always given to the data side of the PAMS… It's more around the observation side. (participant 8).

7.3.2   Priority Ratings

7.3.2.1   *Quantitative Results*

The process of determining a Priority Rating within PAMS was considered a useful exercise as can be seen the negative distribution in Figure 7:4.
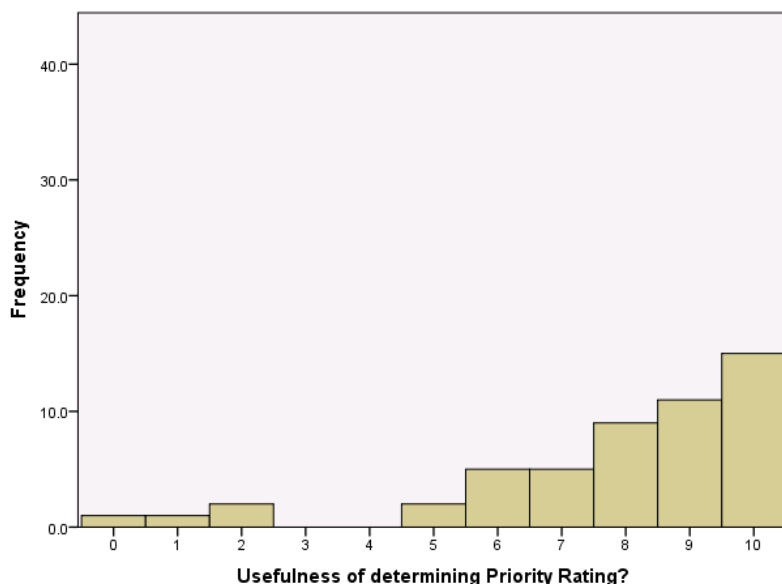
Figure 7:4:Usefulness of determining Priority Ratings
(0 = not very useful and 10 = very useful)

7.3.2.2 Qualitative Results

As outlined above, most participants felt that the determination of Priority Ratings were useful and this is presented in Table 7:8. During interview two categories were highlighted as to why this was rated as a more useful element of PAMS. Some participants found that the process of determining a <u>Priority Ratings was a good guide for analysis</u>; helping assessors pull information obtained prior to, and throughout, the assessment process together into the formulation of concerns, strengths and conclusions. They find that considering Priority Ratings allows them a useful bigger picture analysis which helps to pull together a lot of skills into a constructive and usable format. Some participants also found that <u>discussions around Priority Ratings were useful</u> and enabled assessors to reduce bias and be constructively challenged in their thinking. Although rare, when disagreements regarding final scores were raised between practitioners the discussion around the justification for a particular Priority Rating score was beneficial to both practitioners in helping them come to a collaborative agreement.

Table 7:8: Benefits of Priority Ratings

Category	Examples
Priority Ratings are a good guide for analysis	For me, it's like, it's the bigger picture stuff, like I say, they give you a guide, doesn't it, ya know... I don't just tick it, "Yea, yea, yea, they can do that." I want to give it a really good picture because then, I write everything, I'm writing why I've given it a red rather than a blue… because the bigger picture is that it is around the attachment… It's a guide but it's more about when I'm writing my evidence. (participant 8)
Discussions around Priority Ratings useful	I think sometimes, obviously, there is, it does open discussion but I think that, that's a very good way of making sure that, actually, you know, you have covered everything and looked at everything and that you're not being biased. So, I think it's our protective factor to have those discussions. It's always healthy… Definitely, challenge thinking. (participant 43)

A popular limitation in using Priority Ratings was with regard to them being <u>easy to misuse</u> as a tick list (Table 7:9). Some participants felt that assessors could fail to apply suitable analysis to the Priority Ratings and risked simplifying the process to a tick-list format. The analysis was considered an integral part of any FPA – including a FPA that incorporated PAMS; therefore, the concern was held that ticking boxes within the PAMS could look as though analysis has been applied to decisions when, in reality, it might not have been.

Table 7:9: Limitations of Priority Ratings

Category	Examples
Easy to misuse	It's not just about ticking the box and saying "Yea, they've got toys and they play with them." It's not as simple as that. Because what I've found over the years is that, the skills section in each, the way they word it – you could tick them and say "Yea, yea, yea, they've done it." But actually, when you're assessing it – it's not that straightforward. (participant 8)

7.3.3 Knowledge Cartoons

7.3.3.1 Quantitative Results

Figure 7:5 demonstrates a negatively skewed distribution which indicates that the majority of participants found the tool to be useful.

7.3.3.2 Qualitative Results

A few participants named the Knowledge Cartoons as their favourite PAMS tool and identified its strength in being a nonintrusive and depersonalised tool to ease parents into the assessment process and prompt discussions; for example, some found that parents would be more likely to disclose relevant information when talking in a third person manner. It was also found to be a comprehensive tool in assessing parenting. The Knowledge Cartoons were found to cover a lot of ground with regard to parenting capacity; for example, prompting relevant discussions regarding the parent's understanding of abuse, hygiene, hazards and children's needs. Finally, the application of Knowledge Cartoons reduces recording with the assessment process versus having to take notes on longer and unstructured conversations with the parent (Table 7:10).
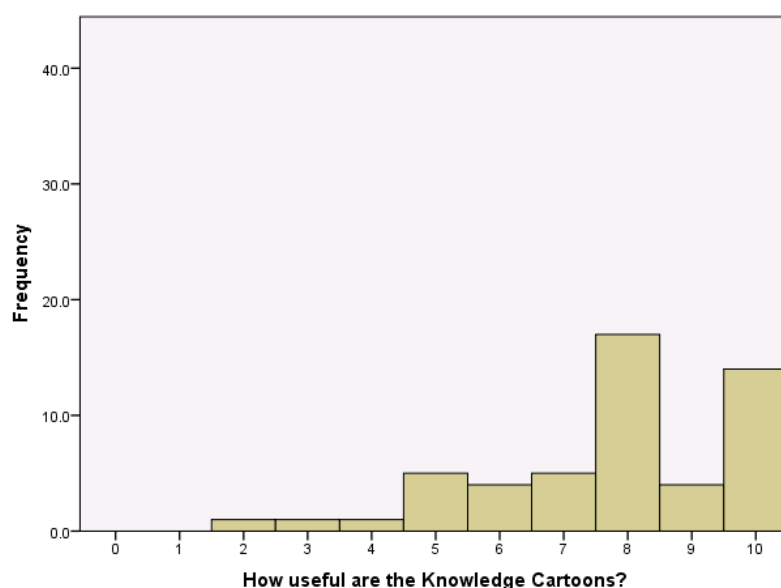
Figure 7:5: Usefulness of Knowledge Cartoons
(0 = not very useful and 10 = very useful)

Table 7:10: Benefits of Knowledge Cartoons

Category	Examples
Nonintrusive and depersonalised tool	Uh, I just, in terms of, um, accessibility and getting the parent to, kind of, relax into the assessment – I do like the Knowledge Cartoons… But the actual concept, the idea of something that is depersonalised in terms of – it's a cartoon picture. (participant 26)
A comprehensive tool in assessing parenting	The Knowledge Cartoons…. I think it brings out a lot of conversation from the parents and helps, I think, it does cover a lot of areas from, kind of, looking at children's needs, to abuse, to hygiene in the homes, you know, I think it covers a lot and I think it is all pretty relevant. (participant 43)
Reduces recording	I haven't got to write up the knowledge cartoons. I might make a few notes about the additional things they've said but then you just put that all into the worksheets and it comes through, doesn't it? (participant 42)

Although no scathing review of the Knowledge Cartoons were offered; there were some comments that suggested why this tool was not rated higher (Table 7:11). Picture ambiguity was mentioned by a few participants. This was mostly around how some of cartoon pictures didn't hone in on the questions that accompanied them and could mislead parents from answering in a way that met the scoring criteria. This was particularly concerning when used with parents who have learning difficulties as they might be concrete thinkers who struggle to consider how else the picture may be interpreted. Knowledge Cartoon's lack of depth was another limitation whereby consideration as to a purpose beyond a gradual introduction to the assessment process was pondered.

Table 7:11: Limitations of Knowledge Cartoons

Category	Examples
Picture ambiguity	I need to say about the [Knowledge] Cartoons and people with learning disabilities – I sometimes am a little bit wary, as well, but people with a learning disability where they have – use visual cues; the Cartoons sometimes lead them, because of the visual input, down a certain avenue of talking… So, the questions aren't always specifically related to the picture. (participant 9)
Lack of depth	You know, I, I think, I think sometimes I do them because, I use it because at least it's a starting point. But it can be really basic... But I do use them because, still I think I'm getting something, um, and, and yeah… on that one. The Knowledge Cartoons, is, doesn't go in depth. (participant 54)

7.3.4 Parent Booklet

7.3.4.1 Quantitative Results

Figure 7:6 shows another negatively skewed distribution whereby the majority of participants felt the Parent Booklet was a useful tool to use.
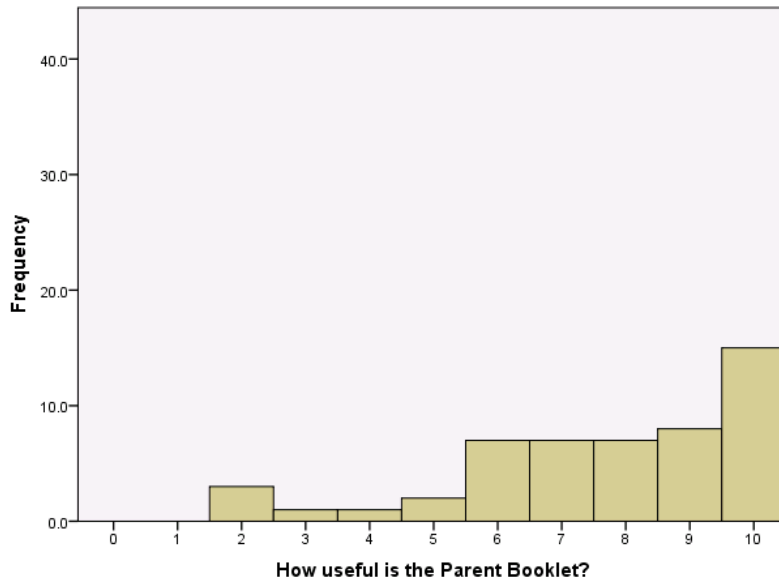
Figure 7:6: Usefulness of Parent Booklet
(0 = not very useful and 10 = very useful)

7.3.4.2   Qualitative Results

Like the Knowledge Cartoons, The Parent Booklet was also named as some interviewed participants favourite PAMS tool (Table 7:12). There were additional similarities in usefulness between the Knowledge Cartoons and Parent Booklet. For example, the Knowledge Cartoons are a comprehensive tool in assessing parenting; which includes the two subcategories *covering a lot of ground* and finding *unexpected discoveries*. This included surprising information that assessors suspected wouldn't have been identified without the tool; however, having the information added value, helped to explain circumstances and identified parental strengths and limitations.

Similar to the Knowledge Cartoons, the Parent Booklet was also highlighted as a nonintrusive and depersonalised tool that can be used to prompt important discussion and ease a parent into the assessment process; enabling discussion to progress in a more comfortable way for parents and sometimes prompting greater disclosure. The Parent Booklet was considered useful in that it helped reduce recording; instead of taking a copious number of notes, information was collected quickly and effectively with the PAMS materials.

The Parent Booklet did offer some benefits that the Knowledge Cartoons did not. For example, the Parent Booklet was often presented as a support in understanding of parental skills with limited observations; for example, some participants shared that some parents they were assessing had limited contact or no contact with their children. Although, direct observations of a parent and child are always preferable, the Parent Booklet offered some support in exploring parenting skills when this opportunity for observation is limited or

170

Table 7:12: Benefits of Parent Booklet

Category	Subcategory	Examples
A comprehensive tool in assessing parenting	Covers a lot of ground	Probably, my favourite tool is going to be the Parent Booklet… because for me it often throws up something that then helps me make sense around why parents are behaving as they do or are unable to do something. (participant 12)
	Unexpected discoveries	Um, and I think it throws up some, sort of, you could spend days and weeks with parents and you wouldn't necessarily have found out some of those things. (participant 12)
Nonintrusive and depersonalised tool		[The Parent Booklet] …didn't feel as threatening… I think that prompted more questions, um, and I think that's prompted more people disclosing, um, the abuse they have suffered or that they, maybe, their children had suffered. (participant 34)
Reduces recording		I haven't got to write up the Parent Booklet… I might make a few notes about the additional things they've said but then you just put that all into the worksheets and it comes through, doesn't it? (participant 42)
Supports understanding of parental skills with limited observations		I think the Parent Booklet, I have to say, I think is very useful… when I have to work, and I do that quite a lot more recently, is working with families where children are not at home [and I've] not had that opportunity to see much more than a few contacts sessions... (participant 54)
Particularly useful aspect of Parent Booklet		I pick and choose some of the worksheets from the Parent Booklet that I think might be relevant. (participant 15)

unavailable. Finally, particularly useful aspects of Parent Booklet have regularly been highlighted by a high number or participants – including participants who are more anti-PAMS. These include specific sections of the Parent Booklet that were regularly highlighted as being very useful; the abuse scenarios, child development sections, foundation parenting information and exploration of a parent's understanding of children's health needs.

Unlike the Knowledge Cartoons mentioned earlier, the Parent Booklet did evoke some strong negative comments; however, this tended to be more focused on specific questions within the Booklet versus the overall tool itself (Table 7:13). There were some comments that the Parent Booklet had value; however, it simply needed updating to factor in identified concerns. One of these concerns was that questions lack clarity and improvement was needed in the Parent Booklet to support parents in understanding what is being asked of them in order to meet outlined scoring criteria. For example, concern was raised that a question about reading a clock face would be marked wrong if a participant got the time wrong by 1 minute; however, the picture was not always clear that the time was 10:26 instead of 10:25. Some concerns were raised regarding the inconsistent difficulty level

within the Parent Booklet. In some instances, questions were considered quite complex and difficult to answer (e.g. questions about health and interest rates) compared to the other questions in the Booklet.

Culturally inadequate questions were raised regularly and identified as a concern for many interviewed participants. There was an acknowledgment of cultural prompts and pop-ups being available to trigger cultural consideration; however, these were not found to be very useful or robust enough. Cultural concerns included meal choices being very British, rural scenarios not inclusive of urban living, consideration of middle-class concerns despite many parents living in poverty and not enough diversity within the tools. Irrelevant questions were another popular category explored by participants and included concerns with questions on writing checks and deposit slips, filling in prescription forms, having a savings account and working out interest rates. Also, a lot of participants felt there were outdated questions; for example, a few participants spoke about the sterilising a bottle question as being outdated due to a variety of different ways to sterilise a bottle today. Although less popularly cited, subjective questions were also identified as an area needed updating; for example, the temperature used to wash white and coloured clothes was subjective to the detergent's instructions. Also, determining the amount of mincemeat to go into a dish for a family of 4 seemed more dependent on the size of the family and whether there were very young children or older children present. Another participant shared that the age range distinction was unhelpful since she did not feel it considered the large level of variation around when, and in which order, children attain different milestones and skills.

Table 7:13: Limitations of Parent Booklet

Category	Examples
Questions lack clarity	So, the question needs, I think the question is okay, but it just needs modifying to be a bit clearer. (participant 43)
Inconsistent difficulty level	…some of the answers to the questions, for instance, caring for a sick child, actually expects quite a lot of parents knowing – some of the questions seem more basic, then you do that one and they have to give you at least three or four or five answers. And you, sort of, think, "Oh, that's quite a lot, you know?" (participant 54)
Culturally inadequate	I know it gives you little pop ups that say take the culture into consideration, um, but some of the questions, for instances the shepherd's pie and how you would make a shepherd's pie, um, you know culturally, that's not very sensitive... (participant 34)
Irrelevant questions	They don't look at bus timetables. They don't, that isn't' a skill that they need. And it, uh, to me, it is completely irrelevant. (participant 15)
Outdated questions	And, and in some ways, it's, it's a little bit dated. Um, which is, you know, not ideal. (participant 2)
Subjective questions	Um, I wouldn't ask them, no. Because I felt, that actually, I felt it was, actually, unfair because if somebody says to you that they wash everything on a 40 – 40° wash, which is, you know, what are the manufacturers tell you now on the products, then that would be marked, then that would be wrong. And it's not wrong, if you see what I mean. (participant 27)
Age range distinction unhelpful	I also find with PAMS, is sometimes the age limits are quite, um, are quite restrictive in some ways with the families I'm working with… Well I think that it assumes that the other stages have already been met when you move onto the next stage. (participant 9)

7.3.5   Perception of Need and Risk Table

7.3.5.1   Quantitative Results

The Perception of Need and Risk Table's negative distribution has indicated that most participants consider it to be a useful PAMS output (Figure 7:7).

7.3.5.2   Qualitative Results

Despite the majority of participants rating the usefulness of the Perception of Need and Risk Table highly (Figure 7:7), it was not often directly discussed by participants during interview. It was mentioned positively by participant 12 when she said:

And I suppose the risk assessment, for me anyway, when it comes up with the needs and risk profile, I really do feel it reflects what are the, where are, where the risks are. Um, yea.

Although most participants didn't discuss the Needs and Risk Profile directly, they did discuss the benefits and limitations of the main tools which informed the Perception of Need and Risk Table including:

- the I Need Help…Form (pages 174); which collates the parent's rating of their parenting,
- the Initial Screening Tool (pages 182); which collates the referral sources rating of the parent's parenting ability and

- the final PAMS Priority Rating scores (page 166); which are the culmination and analysis of the various PAMS and non-PAMS resources used to assess the parent.
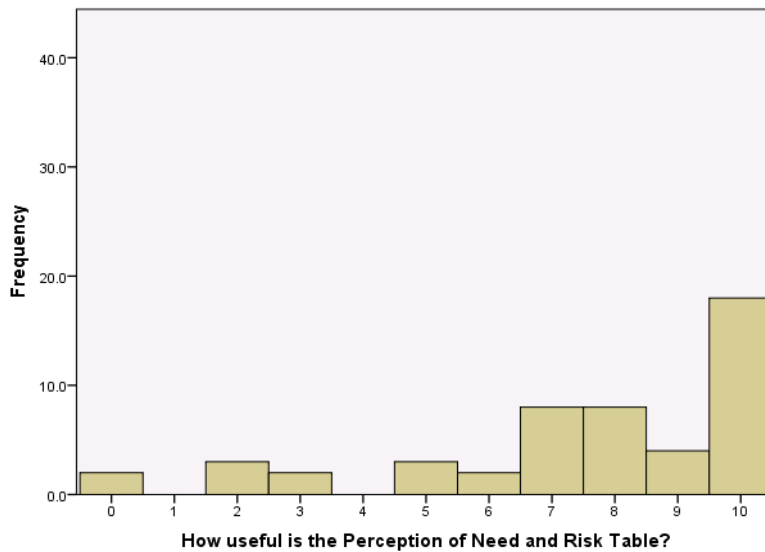
Figure 7:7: Usefulness of Perception of Need and Risk Table
(0 = not very useful and 10 = very useful)

7.3.6   I Need Help… Form

7.3.6.1   Quantitative Results

Usefulness of the I Need Help… Form is another negatively skewed distribution showing that the majority of participants found the tool useful (Figure 7:8); however, this tool was rated in 6th place in comparison to other PAMS tools and outputs (Table 7:7). As such, this tool marks the end of a clearer cut preference for the tools and – despite the majority stating the tool is useful, it does have a considerable population rating the tool as not being useful.

7.3.6.2   Quantitative Results

Table 7:14 explores the benefits of using the I Need Help… Form including the tool providing an indication of parental understanding of concerns. Participants felt this tool offered a good gauge as to whether parents understood social service's concerns or not. It was also raised that this tool helped parents feel heard and have a voice within the FPA process. It was also felt the tool was easy to use; and therefore, easy to incorporate in the FPA even when a Full PAMS FPA or a PAMS Plus FPA was not being undertaken. It was also highlighted as a useful tool to prompt parental reflection of concerns, either to prompt immediate reflection or as something to revisit at intervals throughout the assessment process.
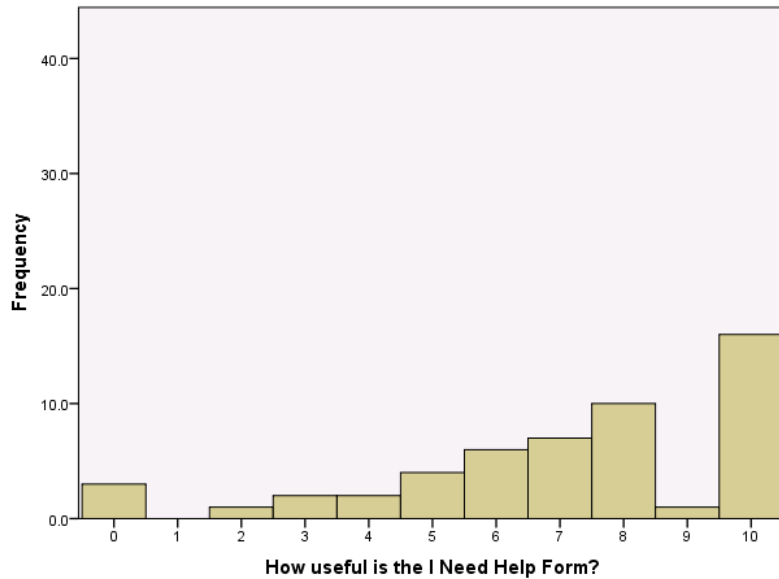
Figure 7:8: Usefulness of I Need Help… Form
(0 = not very useful and 10 = very useful)

Table 7:14: Benefits of the I Need Help… Form

Category	Examples
Indication of Parental Understanding of concerns	Yes, I do use that. Because for me that is a really good indication of how much insight the parent actually has. You know, where do they think they are? What do they think that they can do well? (participant 54)
Parent feels heard	Also, think it helps them to, sort of, feel that one is interested in them. (participant 54)
Easy to use tool	I guess I feel like, "Well, I can easily do those bits and they're PAMS, you know, they're part of the PAMS so I should do those bits. And they're so easy to get done." (participant 15)
Prompted parental reflection	And, um, it would be very interesting for lots of parents because they would, a lot of them would say "oh, no, no, no I'm good at that, I'm good at that." And then, of course, you explore that further along and then go revisit it at the end of the piece of work. And you – they suddenly realise, "yeah, well, I'm probably wasn't as good as I thought." (participant 27)

There wasn't a great deal of limitations with regard to the I Need Help… Form; however, Table 7:15 explores 2 concerns that were raised. A few participants mentioned that parents don't want to acknowledge areas of limitation as a concern since their experience in using this tool with parents often resulted in the parents defending their position that their parenting was good enough and there was no need for social care's involvement. They felt that the high stakes of Care Proceedings or PLO prevented honest and open parental reflection in this context. Another concern was raised regarding the I Need Help… Form holding up under cross examination scrutiny. They have experienced a difficult time explaining the regularly stark difference in scores between the low parental score (from the

I Need Help… Form), the referral source score (Initial Screening Tool) and the final – usually much higher – PAMS scoring.

Table 7:15: Limitations of I Need Help… Form

Category	Examples
Parents don't want to acknowledge areas of limitation	The I Need Help… Form, I find quite strange. Um, and I don't know whether it's the context I work in, because doing PAMS within care proceedings or PLOs, parents are usually – they don't want, they aren't going to tell you they need help. They are trying to tell you that they are good enough parents… (participant 15)
Cross examination scrutiny	I have to say I have been quizzed twice in court over them [I Need Help… Form and Initial Screening Tool] *laugh*… Over the, um, the report, that part of the report. The – because the I Need Help… [Form] is purely a self-supporting thing. And so, when I've been quizzed in court it's usually been, "So, why nine? Is it, on that – on this blah score of blah and on this one, there was a score of blah and yet on your score of the working priorities they were way high?" (participant 9)

7.3.7   Worksheet Summary

7.3.7.1   Quantitative Results

The Worksheet Summary marks a shift in the distribution of usefulness in PAMS tools. Instead of providing a clear negative skew in favour of the tool being useful, it starts to form a U-shape which indicates a stronger polarisation of opinion (Figure 7:9). The majority of participants felt this tool was useful; however, a significant minority have rated this tool as not being useful at all.
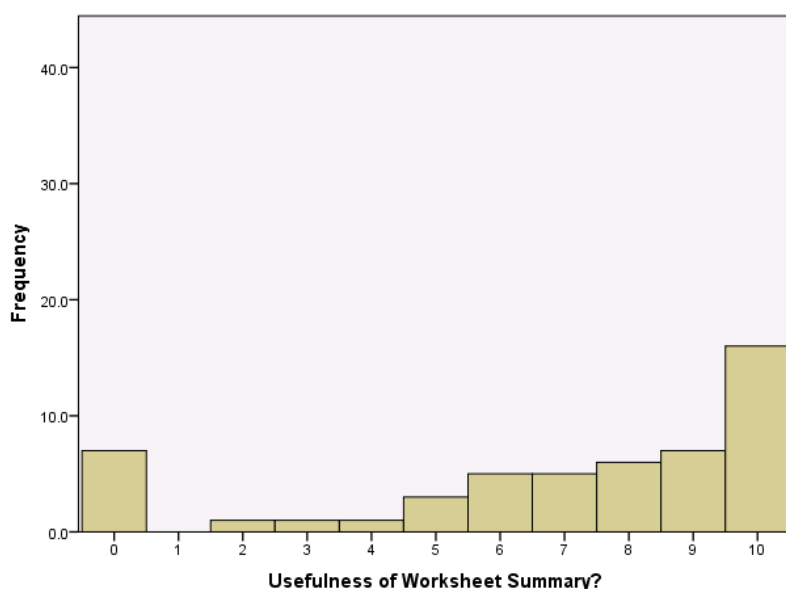
Figure 7:9: Usefulness of Worksheet Summary
(0 = not very useful and 10 = very useful)

7.3.7.2 Qualitative Results

The benefit of using the Worksheet Summaries are outlined in Table 7:16; which fell under one category: visual clarity with Worksheet Summaries. This category highlights the ease in which this PAMS output can be used a brief and visual summary of someone's parenting capacity. This category also has two subcategories; the first identifies that Worksheet Summaries offer *visual clarity for professionals* for a quick guide to the conclusion of the assessment and the second recognises the benefit of using this PAMS output to provide *visual clarity for parents* to support their understanding of the assessment conclusion.

Table 7:16: Benefits of Worksheet Summaries

Category	Subcategory	Examples
Visual Clarity with Worksheet Summaries	Visual clarity for professionals	It's quite a clear, um, report, the PAMS report, for the judge to look at because it gives you the areas where they scored and where the concerns are… it shows them instantly. You can pick up a PAMS report and you'll be able to see where they've scored… [and] how many parenting areas you've assessed. (participant 43)
	Visual Clarity for parents	And you can see it [strengths and concerns] straight away in the profiles [the worksheet summaries] ... the coloured boxes in the end… Cause that's what I usually take out with me at the end, to show the parents. And it's really quite strong when you see it – the colours. (participant 8)

When exploring the limitations of the Worksheet Summaries (Table 7:17) participants shared their concern that they could be misleading presentation of Worksheet Summary. This category has three subcategories and the first is that the Worksheet Summaries *look more impressive than they might be*. This was raised around the concern that someone may misuse PAMS tools and, yet, still produce an impressive looking Worksheet Summary. The Worksheet Summaries, on their own, do not provide any indication of whether the FPA that incorporated PAMS was a quality assessment to start with; however, viewing the Worksheet Summaries may mislead someone into thinking more of an assessment than is warranted. Another subcategory raised the concern that the Worksheet Summaries *don't reflect capacity to change clearly*; for example, a parent may have a skill that is flagged as being high or moderately high concern but there is no indication of whether the parent is willing and able to make suitable changes. Although this rating may have taken the matter of change into consideration already; it was felt that this is not always clear when viewing Worksheet Summaries. The third and final subcategory is that the Worksheet Summaries *don't highlight serious concern well enough*; for example, a serious area of concern may show up as a sliver within a much larger spread of good enough parenting skills. The concern could be so serious that – on its own – there is justification for caution in reuniting parent and child; however, as a sliver within a pie chart, the presentation of good enough parenting scores will overpower and minimise the presence of such a serious concern.

Other limitations with the Worksheet Summaries include frustration that the <u>colour charts</u> <u>are not copied properly in court</u> sometimes despite advice to the contrary. The majority of these summaries are colour sensitive and having a black and white copy renders them as virtually undecipherable. As a result, when a black and white version is provided in the Legal Bundle or offered for distribution amongst parties, the results are confusing for anyone – including the assessor who may have to defend the FPA during cross examination. There was also the opinion that the <u>Worksheet Summaries are not really noticed</u> and that the conclusion and recommendations are the key area of interest in the FPA.

Table 7:17: Limitations of Worksheet Summaries

Category	Subcategory	Examples
Misleading presentation of Worksheet Summary	Looks more impressive than it might be	But I think the graphs are, quite often, completely meaningless. Um, and it, it's, cause obviously, it's, it's a tool. So, it's not, I think that is the problem, that it – a lot of the time in the court arena tools are seen as much more helpful than they actually are. (participant 15)
	Doesn't reflect capacity to change clearly	See, I think that they can be misleading in terms of, that people can think that, actually, you've got quite a lot that's good… So, their basic parenting might be okay but the areas that they are not good in are significant. And, they are not so open to change. (participant 9)
	Doesn't highlight serious concern well enough	Um, I think it's interesting to sometimes see the, um, the pie chart at the end. Because sometimes it is interesting in cases where, you know, there is something really quite serious but actually the pie chart – it doesn't, it might not really reflect that. (participant 9)
Colour charts not copied properly in court		I know they've got the colourful charts where, um, you know, you've got the yellow, and, um, I know somebody who went to court and everything had been, um, photocopied in black-and-white… (participant 27)
Worksheet Summaries not really noticed		I don't think there is a lot of notice paid to the pie charts by legal. *laugh* By our legal, and she said as much. One of them said as much, she said, "Nobody looks at them anyway." (participant 42)

7.3.8 Parent Questionnaire

7.3.8.1 Quantitative Results

The quantitative results for the Parent Questionnaire is the start of another U-shaped distribution which, again, highlights a more polarised opinion regarding its usefulness. The majority of participants felt the tool was useful; however, a significant minority rated this tool poorly with regard to usefulness (Figure 7:10).
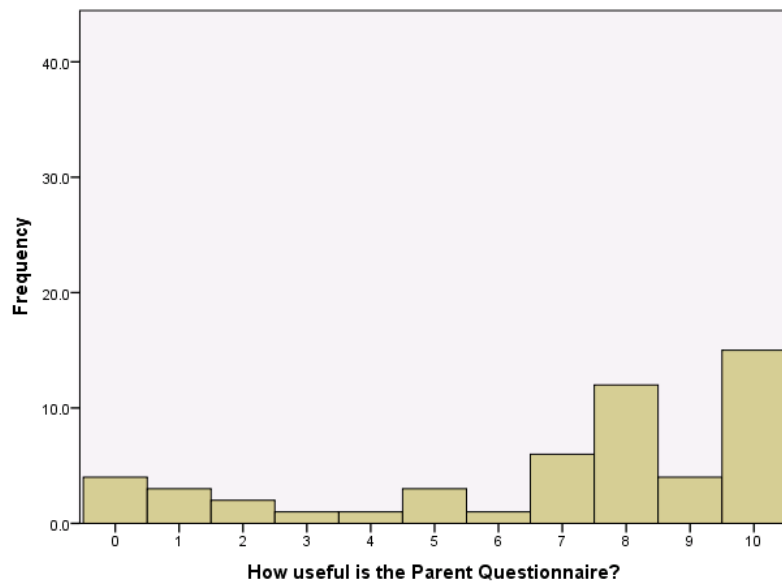
Figure 7:10: Usefulness of Parent Questionnaire
(0 = not very useful and 10 = very useful)

7.3.8.2 Qualitative Results

Qualitative result highlighted two areas that were beneficial in using the Parent Questionnaire (Table 7:18). Some participants felt it offered a good narrative of parental upbringing. They felt it allowed the parent to express their own understanding of their history and to put events in their own words which shed light on how they viewed and experienced their past. This was in contrast to seeing the parent's past as a serious of events without grounding as to how the parent viewed, experienced and processed it. The Parent Questionnaire was also identified as a tool that collated information well and helped participants gather relevant information with an easy to use tool.

Table 7:18: Benefits of Parent Questionnaire

Category	Examples
Good narrative of parental upbringing	And obviously, the background information, the Parent Questionnaire, um, that is written as the parent carer would tell us that information because clearly that's really important – about their perspective… So, you know, it is a good way of getting, um, not the timeline as such, but a sort of, narrative of, um, how the parents felt that, that they were brought up and parented. (participant 26)
Collates information well	But, I think it a great tool and again it is something that, for me, that collates information really simply and easily. You know, I think it's good. (participant 12)

Interviews have also highlighted key limitations with the Parent Questionnaire (Table 7:19). Insensitive questions and irrelevant questions were two key themes which often overlapped; for example, when exploring questions about the parent's sexual lifestyle. This was considered an insensitive question and wasn't always necessary to inform the FPA. Participants also shared that the Parent Questionnaire needed to be expanded because it

was felt that some significant areas were not covered in enough detail. For example, the Adult Attachment Interview was mentioned as a tool used by some participants to elaborate on the Parent Questionnaire and "prod and dig" and "challenge" (participant 42) the parent's view on their past. It is important to note that there are other reasons for modifying and omitting aspects of the Parent Questionnaire; as outlined on page 144 to 146; however, these were not included in this section as they were not indicators of limitations of the Parent Questionnaire. For example, having been already provided the information or choosing to use a different tool to gather the information was presented as a matter of circumstance or preference versus a limitation of the Parent Questionnaire. Nonetheless, these are important considerations since this is one of the least used PAMS tools (Table 6:10) and, despite some popularity, it also has a lower usefulness rating to other PAMS tools (Table 7:7).

Table 7:19: Limitations of Parent Questionnaire

Category	Examples
Insensitive questions	…one thing that I never ever ask about was the, like, with the – in the PAMS it, um, like, the sexual history and things like that because it, … didn't seem very, um, I don't know, I want to say "polite" *laugh*… it was almost too personal. (participant 27)
Irrelevant questions	…it never seemed relevant. Um, to – I mean, obviously, some parents were abused but to, to go, um, into, "have you, um, you know, when they had such and such an experience" – it didn't, it didn't seem relevant. (participant 27)
Needs to be expanded	If there is high risk in the family or if I'm a bit more concerned, I have to say that, I always add to that. And sometimes I, I sort of, follow that but I add bits into it and I might even add questions and, and, I'm not fully trained in AAI [Adult Attachment Interview] but I would use the questions because I'm trying to get a bit more about any unresolved or trying to capture stuff to, to, to find information... (participant 54)

7.3.9   Skills Index

7.3.9.1   Quantitative Results

The Skills Index is another tool which has a polarised opinion on its usefulness. The U-shaped distribution informs us that the majority of participants felt the tool was useful; however, a significant minority rated the usefulness of the Skills Index poorly (Figure 7:11).

7.3.9.2   Qualitative Results

Despite a strong minority rating the usefulness Skills Index poorly, data obtained from the qualitative interviews identified a number of benefits to using the tool – albeit, it wasn't often used consistently (Table 7:20). Participants shared that the tool was useful when there was a lot of concerns to be covered as it enabled a tick-list approach to viewing observations that limited missing key elements. It was also considered a good foundation guide for observations by another participant who, despite not using it anymore, shared that it helped to inform how observations were taken. Like some previous tools, the Skills Index were also found to reduce recording which, if not used, would turn into copious amounts of notes and

recordings. Additionally, using the Skills Index was found to be a <u>clear and measurable</u> tool in quantifying observations. Finally, the Skills Index was <u>useful when used in collaboration with other professionals</u>; for example, foster carers and contact supervisors may be able to use the form to focus observations.
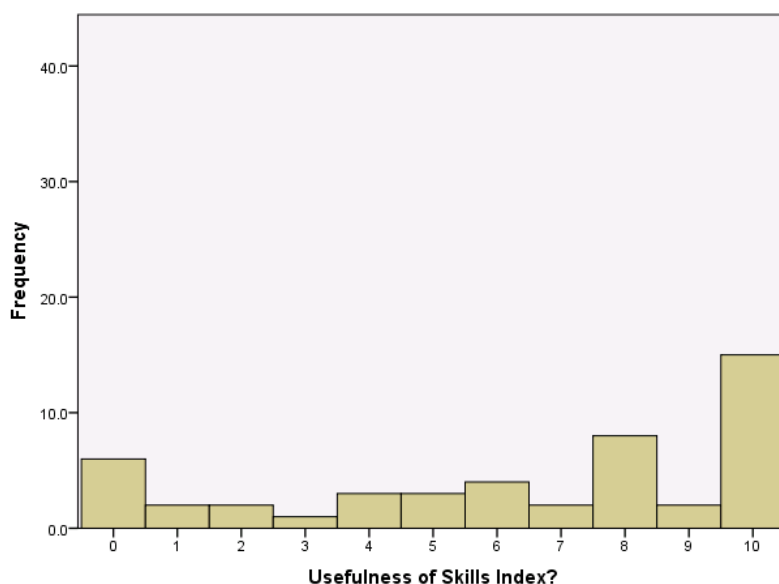
Figure 7:11: Usefulness of Skills Index
(0 = not very useful and 10 = very useful)

Table 7:20: Benefits of Skills Index

Category	Examples
Useful when there are a lot of concerns	I do [use the Skills Index, particularly] if I'm working with a family where there's lots of concerns, lots of areas, maybe, that we are looking at, I will take the Skills Index in when I do observations… So, that can be quite good. It also, yea, I think that's a good marker of, the kind of, maybe areas that maybe you haven't seen. (participant 43)
Foundation guide for observations	It [Skills Index] is kind of like engraved in my head… I don't do any of that [printing it and bringing it into contact with me]. I know what I'm looking for now… I just take my book with me and I just write down everything that I see in contact. But, all the time I'm writing everything down, I know which, which skill it's ticking for me... It does give you a really good guide. (participant 8)
Reduces recording	[The Skills Index allows you to] record information about what [your seeing] without writing pages and pages of dialogue. (participant 2)
Clear and measurable	I like them [Skills Index] because they're very clear and, um, you know, measurable… (participant 2)
Useful when used in collaboration with other professionals	Um, I like, what I like about it is that there are so many clear ways for foster carers to, um, record information about what they are seeing… Um, I, I think they, they like them because it gives them a real structure about what they're looking for and what they are recording. (participant 2)

Despite a lower usefulness rating than other PAMS' tools, the Skills Index did not receive much critique during interview (Table 7:21). One critique provided was that the Skills Index was an <u>unrealistically long list of skills</u> which was not feasible and put unnecessary pressure on the assessor when it wasn't completed in full.

Table 7:21: Limitations of Skills Index

Category	Examples
Unrealistically long list of skills	[I don't use the Skills Index as an observational tool] Because, I feel like because there obviously, so many of the observation bits. Unless you spent 24 hours a day with a parent, you wouldn't see even half of the fields that are there… then, when I'm scoring I'm really aware of that and to say "Oh god, I've done a really crap PAMS because I haven't seen, you know, 200 of these 300 skills." (participant 15)

7.3.10 Initial Screening Tool

7.3.10.1 Quantitative Results

The Initial Screening Tool is another distribution which is more evenly spread out or may even have an early development of a U-shape; suggesting a stronger polarisation of opinion regarding its usefulness. Participants have varied significantly in the rating of this tool; with the majority stating it was useful but a strong minority rating it as not being very useful (Figure 7:12).
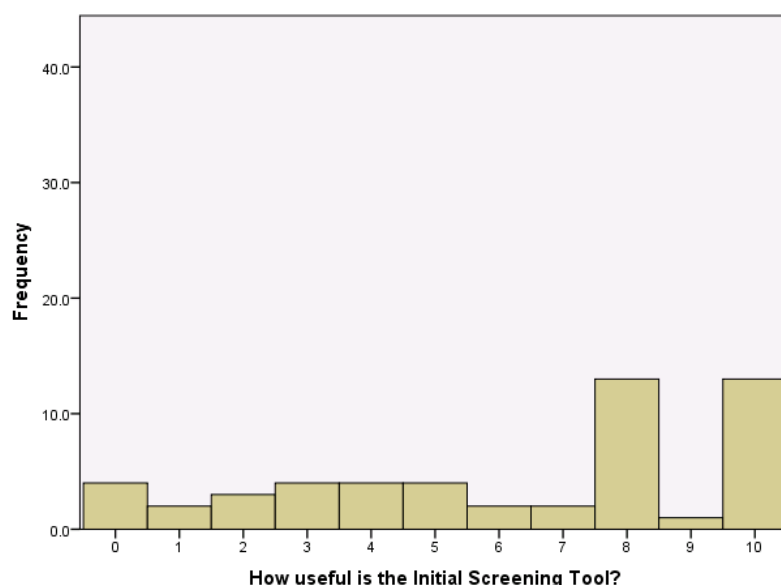
Figure 7:12: Usefulness of Initial Screening Tool
(0 = not very useful and 10 = very useful)

7.3.10.2 Qualitative Results

Qualitative interview data has supported the quantitative data above. Similar to the I Need Help… Form, the Initial Screening Tool has been identified as an <u>easy to use tool</u>. Additionally, it has been identified as a generally <u>helpful tool to use</u>; however, specific

examples of the benefits of the tool did not materialise during interview. One participant did share that she thought the tool <u>could highlight if the referral source has limited knowledge on the family</u> when completing the form; as there were occasions when they just weren't able to complete it because they did not know the family well enough (Table 7:22).

Table 7:22: Benefits of Initial Screening Tool

Category	Examples
Easy to use tool	I know that I'm not going to be doing a full PAMS, um, so I think, "well, I can easily do those bits [the Initial Screening Tool] … And they're so easy to get done." (participant 15)
Helpful tool to use	I think, I think the Initial Screening Tool is quite helpful... (participant 15)
Could highlight if the referral source has limited knowledge of the family	To be honest with you, I'm not sure – there are some social workers, but mainly, they don't know their families that well, that they aren't actually able to do it. Some of them are really quite spot on. Some of them don't really know. (participant 54)

Instead of exploring any benefits in using the Initial Screening Tool, participants were more likely to explore some of the limitations they have encountered in using the tool (Table 7:23). They spoke about how the tool is <u>easy to misuse</u> by the referral source which can led to unexplainable and unfair scores that may be hard to explain in the report or defend on the witness stand. The later point leads into the next concern which is similar to the I Need Help… Form; <u>cross examination scrutiny.</u> This was raised as a limitation of the Initial Screening Tool because participants have experienced a difficult time explaining the regularly stark difference in scores between the low parental score (from the I Need Help… Form), the referral source score (Initial Screening Tool) and the final – usually much higher – PAMS scoring (Priority Ratings). Finally, they shared their frustration in how the form can be <u>hard to get returned</u> from the referral source (usually social services) as they are often pushed for time and struggle to complete it.

7.3.11 PAMS Observation Form

7.3.11.1 Quantitative Results

The PAMS Observation Form was rated the least useful tool (Table 7:7) and the majority of participants didn't use this tool (Table 6:10); therefore, it is not surprising that this distribution is the first U-shaped distribution with a stronger positive skew (Figure 7:13). This distribution confirms a polarisation in opinion regarding the usefulness of the PAMS Observation Form. The tool is viewed as not being useful by the majority of participants; however, it is important to note that a strong minority rate the tool very highly.

Table 7:23: Limitations of Initial Screening Tool

Category	Examples
Easy to misuse	I do sit with them and do it. I wouldn't – I don't give social workers anything to do on their own… Because I think they can – like, when I have sat with them, what I've noticed is they will misinterpret what the question is asking. Um, and so they won't score it the way they should… (participant 42)
Cross examination scrutiny	I have to say I have been quizzed twice in court over them [I Need Help… Form and Initial Screening Tool] *laugh*… Over the, um, the report, that part of the report… And so, when I've been quizzed in court it's usually been, "So, why nine? Is it, on that – on this blah score of blah and on this one, there was a score of blah and yet on your score of the working priorities they were way high?" (participant 9)
Hard to get Initial Screening Tool returned	You have to really – when I worked at a parenting assessment centre, we used to take it to our planning meeting and give it to them there and ask them, "Would you please just fill this in while you are here?" And that was probably the best way of getting it back. But once you, sort of, send it off and you wait and you beg, um, that's quite hard *laugh*. (participant 54)
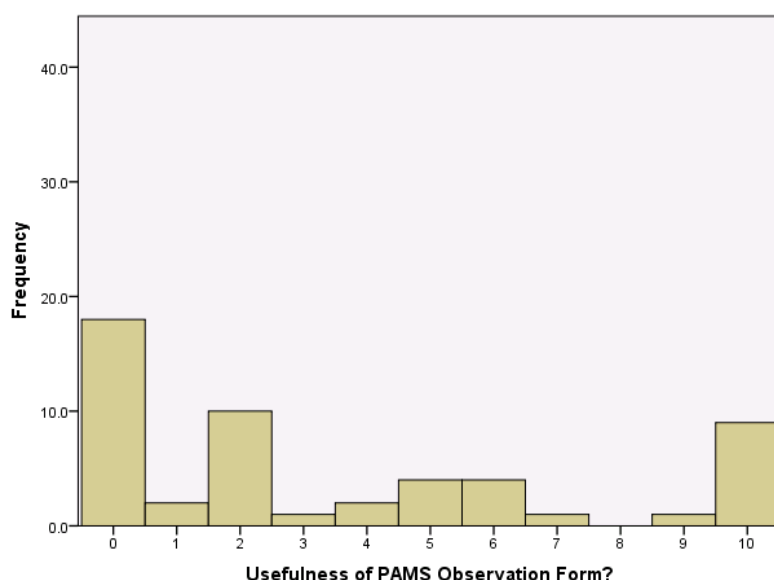
Figure 7:13: Usefulness of PAMS' Observation Form
(0 = not very useful and 10 = very useful)

7.3.11.2 Qualitative Results

The benefits of using PAMS Observation Form are outlined in Table 7:24. It was found that it can be <u>useful when used in collaboration with other professionals</u>; for example, participants spoke about getting foster carers or contact supervisors to contribute to completing the PAMS Observation Form. This was in order to achieve some consistency with time; so that the observation was taking place at the same time and for the same amount of time. Additionally, some participants felt the PAMS Observation Form was <u>good when combined with the Capacity Update Report</u>. They felt the added time needed for the

Capacity Update Report and the teaching process involved in this process allowed for a more applicable use of the PAMS Observation Form.

Table 7:24: Benefits of PAMS Observation Form

Category	Examples
Useful when used in collaboration with other professionals	That is a little bit easier to do if the, if it's a mother and baby placement, for example. And, the, um, we are, um, asking for support from the foster carers because, obviously, they are on hand, um, 24/7, so that they would be able to see whether, um, how, what the practices around bath time, for example, or feeding, or changing a nappy. (participant 26)
Good combined with Capacity Update Report	Um, and so an example [of using the PAMS Observation Form] would be, you know, someone who had done a lot of teaching, more so, using it for the capacity update. I think, I can see its relevance more for the capacity update. (participant 12)

In contrast to some previously recognised favourite PAMS' tools, the PAMS Observation Form was cited as a participant's least favourite tool but no one who was interviewed spoke of it as a favourite. This tool is the first tool to have a majority stating they did not find it useful; therefore, it is not surprising that there are more limitations of the tool expressed in interview than benefits (Table 7:25). Participants felt that consistency was hard to achieve when using the PAMS Observation Form; which they believed was an important element in using the form adequately. For example, they felt the parent should be observed at the same time and for the same amount of time to make the tally of identified behaviour sightings accurate and comparable. Other participants reflected on the tool being time consuming and too specific. As outlined in the PAMS Instruction Book, "only a few skills should be observed at any one time using the Observation Form" (McGraw, 2010, p. 13); therefore, participants felt constrained to focus on one or two particular behaviours at the cost of time needed to look at more board aspects of parenting. Finally, the sentiment was expressed that the PAMS Observation Form was more beneficial for identifying negative parenting over positive parenting; in conflict with a more well-rounded approach of exploring both negative, positive and changing aspects of parenting.

7.3.12 PAMS Report Template

The PAMS Report Template was only explored during the qualitative aspect of this study (Table 7:26). Some of the benefits to using the Report Template include how it adds quantitative elements easily and this is visually summative and helpful to view. Additionally, some participants felt the Report Template could contribute to shorter reports. In particular, this was with regard to the Report Template dictating that concerns scored as a two or three (the highest-level concerns) were discussed and explained further; however, scores that were less of a concern or no concern ('criterion met' or ones) did not need to be expanded upon at all. One participant disagreed with this practice and felt all headings should be

Table 7:25: Limitations of PAMS Observation Form

Category	Examples
Consistency hard to achieve	Um, we are beginning to use that more. Um, that's not always easy because were not always able to see the parent at the same time and then, we appreciate that, that an important part of that in terms of regularity and consistency of what you are seeing. (participant 26)
Time consuming	Um, I don't think you get enough time to do all of that [PAMS Observation Tool] … and I might be really rather, sort of, like, when you have a longer time and you are really looking into specific things, um, specific areas of parenting and you have the time and you are really doing the teaching as well. (participant 54)
Too specific	The one thing I must admit; I never use the observation sheet… I think it's just because I have in my head it's too… much and it's too specific. (participant 54)
Identifying negative parenting over positive	So, if you were being very, and I suppose it's, in a cynical way, it's probably more relevant if you're trying to prove a negative point, I always find, than a positive one. (participant 12)

discussed equally; as eliminating any discussion on the things the parent did well reduced the positive balance of the report. Although shorter reports were raised as a benefit to using the Report Template, there was some concern that longer reports could be a limitation too; as explored below. It was also felt that the Report Template made the whole report <u>look and read better</u> as it offered a better set up. Another thought was that the Report Template offered a <u>good starting point</u> from which to build and expand the full report around.

Table 7:26: Benefits of PAMS Report Template

Category	Examples
Adds quantitative elements easily	Um, also, obviously, it pulls through all of the quantitative stuff and generates a way of demonstrating that, um, for me, without me having to work out percentages. So, it definitely helps there. (participant 42)
Shorter reports	Some people really like it because it does give them, it makes, can tend to make their reports shorter because they just have to put the bits in where they've scored twos or threes. Um, some people really like that side of report. (participant 43)
Look and read better	I think it, it's, I think people who use the template – the reports always look better and read better… and phrased better. (participant 43)
A good starting point	Why I choose to use it? I think I, I, I think I use it because it is a good starting point and I do… I like the tables in things that it brings up because I think one can point out information. (participant 54)

Table 7:27 presents some of the limitations raised regarding the use of the PAMS Report Template including the concern that the report needs to be expanded upon because it doesn't cover enough. For example, often the courts are presenting questions in addition to, and outside of, what a PAMS FPA would typically cover. Some participants don't feel this was a problem anymore because they have developed skills to incorporate this

Table 7:27: Limitations of PAMS Report Template

Category	Examples
Needs to be expanded upon	I wonder if I sometimes think that just the PAMS report is just not comprehensive enough for court work, for instance. (participant 54)
Doesn't interface well with Assessment Framework	I would add the PAMS into, maybe, for instance, the framework which I know they interface. But I do also know that I've had feedback from solicitors from the past that, sort of, say, "We are used to the framework. Can you please work into the framework and add your information into it?" (participant 54)
Expectations PAMS would do more	I think people, sort of, just relied on that "push the button" and there is a template. Um, and that, *laugh* and I just feel that, yes, it is a template but it's not going to give the answer as to whether someone can keep their child or not. And I think, sometimes people felt, "yeah, push the button and there's the report." (participant 12)
Analysis minimal	Because I, I have found that, um, at the end of it, when it did, like, a summary, it was never really, um, a really comprehensive, analytical summary. It, it was just very brief and not really much information in it. (participant 27)
Longer reports when moving between the Report Template and other formats	But the report, the reports can be very long when you start dipping from your PAMS generator into another format. Adding it all. Trying to make – to help the reader makes sense of everything you're putting together in there. (participant 54)

additional information into their PAMS FPA reports; however, they do feel that confidence and experience with PAMS has contributed to their comfortable flexibility with the tool. Another concern was raised that PAMS doesn't interface well with the Assessment Framework; despite some overlap in concepts the terminology is different and can be confusing to parties reading the FPA. Some participants shared that there were expectations PAMS would do more; particularly, regarding the utility of the Report Template. For example, subjectivity is not completely removed and professional judgment and analysis is still necessary to pull the information together into a purposeful report. This is connected to the concern that analysis is limited within the Report Template and requires the assessors to add their own formulation of what the material raised within the Report Template means. Finally, as alluded to above, participant's opinion was in contradiction as to whether the Report Template shorted or lengthen FPA reports. For example, one

participant shared that there could be <u>longer reports when moving between the Report Template and other formats</u>.

7.4 Chapter Synthesis: Perception of Incorporating PAMS into a FPA

As intended via this study's sampling process for interviews and suggested in the initial expert of dialogue provided at the start of this chapter, there has been a wide variety of general perceptions on the use of PAMS within a FPA. Quantitative data has shown the great majority of PAMS tools to be useful within a FPA and qualitative results have offered a more descriptive approach on what participants liked and disliked about specific elements, tools and outputs within PAMS. It is important to bear in mind that participants were purposefully sampled to provide this range; therefore, it is not indicative of a generalizable opinion of PAMS elements, tools and outputs more so than a broad range of opinion.

To help make sense of this data, two sections are provided in this synthesis. The first section will place opinion on the use of PAMS within FPA into broad stances. The second section will differentiate contentious and uncontentious limitations and benefits of various PAMS elements, tools and outputs provided throughout this chapter.

7.4.1 PAMS Stance

Although quantitative data indicates that the majority of participants preferred to undertake a PAMS FPA; there was a significant number of participants who did not have a preference and another group who preferred not to use PAMS. Table 7:28 shows the broad range of opinion held regarding the preference to incorporate PAMS within a FPA. This range was opinion was extracted from quantitative and qualitative data; including directly asking participants where they would place themselves on the continuum.

Table 7:28: General Perception of using PAMS in a FPA

Category	Examples
Pro-PAMS stance	Yea, because I think the PAMS tool is wonderful *both laugh*. I think it's great… I love it. I think it's great * laugh*. I just think it is really good. (participant 8)
Moderate-PAMS stance	It's fine. I wouldn't say, "Oh, I love it." But I certainly don't hate it. And it has its purpose. Um, it has its flaws. There are bits about it that are a bit of a pain and – but, it is what it is. (participant 42)
Anti-PAMS stance	I don't really like the PAMS... I certainly wouldn't use it in the way, in the full PAMS… oh yea, why do I hate it? *laugh*… Um, I don't "hate it" – well I do hate it a little bit. (participant 15)

Preferences regarding the use of PAMS within a FPA range from a strong <u>pro-PAMS stance</u> whereby some participants confessed to "love it," found using it made undertaking FPA easier and use it for all FPA they undertake; to a <u>moderate-PAMS stance</u> whereby some participants didn't mind using it, developed creative ways to fill in 'gaps' they identified in PAMS and/or find its use limited to specific instances (e.g. with parents who had a learning difficulty); to an <u>anti-PAMS stance</u> whereby some participants stated they "hate it a little bit",

felt forced to use it and made efforts to deter referral sources from requesting the use of PAMS in an FPA.

Although the full continuum of opinion is represented in both the quantitative and qualitative results from this study and some opinions are strongly on one side or the other of the continuum; everyone was able to comment on both beneficial aspects of using PAMS and limitations to using PAMS which suggests a fair appraisal that is neither wholly perfect nor completely damning.

7.4.2   Overall Benefits and Limitations of PAMS

All PAMS elements, tools and outputs have been explored to varying degrees during interviews and various benefits and limitations identified; however, this section will explore 'natural uncontentious' and 'natural contentious' benefits and limitations of PAMS elements, tools and outputs. During this study's semi-structured interviews, participants were prompted for their opinion on various aspects of PAMS; however, they were not asked to speak on behalf of each PAMS element, tool or output. Instead, they 'naturally' spoke about benefits and limitations of particular elements, tools and outputs. This is an important distinction to make since the terms 'contentious' and 'uncontentious' are naturally occurring versus being forced. For example, all participants weren't comprehensively presented with each benefit and limitation and asked if they agreed or disagreed; instead, they naturally discussed what they liked and disliked. Therefore, just because a point is uncontested does not necessarily mean that it would have remained uncontested if it had been presented more systematically.

7.4.2.1   Elements of PAMS

7.4.2.1.1 Naturally Uncontentious General Elements of PAMS

Table 7:29 explores the general overall uncontentious benefits and limitations of general elements of using PAMS within a FPA. Uncontentious benefits are raised regarding the general overall use of PAMS due to views that included evidence based procedures, an effective and useful system of analysis, a clear focus on targeted areas of change, visual aids and activities and a strength based approach. There was also a strong view that PAMS was useful when working with parents who had learning difficulties and raised awareness of these parents being given a fair chance during a FPA. Finally, participants also found training to use PAMS was a useful process; particularly when paired with undertaking a FPA assessment with PAMS and support from colleagues.

General limitations in using PAMS were also raise without contention. In particular, participants wanted to challenge what they saw as a misunderstanding in that the mere act of including PAMS within a FPA automatically made the FPA a better quality; as they did not see this as the case. Similar to non-PAMS FPAs, there was a strong opinion that a FPA that included PAMS was still only as good as the assessor. Some assessors also had

Table 7:29: Naturally Uncontentious Benefits and Limitations of Elements of PAMS

Uncontested General Overall Benefits of PAMS	Element Reference	Uncontested General Overall Limitations of PAMS	Element Reference
Evidenced based	General Usefulness of PAMS	PAMS only as good as the assessor	General Usefulness of PAMS within a FPA
Knowledge, Skills and Frequency framework helpful	General Usefulness of PAMS	Expectations PAMS would do more	Training
Useful focus on targeted change	General Usefulness of PAMS	Time consuming	Training
Positive strength based approach	Perception of Parental Attitudes	PAMS software difficult to use	General Usefulness of PAMS within a FPA
Parents with learning difficulties given a chance	General Usefulness of PAMS	Use of PAMS can be a monotonous process	General Usefulness of PAMS within a FPA
Good tool to use with parents who have learning difficulties	General Usefulness of PAMS	Difficulty building relationship with parent	Perception of Parental Attitudes
Visual aids and activities helpful	Perception of Parental Attitudes	Patronising ambiguity PAMS tools patronising Overcoming patronising	Perception of Parental Attitudes
PAMS appreciated by parents with learning difficulties	Perception of Parental Attitudes	PAMS a Social worker's tool	General Usefulness of PAMS within a FPA
Parents expect an advantage with PAMS	Perception of Parental Attitudes		
Support from colleagues with PAMS experience beneficial	Training		
Training paired with practice beneficial	Training		

expectations that PAMS would do more than it actually does. For example, they had expectations that it would have limited the required reliance on individually skilled FPA assessors; thus, making the process of undertaking a FPA more plausible by a greater population of child protection practitioners. However, they did not find this to be the case

since the FPA – whether including PAMS or not – was still reliant on the individual skills of the assessor. Additionally, PAMS was found to be time consuming, the software difficult to use and the process was described as "monotonous" at times. Some participants felt that using PAMS impacted negatively on relationship building process between assessor and assessed; particularly if the parents did not have learning difficulties as the material could be patronising. Finally, others felt PAMS use was limited to the social work profession.

7.4.2.1.2 Naturally Contentious General Elements of PAMS

Table 7:30 explores the contentious elements of using PAMS within a FPA. One significant contradiction was that some participants felt that PAMS was a comprehensive tool in assessing parenting; however, others felt significant areas within PAMS needed more development and guidance. Although presented as a contradiction; often, participants who shared that PAMS was a comprehensive tool would also add to the PAMS; suggesting that the term 'comprehensive' was used more flexibly than those who contested this idea. Instead of a fully comprehensive tool, it appears that they saw PAMS as something that enabled a larger view of material that covered a lot of ground, resulted in unexpected discoveries that would not have been found in such quantity and rigour without PAMS and would not be found in any other tools known to them. However, this did not exclude the required flexibility to add to the tool and further develop key areas.

The above point is connected with the next contested topic; whether the standardised nature of PAMS is a useful element or not. Some participants liked the standardised process and felt confident to be flexible and creative in identifying and adding material outside of PAMS that they felt was necessary. They liked how the standard process gave them a guide to follow and kept them on track; however, others felt that they were unable to work flexibly within PAMS and wanted a less standardised assessment process. Some saw undertaking PAMS as a process that needed to be completed which was somewhat detached from the 'real' assessment process; therefore, they would often see it as a time-consuming waste of time that took away from the assessment process they were more comfortable with applying and analysing.

Another contentious point regarding general elements of PAMS is whether PAMS is useful within forensic work or not. Some participants felt strongly that PAMS supports obtaining strong evidence to use within the courts; for example, bolstering arguments, providing a strong framework, being fair to parents and covering a lot of ground. Others felt strongly that PAMS was not developed for the courts and so remains lacking. For example, some felt it didn't specifically assess risk in enough detail, covered too broad a spectrum of parenting and didn't cover relevant focal points in enough detail. The latter points can be compensated for when applying a more flexible, creative and inclusive use of PAMS – as discussed above; however, a more significant concern raised regarding the use of PAMS within the courts is around timescales. Often, participants felt the inclusion of PAMS took

too much time and, as a result, took them away from other, more useful, assessment activities and processes.

In looking at general elements of PAMS, a final area of contention was raised regarding training clarity. Some participants felt training clarified the use of PAMS and others thought training left them confused regarding the use of PAMS. This may be explained further when considering the benefits listed in the above table (Table 7:29), as participants felt better about training when it was paired with the process of undertaking a FPA and when they were supported by a colleague who was already experienced in using PAMS.

Table 7:30: Naturally Contentious Benefits and Limitations of Elements of PAMS

Contested General Overall Benefits of PAMS	Element Reference		Contested General Overall Limitations of PAMS	Element Reference
A comprehensive tool in assessing parenting **Covers a lot of ground** **Unexpected discoveries**	General Usefulness of PAMS	↔	Key areas of focus need more guidance	General Usefulness of PAMS within a FPA
Standardised process helpful **Flexible enough to incorporate professional judgment**	General Usefulness of PAMS	↔	Want more flexibility and less standardisation	General Usefulness of PAMS within a FPA
Strong tool to use within courts	General Usefulness of PAMS	↔	PAMS not developed for court	General Usefulness of PAMS within a FPA
Training brings clarification on implementation of PAMS	Training	↔	Specification confusion in training	Training

7.4.2.2 PAMS Tools

7.4.2.2.1 Naturally Uncontentious PAMS Tools

Since there are many tools to include, it is unsurprising that the table presenting uncontentious benefits and limitations of PAMS tools is a big one (Table 7:31). This qualitative data needs to be viewed through the lens of the quantitative results which accompany them. Quantitative data largely indicates a strong usefulness rating for the great majority of PAMS tools; however, qualitative data adds a new dimension to this understanding – highlighting specific benefits and limitations. Uncontentious benefits include a reduction in recording, the FPA looking and reading better, clear and measurable elements, the smooth collation of information and nonintrusive ways to prompt discussion.

Table 7:31: Naturally Uncontentious Benefits and Limitations of PAMS Tools

Benefit of PAMS Tools	Tool Reference	Limitation of PAMS Tools	Tool Reference
Reduces recording	Parent Booklet Knowledge Cartoons Skills Index	Doesn't interface well with Assessment Framework	Report Template
Particularly useful aspects of Parent Booklet	Parent Booklet	Hard to get Initial Screening Tool returned	Initial Screening Tool
Look and read better	Report Template	Age range distinction unhelpful	Parent Booklet
Collates information well	Parent Questionnaire	Expectations PAMS would do more	Report Template
Good narrative of parental upbringing	Parent Questionnaire	Consistency hard to achieve	PAMS Observation Form
Useful when used in collaboration with other professionals	Skills Index PAMS Observation Form	Time consuming	PAMS Observation Form
Supports understanding of parental skills with limited observations	Parent Booklet	Irrelevant questions	Parent Booklet Parent Questionnaire
Can highlight if the referral source has limited knowledge on family	Initial Screening Tool	Questions lack clarity/picture ambiguity	Parent Booklet Knowledge Cartoons
Good combined with Capacity Update Report	PAMS Observation Form	Cross examination scrutiny	I Need Help… Form Initial Screening Tool
Adds quantitative elements easily	Report Template	Identifies negative parenting over positive	PAMS Observation Form
A good starting point	Report Template	Culturally inadequate	Parent Booklet
Nonintrusive way to prompt important discussion	Parent Booklet Knowledge Cartoons	Subjective questions	Parent Questionnaire
Helpful tool to use	Initial Screening Tool	Insensitive questions	Parent Questionnaire
Clear and measurable	Skills Index	Too specific	PAMS Observation Form
Parents feel heard	Initial Screening Tool	Outdated questions	Parent Questionnaire
Foundation guide for observations	Skills Index	Inconsistent difficulty level	Parent Booklet

Particular elements are highlighted such as improved co-working, support around understanding parental skills when there is limited opportunity to observe parent and child interaction and an understanding of the referral source's knowledge of the family. The PAMS Observation form and the Capacity Update Report were found to work well together and there were particularly strong elements of various tools mentioned; for example, the report template creating outputs, the useful narrative approach to the social history and particularly useful aspects of the Parent Booklet. More generic feedback was also provided in that some tools were helpful, provided a good starting point and enabled the parent being assessed to feel heard.

Uncontentious limitations of PAMS tools are also presented in Table 7:31. These limitations include concern that PAMS does not interface well with the Assessment Framework, that tools which require external input are not returned consistently and that some tools seem to focus more on proving a negative over a positive element of parenting. There were also expectations that PAMS would do more than it does, a concern that consistency of some tools was hard to achieve, feelings that the age range distinctions on questions were unhelpful and that undertaking a FPA that incorporates PAMS was time-consuming. As mentioned earlier, participants also raised their concern that PAMS tools were not developed for forensic application and, as such, questions are not always relevant to what the courts need. Finally, specific concerns regarding specific questions were popularly expressed amongst participants. Some questions were found to be irrelevant, unclear, culturally inadequate, subjective, insensitive, too specific, outdated and/or uncharacteristically difficult.

7.4.2.2.2 Naturally Contentious PAMS Tools

There are 6 main areas of naturally occurring contention with regard to the benefits and limitations of PAMS tools (Table 7:32). Some participants felt that PAMS tools were a comprehensive tool-kit to explore parenting within a multidimensional perspective; however, others felt it lacked depth and needed further development, exploration and focus. Although this concept is raised anew with regard to PAMS tools, the concept remains the same as previously discussed above with regard to contention of comprehension within general PAMS elements; therefore, although PAMS is a comprehensive tool in a flexible sense, prompts unexpected discoveries and covers a lot of ground – a flexible and expansive use of – and beyond – PAMS tools is common.

Some PAMS tools are described as easy to use and therefore easy to incorporate into a FPA whether the benefits are perceived as beneficial or limited by the assessor. However, some participants feel that an uncommitted use of PAMS tools can easily result in the misuse of the tools whereby it could be made to look like more work and analysis – or more

194

specialised work and analysis (e.g. specialised tools for parents with learning difficulties) – was undertaken with the family than may have been the case. There was concern that some FPA assessors may not use the tools as designed and may try to portray them as if they were. For example, some assessors could misuse PAMS when they haven't had appropriate training regarding implementation and scoring of particular tools; as without this, the application of some tools could transform the process into a tick-list type of assessment lacking the relevant analysis. Another example of how PAMS can be misused was raised in the previous chapter with regard to the question of; 'What is a PAMS FPA?'. Participants state that they are undertaking a PAMS FPA; however, the variation in use – though not indicative of the quality of the assessment and not a deliberate attempt of misrepresentation – raised a district variation in the types of PAMS FPA being undertaken.

There was some contradiction regarding some participant's opinion around whether PAMS contributed to shorter or longer reports. Some felt the Report Template helped make reports shorter because they minimise writing requirements. Others felt reports remained shorter even when expanding beyond the minimal requirements set out in the Report Template and routinely incorporating additional headings and topics. Others felt that the reports were longer when PAMS was incorporated because they had to write two FPA reports; one which incorporated PAMS Report Template elements and the other which incorporated almost all of their own, or their organisations, non-PAMS report writing template. They found it harder to incorporate their non-PAMS FPA report writing process with the PAMS Report Template. In the latter case, participants felt the combination of the two reports made the final FPA report too long.

Some participants felt that the implementation of PAMS aided in the analysis of parenting capacity; in particular, they named the Priority Ratings as a key tool in aiding their analysis. They spoke about how determining Priority Ratings incorporated the consideration of parental knowledge, skills and frequency of skills; offering an essential guide to understanding whether the parent will be able to meet a child's needs. Discussions with colleagues around Priority Ratings was also mentioned by some participants as another useful aid in analysis since participants may occasionally differ in the Priority Rating score they wanted to give and discussion would challenge thinking and bias. Although some felt strongly that PAMS aided analysis within the FPA, another opinion contested this. It was felt that analysis was lacking within the use of PAMS and the information presented in the Report Template was basic – leaving FPA assessors to explain and formulate what the quantitative outputs mean with regard to a parent's ability to meet the needs of their child.

Some tools within PAMS were considered beneficial with regard to prompting parental reflection and offering assessors an insight into a parent's understanding of concerns; however, another view was held that this aspect of PAMS was a wasted exercise since

Table 7:32: Naturally Contentious Benefits and Limitations of PAMS Tools

Benefit of PAMS Tools	Tool Reference		Limitation of PAMS Tools	Tool Reference
A comprehensive tool in assessing parenting **Covers a lot of ground** **Unexpected discoveries**	Knowledge Cartoons Parent Booklet	↔	Lack of depth/Needs to be expanded	Parent Booklet Parent Questionnaire Report Template
Easy to use tool	I Need Help… Form Initial Screening Tool	↔	Easy to misuse	Priority Ratings Initial Screening Tool
Shorter reports	Report Template	↔	Longer reports when moving between the Report Template and other formats	Report Template
Priority Ratings are a good guide for analysis **Discussions around Priority Ratings useful**	Priority Ratings)	↔	Analysis minimal	Report Template
Prompted parental reflection **Indication of Parental Understanding of concerns**	I Need Help… Form	↔	Parents don't want to acknowledge areas of limitation	I Need Help… Form
Useful when there are a lot of concerns	Skills Index	↔	Unrealistically long list of skills	Skills Index

parents rarely admitted to faults within their parenting while being assessed in such a high-stake scenario as Care Proceedings.

Finally, there was some contradiction regarding the benefit of some PAMS tools used to assist in observations. Some felt that some of the tools, namely the Skills Index, could be a useful guide to undertaking assessments; either as a foundation guide or when there were a lot of concerns to look out for as they were clear and measurable and reduced recording requirements. However, others felt that the number of skills to observe and assess (312 skills across 31 domains) was unrealistic to achieve. This resulted in the assessor lacking

confidence in their FPA since they could not cover all areas and worrying about these inevitable gaps within the final FPA report that may be called into question.

7.4.2.3 PAMS Outputs

7.4.2.3.1 Naturally Uncontentious PAMS Outputs

Two PAMS outputs were explored in this study; the Worksheet Summaries and the Perception of Need and Risk Table. Although the Worksheet Summaries were explored directly during interview, the Perception of Need and Risk Table was often explored indirectly through the tools used to inform it (I Need Help… Form, Initial Screening Tool and Priority Ratings). As such, the Perception of Need and Risk Table is not presented directly within this section since the tools used to inform it have already been presented above.

When considering the Worksheet Summaries, there were no naturally uncontentious benefits to using them; however, there were two uncontested limitations (Table 7:33). The fact that the Worksheet Summaries are in colour and courts often print documents in black in white was one uncontentious limitation and the perception that Worksheet Summaries weren't really noticed was the other.

Table 7:33: Naturally Uncontentious Benefits and Limitations of PAMS Outputs

Benefit of PAMS Outputs	Output Reference	Limitation of PAMS Outputs	Output Reference
		Colour charts not copied properly in court	Worksheet Summary
		Worksheet summaries not noticed	Worksheet Summary

7.4.2.3.2 Naturally Contentious PAMS Outputs

There was only one contentious point regarding PAMS Outputs (Table 7:34). Some participants felt the Worksheet Summaries offered a useful visual clarity for professionals and parents. This could be used as a quick reference guide and as a talking point; for example, when talking with parents about the results of the FPA. Using these colourful sheets could be helpful when explaining the evidence which informed the final FPA recommendations. Alternatively, some participants felt that the Worksheet Summaries could be misleading. For example, what may look like impressive colour tables and figures may actually be the result of poor data gathering and analysis; however, the charts would not indicate this. In addition to looking more impressive than it might be, participants raised some concern that the Worksheet Summaries don't reflect capacity to change well; instead they present static information outside of the context necessary to present a full picture of parenting capacity. Finally, another complaint regarding the Worksheet Summaries is that they don't weight issues well enough. Although serious concerns would be a particular colour (red); this may only take up a sliver within the pie chart. Therefore, even though that

small sliver of red was a serious life or death situation; it looks insignificant within a large pie chart of less serious concerns and no concerns. Again, the context behind the sliver of red is not provided within the pie chart and requires further exploration and context within the body of the FPA report.

Table 7:34: Naturally Contentious Benefits and Limitations of PAMS Outputs

Benefit of PAMS Outputs	Output Reference		Limitation of PAMS Outputs	Output Reference
Visual Clarity with Worksheet Summaries **Visual clarity for professionals** **Visual clarity for parents**	Worksheet Summary	↔	Misleading presentation of Worksheet Summary Looks more impressive than it might be Doesn't reflect capacity to change clearly Doesn't highlight serious concern well enough	Worksheet Summary

Whichever type of PAMS is undertaken – a PAMS Informed, a Full PAMS or a PAMS Plus – this chapter has highlighted various benefits and limitations of the different elements, tools and outputs available via PAMS – including a quantitatively strong usefulness rating to most PAMS tools and outputs. Chapter 8 will continue the presentation of quantitative and qualitative results in looking at the differences in PAMS and non-PAMS FPA in more detail.

8   Results: PAMS Versus Non-PAMS Assessments

...anything else on the difference between PAMS and non-PAMS assessment?

(interviewer*)*

Um, no... a little while ago I would have probably said time. But, I don't think time is a huge difference because if it, if you're doing a non-PAMS you've got more working in other areas. So time, time would be the same.

(participant 43)
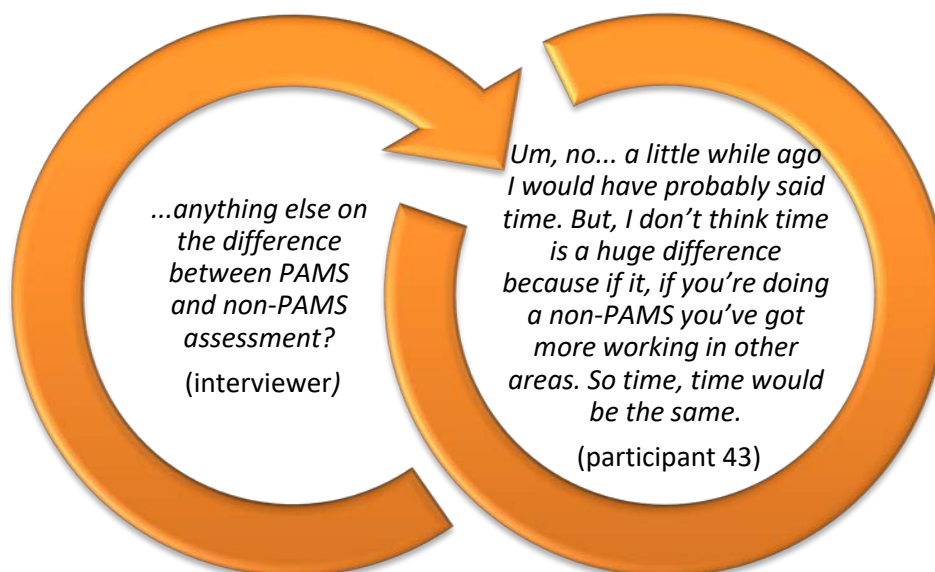
8.1   Introduction

As indicated by the above excerpt of dialogue from interviews, this final results chapter will look exclusively at the research question regarding how Parenting Assessment Manual Software (PAMS) and non-PAMS forensic parenting assessment (FPA) compare to each other; particularly with regard to meeting better practice guidelines for FPA. Quantitative and qualitative results from practitioner's perception of the differences – or lack of differences – between assessments will be presented. Differences highlighted with regard to observations being undertaken, questions surrounding difference in timeframes and, finally and how a PAMS and non-PAMS FPA meet better practice guidelines will be presented. A final chapter synthesis concludes this study's presentation of results.

8.2   Observations: PAMS versus non-PAMS

8.2.1   Quantitative Results

8.2.1.1   Number of hours in observations

Figure 8:1 and Figure 8:2 show a relatively normal distribution in how many hours of observations are undertaken within a PAMS (mean 3.43 hours/ SD 1.296) and non-PAMS FPA (mean 3 hours /SD 1.135); however, the visuals of the charts suggest that the amount of time doing observations was increased within a PAMS FPA.

As visuals suggested an increased use of observations, the means were compared between the number of hours of observation within a PAMS FPA and a non-PAMS FPA. The approximately normal distribution of the number of hours used in FPA (with PAMS and without PAMS) allowed for a paired samples t-test to be undertaken in order to compare the means between the two. Results suggest that a PAMS FPA is more likely to increases the

amount of time spent observing parent and child interactions by around and average of 30 minutes (difference in mean = -.47, t = -2.749, df = 50, p= .008).
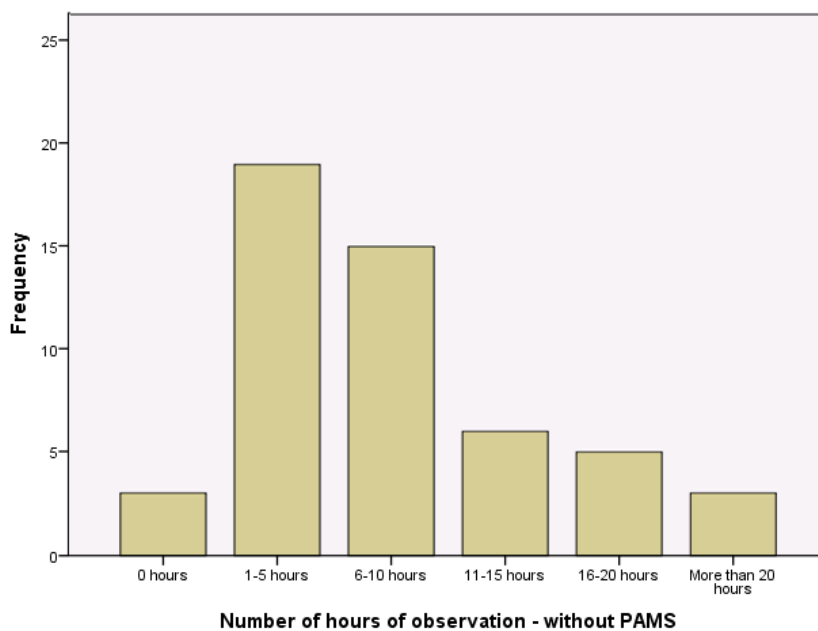
Figure 8:1: Number of hours of observation in a non-PAMS FPA
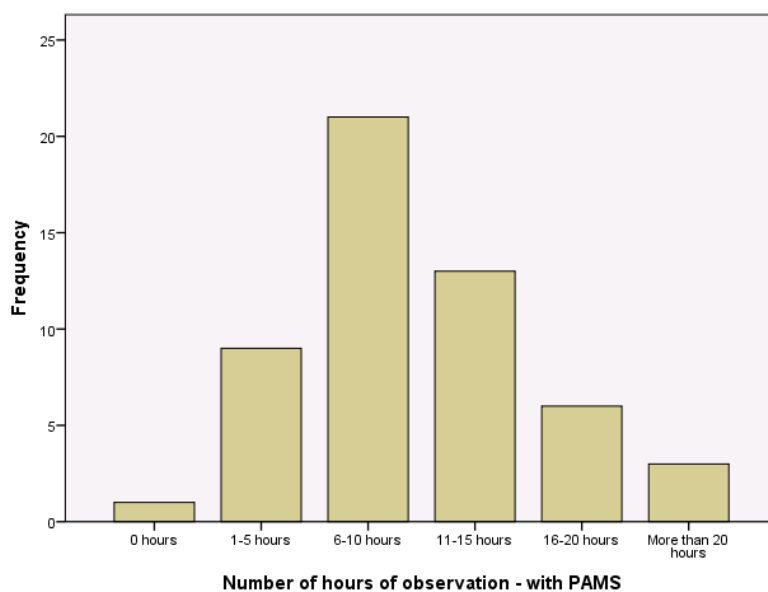
Figure 8:2: Number of hours of observation a PAMS FPA

8.2.1.2   Where observations take place

Table 8:1 demonstrates where observations typically occur during a FPA that does, and does not, incorporate PAMS. Contact centres, home visits, the community and office settings are the most used locations for observations. The main differences between where

observations take place between PAMS and non-PAMS FPA is that office observations were more likely to occur in a PAMS FPA: however, office observations were not necessarily at the expense of a more natural settings like home visits. This remains an area that requires further investigation to explain.

Table 8:1: Locations of Observations

Location of Observations: Non-PAMS FPA	n	%	Location of Observations: PAMS FPA	n	%
Contact Centre	42	78	Contact Centre	47	87
Home Visit	40	74	Home Visit	44	82
Community	32	59	Office Setting	44	82
Office Setting	10	19	Community	35	6
Other	5	9	Other	4	7
No Observations	1	2	No Observations	0	0

8.2.2 Qualitative Results

Some participants didn't undertake both PAMS and non-PAMS assessments and so did not have the experiences to compare between them. Nonetheless, observations were named as the most important element within a PAMS FPA in both quantitative and qualitative data during this study. Additionally, qualitative data also suggested that observations were the most important element of any FPA – whether PAMS was incorporated or not (see Table 7:7: Usefulness of PAMS' Tools and Outputs). Therefore, this is suggestive of there being no difference in the high level of importance placed on observations between PAMS FPAs and non-PAMS FPAs.

8.2.2.1 Usefulness Continuum

Participants explored whether using PAMS was useful when undertaking observations; resulting in a continuum of usefulness (Table 8:2). Some participants have shared that PAMS tools are a direct help with observations and this is explored further when each relevant PAMS observational tool (Priority Ratings, Worksheet Summaries, Skills Index and PAMS Observation Form) is discussed in previous chapters and includes key elements like guiding analysis, prompting useful collegial discussions, managing lots of concerns, reducing recording and offering a way to present FPA results with clarity. Some participants don't use the worksheets provided by PAMS to support observations directly (Skills Index and PAMS Observation Form); however, do find that PAMS tools help indirectly with observations. For example, having used the tools before and planning for how observations are recorded within a PAMS (e.g. Worksheet Summaries and Priority Ratings) helps to focus the assessor on key observational information needed. A popular perspective shared

during interview was that <u>observations were done the same with or without PAMS</u> being incorporated. This view did not see the incorporation of PAMS as being of value when undertaking a FPA; however, they did not see it as a hindrance, either. They simply undertook observations in the same way they would whether PAMS was incorporated or not and then fit their observation style into the PAMS format later. Finally, there was one participant who found that <u>PAMS tools were more of a hindrance</u> than a benefit when it came to undertaking observations since she had already established effective observation techniques and did not see the purpose in learning a different way of undertaking that work.

Table 8:2: Continuum of Usefulness of PAMS Tools with Observations

Category	Examples
PAMS tools are a direct help with observations	Um, when I tend to do observations I… don't do, um, a separate observation report. I include it in my, um, recording of home visits and visits and things which I run alongside my work. (participant 9)
PAMS tools help indirectly with observations	I just take my book with me and I just write down everything that I see in contact. But, all the time I'm writing everything down, I know which, which [PAMS] skill it's ticking for me… [PAMS observation tools are] always there in the back of my head. (participant 8)
Observations done the same with or without PAMS	…where I feel PAMS might be useful… I would do my observations as I would do my observations anyway [either with or without PAMS]. (participant 15)
PAMS tools more of a hindrance	I, I didn't really use those [PAMS observational tools]. I think, most of it was, um, done from observations and, um, just from, um, kind of, experience and knowledge, really… So, I suppose, that part of it, no, I didn't really – it was probably, um, probably more of a hindrance, really. (participant 27)

8.2.2.2 Difference in PAMS and non-PAMS Observations

Participants with experience of both PAMS and non-PAMS FPA were prompted to discuss the difference between PAMS and non-PAMS FPA observations. Unlike quantitative findings suggesting participants undertook more observations, participants routinely stuck to the notion that observations were undertaken the same with or without PAMS being incorporated.

"In looking at that PAMS versus non-PAMSs; do you have any other differences between them? Um, maybe, particularly with how observations are done? Are there any differences with observations?" (interviewer)

"No, I would observe completely the same." (participant 42)

However, one participant disagreed with the quantitative data (suggesting more time is provided to observations with a PAMS FPA) and the majority of qualitative data (suggesting no difference in observation time between a PAMS and non-PAMS FPA). Instead, she proposed that she may spend more time undertaking observations in a non-PAMS FPA.

"Yeah, a non-PAMSs assessment I would probably spend more time with the parent in the session, maybe more time with them in, um, observation… So, we might spend a bit more time on those other areas; whereas, with the PAMS you're a bit pushed for time." (participant 9)

Therefore, some discrepancy remains regarding quantitative and qualitative data regarding whether a PAMS FPA resulted in more observations being undertaken than a non-PAMS FPA. Quantitative data suggests that incorporating PAMS increases the number of hours that parent and child interaction is observed; however, qualitative data suggests that observations are largely undertaken without any difference as to whether PAMS is incorporated or not. Additionally, quantitative and qualitative data suggests that the location of observations are not greatly altered based on whether the FPA incorporates PAMS or not.

8.3   Timeframe: PAMS versus non-PAMS

8.3.1   Quantitative Results

Incorporating PAMS into FPA does not appear to save time in the assessment process. Most participants (57%, n = 31) indicated that a PAMS FPA took longer than a non-PAMS FPA and a further 22% (n = 12) felt a PAMS and non-PAMS FPA took the same amount of time.

Looking more closely, similar themes continued whereby 54% (n = 29) of participants stated that it took a longer amount of time to gather evidence for a PAMS FPA; whereas 24% (n = 13) thought it took the same amount of time. With regard to the amount of time required in writing the final report, the majority of participants (n = 23, 43%) stated a PAMS FPA took longer to write than a non-PAMS FPA. 28% (n = 15) felt it took the same amount of time.

8.3.2   Qualitative Results

Timeframes were discussed during interviews (Table 8:3). The general timeframe for completing a PAMS FPA compared to a non-PAMS FPA, ranged from taking more time, less time and the same amount of time. Reasons for why it was longer to include PAMS included there was not enough time available to undertake a PAMS assessment and other letter of instruction requests, PAMS took time away from other more personalised assessment methods and there was also consideration of the assessed parent's struggle to juggle the application of PAMS with various other appointments and demands on their time during proceedings. Other participants felt it was quicker to include PAMS because PAMS kept them on track and prevented unnecessary deviations. Additionally, they considered the benefit of forms and how they limited excessive recording and summarising. Finally, some felt it was the same amount of time to incorporate PAMS compared to a non-

PAMS because if PAMS was not used, other tools, tasks and processes of assessment would be undertaken in its place – which would take the same amount of time.

Table 8:3: General PAMS Timeframe

Category	Examples
Longer to incorporate PAMS	[To do a PAMS assessment and] an assessment that the, um, the courts have requested, you know, with specific points on a letter of instruction… like observations, the assessment triangle; the letter of instruction has got to be answered, so, to try and do that in four weeks is almost impossible. (participant 27)
Quicker to incorporate PAMS	I'd say they're quicker. They're definitely quicker because I haven't got to write up the parent booklet. I haven't got to write up the knowledge cartoons. I might make a few notes about the additional things they've said but then you just put that all into the worksheets… (participant 42)
Same amount of time to incorporate PAMS	I don't think my assessments would take an awful lot of difference between whether they're PAMS or they're not PAMS… Because I'll be using other tools if I'm not using PAMS. (participant 9)

8.4   FPA Guidelines: PAMS FPA and Non-PAMS FPA

Tables were developed in the questionnaire to determine whether there was a difference with regard to meeting better practice guidelines for FPA between PAMS and non-PAMS FPAs. Although there are slight variations, practitioners clearly indicated that they did not perceive a difference in using either PAMS or non-PAMS FPAs in meeting better practice guidelines in the literature (Table 8:4).

There is consistently 5.6% and 3.7% of participants who state that their better practice achievements were only with PAMS or only with non-PAMS' FPAs. These participants have consistently – across the board – indicated that aspects are only achieved either with PAMS FPAs only or non-PAMS' assessments only – suggesting that they do not undertake the other type of assessment. These results are certainly worth consideration and as to why they have chosen to only do one type of FPA; however, they do not offset the strong theme that both PAMS and non-PAMS FPAs are strongly perceived by assessors as being similar with regard to meeting better practice guidelines in the literature.

Another regular exception to the strong indication that PAMS and non-PAMS' FPAs meet better practice guidelines in the literature with similarity is a regular 1.9% that indicates that those better practice guidelines are not met with either PAMS or non-PAMS' assessments. This percentage indicates that not all participants undertake all of the recommended guidelines in the literature – for unknown reasons.

The three better practice questions that have the lowest percentages are with regard to psychological testing and whether participants work jointly or on their own. The use of psychological testing was questioned to ascertain how common this was within FPAs. Literature on FPA suggest many forms of psychological testing that can be used to inform

a FPA; however, it stresses that these tools are not designed to assess parental fitness specifically and should only be used to inform a FPA (Budd, 2001). The use of psychological testing remains the least practiced aspect of the better practice guideline in the literature. This could be viewed as a more specialised aspect of FPAs that are undertaken following the receipt of extra training; however, practitioners may not be using these tools for other reasons too. Follow up studies should explore why practitioners are not using these often and – for those who are using them – explore the weight that they give these tools within the FPA.

Table 8:4: PAMS vs Non-PAMS in Meeting Better Practice Guidelines

Question: When undertaking a FPA do you typically…	PAMS Only	Non-PAMS Only	Both	Neither
…explain limits of confidentiality?	6% n = 3	6% n = 3	83% n = 45	4% n = 2
…work jointly with colleagues	7% n = 4	4% n = 2	63% n = 34	20% n = 11
…work by yourself?	7% n = 4	13% n = 7	59% n = 32	17% n = 9
…undertake home visits?	6% n = 3	4% n = 2	87% n = 47	0% n = 0
…talk to other sources besides the parent being assessed?	6% n =3	7% n = 4	83% n = 45	2% n = 1
…review historical information/the legal bundle?	4% n = 2	6% n = 3	87% n = 47	2% n = 1
…use psychological testing?	6% n = 3	15% n = 8	44% n = 24	30% n = 16
…use research findings to inform your analysis?	2% n = 1	15% n = 8	72% n = 39	7% n = 4
…consider the impact of culture and diversity issues on parenting?	4% n = 2	6% n = 3	89% n = 48	0% n = 0
…tailor assessment to parent with specific needs?	11% n = 6	7% n = 4	80% n = 43	0% n = 0
…describe the parent's general capacity to parent?	4% n = 2	6% n = 3	85% n = 46	2% n = 1
…find that your assessments are of a similar standard of quality and execution?	9% n = 5	7% n = 4	76% n = 41	0% n = 0
…describe the child's relationship with the parent?	4% n = 2	7% n = 4	87% n = 47	0% n = 0
…emphasis both the strengths and weaknesses of the parent?	4% n = 2	6% n = 3	87% n = 47	0% n = 0
…cite historical information you have had access to?	4% n = 2	6% n = 3	89% n = 48	0% n = 0
…cite the limitations of the assessment?	7% n = 4	6% n = 3	80% n = 43	6% n = 3
…describe the parent's behaviour during the assessment?	4% n = 2	6% n = 3	89% n = 48	0% n = 0
…cite specific questions asked in the letter of instruction?	4% n = 2	11% n = 6	82% n = 44	2% n = 2

The questions in Table 8:4, regarding single and joint working were asked to ascertain if PAMS or non-PAMS' FPAs were more likely to be undertaken jointly with colleagues or by

a single worker on their own. Better practice guidelines suggest that collaborative practice and team working are encouraged to challenge professional judgments and potential errors in bias (White, 2006, The Family Justice Review Panel, 2011). Results indicate that joint working occurs in many instances; however, many professionals still work by themselves. It would be worthwhile to consider whether the lone workers have other ways to challenging their thinking and limit bias; for example, having good supervision.

Exploring participants understanding of meeting better practice guidelines in the literature was considered too extensive a process to address in a 1-hour interview that was also enquiring about process and usefulness; therefore, qualitative data on this subject is not available. This remains an area for future research to explore in more detail.

8.5   Chapter Synthesis: PAMS versus Non-PAMS

Although quantitative data provided statistically significant results stating that a PAMS FPA provided more observations than a non-PAMS FPA, qualitative data largely supported the notion that there is little difference between a PAMS and non-PAMS FPA when it came to undertaking observations. Both quantitative and qualitative results indicate little difference in terms of where observations are undertaken. As observations are of key importance to practitioners undertaking FPA, this is an area that could be explored further in future research.

Quantitative results indicate that the majority of participants found a PAMS FPA takes longer than a non-PAMS FPA and qualitative data suggested that this may be because of the expectation of undertaking a combination of two assessments – a PAMS FPA and a non-PAMS FPA. Unsurprisingly, this process of combining both a PAMS and a non-PAMS FPA was a more time-consuming process; however, practitioners felt it was necessary to cover essential ground and detail not found in a PAMS FPA. Alternatively, many participants also believe a PAMS FPA could take the same amount of time as a non-PAMS FPA when duplication was avoided in the utilisation of key tools from a non-PAMS FPA to inform a PAMS FPA; as presented in the expert of dialogue at the start of this chapter. Others found a PAMS could be quicker than a non-PAMS because of the standardised process which limited deviations and kept the assessor on track.

Finally, when comparing PAMS and non-PAMS FPAs, participants did not think there was much difference between them with regard to meeting better practice guidelines.

9 Discussion

9.1 Introduction

This chapter will bring together this study's results by putting them into context with better practice guidelines and frameworks for FPAs outlined in chapter 4. It starts with a summary of findings and ends with a list of recommendations. In the middle, results shedding light on the context in which PAMS is undertaken is provided. Then, a detailed application of PAMS is provided to highlight how a Full PAMS FPA may be implemented; identifying how better practice guidelines and frameworks are supported, required and lacking. Answers to this study's research questions are provided within the confines of this study. Then the methodology is reflected upon, limitations of this study identified and future research recommended.

9.2 Summary of Findings

This study has offered insight into the use of PAMS within FPAs with regard to process, value and a comparison to non-PAMS FPAs. It's identified that there is significant variation in what a 'PAMS FPA' really is and specified 3 Types of PAMS to help differentiate between them. Although this study has not identified variations in quality between these Types, it has identified that certain aspects of PAMS accommodate better practice guidance and frameworks in the literature (e.g. multisource, multimethod, multisession FPAs) and that certain Types of PAMS actively *require* them. This study has recognised a full continuum of participant perspectives regarding the use of PAMS within a FPA ranging from "love" to indifference to "hate;" however, there appears to be a greater representation of participants who are pro-PAMS. This study has also found that a PAMS FPA and a non-PAMS FPA do not appear be significantly different; although, there are indications that a PAMS FPA takes longer but incorporates more parent-child observations than a non-PAMS FPA.

Despite limitations of this study's design (see section 9.6 and 9.7), it has contributed to literature on FPAs by highlighting participant perspectives on an apparently growing demand and popularity for PAMS FPAs within the courts; despite a reportedly low availability of PAMS trained assessors and a decreased use of experts in proceedings (Brown et al., 2015). It has established that PAMS is being utilised with a variety of parent populations. Insight into how reformations within the courts have contributed to increased time-pressure in which to complete these FPAs are gained; however, despite this, most participants are managing to undertake a PAMS FPA within these tighter timeframes. Finally, this study has discovered that participants found observing parent-child interaction to be the highest valued activity within FPAs; yet, there was limited use of any standardised tools to support observations and discussions suggest it remains a very personalised process that varies between participants. This latter point remains an area in need of further research as it is a valuable but variable process providing an important look into the parent-

child fit as previously discussed in chapter 2, 3 and 4; whereby the individual and unique needs of the child should be considered against the particular parent's ability to meet them.

9.3   PAMS in Context

This section is going to explore the application and value of PAMS within a more general overview context. It will consider PAMS training, the populations PAMS is used with, the time-frame PAMS is undertaken in and participant reflections on their perception that PAMS is being increasingly used with FPAs.

9.3.1   PAMS Training

9.3.1.1   Official PAMS Training: A Requirement

As mentioned earlier, training for the most recent version of PAMS (PAMS 4.0) costs £460 which is in addition to the software, licence and booklets required to utilise PAMS which costs an additional £625 (Pill Creek Publishing, 2017). Despite costs, the majority of participants (85%) had undertaken official PAMS training and this was usually provided via the training team organised by the developer of PAMS (63%); however, this could sometimes be done by external organisations, too. Reasons for undertaking this training ranged from a general enjoyment of training, to developing specialised skills to work with parents who have learning disabilities to a desire to utilise a standardised assessment tool. Some participants shared a disappointment with PAMS training since they expected it to cover more general FPA skills; however, found that it predominately focused on how to implement PAMS with an assessment. Despite personal preferences and disappointments in undertaking official PAMS training, many participants felt this training added clarity on how to undertake a PAMS FPA and found the training to be a necessity with employers and the courts.

If official PAMS training was not received, then some participants suggested evidence within a FPA obtained via PAMS tools was likely to be harshly criticised or dismissed all-together. Although many agreed that official PAMS training was considered a requirement by employers and the courts, there was a dichotomy of opinion regarding whether participants, themselves, felt this was necessary. Almost all agreed that some form of training was required due to the complexity of the PAMS process; however, some did not think official PAMS training was necessary as this could, instead, be developed via colleagues imparting knowledge on how to utilise PAMS tools. Others felt strongly that official training was required in order to fully understand the overall process of PAMS and make sense of how the different elements come together. Some suggested that non-officially trained colleagues shouldn't even administer particular parts of the PAMS despite being overseen by someone who was officially trained; however, they did suggest that collegial support was strongly beneficial when a newly trained assessor was supported by someone who was trained and had completed PAMS FPAs.

As PAMS is a tool which claims to be a systematic method that contributes to the analysis of parenting (McGaw, 2010), it makes sense that this training is a requirement to promote a systematic implementation – despite initial costs. As this study suggests, there is already an understanding that official PAMS training is a requirement for assessors to utilise PAMS when it will inform a FPA. Although McGaw only "strongly recommended" PAMS training originally, in a more recent update on PAMS it is now stipulated that "PAMS training is needed for anyone who has purchased the licence and intends to use the PAMS assessment with families" (McGaw, 2016, p. 37). All participants interviewed in this study had undertaken official PAMS training; however, as already identified in chapter 6, the use of PAMS varies considerably despite this training. To relinquish what is already an established requirement for official training may lead to further variations in our understanding of what a FPA that incorporates PAMS is.

9.3.1.2   PAMS Training is Not Enough

Budd (2001), White (2005) and Bow and Quinnell (2004) acknowledge the specialised nature of FPAs and the training required to inform them; including having an understanding of child maltreatment, child development, clinical assessment skills, ethical standards, professional guidelines, prevailing agency, understanding legal standards regarding child protection issues and much more (Budd, 2001). The two-day official PAMS training programme does not cover this recommended training – nor does it proport to. Instead, the two-day PAMS training offers an in-depth look at how to use PAMS to inform both parenting assessments inside and outside of the court arena. Nonetheless, there was a surprising dichotomy of opinion within quantitative results suggesting that a strong minority of participants felt a FPA could be undertaken following PAMS training alone.

In the qualitative element of this study, participants were sourced who had answered on both sides of this dichotomy in order to shed light on the reasoning behind these opinions. Most participants supported the literature outlined above and claimed that additional training – outside of PAMS training – was required and remained firm in this stance. They felt other knowledge were necessary including an understanding of attachment, behaviour management, the 'parent-child fit', disguised compliance, 'faking good,' unresolved loss and trauma and much more. They also felt that key skills like communication, analysis, best practice in working with parents who had additional vulnerabilities (e.g. learning difficulties) or needs (e.g. substance misuse) and report writing – to name a few - were necessary. They also mentioned other tools used to inform FPAs like the Adult Attachment Interview (George et al., 1985) and the CARE-Index (Crittenden, 1981). However, one side of the dichotomous divide purported that relevant qualifications were necessary (e.g. social work qualification). The weight given to these additional requirements– beyond that of PAMS training alone – as well as a relevant qualification was based on a fundamental understanding that a FPA was a pivotal piece of work that could have huge implications on

the lives of children and their families; therefore, appropriate training and qualifications were essential.

In contrast, those who suggested PAMS training was enough training to undertake a FPA were on the other side of this dichotomy. They tended to vary their responses in qualitative interviews. Although all agreed that additional training was ideal and favourable, some qualified their answer as a means to highlight that a specific qualification (e.g. social work qualification) was not necessary. Instead, those participants felt that experience should be a stronger factor in determining if someone was suitable to undertake a FPA; for example, if a family support worker had an effective history of doing FPAs in the past, they should be able to continue in this work despite not having a recognised social work qualification.

Although PAMS training is marked to be of interest to social workers, family support workers, psychologists, health visitors, midwives, solicitors, children's guardians, family mediators, judges and magistrates (Pill Creek Publishing, 2017), not all of these professionals would be identified to undertake a FPA that incorporated PAMS on their own; for example, some may be part of a wider team assessment service and others would predominantly attend training in order to better understand how to utilise already completed PAMS FPA. Additionally, the requirements and individual circumstances of the family would determine which qualifications were required; for example, if there are concerns regarding the mental health functioning of a parent – qualifications in psychology may be of higher relevance. That said, qualifications do not guarantee the desired skill and knowledge set fundamental for undertaking a FPA and a lack of qualifications does not indicate an inability to undertake a FPA; however, qualifications do indicate a standard level of training and skills which – when bolstered with desired experience – can add some confidence to an individual's ability to undertake a FPA successfully. Thus, potentially reducing those concerns identified in the literature with regard to the quality of FPAs being outside of forensic guidelines (Budd et al., 2001; Conley, 2003; Family Justice Review Panel, 2011; Masson, 2010; Bow and Quinnell, 2004; Cox et al., 2015; Rodger et al., 2013).

The remit of this research project is not to determine the appropriate qualifications required in undertaking a FPA that includes PAMS; however, it did explore whether a FPA could be undertaken based on PAMS training alone. The overwhelming consensus is that further training is desired, preferred and, in most cases, essential; however, the debate regarding the requirement of relevant qualifications remains.

9.3.2   Populations PAMS Can Be Used With

PAMS is designed to provide a functional and systematic assessment of parenting – in general; however, it also claims to work particularly well with parents from vulnerable groups such as parents with learning difficulties, physical disabilities, poor physical or mental health, teenage parents and those who misuse drugs or alcohol (McGaw, 2010). PAMS

was designed following McGaw's own experience in "working with very low functioning parents, many of whom were illiterate, enumerate and many of who were limited in terms of basic life skills" (2010, p. 28). PAMS is listed as a suitable tool within both the Good Practice on Working with Parents with Learning Disability (Department of Health and Department for Education and Skills, 2007) and the updated version (Working Together with Parents Network, 2007). Additionally, Goodram (2017) has recently provided preliminary analysis of a currently unpublished qualitative study into the experiences of parents with learning difficulties in care proceedings. This study suggests that these parents appreciate and value the use of PAMS materials within a FPA. Potentially as a consequence of literature elaborating and focusing on PAMS's usability with parents who have learning difficulties, anecdotal accounts abound of PAMS only be useful within this population. Although PAMS claims to be usable with families of varying needs, there is no other literature suggesting the variable populations PAMS is used with. A study of Independent Social Work (ISW) reports identified that PAMS was used in 16% of them (Brophy et al., 2012); however, there was no indication of who PAMS was being utilised with. As such, this study wanted to explore what populations PAMS was being used with.

Quantitative data found that the most popular population to use PAMS with were parents who had 'additional vulnerabilities;' with 44% of participants stating this is who they used it with. This is in line with the PAMS Instruction Book which specifically names "vulnerable parents" as a population for which this tool is particularly useful (McGaw, 2010). Vulnerable parents were qualified by participants in this study as parents who had extreme vulnerabilities; for example, mental health, substance misuse, learning difficulties, domestic abuse or parenting capacity deficits. Although some shared this preference more generically, others specified that PAMS tools were less effective with some vulnerable populations versus others; for example, some felt PAMS tools were lacking with regard to looking at domestic abuse but strong with regard to looking at specific parenting skills.

Although still the second most popular target group, it was perhaps surprising that only 26% of participants felt PAMS should only be utilised with parents who have learning difficulties. This is in contrast to anecdotal accounts received prior to this study that PAMS was predominantly used with this population; therefore, it was expected that this percentage would be higher. Participants in this study also shared their own accounts that PAMS was reflexively associated to parents with learning difficulties. Some participants questioned the apparently strong foothold PAMS has with this population and questioned its merit; however, others acknowledged the developer's background in working with parents who had learning difficulties and referenced literature that supported PAMS as promoting good practice with this population (Working Together with Parents Network, 2007; Department of Health and Department for Education and Skills, 2007). Many participants praised PAMS as being part of a bigger process to raise awareness regarding this population of parents

and to ensure they were offered a fair assessment. Some participants felt parents with learning difficulties – and others also though parents without learning difficulties – appreciated PAMS materials due to the programme supporting a strength based approach, being structured, flexible, straight-forward and providing visual aids and activities. These views support a currently unpublished qualitative research by Goodram (2017) whereby parents with learning difficulties have expressed a preference for a PAMS FPA. Although not as strongly associated as anticipated, PAMS still appears to have an association with parents who have learning difficulties. Some participants felt strongly that PAMS should only be used with this population as they found PAMS to be less applicable to a wider population of parents. They considered it's use detrimental to building rapport with parents without learning difficulties as they might find the process patronising.

In contrast, some participants suggested that *all* parents being assessed as part of care proceedings or PLO were 'vulnerable parents' and, therefore, would benefit from PAMS tools within a FPA. 20% of participants specifically indicated that they would use PAMS with any and all parents; marking this the third most popular population to use PAMS with in this study. Some participants felt the PAMS process added clarity and supported understanding for parents; regardless of any particular vulnerabilities. Others liked the idea of a comprehensive assessment tool that added some consistency to an otherwise tailor-made process. Some participants felt that most parents saw the use of PAMS to be advantageous for them and challenged assumptions that it could impact on a difficult rapport building process or be patronising. They felt practitioner skills could minimise or eradicate this concern.

Not to be ignored, some participants do not use PAMS regardless of any particular parent population being assessed – marking the 4th most popular preference on who PAMS should be used with; no one. Although all participants in this study utilised PAMS at various points, some did not feel it supported their work significantly and only utilised it due to pressures from courts and managers. In particular, one participant shared that it felt more like a social work tool than a psychological tool and did not feel it supported her work remit as a psychologist; however, she could see its value within a social work assessment.

As can be seen in this study, participants are utilising PAMS tools with a wide array of parent populations; ranging from parents with general vulnerabilities to parents with learning difficulties to any and all parents to no parents. Although there are indications that style, preference, experience, remit and skill-set may influence a practitioner's decision on whether to use PAMS tools or not with a wide array of parent populations, there appears to be an established association between parents who have learning difficulties and the incorporation of PAMS within their FPA.

9.3.3   FPA and PAMS: Time-Pressure

As explored in chapter 4, pressure has been applied to the courts to reduce the timeframe required to complete care proceedings (Family Justice Review Panel, 2011; Cassidy and Davey, 2011; Ministry of Justice, 2016). Reforms, including the incorporation of pre-proceedings practices, have led to a reduced timeframe from 52 weeks to 28 weeks (Ministry of Justice, 2016); however, this reduced timeframe is not always associated with better outcomes for families. There are concerns that there is further duplication and delay that has simply been transferred from care proceedings to pre-proceedings (Holt and Kelly, 2016; Brophy, 2006; McKeigue and Beckett, 2010). Additionally, the journey seems to have become more about timescales, evidence and preparation for court versus family support and prevention (Dickens and Masson, 2016).

Similar opinions have arisen when addressing timeframes around FPA, with many participants commenting on the tight timeframes and resulting pressures in which to undertake their work; regardless of whether PAMS was incorporated into the FPA or not. Historically, many participants shared that they had around 12 weeks to undertake a FPA; however, more recently timeframes have often been reduced to 10, 8, 6 and sometimes 4 weeks. They spoke of being met with urgent requests for FPAs presented via desperate calls from professionals in the middle of proceedings in which unrealistic deadlines to assess parents are given. Some participants spoke of their service being stretched thinly to accommodate need and eventually having to turn work away. Some participants shared that this pressure and the tighter timeframe results in 'snapshot' assessments versus having time to provide a fuller assessment on a parent's capacity to change; for example, there is limited opportunity to assess, offer an intervention and re-assess if change has been assimilated satisfactorily.

Although timeframes are tight, many participants have indicated that a PAMS FPA can be undertaken within them. 3 Types of PAMS have been identified in chapter 6; PAMS Informed FPA, Full PAMS FPA and a PAMS Plus FPA. Participants have estimated that both a PAMS Informed FPA and a Full PAMS FPA can be undertaken in a 4 to 12-week timeframe; however, a PAMS Plus FPA would require considerably longer since it would accommodate a baseline assessment, intervention and an update report. This was estimated to take 16-22 weeks. In an updated PAMS Instruction Book, McGaw (2016) suggests a conservative number of hours for undertaking Full PAMS FPA to be around 38.4 hours – if involving just 1 child and 1 parent. Although most participants manage to undertake a PAMS FPA within the tight timeframes set out by the courts, there were others who felt that PAMS was too large to incorporate very tight timeframes – resulting in their undertaking a non-PAMS FPA or a PAMS Informed FPA, instead.

9.3.3.1   Parents with Learning Difficulties

Most participants are managing FPAs within tighter timeframes dictated by reforms within the family courts; however, a number of participants highlighted tight timeframes as being of particular concern regarding work with parents who have learning difficulties. For example, good practice would dictate adequate time was given to parents from this population (Cox et al., 2015; Booth et al., 2006). Although many participants found incorporating PAMS helpful when working with parents who had learning difficulties; this did not necessarily offset concerns of tight timeframes. For example, parents with learning difficulties may need more time explaining legal processes in which they have found themselves (Swift et al., 2013). This population of parents often needed more time than other parents whether PAMS was incorporated or not; suggesting good reason to exercise the flexibility offered to extend timeframes, as needed, when working with parents from this population.

9.3.4   FPA and PAMS: Workload

Historically, the use of experts in care proceedings has been very high with 80% to 91% of cases in care proceedings containing expert evidence (Masson, 2010; Brophy, 2006); however, following guidance for a more restricted and reasoned use of experts there has been a reported decline in their use (Brown et al., 2015). In contrast to indications that the use of experts is decreasing, participants in this study have reported that a high demand for PAMS FPAs has remained.

Results from this study indicate that many of participants (43%) are undertaking PAMS FPA either mostly or exclusively and around three quarters of participants are either doing all PAMS or half of the FPA they do are PAMS. Participants have reported a high demand and steady stream of requests for FPAs that incorporate PAMS via both pre-proceeding and care proceedings work. This has been met by some with satisfaction due to ongoing work being available; however, it has been met with dissatisfaction by others due to an imbalance of a preferred PAMS and non-PAMS FPA ratio. In the latter point, there was a negative sense of repetitiveness and an account that other skills utilised outside of a PAMS FPAs were lacking further development when PAMS FPAs were the only FPA being undertaken.

In addition to a high demand, there was a sense among many participants that the popularity of PAMS was growing versus abating. Some spoke of fads coming and going but expressed surprise that PAMS popularity seems to still be growing strongly. Again, this was met by some with approval since they felt strongly about the benefits in utilising PAMS and were not aware of any other tools developed to take its place. Others met the suggestion that PAMS was 'withstanding the test of time' with surprise since they were not sold on PAMS. They wanted further research to outline the use, benefits and effectiveness of incorporating PAMS tools into FPA and/or they considered the marketing strategies utilised to sell PAMS as aggressive and successful.

Most agreed that there was a steady, or growing, number of requests for PAMS FPAs which was placing a high demand on a low supply of assessors available to do this work. This contributes to concerns already noticeable in the literature whereby the supply of expert witnesses appears to be on the decrease due, in part, to reform aimed at utilising experts less often and more strategically (Masson, 2010; Brown et al., 2015; Cox et al., 2015).

9.4   A Detailed Application of PAMS: Process, Perception and Guidelines

In chapter 4, Budd and colleagues' (2001) suggestion of a three-phase approach to undertake a FPA is presented. This includes Planning, Data Gathering and an Integration of Findings. This study has discovered that incorporating PAMS into a FPA includes an elaboration or adaptation to each of Budd and colleagues' (2001) phases versus a detour or elimination from their proposed phases. In chapter 6, a similar 3-phase approach for incorporating PAMS is presented and includes a Foundation Phase, Formative Phase and Final Phase. Essentially, moving form a FPA to a PAMS FPA involves an absorption of the PAMS phases into the corresponding FPA Phase presented by Budd and colleagues (2001) – as presented in Figure 9:1. Although the 3-Phases of PAMS present as an additive process to the more general FPA Phases (and may well be additive in practice); it is important to note that the incorporation of PAMS tools may also present a different means to gather data versus simply gathering additional data. For example, in a PAMS FPA, Knowledge Cartoons offer a unique way to explore a parent's understanding of various practical parenting skills. Therefore, in order to avoid duplication, questions typically used in a FPA to explore similar practical parenting skills wouldn't necessarily need to be asked.

A Full PAMS FPA has been chosen to explore these phases in more detail. It was chosen over a PAMS Informed FPA or a PAMS Plus FPA. A PAMS Informed FPA is not structured enough to offer this level of detail; however, implementation proposed could be significant for the elements of PAMS that are included in a PAMS Informed FPA. A PAMS Plus FPA includes a Full PAMS FPA plus additional steps; however, very few participants in this study undertook these additional steps. Therefore, data on their implementation is limited. Therefore, a Full PAMS FPA was considered the most accessible and relatable Type of PAMS to explore in this section.

9.4.1   Foundation Phase

When undertaking a Full PAMS FPA, the PAMS Foundation Phase would be incorporated into Budd and colleagues' Planning Phase (2001). The Planning Phase for all FPAs would include early ground work and planning; including reading case files and reviewing letter of instruction (LOI) questions. Though not at the expense of Planning Phase activities, incorporating the PAMS Foundation Phase would typically also include the early completion of the Initial Screening Tool and I Need Help…Form. Both of these tools are regularly used amongst participants in this study.

Figure 9:1: Comparison Between FPA and a PAMS FPA
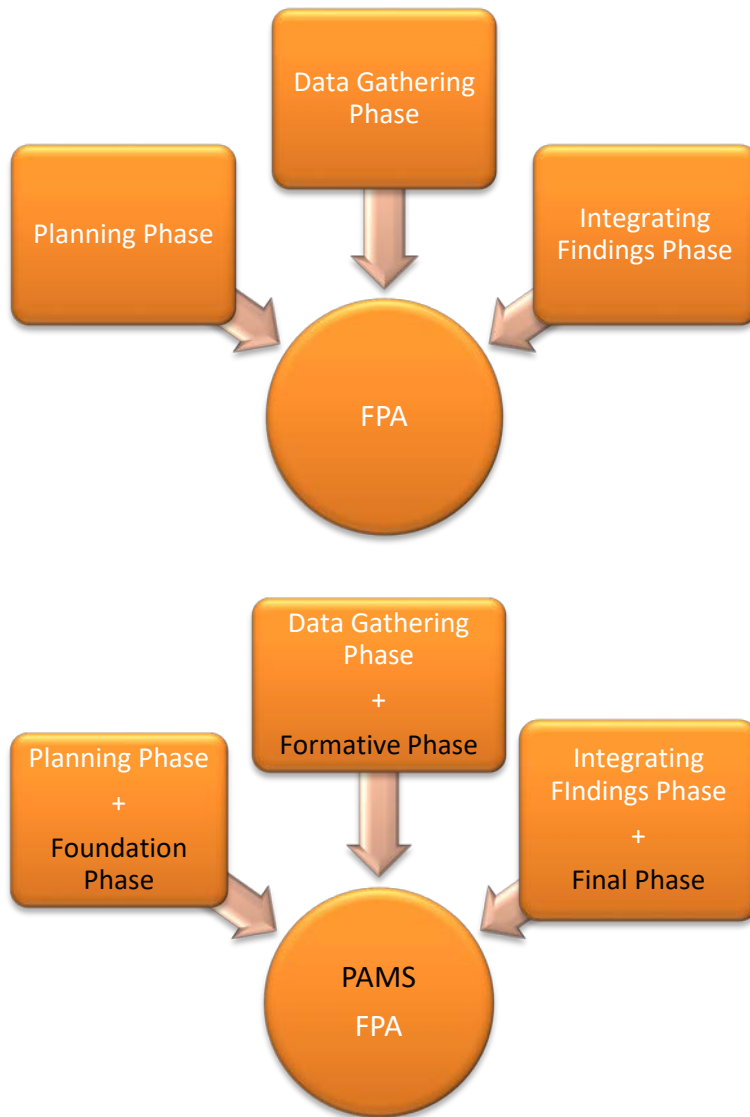
The inclusion of these tools support various recommended FPA guidelines; for example, it encourages a multisource and multimethod FPA (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010) which enables consideration of a different professional opinion and the parent's opinion to contribute to a triangulation of other sources and methods of assessment. Additionally, it supports the original referral source and parent to identify what the parent is doing well in addition to what the parent may be struggling with. Scores are applied to all aspects of the parent's ability – not simply what they are *not* doing well; thus, supporting further guidance to balance strengths and weaknesses of the parent being assessed (Reder et al., 2003; Gupta et al., 2014; Budd et al., 2001; Beyer, 1993; Azar et al., 1998). However, PAMS does not automatically provide information on the limitations of these tools (e.g. with regard to validity); as recommended in FPA guidelines (Budd, 2001).

9.4.1.1 Initial Screening Tool

The Initial Screening Tool is undertaken early in a PAMS FPA and was rated by most participants as a useful tool. Early planning FPA meetings were a typical setting to complete this form with the assessor prompting the original referral source (e.g. the Local Authority) for answers to this 15-point questionnaire before the end of the meeting. Undertaking this form within this setting was recommended due to an assured and prompt return of the form. Otherwise, some participants commented on the frustration in chasing the original referral source to complete this questionnaire. Nonetheless, quantitative results in this study do indicate a fairly good return and completion rate of this tool. Although many participants saw this as an easy to use tool, there was concern that it could be open to misuse. For example, the original referral source could input scores that weren't fully considered. This could jeopardise validity of the quantitative outputs and prompt difficult cross examination scrutiny.

9.4.1.2 I Need Help… Form

The I Need Help… Form was rated by most participants as a useful tool. This 15-point questionnaire was typically undertaken by assessors with parents and it was completed in full during at an introductory visit; for example, alongside completing a working agreement for the FPA. Participants liked that this form allocated time to hear what the parents thought and gauge the parent's understanding of concerns. There was an indication that prompting parents to think in this way may further develop parental understanding of concerns; however, there was the counter opinion that parents wouldn't acknowledge any limitations because they were determined to prove they were able to meet their child's needs. Therefore, as mentioned with regard to the Initial Screening Tool, variations in this data could prompt difficult cross examination scrutiny and jeopardise validity.

9.4.2 Formative Phase

In a FPA that incorporated a Full PAMS, Budd and colleagues' (2001) Data Gathering Phase would be paired with the PAMS Formative Phase. The Data Gathering Phase would include activities such as interviews with parents, administration of alternative tools and the observations of the parent and child's interaction. Incorporating the PAMS Formative Phase would typically include the administration of key PAMS tools. These tools are the Knowledge Cartoons, Parent Booklet, Parent Questionnaire and Parent and Child Observations which are all well utilised by participants in this study. Additionally, other PAMS tools such as the PAMS Observation Form and the Skills Index may also be used; however, they were less likely to be utilised in comparison to other tools. Again, incorporating the PAMS Formative Phase should complement Budd and colleagues' (2001) Data Gathering Phase activities versus duplicating or being at the expense of them.

Building on recommended FPA guidelines already identified in the PAMS Foundation Phase, the PAMS Formative Phase further expands on a multimethod (e.g. utilising multiple tools) and multisource (e.g. utilising alternative contact notes) approach. Furthermore, it incorporates the recommended multisession approach (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010) by utilising various PAMS tools across a number of different sessions (McGaw, 2016; McGaw, 2010). Recommendations for a strength based approach are further elaborated on in this phase since PAMS tools continue to encourage assessors to gather information on what the parent is doing well alongside what the parent may be struggling with (Reder et al., 2003; Gupta et al., 2014; Budd, 2001; Beyer, 1993; Azar et al., 1998). Guidelines support the application of multicultural competencies (American Psychological Association, 2010) for which PAMS claims to consider by way of 'Cultural Diversity' pop-ups within PAMS Worksheets. These prompts "draw the assessor's attention to possible diverse parenting practices due to cultural orientation" (McGaw, 2010, p. 14); however, despite acknowledging this feature, many participants felt that cultural diversity was not integrated strongly enough throughout the PAMS tools – leaving room for improvement and requiring alteration upon implementation.

9.4.2.1 Observations

Parent and child observations were named as the most important element of any FPA within this study and participants felt a PAMS FPA conveyed the quality of observations clearly. However, observations seem to be one of the least prescribed elements of a FPA with many participants having different priorities and methods for undertaking them. Some PAMS tools can be utilised to support observations and make them more prescribed; however, these tools were not regularly used by participants in this study. The Skills Index could be useful by way of reducing recording, providing a foundation guide for observations and listing things to observe; however, many considered it too long to implement with any regularity. Additionally, the PAMS Observation Form was not considered to be useful by most participants in this study. Although some could see value in this form being used with a PAMS Capacity Update Report or Teaching Report, it was considered too time-consuming and specific.

Undertaking observations appears to be a more personalised and preferential undertaking with limited references given by participants to any standardised means in which to undertake them; however, many participants shared meeting some good practice guidelines nonetheless. It was encouraging that various participants spoke of incorporating multiple observations as well as other professional's observations; coinciding with recommended guidelines for multisession and multisource FPAs (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010). Although many observations were reportedly undertaken in a contact centre or office setting, many were also reported

to be undertaken in more natural settings like the home or community when circumstances permitted this; the latter of which is encouraged within FPA guidelines (American Psychological Association, 2010).

9.4.2.2 Knowledge Cartoons

PAMS Knowledge Cartoons were one the of the most consistently used tools within the PAMS toolkit and it was rated highly with regard to usefulness. Knowledge Cartoons provide a knowledge gathering activity undertaken by the assessor with the parent being assessed. McGaw (2016) suggests it would take approximately 1.5 hours to complete in one session. A sequence of 31 cartoons are shown, a description of the picture read and two particular questions per cartoon are asked of the parent. Although most participants reported that they did not omit or modify any Knowledge Cartoon questions, there were a few who did due to special circumstances of the parent being assessed or to improve clarity within an unclear picture-question connection. Many participants found it comprehensive in looking at parenting competency and liked that it reduced recording requirements. Though some participants saw this tool as offering a nonintrusive and depersonalised way to prompt and gather sensitive information; others suggested that this tool lacked any real depth.

9.4.2.3 The Parent Booklet

PAMS' Parent Booklet is another well utilised and tool within a PAMS FPA which participants rated highly in terms of usefulness. It measures parenting knowledge across 93 skills based questions and provides an alternative method of assessing skills when observing particular skills would be difficult or unlikely. For example, it does not often materialise that a parent should need to take a child's temperature during observations; however, within the Parent Booklet there are questions to determine a parent's skills in doing so. McGaw (2016) asserts the Booklet takes approximately 1.5 hours to complete. The majority of participants (83%) read the Parent Booklet to the parent and either recorded the parent's answers themselves or allowed the parent to record their own answer which is in line with the instructions provided via the PAMS Instruction Book (McGaw, 2010; McGaw, 2016). Unlike the Knowledge Cartoons, the Parent Booklet was much more likely to have questions omitted or modified due to participants finding some questions irrelevant, outdated, lacking clarity, lacking cultural sensitively or because they already have the material. Similar to the Knowledge Cartoons, many found this tool comprehensive in assessing parenting, helpful in reducing recording and nonintrusive in supporting important, and sometimes sensitive or uncomfortable discussions.

9.4.2.4 The Parent Questionnaire

The Parent Questionnaire is one of the least used tools within PAMS; however, it still maintains a good user base with more people using it than not using it. Similarly, its usefulness rating was more moderate and highlighted a polarisation of opinion. Although

some saw this tool as offering a good narrative for a social history and thought it collated information well, 41% of participants modified elements of the Parent Questionnaire and 43% omitted some questions altogether. Reasons for omitting questions tended to relate to specific questions being irrelevant, already known or too personal; whereby reasons for modifying were more around enhancing understanding of the question for parents or elaborating on questions to cover more ground. Decisions not to utilise the Parent Questionnaire revolved around having other means of gaining similar information or because social histories were already available. Most participants undertook their own social history (either with or without the Parent Questionnaire) when required and provided the material as an analytical subsection within the FPA.

9.4.3 Final Phase

Budd and colleagues' (2001) Integrating Findings Phase is the final and more challenging phase whereby information is analysed, weighted and pulled together into recommendations and conclusions. In part, this phase has to consider the parent-child fit (Azar et al., 1998) and apply the recommended concept of minimally adequate parenting (Azar et al., 1998; Reder et al., 2003; Budd, 2001). Incorporating a Full PAMS FPA into this Final Phase would not eliminate this process; however, it does offer tools to support this challenging work. It would typically incorporate the scoring of the Knowledge Cartoons, Parent Booklet and observations; the analysis of information into a Priority Rating and, finally, the creation of a report via the Report Template which would include Worksheet Summaries and the Perception of Need and Risk Table.

9.4.3.1 Knowledge Cartoons, Parent Booklet and Observations

Three key elements within the PAMS that require scoring are the Knowledge Cartoons, Parent Booklet and observations. Most participants (82%) scored the Knowledge Cartoons and Parent Booklet according to pre-specified scoring criteria and showed some limited flexibility for worker judgement to modify these scores; as recommended in the Instruction Book (McGaw, 2010; McGaw, 2016). As already determined, observations tend to be undertaken by participants in a very individualistic and flexible way; however, when completing a Full PAMS or PAMS Plus FPA, all observational data – no matter how it is received – needs to be considered and scored according to the quality and frequency of the observed skill. Many participants viewed the flexibility within PAMS scoring to be important in ensuring scores are fair and discerning when marking against pre-prescribed criteria. This allows for the consideration of 'fit' between criteria and the specific needs and circumstances of the family. Having flexibility is raised as a key guideline in undertaking FPAs; as each assessment needs to take into account the unique circumstances for the family and identify what 'fits' (Reder et al., 2003; Azar et al., 1998; Budd, 2001). Therefore, having this flexibility should be viewed as a strength in the scoring system since it allows

assessors to ascertain if parenting is 'good,' 'adequate' or 'poor' for that particular family's unique circumstances.

On the other side of this spectrum is the need to minimise bias which can be rife in an overly-flexible FPA. This bias needs to be challenged and kept in check (Ward, 2012; Reder and Lucey, 1995; Bow and Quinnell, 2004; Family Justice Review Panel, 2011; Budd et al., 2006; Budd, 2001). The scores offered within PAMS are not statistically weighted to determine a cut-off point for 'good', 'adequate' or 'poor' parenting as this would reduce the required flexibility needed within a FPA. However, it does provide a framework to aid in this consideration. Due to a lack of agreed parameters of what constitutes 'good enough parenting' (Reder and Lucey, 1995; Azar et al., 1998) this can be difficult; however, despite this, FPAs are still encouraged to embrace this concept and consider parenting in terms of being minimally adequate versus optimal (Azar et al., 1998; Reder et al., 2003; Budd, 2001). Bias in applying this concept can be reduced by having access to up-to-date knowledge (Reder and Lucey, 1995), research and consensus on minimal parenting competencies. Answers to questions in both Knowledge Cartoons and the Parent Booklet are scored based on a prescribed scoring criteria which claims to be an "abbreviated guide to what constitutes 'adequate' parenting knowledge and practice, based on government guidance, research and professional feedback at one point in time" (McGaw, 2016, p. 49). However, it also states that "it is the PAMS user's responsibility to update/keep current their knowledge of acceptable parenting practices" (McGaw, 2016, p. 49). Furthermore, despite a flexible application of scoring, there appears to be some consistency in marking across professional groups according to 2 studies on interrater reliability referenced in the Instruction Book (McGaw, 2010; McGaw, 2016). Ultimately, PAMS offers a guide but it places this guide within a wider context that incorporates flexibility of circumstance and a requirement for assessors to remain current on research, consensus and guidance on good enough parenting competencies.

9.4.3.2 Priority Ratings

Priority Ratings are an allocated score synthesising material gained across 312 skills gathered throughout the FPA period. This includes pulling together data regarding the parent's knowledge (e.g. Parent Booklet, Knowledge Cartoons) skills (e.g. observations, Parent Booklet) and the frequency of skills (e.g. the regularly in which skills are applied). This information is synthesised into a one of four Priority Ratings: C (adequate parenting), 1 (low priority), 2 (medium priority) and 3 (high priority) (see Appendix I) (McGaw, 2010; McGaw, 2016). Consideration of Priority Ratings was considered a highly useful element of PAMS FPAs as many participants found them a useful guide to analysis which prompted thinking and discussions to challenge and reduce bias. 83% of participants considered information both inside and outside of traditional PAMS materials when determining Priority Ratings; for example, historical information or material received from other professionals

was considered alongside Knowledge Cartoons and Parent Booklet scores. Additionally, many participants also shared that observations and consideration of the parent-child fit were the most important element in determining Priority Ratings.

Priority Ratings are made up of factors that are relevant to parenting. Scoring them appears to support a dynamic, flexible, functional and contextual approach; as explored and recommended in chapter 4 by Azar and colleagues (1998), Budd (2001) and Reder and colleagues (2003). Priority Ratings are dynamic since assessors are able to consider and accommodate changes or progression within the family and wider context. They are flexible in that assessors can adapt scores to take account of the family's personal circumstances and the individual parent-child fit. They are functional in terms of supporting assessors to look at evidenced-based and practical every-day parenting skills. Finally, they are contextual with regard to supporting an assessment of the family within a systemic – or wider picture – framework. Priority Ratings do not appear to support a tick-list or psychometric process in which assessors need make the family fit; instead, they allow a personalised consideration of the family and the parent's relevant skills. The premise of such a flexible approach does raise some speculation regarding the management of bias in determining Priory Ratings; however, McGaw (2010; 2016) has referenced unpublished and Swedish research with findings indicating satisfactory interrater reliability. Nonetheless, participants have raised concern that this element of a PAMS could be open to misuse. For example, assessors could allocate Priority Rating without due consideration and then generate a report with impressive looking but inaccurate quantitative data.

9.4.3.3 Report Template

Following completion and scoring of all of the PAMS tools – including Priority Ratings and excluding the Parent Questionnaire – data is combined to generate one of a variety of Report Templates: Single or Joint Parent PAMS Reports, PAMS Capacity Update Report and a PAMS Capacity Teaching Report (see appendix I). Either a Single or Joint Parent PAMS Report would be generated for a Full PAMS FPA; therefore, these are the reports that will be discussed here.

A Single or Joint Report Template generates an incomplete FPA report that displays suggested headings for either a single parent or a couple being assessed. Some headings contain automatically generated information; for example, PAMS outputs like The Perception of Need and Risk Table and the Worksheet Summaries. However, most headings are blank suggestions that require further elaboration from the assessor. The Results section pre-generates sub-headings corresponding to both medium and high Priority Ratings; however, aside from a title – these subsections are empty and require the assessor to provide a written analysis regarding the reasoning for the medium or high Priority Rating. Although some participants felt this provided a good starting point, others

were disappointed that so many sections required additional analysis and writing since they had expectations that the Report Template would offer more of this than it does.

Many participants found that the Template was a good starting point in writing a FPA. They thought it provided quantitative data easily and its layout made the whole report look and read better. The Template appears to be flexible to use; for example, some might delete or create suggested sections. A few participants shared that they would always add a heading to explore a description of the child; supporting guidelines explored in chapter 4 which stressed consideration of the child (Empson, 2004; Lindon, 2012) in the parent-child 'fit' (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010). Although there was flexibility, some found it hard to assimilate the Assessment Framework into this template while others found the formatting of the report difficult since it was not in line with perceived court requirements (e.g. numbering each paragraph). In the latter case, some participants may cut and paste quantitative data from the PAMS Template into their own template.

Although quantitative results suggest that 80% of participants are providing full disclosure on the limitations of any standardised measures they utilise, there is no automatically generated 'Limitations' heading and no participants spoke of adding this. Recommendations within guidelines clearly set out that the utilisation of standardised measures should clearly state any limitations with regard to validity (Budd, 2001); otherwise, those utilising these reports may make more – or less – of the data than may be the case.

FPA guidelines encourages a succinct FPA report that isn't too long (Bow and Quinnell, 2004; Munby, 2013); however, there is some discrepancy regarding whether this is achieved in using the Template. Some participants suggested the Template may contribute to shorter reports while others found using the Template contributed to longer reports – particularly when merging previous templates into it.

9.4.3.3.1 Perception of Need and Risk Table

The Perception of Need and Risk Table automatically collapses the 312 skills input into the PAMS Worksheet into 15 sections; presenting data that has been assessed within the FPA. This data is compared to the same 15 skills scored in the I Need Help…Form (parent perception) and Initial Screening Tool (original referral source perception). This table offers a comparison of various perceptions on the parent's strengths and limitations. This PAMS output supports recommended FPA guidelines regarding multisource, multisession and multimethod data collection (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010) and balancing strengths and areas of weakness in parenting abilities (Reder et al., 2003; Gupta et al., 2014; Budd et al., 2001; Beyer, 1993; Azar et al., 1998). The majority of participants in this study chose to include this table in their final FPA and it was rated as a useful tool to use.

9.4.3.3.2 Worksheet Summaries and Profiles

PAMS Worksheet Summaries and Profiles automatically generates quantified data in a variety of colourful charts; including bar and/or pie charts. As this was assumed to be automatically included in a PAMS FPA, participants were not asked about whether they included this information in their final report or not; however, in hindsight, some participants may choose not to include these charts or delete these charts. Many considered these outputs useful since the provided visual clarity to support parents and professionals digest data; however, there was a polarisation of opinion – with some not finding them useful at all. Building on the latter point, some participants suggested these outputs could be misleading. As discussed previously, data could be input without sufficient consideration and analysis. Despite this, these impressive summaries are created without any indication of the quality of assessment. Additionally, some think these summaries were lacking with regard to highlighting risks and indicating capacity to change. Finally, there was some frustration that these summaries were dependent on the courts being provided with colour copies; however, this wasn't always done.

9.5   Answering Research Questions

9.5.1   Variation of a PAMS FPA

Over a third of sampled Independent Social Worker (ISW) reports for court included the application of a standardised measure (Brophy et al., 2012); however, there are many limitations that need to be considered in using such tools. For example, many measures have not been developed and researched for FPA purposes (Budd et al., 2001). Although this research is looking at the application of PAMS within FPAs; this standardised tool was not originally developed for this purpose and research on its use in this setting is significantly lacking. Courts and other professionals utilising PAMS within FPAs need to understand this tool in a forensic context in order to be able to weigh the evidence obtained via PAMS within FPAs.

As presented in chapter 6, there appear to be 3 Types of PAMS FPAs; a PAMS Informed FPA, a Full PAMS FPA and a PAMS Plus FPA. This ranges from a highly flexible application of PAMS tools in a relatively unstandardized approach (PAMS Informed FPA) to a highly structured and extensive assessment at two points in time – comparing results to assess change (PAMS Plus FPA). In the middle, is a Full PAMS FPA which is a standardised application of PAMS within a FPA without a follow up programme. These Types of PAMS vary considerably with regard to application and process; however, prior to this study there has been no specified distinction between them. Essentially, someone could claim to be undertaking a PAMS assessment and it could fall into any one of these considerably different applications of PAMS; going against recommendations to provide clarity of process within FPAs.

Certain PAMS Types *require* the incorporation of recommended FPA guidelines. For example, both a Full PAMS FPA and a PAMS Plus FPA automatically incorporate a multisource, multimethod and multisession assessment process (Budd et al., 2001; Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010) and consider strengths and weaknesses of the parent (Reder et al., 2003; Gupta et al., 2014; Budd, 2001; Beyer, 1993; Azar et al., 1998) by virtue of automatically including tools that support these practices (e.g. the I Need Help… Form, Initial Screening Tool, Knowledge Cartoons, Parent Booklet and Observations which are discussed individually later in this chapter). Additionally, as seen from the detailed application of a Full PAMS FPA provided above, a Full PAMS FPA can also adapt to further elaborate on and incorporate many other guidelines that may not be an automatic prerequisite. Although this sounds encouraging, some participants have raised concern that misuse of some PAMS tools (e.g. Initial Screening Tool) could make a sub-par FPA look more impressive than it actually is. Although some PAMS Types actively encourage good practice, it is not an indication of a PAMS Informed – or a non-PAMS FPA – 'not' engaging in these practices. Therefore, this study has not assessed whether these variations of PAMS Types directly affect the quality of a FPA; however, the distinction is still important to make so that those utilising the FPA have a greater understanding of the particular process involved in the FPA they are reading.

9.5.2   Perception of a PAMS FPA

Participants in this study have expressed a wide range of perceptions regarding the use of PAMS within a FPA. As outlined in chapter 7, some participants were Pro-PAMS and liked utilising PAMS within their FPA; in fact, most participants (54%) in this study preferred to use PAMS in a FPA and found it provided more clarity. Some of these participants claimed to 'love' PAMS and many used it with any and all parents. Other participants maintained a more Moderate PAMS stance; for example, 24% of participants in this study maintained that they didn't mind if they did – or did not – utilise PAMS. Similarly, 24% of participants stated that PAMS didn't help or hinder in presenting a clear FPA. This group tended to find particular PAMS elements useful and were creative in filling identified gaps in the programme. Alternatively, this some in this population found the use of PAMS more specific to a particular population of parents; for example, parents with learning difficulties. Finally, 20% of participants held an Anti-PAMS stance whereby they preferred not to use PAMS within their FPA. Some stated they 'hated it a little bit,' felt 'forced' to use it and would discourage referrals for a PAMS FPA. Despite fairly clear differentiation in these groups, it was interesting that all participants were able to name both positive and negative aspects of PAMS; suggesting a balanced consideration versus a blatant 'selling' or 'damning' of the tool.

In the overall consideration of PAMS, participants have shared many positive aspects that the tool offers. Many participants shared that PAMS was a strong tool to utilise with parents

who have learning difficulties due to visual aids and its structured, flexible, straight-forward and strength-based approach; meeting many guidelines in working with this population – as already discussed above. Although there was some questioning of the strong association between PAMS and parents with learning difficulties, this appeared to be more of a concern regarding a lack of research in support of this association versus a discrediting of its application with this population. Participants liked that PAMS was an evidenced-based assessment tool focusing on everyday behaviours and skills that fit the family in context. Some participants found the PAMS model in assessing knowledge, skills and frequency of skills was helpful and they liked the strength-based approach. Finally, some found PAMS provided a clear and useful focus on targeted areas for change in the family. These positive and naturally uncontested benefits of PAMS are supported by many better practice guidelines that a FPA should be dynamic, functional and contextual (Budd, 2001; Azar et al., 1998; Reder et al., 2003) while applying a strength-based approach (Reder et al., 2003; Gupta et al., 2014; Budd et al., 2001; Beyer, 1993; Azar et al., 1998). Additionally, the detailed application of a Full PAMS FPA proved earlier in this chapter identified additional connections between participant values and application of various PAMS tools alongside further recommended FPA guidelines; highlighting how a Full PAMS FPA accommodates more FPA guidelines.

Some participants expressed contrasting opinions regarding the overall consideration of PAMS within a FPA. The standardised process was considered helpful by many participants and they found it flexible enough to incorporate professional judgement; however, others, wanted more flexibility and less standardisation. Although some found PAMS to be comprehensive whereby it covered a lot of ground and made unexpected discoveries regarding parenting capacity; others thought there were areas that required more focus and guidance. For example, there were some thoughts that domestic abuse wasn't covered thoroughly enough and an application of attachment theory could be more obviously integrated into the process. Finally, some participants felt PAMS provided strong evidence within a FPA that would stand up to cross examination. This was in contrast to others who doubted PAMS application in the courts due to the original development of PAMS not being specifically for the courts. Instead, they spoke of PAMS being designed for a residential assessment centre that offered a more general assessment, intervention and re-assessment service. Although the concerns raised in some of these contested opinions could be resolved by incorporating other data gathering activities, the contested opinion regard a flexible approach needs further exploration. This contested perception of PAMS raises some questions regarding better practice guidelines for FPA; namely, a flexible approach is considered integral (Azar et al., 1998; Budd, 2001; Reder et al., 2003). The process needs to fit the particular family and their circumstances which some participants felt PAMS did and others did not. This aspect was explored in more detail when looking at

a detailed application of a FPA earlier in this chapter; whereby, participant application and perceived value for individual aspects of PAMS appears to support a more flexible approach.

There are some uncontested difficulties associated with the general application of PAMS, too. A significant concern was raised that more was expected of PAMS than should be. In this instance, some participants stressed that a PAMS FPA was only as good as the assessor undertaking the work; in contrast to what they saw as a popular misunderstanding – that the incorporation of PAMS was the significant sign of a quality FPA. Although PAMS tools might be useful, many participants thought the skills, experience and knowledge of the assessor utilising the tools was the key to a better-quality assessment – not PAMS. For example, when discussing consideration of Priority Ratings, some participants thought this process could be open to misuse since PAMS Outputs look impressive regardless of the quality of assessment or level of analysis put into their development. Although 80% of participants indicated that they fully disclosed limitations of standardised measures utilised within a FPA, as recommended by better FPA guidelines (Budd, 2001), this is not an automatically generated heading with the PAMS Report Template and participants did not discuss adding this specifically. More individualistic concerns were also raised. The PAMS software was thought to be difficult to use sometimes; for example, license application was considered over complicated within larger organisations. Additionally, the cost of upgrading software when administration rights were held by an external organisation was high and some participants expressed unease with the fact that PAMS costed as much as it does. Finally, some participants found PAMS could be a monotonous process whereby scoring and inputting data were described as 'tedious', 'repetitive' and irritating.'

This study has identified a full continuum of perspectives with regard to the application of PAMS within a FPA: ranging from "love" to indifference to "hate." Determination on the overall value of PAMS seems to depend heavily on the individual assessor's professional style, preference and experience. Perceptions of PAMS as a general tool to be utilised within FPAs appears to have value, can support many recommended forensic guidelines outlined in the literature and has favour amongst the majority of this study's participants; however, unsurprisingly, the tool also has limitations since much still seems to depend on the skills and additional data gathering activities of the individual assessor. The mere inclusion of PAMS is not considered a mark of a good quality FPA by many participants. Further research is required to determine if PAMS actively contributes to the quality of a FPA or simply allows quality practices to be implemented through it.

9.5.3 PAMS versus non-PAMS FPA

Although a PAMS FPA will utilise PAMS tools to varying degrees, this study wanted to look at how a PAMS and non-PAMS FPA compared to one another. Results from this study have not indicated any great variation in these FPAs.

Observations were considered the most important aspect of a FPA amongst participants within both quantitative and qualitative data; however, results have not highlighted any great difference between observations between a PAMS FPA or a non-PAMS FPA. Quantitative data identified a statistically significant increase in the number of observations undertaken in a PAMS FPA versus a non-PAMS FPA. Increased observations may lead to increased time to undertake a PAMS FPA which could contribute to concerns of delay within the courts (Family Justice Review Panel, 2011; Cassidy and Davey, 2011; Ministry of Justice, 2016; Holt and Kelly, 2016); however, if time is managed, then having multiple observations supports better practice suggestions in the literature (Azar et al., 1998; Wolfe, 1998; American Psychological Association, 2010; Budd et al., 2001). Despite considerations that a PAMS FPA offered more observations, qualitative data contradicted this when many participants highlighted no difference at all between observations in a PAMS versus a non-PAMS FPA. Conflict in this data prompted questions regarding how useful PAMS tools were with regard to undertaking observations in a FPA. Although there was a full continuum of views, the vast majority suggested PAMS either helped or didn't make a difference; further highlighting this discrepancy between whether PAMS supported observations or not. Data also suggests limited variability with regard to where observations take place between a PAMS versus a non-PAMS FPA. In both instances, contact centres and home visits are the most frequent locations with office and community settings soon following. Many participants shared intentions to undertake observations in natural settings when possible; supporting better practice guidelines for FPA (American Psychological Association, 2010). Although, this study doesn't offer a strong distinction between a PAMS FPA or a non-PAMS FPA with regard to the undertaking of observations; it does offer a strong indication that PAMS doesn't hinder this process.

As there are concerns of delay within the courts and expert assessments have been highlighted as a possible consideration of this (Family Justice Review Panel, 2011; Masson, 2010; Cassidy and Davey, 2011; Masson et al., 2008; Rodger et al., 2013), participants were asked to compare the length of time taken to complete a PAMS FPA and a non-PAMS FPA. Quantitative results suggest that the majority of participants (54%) found that PAMS takes longer than a non-PAMS FPA. Qualitative data identified that some of these participants saw the incorporation of PAMS to be a substantially additive process which required culling other assessment activities to fit into tight court timeframes. Others, however, found the incorporation of PAMS into a FPA took the same amount of time as one that did not. They spoke about PAMS providing a different way to gather information versus being an additive process. Additionally, qualitative data highlighted some participants who saw the incorporation of PAMS into a FPA to enable a quicker assessment process since it allowed them to stay on task and reduce recording time.

Finally, participants were asked to consider any differences in their PAMS and non-PAMS FPAs in terms of meeting better practice guidelines. There was an overwhelming indication that there was no difference. For example, there is a call to incorporate peer reviewed research into FPAs (Brophy et al., 2012; Masson, 2010) and 72% of participants indicated that was undertake in both PAMS and non-PAMS FPAs. Additionally, the American Psychological Association (2010) recommends assessors provide advice on the limitations of confidentially within a FPA and, again, most (83%) of participants stated they did this for both PAMS and non-PAMS FPAs. More examples are provided in chapter 8; however, participants in this study have indicated that they are meeting these guidelines regardless of whether they are undertaking a PAMS or a non-PAMS FPA.

In conclusion, aside from the obvious inclusion of PAMS tools, there doesn't appear to be a huge difference in a PAMS FPA and a non-PAMS FPA; however, there are indications that a PAMS FPA may contribute to longer FPAs and incorporate more observations of parent and child interaction.

9.6   Reflections on Methodology

The initiation of this study was based on a desire to answer questions arising from practice in using PAMS within FPAs. It was identified that minimal research or data was available on PAMS despite hearing anecdotal accounts that courts favoured it within FPAs. Therefore, it was decided that a descriptive study should first be undertaken to determine how others are using PAMS, what they thought of it and how it compared to a non-PAMS FPA. Originally, this study wanted to also gain opinions of the judiciary who use PAMS and the parents who experience PAMS; however, the judiciary did not grant access and interviewing parents after a PAMS or a non-PAMS required more ethical considerations. Therefore, this study focused on practitioners who have undertaken a PAMS FPA. A mixed methods design was considered an appropriate approach as it would enable a larger compass to determine prevalence of practice and opinion while also balancing a broader and more detailed exploration of why practitioners held those opinions and practiced in that way.

Having a background in undertaking PAMS FPAs and non-PAMS FPAs is likely to contribute to bias in how this study's data was gathered and analysed. Utilising a reflexive approach to acknowledge previous experiences and opinions can minimise the impact of these biases on research (Engward and Davis, 2015). A reflexive approach would require consideration of personal values and opinions and being aware of any underlying personal agendas. As previously discussed in chapter 5, my opinion on PAMS was in question at the start of this study. Values and limitations of PAMS tools were identified in personal practice; however, variability within my own team called into question the wider application, standardisation and value of the tool. Therefore, I wasn't aware of any agenda to prove PAMS was useful or not useful; there was simply a desire to understand a wider perception

of its value to inform my own practice. Following commencement of this research, a change in career has resulted in my no longer undertaking these reports; however, an interest in application and value of PAMS in FPAs remains.

I was originally worried my research may be too niche, I thought it might be very specific and have limited application to a wider population; thus, limiting the impact it could make. However, I was reassured of its value throughout my endeavours as I was contacted by various practitioners who shared similar questions and interests regarding the value and application of PAMS in FPAs. Additionally, participants contributing to interviews in this study also showed great interest in the outcome of this research – as may be expected by their participation. Although these participants agreed to one-hour interviews, almost every one of them overran due, in part, to their own interest in this topic and the outcome of this research. Essentially, there seems to be a lot of other practitioners raising the same questions identified in this research; solidifying the value for my research and suggesting potential impact implications for future policy and practice.

9.6.1 Quantitative Research

This study opened with a quantitative survey designed to provide a large scale canvasing of research questions. This survey highlighted specific opinions and processes which are more generalisable to the wider PAMS-using population than interviews would be; however, the low response rate has limited this generalisability. "It is not uncommon for mailed surveys to yield response rates of only 10-20%" (McMurty, as cited in Loughran et al., 2010, p. 254); however, the final response rate for the online survey was still disappointing at just 7-10%. Even though comparable response rates abound in similar online surveys (Galvani et al., 2013; Loughran et al., 2010; Scourfield and Maxwell, 2010), there was an optimism that the above-mentioned interest from participants and the salience of this research might prompt a greater response rate. However, naïve optimism didn't factor in busy workloads, lack of interest and a variety of other unconsidered factors for this study's low response rate. Although the 7-10% response rate offers more generalisability than interviews, caution has been applied to generalising this data.

The sampling methods employed were convenient and targeted the whole key population intended; however, having less of a link with Pill Creek Publishing and Sue McGaw would have been preferred. Pill Creek Publishing is the only organisation selling PAMS and McGaw is the developer of PAMS; therefore, they have a clear and justified bias in hoping to promote the product. McGaw identified this herself and despite support in this study, we held a mutual understanding that her involvement needed to be minimal and restrained to direct requests. Acknowledging limited research on PAMS and appearing eager for further studies to be undertaken, McGaw requested that Pill Creek Publishing support this research by way of sending out emails to PAMS users within their database. She also requested that Pill Creek donate PAMS Parent Booklets (minus postage which was self-funded) to this

research so they could be allocated to the first 100 people to complete the survey. Pill Creek generously complied and this was the extent of their involvement. McGaw, however, was also consulted regarding the development of the online survey which will be discussed more shortly. Her involvement was limited to reviewing a pilot questionnaire to check for content and accuracy. She offered her time generously but made limited changes, as discussed in chapter 5. Although she has not been able to directly influence this study; her support and generosity has prompted a desire to produce results that will be of benefit to her. This bias was reflected on early in this study and supervision was utilised throughout planning, implementation and analysis to counteract and minimise it. For example, when quantitative results revealed a larger proportion of participants preferred to use PAMS than not to, I spoke in supervision about the validity and generalisability of this data and considered how to test and challenge it. I have applied caution in drawing conclusions and have endeavoured to prioritise the truth in this study's data versus any alternative agenda.

Building on the consideration of bias, the survey was designed to be as neutral as possible; however, there were areas that may well have prompted a social desirability bias in participants. For example, participants were asked if they engaged in better practice standards in the literature with a PAMS, non-PAMS, both or neither. The question aimed to see if there was any difference between a PAMS and non-PAMS; however, results strongly indicated no difference between the two. This may have been because participants didn't want to admit they engaged in 'good practice' with some of their work but neglected to do so with other elements of it. Although this provided a noteworthy induction – suggesting PAMS and a non-PAMS FPA met better practice guidelines similarly – this theory requires further exploration.

I want to reflect on the developed survey. Although it has provided some very interesting and relevant data that has contributed to new ideas, theories and recommendations; hindsight offers insight into how it could have been improved. Despite the wealth of data offered from it, I wonder if the length deterred participants and negatively impacted on my low response rate. It was a difficult balance between getting data on a lot of things versus getting more data – and the former was chosen. In the future, it might be more beneficial to supply multiple short surveys. For example, send a short survey regarding participant's use of PAMS. Following completion and analysis, then send another short questionnaire regarding participant opinion of PAMS.

There were also questions that could have been improved within the survey. Despite efforts, including piloting, verbal probing, utilising research and having the developer of PAMS review the survey; there were significant gaps and ways the survey could have be improved. For example, for the majority of PAMS Tools, participants were asked to indicate how often they were used on a scale of 0-10 (0 being never and 10 being always). However, for a few key PAMS Tools and Outputs, participants were – instead – asked to simply state if they

were used. There was no indication of how frequently they were used; which could have been compared to others that were asked about frequency. In other instances, presumptions were made that certain PAMS Outputs or Tools were utilised when they weren't. For example, participants were not asked if they used the PAMS Report Template feature – expecting all PAMS FPAs did so. Qualitative data highlighted that this was not the case; which was an unexpected result demonstrating the value of a mixed methods design.

The last reflection on the quantitative methodology in this study is with regard to the question asking if participants thought a FPA could be undertaken based on PAMS training alone. This question resulted in insightful discussions within qualitative interviews; however, these discussions indicated that the question should have been asked differently. Many participants appear to have applied their own agenda to this question regarding whether there should be a requirement for qualifications to undertake a FPA; something that wasn't picked up in piloting the survey. It may have been more effective if the question was divided into two or three separate questions; one asking whether qualificators were necessary to undertake a FPA; another asking if alternative experience was necessary to complete a FPA; and, maybe, one asking if PAMS training was enough to undertake a FPA. Although literature on FPA (Budd, 2001; White, 2005; Bow and Quinnell, 2004) and those who were interviewed were clear that further experience was needed, the latter question may still be worth asking to a wider group to ascertain any variations of opinion and practice.

9.6.2   Qualitative Research

This study's interviews provided a great deal of rich data that offered depth and explanation to quantitative results. Interviews applied both a deductive and inductive approach; testing some theories that have developed form the survey and being open to new unexpected theories emerging from discussions – and then testing those in future discussions. For example, surveys identified a divide of opinion regarding the preferences to utilise PAMS within FPAs. Interviews confirmed and explained why this divide existed; providing information for further discussion in future interviews for testing. Additionally, brand new theories were identified for further testing within subsequent interviews. For example, it was identified that participants saw a high demand and low supply of PAMS FPAs which is in contradiction to literature indicating a new reduced use of experts within the courts (Brown et al., 2015). As new theories like this were raised in interviews, they were followed up in subsequent interviews to test for consistency and variation.

Although interviews provided rich data, I wonder if they were trying to accomplish too much in one instance. I endeavoured to maintain a deductive and inductive approach; prioritising participant freedom to identify what mattered to them in the context of FPAs and PAMS. However, I also had theories from my data that I wanted to test and enquire about.

Participants were told interviews would take an hour. This was not enough time to cover everything; however, specifying more time might have deterred participants.

As a result of this dichotomy; interviews tended to focus more on process and value of PAMS and neglected a focus on the comparison between a PAMS and non-PAMS FPA. However, I don't think this devalues this research. This focus was generally participant led which suggests a prioritisation of topic that is relevant in its own right. A limited discussion on the comparison between a PAMS and non-PAMS was identified in the second phase of interviews and efforts were made to compensate for this; targeting participants who had undertaken both types of FPAs and prompting discussions in this direction within subsequent interviews. Although some rich data is provided, this remains a section that has not reached theoretical saturation and requires further research and exploration.

9.7   Limitations of Study

Many limitations of this study have already been discussed in section 9.6 (above); however, this section will highlight a few key limitations. As already identified, this study's quantitative survey had a low response rate of 7-10%. As such, despite targeting a whole population sample from Pill Creek Publishing, external validity is questioned and caution should be exercised in generalising findings from the survey to the wider population of practitioners who undertake PAMS FPAs.

Data received via both quantitative and qualitative methodologies have relied on the self-reported accounts of participants. As already mentioned, there may be elements of social desirability bias in responses; for example, some participants may want to look like better practitioners than they may be in practice. Essentially, just because participants are reporting that they utilise better practice guidelines and can talk about better practice guidelines – does not necessarily mean that they are doing so in practice. As such, further caution remains regarding generalising the findings from this study and further research is recommended to explore them.

This study has looked at how PAMS is being utilised and what practitioners think of it; however, this is a very focused consideration within a wider picture of individuals impacted on and influenced by PAMS. For example, although many practitioners in this study are reporting PAMS accommodates better practice guidelines, it would be interesting to determine if the judiciary – who utilise these reports in making ultimate issues decisions – and parents – who face living with these decisions – would agree or disagree.

Although this study has identified a variety of Types of PAMS that are being undertaken, it has not determined differences in quality between them or between a PAMS and non-PAMS FPA. A Full PAMS and a PAMS Plus FPA *require* the implementation of some better practice guidelines and can adapt to incorporate many others which is encouraging; however, there are concerns highlighting the ease at which some PAMS tools could be

misused. The standardised elements of a Full PAMS and PAMS Plus FPA lay out the strengths and limitations of their application; however, there is nothing in this study to suggest whether a PAMS Informed or a non-PAMS FPA would differ from these strengths and limitations - but in a more personalised fashion. Therefore, certain Types of PAMS offer some assurance of better practice standards; however, this is not suggestive of other FPAs failing to do so.

Although it is difficult to draw many hard conclusions from this study, it has provided a foundation from which to understand PAMS and generated some theories for further testing in future research studies.

9.8   Future Research

This study offers a strong indication that the use of PAMS within FPAs is established and potentially growing in popularity. As such, future research into its use is required to inform those using them and those impacted upon by these reports. In addition, future research can compensate for the limitations already outlined in this study (see section 9.6 and 9.7).

Future research is still required to expand on knowledge regarding opinion of PAMS within FPAs. Although there is unpublished research indicating parents with learning difficulties like the use of PAMS within their FPAs (Goodram, 2017); it would be useful for future research to also encompass a larger parent population perspective in having PAMS incorporated into FPAs. Additionally, research is still required to develop our understanding of the perception of those who utilise these reports to inform verdicts and recommendations on ultimate issue decisions (e.g. judiciary, local authorities, solicitors, Cafcass).

Previous studies have applied quantitative content analysis to ascertain practice with FPAs. Budd and colleague's (2001) study sampled 190 FPAs reports and assessed them against recommended FPA guidelines. Brophy and colleague's (2012) applied content analysis to a sample of ISW reports to assess for quality. Future research on PAMS would benefit from similar practices to confirm actual practice in utilising PAMS within a FPA. Although this study has made some preliminary findings regarding participant-reported similarities and differences in PAMS and non-PAMS FPAs, an empirical content analysis study comparing these reports could offer more insight into any differences that may – or may not – exist in actual practice.

This study has identified 3 Types of PAMS FPAs; however, it has not provided an indication of the value or quality between them. For example, there is no indication of whether one Type of PAMS offers a more quality assessment or whether practitioner's perceived value varies between these Types. There are some indications that certain Types of PAMS actively encourage and require recommended FPA guidelines (e.g. outlining a multimethod, multisession and multisource); however, it isn't clear if other Types of PAMS or non-PAMS FPAs offer more, less or similar applications of FPA guidelines – simply in different ways

and with different tool and techniques. Therefore, future studies could establish whether these PAMS Types and non-PAMS FPAs have any associations or variation with regard to quality, impact or value.

This study has indicated minimal reported differences between a PAMS and non-PAMS FPA; however, there is some indication that a PAMS could take longer to complete and that, despite this, participants prefer to use PAMS for a variety of reasons. Further research exploring any differences between a PAMS and non-PAMS FPA could contribute to future policy and practice decisions in utilising it. There is some research that has explored longer term implications of decisions made within the courts. For example, Farmer and Lutman undertook two studies looking at children who had been returned to their parents care after separation based, in part, on expert evidence in the courts. They found that 85% (2010) and then two-thirds (2013) of these children had experienced further breakdown in placement. Similar designs could further develop our knowledge into the difference between a PAMS and non-PAMS FPA.

In addition to self-report and content analysis studies, longer-term studies like the ones suggested above, may offer a unique indication of impact and quality between these FPAs. Additionally, cluster randomised control trials whereby comparisons with a team trained to use PAMS and another team without PAMS training could offer some insight into quality of PAMS. However, in the latter example, it may prove difficult to find a team that has not been exposed to elements and knowledge about PAMS. Determining whether a PAMS or a non-PAMS FPA was 'better' remains a difficult undertaking since quality indicators remain limited to guideline suggestions and large-scale exposure of assessors to PAMS appears to already be well established.

Finally, participants in this study have indicated that observations undertaken within FPAs are a personalised and individualist undertaking with minimal references to any standardised measures supporting them. Alongside this, participants strongly indicated that observations are the most important element of any FPA – whether PAMS was incorporated or not. As such, future research on how observations are being undertaken might prove valuable to practice.

In conclusion, this study offers additional elements to a growing foundation of knowledge regarding PAMS FPAs; however, further research is required to expand on these theories.

9.9   Recommendations

Applying a conservative and cautious interpretation of this study's findings, the following recommendations are made for FPA assessors, anyone reading or utilising these assessments and any developers or future developers of PAMS:

- There should be no requirement to include or exclude the use of PAMS within a FPA at this point in time.

- Assessors who incorporate PAMS into their FPA should clarify whether they have undertaken a PAMS Informed FPA, Full PAMS FPA or a PAMS Plus FPA; as a means to provide further clarity regarding how PAMS was utilised within their assessment.

- Future PAMS FPAs should contain an automatically generated heading explaining limitations of the tool with regard to the value of the individual assessor, validity and overview of research regarding the tool within a forensic setting.

- Due to the tighter timeframes within the courts, working alongside parents with learning difficulties needs to be considered closely and the flexibility of court times-frames exercised as necessary when working with parents from this population.

- Current and new requirements for official PAMS training before utilising PAMS within a FPA should be further strengthened and solidified.

- Assessors who undertake FPAs should have additional experience obtained outside of and beyond that which is obtained within official PAMS training; however, particular experiences and qualifications should be determined based on the needs of the assessment and family.

- Official training should consider the benefit of collegial learning by way of offering an early supervision of first time PAMS assessors in order to ease administration ambiguities and increase consistency of application.

- Further FPA assessors to be official PAMS trained to be considered due to a reportedly high demand and low supply of FPA assessors who can incorporate PAMS; however, the current state of care proceedings remains uncertain with regard to the role of experts and this should be considered by anyone thinking to expand to their training repertoire.

9.10 Conclusion

In conclusion, this study has provided practitioner insight into the application and value of PAMS FPAs with a strong focus on the parent-child fit (Azar et al., 1998; Budd, 2001; Reder et al., 2003; American Psychological Association, 2010); however, this was not at the exclusion of more further reaching models which also include the contextual fit (Featherstone et al., 2014).

Findings from this study include a comparison between their perception of PAMS and non-PAMS FPAs. It has identified 3 Types of PAMS which vary considerably. It has recommended disclosure of the Type of PAMS used within PAMS FPAs in order to contribute to providing a full disclosure of process within FPAs. This study has identified a full continuum of practitioner perspectives on the incorporation of PAMS within FPAs; identifying practitioners who "love," "hate" and are indifferent to it. However, there are indications that more practitioners value the use of PAMS than do not. There are also indications that the use of particular Types of PAMS encourage and require some better

practice guidelines for FPAs and provide flexibility and opportunity to accommodate even more of these guidelines; however, there are limited fail-safes to prevent misuse. Additionally, this study has not explored value between Types of PAMS or between PAMS and non-PAMS FPAs. Results do not support a significant difference between a PAMS FPA and non-PAMS FPA; however, there are indications that a PAMS FPA may take longer and includes more parent-child observations.

Utilising PAMS within FPAs may encourage good practice and be a preferred application by many FPAs assessors; however, it remains open to misuse and may take longer to complete. As this research highlights practitioner perspectives that the use of PAMS within FPAs is growing and gaining in popularity, more research into this tool-set is needed to develop knowledge on its value and use within the forensic setting.

Appendices

Appendix I: PAMS Terminology, Tools and Outputs

Domains of Parenting: There are 31 parenting domains that encapsulate 312 skills across child and parent profiles within PAMS. They are divided between the Child and Parent Profiles.

Domains within the Child Profile include: Feeding; Healthcare General; Healthcare Hygiene; Healthcare Warmth; Parental Responsiveness; Stimulation Visual; Stimulation Motor; Simulation Language; Guidance and Control and Responsibility and Independence.

Domains covered under the Parent Profile include: Household Routines; Time Telling; Telephone Skills; Travel Skills; Budgeting; Shopping; Cooking; Washing; Hygiene Kitchen/Living Room; Hygiene Bedroom; Hygiene Bathroom; General Safety; Safety Kitchen/Living Room; Safety Bedroom; Safety Bathroom; Safety Outside the Home; Safety Abuse; Parent Healthcare Mental; Parent Healthcare Physical; Relationship and Support and Environment and Community.

Frequency of Practice: A component of parenting which quantifies the consistency in which parental skills and knowledge are applied in practice. This is one-third of the theoretical ethos behind PAMS which breaks down *knowledge, skills* and *frequency of practice* into testable evidence-based components to assess parenting.

I Need Help… Form: This *tool* is to be completed by the parent being assessed. There are 15 questions to be scored by the parent which are a collapsed summary of the 31 *domains of parenting* assessed within PAMS. Data is quantitative and contributes to the *Perception of Need and Risk Table*.

Initial Screening Tool: This *tool* is to be completed by the original referral source which is likely to be the local authority social worker. There are 15 questions to be scored which are a collapsed summary of the 31 *domains of parenting* assessed within PAMS. Data is quantitative and contributes to the *Perception of Need and Risk Table*.

Knowledge: A component of parenting which quantifies the parent's level of understanding on parenting. This is one-third of the theoretical ethos behind PAMS which breaks down *knowledge, skills* and *frequency of practice* into testable evidence-based components to assess parenting.

Knowledge Cartoons: This *tool* is completed by the assessor with the parent being assessed. It comprises of a book of 31 cartoons which cover and quantify separate parenting domains and there are pre-specified questions that relate to each cartoon. The parent's response is scored using provided scoring criteria; however, professional judgement should be used alongside this. Final scores will be 'good', 'adequate' or 'poor'.

Observations: This *tool* refer to the assessment of viewing the parent and child interaction. It is used to assess quality of skills alongside the *Parent Booklet* and *PAMS Observation Form*. Observational data is quantified when being used to inform *Priority Ratings* on various parenting skills.

PAMS Capacity Report: This PAMS Report provides information from the assessment of a parent's progress over time. This would typically a historical PAMS assessment being combination with an updated one.

PAMS Capacity Teaching Report: This PAMS Report describes the outcome of a parent's update of services. A baseline PAMS assessment will be undertaken followed by an intervention and then an updating PAMS assessment.

PAMS Observation Form: This *tool* is completed to quantify the quality of skills alongside *observations* and the *Parent Booklet*. It is typically utilised to focus on a specific parenting skill. You record the occurrences of a particular parenting skill, staring with a baseline measure. This Form presents a graph which indicates if the occurrence of that behaviour is increasing or decreasing throughout the assessment process.

Parent Booklet: This *tool* is completed as a means to quantify the parent's quality of skills alongside *observations* and the *PAMS Observation Form*. This is a booklet with a serious of questions and tasks that enables assessment of skills that are usually difficult to observe. Is skill specific rather than exclusively knowledge focused.

Parent Questionnaire: This *tool* is completed by the assessor with the parent being assessed. It supports data gathering for a social history and includes the parent's experience of being a child, partner and parent. This is a qualitative tool which is designed to be used flexibly as a semi-structured interview which may be modified and questions omitted to suit purpose. It does not contribute to the quantitative *worksheets*; instead, it will be analysed by the individual assessor and incorporated into the body of the FPA.

Perception of Need and Risk Table: This is a PAMS *output* which combines results from the *Initial Screening Tool*, the *I Need Help… Form* and the *Worksheets* to provide a comparison of the level of concern from the perspective of the original referrals source, the parent and the results of the final FPA.

Priority Ratings: This *tool* represents the quantitative summaries and analysis of parental need and risk for each of the 312 parenting skills within PAMS (which are collapsed into 31 *domains of parenting*). They are determined based on the consideration of the parent's *knowledge, skills* and *frequency of practice* in parenting. Priority rating scores are provided as follows:

> **C**: **Criterion**- Skills are at least "adequate"

1: **Low Priority**- Programme recommended: as there is a low risk of harm and minimal concerns relating to the child's health, safety and general well-being.

2: **Medium Priority**- Programme recommended in 4-8 weeks: As there is a medium risk of harm relating to the child's health, safety and general well-being. There concerns are not life-threatening.

3: **High Priority**- Programme needed immediately: as there is a significant risk of harm relating to the child's health, safety and general well-being. An intervention needs to be delivered urgently as some situations are, or may become life threatening (McGaw, 2010, p. 15).

Report Template: This is a PAMS *tool* which enables pro-forma report generation based on completed quantitative PAMS tools (Initial Screening Tool, I Need Help…Form, Knowledge Cartoons, Parenting Booklet, Observations & PAMS Observation Form) and incorporates PAMS outputs (Perception of Need and Risk Table and Worksheet Summary). It is a flexible report providing pre-designated headings (including a section for qualitative analysis from the Parent Questionnaire); however, further headings can be introduced and automatically designated headings can be deleted. PAMS provides 3 key types of reports: Single and Joint Parents PAMS Reports, PAMS Capacity Reports and a PAMS Capacity Teaching Report.

Single and Joint Parents PAMS Report: This PAMS Report provides information from the undertaking of a PAMS assessment at one point in time for either a single parent or a couple being assessed together.

Skills: A component of parenting which quantifies the quality of a parent's implementation and practice of parenting. This is one-third of the theoretical ethos behind PAMS which breaks down *knowledge, skills* and *frequency of practice* into testable evidence-based components to assess parenting.

Skills Index: This is a tick list presentation of all 312 skills (plus subskills for complex skills) across the child and parent profiles which are divided between 31 *domains of parenting*.

Worksheets: This is a spreadsheet which holds quantitative data from four integral columns. These four columns form the main evidence-base in PAMS assessments and include *knowledge, skills, frequency of practice* and the summative *priority ratings*.

Worksheet Summary: This is a PAMS output which summarises *worksheet* data into colour coded graphs and tables for ease of reference.

Appendix II: Final Questionnaire

Parenting Assessment Manual Software (PAMS) and Parenting Assessments

*See separate file for questionnaire
*Required

1. I confirm that I have read and understood the information sheet dated 9/6/14 for the above study. I have had the opportunity to consider the information, ask questions if necessary, and have had my questions about the study answered satisfactorily. *
   Mark only one oval.

   ◯   Yes

   ◯   No   Stop filling out this form

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected. *
   Mark only one oval.

   ◯   Yes

   ◯   No   Stop filling out this form

3. I understand that data collected from me during the study will be kept confidential. *
   Mark only one oval.

   ◯   Yes

   ◯   No   Stop filling out this form

4. I agree to take part in this study. *
   Mark only one oval.

   ◯   Yes

   ◯   No   Stop filling out this form

Directions
- This questionnaire should be completed by lead assessors for Parenting Assessments if:
  a) Those Parenting Assessments have, at least sometimes, incorporated Parenting Assessment Manual Software (PAMS)
  b) Those parenting assessments have been commissioned via Care Proceedings or Public Law Outline (PLO).
- While undertaking this questionnaire, please keep in mind that:
  a) There are no right or wrong answers
  b) Answers need to be as truthful and honest as possible
  c) The information you provide will be stored separately to your contact details to ensure confidentially of the data
  d) All data received will be anonymised prior to any publications.

242

5. Please estimate which year you started undertaking parenting assessments for Care Proceedings or PLO (including Non-PAMS assessments).

_____

6. What training have you received to use PAMS?
(Please choose all that apply)
Tick all that apply.

☐ Official training arranged or provided by Dr Sue McGaw

☐ Colleagues' have taught you to use PAMS

☐ You taught yourself how to use PAMS

☐ No training received

☐ Other: _____

7. If applicable, please estimate what year you received your initial PAMS training

_____

8. Do you feel you would be able to undertake a parenting assessment in Care Proceedings or Public Law Outline based on your PAMS training alone?
(Please choose one answer)
Mark only one oval.

◯ Yes

◯ No

◯ Other:_____

9. To what extent do you feel your PAMS training has contributed to the overall quality of your Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "Not Helpful at All" (0) and "Very Helpful" (10))
Mark only one oval.

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
0   1   2   3   4   5   6   7   8   9   10
Not Helpful at All…..   …..Very Helpful

10. When undertaking a Parenting Assessment for Care Proceedings or PLO, who, if anyone, do you use PAMS with?
(Please choose one answer)
Mark only one oval.

○ I typically DO NOT USE PAMS with any parents

○ I typically ONLY USE PAMS with parents who have learning needs

○ I typically ONLY USE PAMS with parents who have additional vulnerabilities (e.g. learning needs, mental health needs, young mothers, etc.)

○ I typically use PAMS WITH ANY AND ALL parents

11. Which statement most typically describes the difference in time between "an entire Parenting Assessment" that has NOT incorporated PAMS versus one that HAS incorporated PAMS? (Please choose one answer)
Mark only one oval.

○ It takes LONGER to complete an entire Parenting Assessment when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes LESS time to complete an entire Parenting Assessment when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes the SAME amount of time to complete an entire Parenting Assessment with PAMS and a Non-PAMS Parenting Assessment.

○ I don't know.

12. What statement most typically describes the difference in time taken to "gather evidence" (e.g. observations, direct work, Knowledge Cartoons, etc.) between a Parenting Assessment that has NOT incorporated PAMS and a Parenting Assessment that HAS incorporated PAMS?
(Please choose one answer)
Mark only one oval.

○ It takes LONGER to gather evidence when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes LESS time to gather evidence when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes the SAME amount of time to gather evidence when using a PAMS or a Non-PAMS Assessment.

○ I don't know.

13. What statement most typically describes the difference in time for the "writing of the final report" between a Parenting Assessment that has NOT incorporated PAMS and a Parenting Assessment that HAS incorporated PAMS?

(Please choose one answer)

Mark only one oval.

○ It takes LONGER to write the final report when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes LESS time to write the report when PAMS is incorporated versus a Non-PAMS Parenting Assessment.

○ It takes the SAME amount of time to write the report when using a PAMS or a Non-PAMS Assessment.

○ I don't know.

14. Which statement most accurately reflects your preference regarding the use of PAMS in Parenting Assessments for Care Proceedings or PLO?

(Please choose one answer)

Mark only one oval.

○ I prefer to undertake Parenting Assessments for Care Proceedings or PLO WITHOUT PAMS.

○ I prefer to undertake Parenting Assessments for Care Proceedings or PLO WITH PAMS.

○ I find that using PAMS DOES NOT MAKE ANY DIFFERENCE in undertaking Parenting Assessments for Care Proceedings or PLO.

15. In the last 12 months, please estimate how many Parenting Assessments for Care Proceedings or PLO you have completed that have incorporated PAMS?

(Please choose one answer)

Mark only one oval.

○ All, or most, of the Parenting Assessments I do for Care Proceedings or PLO incorporate PAMS

○ More than half of the of Parenting Assessments I do for Care Proceedings or PLO incorporate PAMS

○ Approximately half of the Parenting Assessments I do for Care Proceedings or PLO incorporate PAMS Less than half of the Parenting Assessments I do for Care Proceedings or PLO incorporate PAMS

○ None, or very few, of the Parenting Assessments I do for Care Proceedings or PLO incorporate PAMS

○ I don't know

16. Typically, do you feel that information is presented in the report with more clarity when incorporating PAMS or when not incorporating PAMS into your Parenting Assessment?
(Please choose one answer)
Mark only one oval.

○ Typically, information is presented with MORE clarity in Parenting Assessments that incorporate PAMS.

○ Typically, information is presented with LESS clarity in Parenting Assessments that incorporate PAMS.

○ Typically, clarity of information is achieved EQUALLY if a Parenting Assessment does or does not include PAMS.

○ I don't know

I Need Help… Form

17. How often do you typically use the I Need Help Form when incorporating PAMS into a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Never …..   …..Always

18. When using the I Need Help Form in undertaking a Parenting Assessment for Care Proceedings or PLO, please estimate what proportion of it you typically expect to be completed with or by the parent?
(Please choose one answer between "None" (0%) and "All" (100%))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

None: 0%…..   ….. All: 100%

19. Using the following rating system, how useful do you find the I Need Help Form in helping you undertake a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "Not Useful" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Not Useful …..   ….. Very Useful

Initial Screening Tool

20. How often do you typically request an Initial Screening Tool when incorporating PAMS into a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Never …..   ….. Always

21. When requesting the Initial Screening Tool while undertaking a Parenting Assessment for Care Proceedings or PLO, please estimate what proportion of Initial Screening Tools are returned by referrers?
(Please choose one answer between "none" (0%) and "All" (100%))
Mark only one oval.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

None: 0%…..   ….. All: 100%

22. When an Initial Screening Tool is returned, please estimate what proportion of it is typically completed by the referrer?
(Please choose one answer between "None" (0%) and "All" (100%))
Mark only one oval.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

None: 0%…..   ….. All: 100%

23. Using the following rating system, how useful do you find the Initial Screening Tool in helping you undertake a Parenting Assessment for Care Proceedings or PLO when it is returned?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not Useful at all…..   ….. Very Useful

Initial Screening Tool

NAME *of Parent*	DATE		ASSESSOR
Name	Date		Assessor

			Assessed			SCORE
			M ☐	F ☑	Both ☐	0

Mother:	Date of birth:	
Father: Father	Date of birth: 00/00/2000	
Child: Child	Date of birth/EDD*: 00/00/2000	CPP*:	CAF*:
Child:	Date of birth/EDD:	CPP:	CAF:
Child:	Date of birth/EDD:	CPP:	CAF:
Child:	Date of birth/EDD:	CPP:	CAF:
Child:	Date of birth/EDD:	CPP:	CAF:
Child:	Date of birth/EDD:	CPP:	CAF:

Address: | | Tel: |

GP:		Address:	Tel:
Social Worker		Address:	Tel:
Health Visitor:		Address:	Tel:
Other:		Address:	Tel:

*Estimated Date of Delivery *Child Protection Plan or Child Protection Register - which ever applies
*Common Assessment Framework

Save 💾 Save As 💾 ⬅ Back Next ➡ End ➡ PDF Export Print 🖨 1

Perception of Need and Risk Table

24. How often is the automatically generated Perception of Need and Risk Table included in your Parenting Assessments for Care Proceedings and PLO?
(Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Never …..   ….. Always

25. Using the following rating system, how useful do you find the Perception of Need and Risk Table, which compares the Initial Screening Tool, the I Need Help Form and the PAMS Priority Ratings in helping you undertake a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Not Useful at all…..   ….. Very Useful

Table 1: Perception of Need and Risk

	Parenting Domains	I Need Help	Initial Screening Tool	* Worksheet Priority Ratings
	DATE ASSESSED	19/11/13	1/11/13	10/1/14
CHILD	Feeding	0	2	0
	Healthcare General	0	3	0
	Healthcare Hygiene	0	3	0
	Healthcare Warmth	0	2	0
	Parental Responsiveness	0	3	0
	Development	0	2	0
	Guidance and Control	0	2	1
	Responsibility & Independence	0	0	0
PARENT	Independent Living Skills	1	3	2
	Homecare Domesticity	0	3	1
	Homecare Hygiene	0	3	0
	Homecare Safety	0	3	3
	Healthcare	1	2	3
	Support and Resources	0	3	3
	Additional Factors	0	3	
	TOTAL (out of 45)	2	37	13

* Worksheet Priority Rating shown represents the highest rating in that Domain.
N/A = Not Assessed.

Knowledge Cartoons

26. How often are the Knowledge Cartoons Questions typically used when incorporating PAMS into your Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10
⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭	⬭

Never …..   ….. Always

27. When you are using the Knowledge Cartoons Questions in undertaking a Parenting Assessment for Care Proceedings or PLO, are questions ever purposefully omitted?
(Please choose one answer)
Mark only one oval.

- ⬭ Yes
- ⬭ No
- ⬭ I don't know

28. If "yes" to the above question, why are questions omitted from the Knowledge Cartoons Questions? (Briefly explain)

_____

_____

29. When you are using the Knowledge Cartoons Questions in undertaking a Parenting Assessment for Care Proceedings or PLO, are questions ever purposefully modified?
(Please choose one answer)
Mark only one oval.

- ⬭ Yes
- ⬭ No
- ⬭ I don't know

30. If "yes" to the above question, why are questions modified from the Knowledge Cartoons Questions? (Briefly explain)

_____

_____

31. In scoring answers from the Knowledge Cartoons Questions, do you: (please tick the one that most accurately reflects how you typically score) Mark only one oval.

◯ Usually score according to the Knowledge Cartoons Questions Scoring Criteria exactly.

◯ Usually score according to the Knowledge Cartoons Questions Scoring Criteria with some limited flexibility for worker judgment and knowledge.

◯ Usually use worker judgment and knowledge in scoring the Knowledge Cartoons Questions and use the Scoring Criteria as a loose guide only.

◯ Usually only use worker judgement and knowledge in scoring the Knowledge Cartoons Questions.

32. Using the following rating system, how useful do you find the Knowledge Cartoons Questions in helping you undertake Parenting Assessments for Care Proceedings or PLO?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
0	1	2	3	4	5	6	7	8	9	10

Not Useful at all…..   ….. Very Useful

Knowledge Cartoons

Parent Assessment Manual Software 3.0

Parent Booklet

33. How often is the Parent Booklet typically used when incorporating PAMS into your Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Never …..   ….. Always

34. When you are using the Parent Booklet in undertaking a Parenting Assessment for Care Proceedings or PLO, how is it typically completed?
(Please tick all that apply)
Tick all that apply.

☐ Parent is given the Parent Booklet and allowed to take it away (e.g. off-site) so that they may fill it out on their own time.

☐ Parent is given the Parent Booklet to fill out on their own during an appointment meeting, but an assessor is not always present.

☐ Parent is given the Parent Booklet to fill out on their own, but an assessor is always present.

☐ Parent and/or an assessor read the questions from the Parent Booklet and the parent records their own answer.

☐ Parent and/or an assessor read the questions from the Parent Booklet and an assessor records the parent's answers.

☐ Other: _____

35. When you are using the Parent Booklet in undertaking a Parenting Assessment for Care Proceedings or PLO, are questions ever purposefully omitted?
(Please choose one answer)
Mark only one oval.

◯ Yes

◯ No

◯ I don't know

36. If "yes" to the above question, why are questions omitted from the Parent Booklet?
(Briefly explain)

_____

_____

37. When you are using the Parent Booklet in undertaking a Parenting Assessment for Care Proceedings or PLO, are questions ever purposefully modified?
(Please choose one answer)
Mark only one oval.

○ Yes

○ No

○ I don't know

38. If "yes" to the above question, why are questions modified from the Parent Booklet?
(Briefly explain)

_____

_____

39. In scoring answers from the Parent Booklet, do you:
(please tick the one that most accurately reflects how you typically score)
Mark only one oval.

○ Usually score according to the Parent Booklet Scoring Criteria exactly

○ Usually score according to the Parent Booklet Scoring Criteria with some limited flexibility for worker judgment and knowledge

○ Usually use worker judgment and knowledge in scoring the Parent Booklet and use the Scoring Criteria as a loose guide only.

○ Usually only use worker judgement and knowledge in scoring the Parent Booklet.

40. Using the following rating system, how useful do you find the Parent Booklet in helping you undertake Parenting Assessments for Care Proceedings or PLO?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Not Useful at all…..   ….. Very Useful

Parent Booklet

Parent Assessment Manual Software 3.0

Parent Questionnaire

41. How often is the Parent Questionnaire typically used when you are incorporating PAMS into a Parenting Assessment for Care Proceedings or PLO?
Please choose one answer between "never" (0) and "always" (10))
Mark only one oval.

◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
0	1	2	3	4	5	6	7	8	9	10

Never …..   ….. Always

42. When you are using the Parent Questionnaire in undertaking Parenting Assessments for Care Proceedings or PLO, are questions ever purposefully omitted?
(Please choose one answer)
Mark only one oval.

◯ Yes

◯ No

◯ I don't know

43. If "yes" to the above question, why are questions omitted from the Parent Questionnaire?
(Briefly explain)

_____

_____

44. When you are using the Parent Questionnaire in undertaking a Parenting Assessment for Care Proceedings or PLO, are questions ever purposefully modified?
(Please choose one answer)
Mark only one oval.

◯ Yes

◯ No

◯ I don't know

45. If "yes" to the above question, why are questions modified from the Parent Questionnaire?
(Briefly explain)

_____

_____

46. Using the following rating system, how useful do you find the Parent Questionnaire in helping you undertake a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Not Useful at all…..   ….. Very Useful

Parent Questionnaire

NAME of Parent	DATE	ASSESSOR

Assessed

M ☐   F ☐   Both ☐

A. GENOGRAM

Who is in your family now?

(include ages of family/brothers/sisters in birth order, health, relationships, status)

Observations/Observations Form/Skills Index

47. Where are observations most typically undertaken during a Parenting Assessment for Care Proceedings or PLO when PAMS is NOT incorporated?
(Please tick all that apply)
Tick all that apply.

☐ Office Setting (e.g. interview room, practitioners office)

☐ Home Visit (e.g. parent's house, mother and baby foster placement, foster placement, etc.) Contact Centre (e.g. rooms designed for contact or observations)

☐ Community (e.g. going shopping with family, going to soft play centre with family, etc.) No observations undertaken

☐ Other: _____

48. Please estimate how many hours of observation are typically undertaken during a Parenting Assessment for Care Proceedings or PLO when PAMS is NOT incorporated?
(Please choose one answer)
Mark only one oval.

◯ 0 hours

◯ 1-5 hours

◯ 6-10 hours

◯ 11-15 hours

◯ 16-20 hours

◯ More than 20 hours

49. Where are observations most typically undertaken during a Parenting Assessment for Care Proceedings or PLO when USING PAMS?
(Please tick all that apply)

☐ Office Setting (e.g. interview room, practitioners office)

☐ Home Visit (e.g. parent's house, mother and baby foster placement, foster placement, etc.) Contact Centre (e.g. rooms designed for contact or observations)

☐ Community (e.g. going shopping with family, going to soft play centre with family, etc.) No observations undertaken

☐ Other: _____

50. Please estimate how many hours of observation are typically undertaken during a Parenting Assessment for Care Proceedings or PLO when PAMS is incorporated?
(Please choose one answer)
Mark only one oval.

- ⬭ 0 hours
- ⬭ 1-5 hours
- ⬭ 6-10 hours
- ⬭ 11-15 hours
- ⬭ 16-20 hours
- ⬭ More than 20 hours

51. Given the following rating system, to what extent do you feel that you convey a clear understanding of how observations have gone when writing a Parenting Assessment for Care Proceedings or PLO that has incorporated PAMS?
(Please choose one answer between "No Understanding" (0) and "Clear Understanding" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

No Understanding ….. ….. Clear Understanding

52. Using the following rating system, how useful do you find undertaking Observations during a Parenting Assessments for Care Proceedings or PLO that has incorporated PAMS?
(Please choose one answer between "Not Useful at All" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Not Useful at all ….. ….. Very Useful

53. Do you typically use the PAMS Observation Form when undertaking an assessment or follow-up assessment that incorporated PAMS?
(Please choose one answer)

- ⬭ Yes
- ⬭ No
- ⬭ Sometimes
- ⬭ Other:_____

54. Using the following rating system, how useful do you find the PAMS Observation Form in helping you undertake Parenting Assessment for Care Proceedings and PLO?

(Please choose one answer between "Not Useful at All" (0) and "Very Useful" (10))

Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Not Useful at all …..   ….. Very Useful

55. Do you typically use the Skills Index as an observational checklist during observations for Parenting Assessments in Care Proceedings or PLO?

(Please choose one answer)

Mark only one oval.

○ Yes

○ No

○ Sometimes

○ Other:_____

56. Using the following rating system, how useful do you find the Skills Index as an observational checklist during observations for Parenting Assessments in Care Proceedings or PLO? (Please choose one answer between "Not Useful at All" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Not Useful at all …..   ….. Very Useful

APPENDIX A - SKILLS INDEX *Domains* 1-2

SKILLS INDEX

The Skills Index covers all of the 31 domains and 312 skills listed across the Child and Parent Profiles. It has four functions: a) As **an index** that identifies skills on the worksheets, b) As an **observational checklist** for use in the home and c) As a **programme planner** in the formulation of assessments or interventions. Some complex skills have **Sub-skills** (e.g. 2a, 2b, 2c, 2d) that comprise different components making up a task.

Also d), As a locator for: **Core Skills** which are highlighted as (CS) on the Skills Index and apply to the age band that they appear in, as well as to previous age bands and subsequent age bands. **Cultural Diversity** is highlighted as (CULTDIV) and appears next to skills when there may be cultural diversity issues that you need to be aware of. Skills that have a **Parent Booklet** exercise are highlighted as (PBK).

CHILD PROFILE

Worksheet Page M F

FEEDING 1

0-12 MONTHS
1. Parent can prepare a bottle for feeding. (PBK) 1 ☐☐
2. Parent feeds baby appropriately. 1 ☐☐
2a. Parent picks up on baby's hunger cues. 1 ☐☐
2b. Parent feeds baby with bottle/breast appropriately. 1 ☐☐
2c. Parent picks up on baby's satiation. 2 ☐☐
2d. Parent winds the baby appropriately after feeding. 2 ☐☐
3. Parent prepares a variety of pureed foods for weaning. 2 ☐☐
4. Parent provides at least one pint of formula/ breast milk in addition to meals. 2 ☐☐
5. Parent introduces finger-feeding. 2 ☐☐

1- 5 YEARS
6. Parent provides child with three nutritious meals a day and a balanced diet. (PBK) (CULTDIV) (CS) 3 ☐☐
7. Parent ensures child has one pint of full fat/whole milk a day in addition to meals. 3 ☐☐
8. Parent provides nutritious snacks for child. (PBK) (CS) 3 ☐☐
9. Parent deals with eating difficulties eg. faddism/allergies. (PBK) (CS) 3 ☐☐
10. Parent encourages child to eat with knife, fork and spoon. (CS) (CULTDIV) 3 ☐☐
11. Parent provides child with drinks throughout the day. (CS) 4 ☐☐
12. Parent provides child with food low in salt, sugar and saturated fats. (CS) 4 ☐☐

6-10 YEARS
13. Parent reacts appropriately when child refuses to eat a meal. (CS). 4 ☐☐

14. Parent ensures that child does not miss meals when away from home. 4 ☐☐
15. Parent encourages child to set table in preparation for meal. 4 ☐☐
16. Parent encourages child to prepare own snacks/drinks under supervision. 5 ☐☐

11-16 YEARS
17. Parent allows child/teenager some flexibility around mealtimes. 5 ☐☐

17-19 YEARS
18. Parent encourages teenager to prepare family meals/plan menus. 5 ☐☐

HEALTHCARE *General* 2

0 MONTHS–10 YEARS
1. Parent is able to recognise signs and symptoms when child is ill. (PBK) (CS) 6 ☐☐
2. Parent is able to take appropriate action when child is showing signs of illness. (PBK) (CS) 6 ☐☐
3. Parent can take child's temperature. (PBK) (CS) 6 ☐☐
4. Parent takes appropriate action to reduce temperature. (PBK) (CS) 6 ☐☐
5. Parent can complete prescription form. (PBK) (CS) 6 ☐☐
6. Parent is able to use medicines appropriately. (CS) 7 ☐☐
7. Parent recognises and deals with nappy rash. (PBK) 7 ☐☐
8. Parent recognises and deals with cradle cap. 7 ☐☐
9. Parent recognises and deals with teething problems. (PBK) 7 ☐☐
10. Parent keeps appointments for immunisations. (CS) (CULTDIV) 7 ☐☐
11. Parent keeps appointment for health/ developmental checks eg. dentist/health visitor. (CS) 8 ☐☐

31

261

Priority Ratings

57. When determining a Priority Rating, do you consider additional information outside of the PAMS materials (e.g. interview discussions outside of PAMS, historical information, discussions with other professionals, etc.) into the final Priority Rating score?
(Please choose one answer)
Mark only one oval.

   ⬭ Yes

   ⬭ No

   ⬭ Sometimes

   ⬭ Other:_____

58. Given the following range, how useful do you find determining the parent's final Priority Rating score in helping you complete a Parenting Assessment for Care Proceedings or PLO?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10

Not Useful at all …..   ….. Very Useful
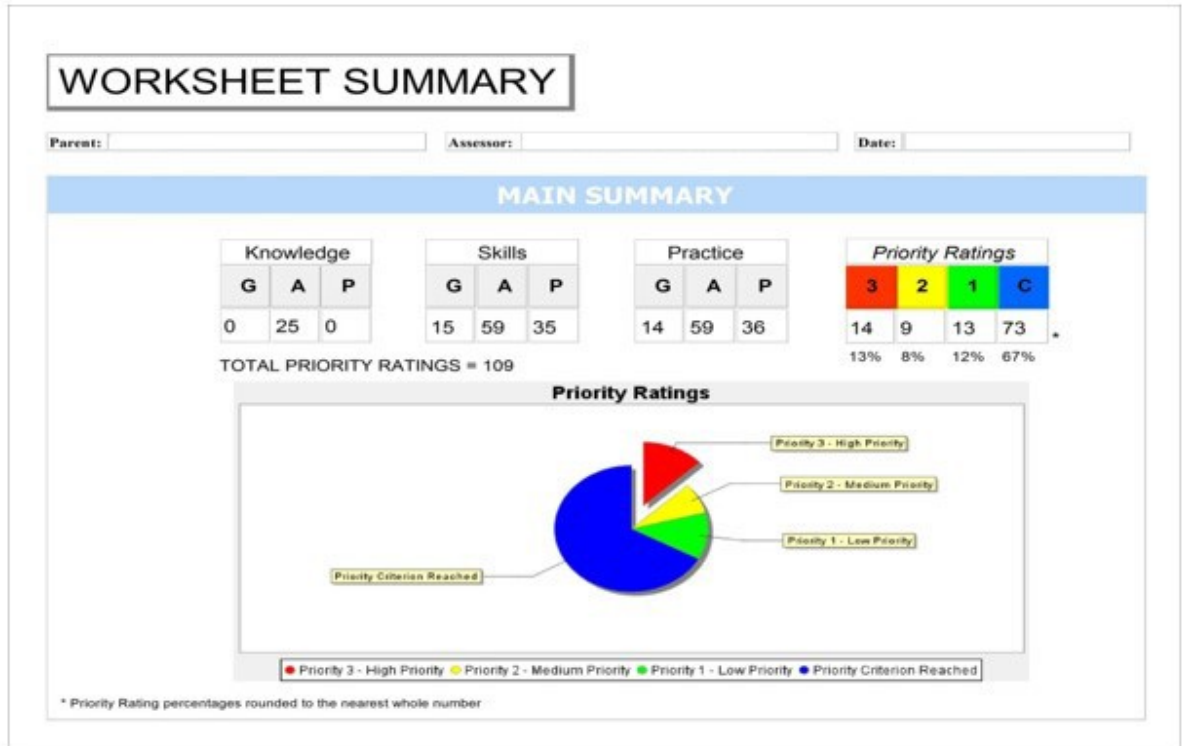
Worksheet Summary

59. Given the following range, how useful do you find the Worksheet Summary (e.g. the Pie Chart) is in summarising a parent's parenting ability?
(Please choose one answer between "Not Useful at all" (0) and "Very Useful" (10))
Mark only one oval.

0	1	2	3	4	5	6	7	8	9	10
⭕	⭕	⭕	⭕	⭕	⭕	⭕	⭕	⭕	⭕	⭕

Not Useful at all …..   ….. Very Useful

60. When undertaking a Parenting Assessment for Care Proceedings or PLO do you typically….
(please choose one option per question)
Mark only one oval per row.

	Task only done with PAMS	Task only done with non-PAMS	Task done for BOTH	Task NOT done for Either
...explain the limits of confidentiality to the parent being evaluated?	◯	◯	◯	◯
...work jointly with colleague(s)?	◯	◯	◯	◯
…work by yourself?	◯	◯	◯	◯
…talk to other sources besides the parent being assessed (e.g. other professionals, other family members not being assessed directly, etc.)	◯	◯	◯	◯
…review historical information/ the legal bundle?	◯	◯	◯	◯

61. When undertaking a Parenting Assessment for Care Proceedings or PLO do you typically….
(please choose one option per question)
Mark only one oval per row.

	Task only done with PAMS	Task only done with non-PAMS	Task done for BOTH	Task NOT done for Either
…use psychological testing?	◯	◯	◯	◯
…use research findings to inform your analysis?	◯	◯	◯	◯
…consider the impact of cultural and other diversity on parenting ability?	◯	◯	◯	◯
…tailor your assessment for parents with specific needs?	◯	◯	◯	◯
…find that your assessments are of a similar standard of quality and execution?	◯	◯	◯	◯

62. When completing your final report after undertaking a Parenting Assessment for Care Proceedings or PLO do you typically…
(please choose one option per question)
Mark only one oval per row.

	Task only done with PAMS	Task only done with non-PAMS	Task done for BOTH	Task NOT done for Either
…describe the child's relationship with the parent?	⬭	⬭	⬭	⬭
…emphasise both the strengths and the weaknesses of the parent?	⬭	⬭	⬭	⬭
…cite historical information you have had access to?	⬭	⬭	⬭	⬭
…cite the limitations of the assessment?	⬭	⬭	⬭	⬭
…describe the parent's behaviour during the assessment?	⬭	⬭	⬭	⬭
…cite the specific questions asked in the letter of instruction?	⬭	⬭	⬭	⬭

Further Participation

63. If you would like to be involved in the second part of this research project, please leave your email address below and you will be contacted in due course. The second part of this research project includes interviews which will explore questions around Forensic Parenting Assessments and Parenting Assessment Manual Software in more depth. Please see information sheet for more details.
(Please leave your email address if you agree to be contacted for a telephone interview)

_____

Helpful Information

64. Can you please describe the type of service you work for?
(Please choose all that apply)
Tick all that apply.

   ◯ Parenting Assessment Team (Residential)

   ◯ Parenting Assessment Team (Community)

   ◯ Independent Professional

   ◯ Other:

65. What is your professional title (e.g. Psychologist, Social Worker, etc)?

   _____

66. If other professionals are involved in undertaking the Parenting Assessment alongside you, please provide their professional titles:

   _____

67. What is your age?

   _____

68. What sex would you define yourself as?
Mark only one oval.

   ◯ Male

   ◯ Female

   ◯ Other:

   _____

69. What is your ethnic group?
    (Please choose one answer)
    Mark only one oval.

    ◯ White: English/Welsh/Scottish/Northern Irish/British

    ◯ White: Irish

    ◯ White: Gypsy or Irish Traveller

    ◯ Mixed: White and Black Caribbean

    ◯ Mixed: White and Black African

    ◯ Mixed: White and Asian Asian/Asian

    ◯ British: Indian Asian/Asian

    ◯ British: Pakistani Asian/Asian

    ◯ British: Bangladeshi Asian/Asian British: Chinese

    ◯ Black/African/Caribbean/Black

    ◯ British: African Black/African/Caribbean/Black

    ◯ British: Caribbean

    ◯ Other:

    _____

70. If you would like to have 1 Parent Booklet sent to you for free, as a thank you for participating in this research, please leave the address you wish to have the book posted to below. A copy will be provided to you as soon as possible. If any of the requested information is not provided I may not be able to send the Parent Booklet to you. Parent Booklets are provided on a first come first serve basis and when they are no longer available they will no longer be provided.
    Please provide: Name, street address (please include number and the name of road), location and post code. Please include any additional postal information as needed.

    _____

    _____

    _____

Appendix III: Cover Letter for Assessors

Dear Sir or Madam,

I am writing to tell you about the research I am undertaking titled: Forensic Parenting Assessments Using Parenting Assessment Manual Software (PAMS) and Better Outcomes. I am undertaking this research for my PhD and it is being funded through my current employment, the Social Work Education Trust and through private funding. This letter has been distributed via Pill Creek Publishing; however, I have not received your name or email address directly.

PAMS claims to be a multidimensional assessment tool designed to provide a systematic and functional method of assessing parents. As a practitioner who had incorporated the use of PAMS in undertaking parenting assessments for Care Proceedings and Public Law Outline, I am aware that there is very little research on the use and effectiveness of PAMS in these settings. As such, my research will start to look at PAMS more closely. The purpose of this research study is to look at the variability of how PAMS is being carried out among professionals. It will also look at the effectiveness of PAMS versus non-PAMS assessments in meeting the better outcome standards. Finally, it will start to gain an understanding of the perspectives of assessors who undertake PAMS and non-PAMS assessments for Care Proceedings or Public Law Outline purposes.

You may be eligible for this study if you undertake parenting assessments that are in Care Proceedings or Public Law outline arenas and you have experience with incorporating PAMS into your assessments.

If you are interested in learning more about this study you can view the study's Information Sheet and then decide to participate in the study by following this link:

https://docs.google.com/forms/d/1VXFabKX_IPRtv0NSAQPUN-IVoRwS7_9jgZH6RTQnP8I/viewform?usp=send_form

If you need additional information about the study please contact me via email at tjg516@york.ac.uk.

I would be very grateful if you would consider participating in this study. Your participation would contribute to improving our understanding of the effectiveness of PAMS in a legal setting. It is important to know that this letter is not to tell you to join this study. It is your decision. Your participation is completely voluntary.

You do not have to respond if you are not interested in this study. If you do not respond, no one will contact you, but you may receive another letter via email which you can simply disregard.

Thank you for your time and consideration. I look forward to hearing from you.

Yours sincerely,

Tracee Green

PhD Student at the University of York and Social Worker

Appendix IV: Participant Information Sheet

PARTICPANT INFORMATION SHEET (Assessors)

Study Title
Forensic Parenting Assessments using Parenting Assessment Manual Software and Better Outcomes

Introduction
You are invited to participate in this original research study. Before you decide whether you want to participate, it is important for you to understand why the research is being done and what your participation will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

Research Aims
This study is interested in evaluating Forensic Parenting Assessments (FPA). FPAs are assessments undertaken on a parent's ability to parent while under the auspices of Public Law Outline (PLO) or Care Proceedings. In particular, this study is exploring how, or if, Parenting Assessment Manual Software (PAMS) aids the assessors who use it. Very little research has been undertaken with PAMS and further exploration and study is required to inform practice.

Who Has Been Asked to Participate?
Professionals from across the United Kingdom who have received PAMS training in completing FPA have been asked to participate in this research study.

Is Participation Mandatory?
It is up to you to decide to join this research study. You are free to withdraw at any time without giving a reason.

What Will Happen to Participants?
If you are interested in participating, you will need to click the link provided to you in an email. This online link will direct you to a consent form and a questionnaire. Once the consent form is completed, you will have access to a questionnaire which will include a mixture of closed and open questions about FPAs and PAMS. The questionnaire should take no longer than 30 minutes to complete.

On completion of the questionnaire, you will have the option to take part in an interview which will explore questions around FPA and PAMS in more depth. If you are interested, please leave your contact details at the end of the questionnaire and you will be contacted in due course. The interview will be audio recorded and questions will continue to revolve around FPA's and PAMS. The interview is estimated to last up to an hour.

Will it Cost Me Anything to Participate?
No; however, you do need to have access to the internet to complete the questionnaire and receive the initial email. You will need to have access to a telephone if you volunteer and are selected for the second part of this research study.

What are the Possible Disadvantages and Risks and/or Benefits of Participating?

There are minimal risks associated with taking part in this study. The questionnaire should not take longer than 30 minutes to complete and your anonymity will be assured. If you are selected for the second part of this research study, every effort will be made to make the interview fit into your schedule. When transcribing the conversation from audio recordings, you will be given ID identifiers rather than names to protect your identity. Audio recordings will be deleted once transcribed.

At the conclusion of this study, you will be sent a newsletter describing the major findings and alerting you to any research publications that have been generated from the study.

What Will Happen if there is a Problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. If you have a concern about any aspect of the study, you should contact Ms Tracee Green at tjg516@york.ac.uk. If you remain unhappy and wish to complain formally you can do this by contacting her supervisor, Dr Martin Webber at martin.webber@york.ac.uk.

Will Information be Kept Confidential?
All information which is collected about you during the course of this study will be kept strictly confidential within the limits of the law. Questionnaires will be anonymised when entered into an electronic database for analysis. Completed questionnaires will be stored on a password-protected secure university server.

Your contact details will be requested if you would like to be considered to participate in the next aspect of the study. Your contact details will, also, remain confidential within the limits of the law. Your contact details will be stored on a password-protected secure university server.

If you are chosen to participate in the second part of this research study, all audio recordings obtained will be deleted from the digital recorder as soon as they are transcribed to a secure university server, which is accessible only by the project's researcher. ID identifiers will be used rather than names in transcriptions of interviews to protect the identity of participants. All electronic information will be stored on the secure university server. All quotes used will be anonymised in publications arising from the study.

What will Happen to the Results of this Study?
The results of the study will be published in a PhD thesis at the University of York and submissions will be made to scientific journals. A summary of the findings will be available for all participants. No participants will be identified in any possible publications.

Who is Organising the Research?
This study is being undertaken as part of a dissertation for a PhD from the University of York. The student is a Social Worker who also uses PAMS in undertaking FPAs. Funding has been provided via a combination of private funding, the Social Work Education Trust and a Local Authority employer.

Who has Reviewed this Study?
All social care research is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been

reviewed and given a favourable opinion by the Department of Social Policy and Social Work Ethics Committee at the University of York.

Further Questions?
Please contact Ms Tracee Green at tjg516@york.ac.uk if you have further questions.

Dated: 1/7/15

Appendix V: Second Email to Participants (quantitative)

Dear Sir or Madam,

Thank you to all who have already completed and submitted the questionnaire regarding Parenting Assessment Manual Software (PAMS). I am writing this email as a reminder for those who intend to complete the questionnaire but have not done so yet. If you do not plan on completing the questionnaire please accept my apology and discard this email.

Prior to completing the questionnaire, I wanted to raise a few points for consideration:

1) My apologies if you are only receiving this email and did not receive the original email explaining my research. I understand that emails often get lost in firewalls and spam folders. If it is not possible to recover the original email, please feel welcome to email me on tjg516@york.ac.uk and I can email the research link (with an explanation of my research) to you directly. Your email will not be shared with anyone else.
2) If you are having trouble opening the questionnaire; this could be due to firewalls that may be present. Please consider completing the questionnaire via a computer without such strong firewall protection.
3) I would be grateful if you would pass on the original email (or this email) to other colleagues, contacts or relevant parties who may be interested in completing a questionnaire about their use of PAMS in a legal setting.
4) Although it is completely your decision as to whether you participate, please understand that this research is aiming to provide us with a better understanding of the impact of the use of PAMS in a legal setting and the greater the participation the better the research results will be.

Thank you again for your time and please don't hesitate to come back to me with *any questions* about the research and questionnaire.

Kindest regards,

Tracee Green
PhD Student at the University of York and Social Worker
tjg516@york.ac.uk

Appendix VI: Third and Final Reminder Email (quantitative)

Dear Sir or Madam,

Thank you to all who have already completed and submitted the questionnaire regarding Parenting Assessment Manual Software (PAMS). I am writing this email as a reminder for those who intend to complete the questionnaire but have not done so yet. If you do not plan on completing the questionnaire please accept my apology and discard this email.

This is the final reminder letter that I will be sending and the questionnaire will close soon.

I am delighted to report that the opportunity has arisen that has enabled me to provide the first 100 people who complete the above-mentioned questionnaire with a new **PAMS Parenting Booklet – Free**! The Parenting Booklet retails at £13.79 (including p&p); however, this will be provided and sent to you for free if you are one of the first 100 to complete the questionnaire. This is to say thank you for your time. Once the questionnaire is completed; you will have the opportunity to leave delivery details – which will remain confidential until they are deleted following successful delivery. For those who have already completed the questionnaire, please email me on tjg516@york.ac.uk to discuss receiving your free Parenting Booklet.

Points to consider prior to completing the questionnaire:

1) My apologies if you are only receiving this email and did not receive my first 2 emails explaining my research. I understand that emails often get lost in firewalls and spam folders. If it is not possible to recover the original email, please feel welcome to email me on tjg516@york.ac.uk and I can email the research link (with an explanation of my research) to you directly. Your email will not be shared with anyone else.
2) If you are having trouble opening the questionnaire; this could be due to firewalls that may be present. Please consider completing the questionnaire via a computer without such strong firewall protection.
3) I would be grateful if you would pass on the original email (or this email) to other colleagues, contacts or relevant parties who may be interested in completing a questionnaire about their use of PAMS in a legal setting.
4) Although it is completely your decision as to whether you participate, please understand that this research is aiming to provide us with a better understanding of the impact of the use of PAMS in a legal setting and the greater the participation the better the research results will be.

Thank you again for your time and please don't hesitate to come back to me with *any questions* about the research and questionnaire.

Kindest regards,

Tracee Green
PhD Student at the University of York and Social Worker
tjg516@york.ac.uk

Appendix VII: Final Version of Information Sheet (quantitative)

The University of York
PARTICPANT INFORMATION SHEET (Assessors)

Study Title
Forensic Parenting Assessments using Parenting Assessment Manual Software and Better Outcomes

Introduction
You are invited to participate in this original research study. Before you decide whether you want to participate, it is important for you to understand why the research is being done and what your participation will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

Research Aims
This study is interested in evaluating Forensic Parenting Assessments (FPA). FPAs are assessments undertaken on a parent's ability to parent while under the auspices of Public Law Outline (PLO) or Care Proceedings. In particular, this study is exploring how, or if, Parenting Assessment Manual Software (PAMS) aids the assessors who use it. Very little research has been undertaken with PAMS and further exploration and study is required to inform practice.

Who Has Been Asked to Participate?
Professionals from across the United Kingdom who have received PAMS training in completing FPA have been asked to participate in this research study.

Is Participation Mandatory?
It is up to you to decide to join this research study. You are free to withdraw at any time without giving a reason.

What Will Happen to Participants?
If you are interested in participating, you will need to click the link provided to you in an email. This online link will direct you to a consent form and a questionnaire. Once the consent form is completed, you will have access to a questionnaire which will include a mixture of closed and open questions about FPAs and PAMS. The questionnaire should take no longer than 30 minutes to complete.

On completion of the questionnaire, you will have the option to take part in an interview which will explore questions around FPA and PAMS in more depth. If you are interested, please leave your contact details at the end of the questionnaire and you will be contacted in due course. The interview will be audio recorded and questions will continue to revolve around FPA's and PAMS. The interview is estimated to last up to an hour.

Will it Cost Me Anything to Participate?
No; however, you do need to have access to the internet to complete the questionnaire and receive the initial email. You will need to have access to a telephone if you volunteer and are selected for the second part of this research study.

What are the Possible Disadvantages and Risks and/or Benefits of Participating?

There are minimal risks associated with taking part in this study. The questionnaire should not take longer than 30 minutes to complete and your anonymity will be assured. If you are selected for the second part of this research study, every effort will be made to make the interview fit into your schedule. When transcribing the conversation from audio recordings, you will be given ID identifiers rather than names to protect your identity. Audio recordings will be deleted once transcribed.

At the conclusion of this study, you will be sent a newsletter describing the major findings and alerting you to any research publications that have been generated from the study. In addition, the first 100 people to complete the questionnaire will be offered the opportunity to receive a free PAMS' Parent Booklet posted to them. At the end of the questionnaire, there will be an opportunity to leave a delivery address for the book. Though it is not mandatory to leave an address, you will not be able to receive a copy of the Parent Booklet if you do not leave one. Address details will remain anonymous and will be deleted once the Parent Booklet is sent.

What Will Happen if there is a Problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. If you have a concern about any aspect of the study, you should contact Ms Tracee Green at tjg516@york.ac.uk. If you remain unhappy and wish to complain formally you can do this by contacting her supervisor, Dr Martin Webber at martin.webber@york.ac.uk.

Will Information be Kept Confidential?
All information which is collected about you during the course of this study will be kept strictly confidential within the limits of the law. Questionnaires will be anonymised when entered into an electronic database for analysis. Completed questionnaires will be stored on a password-protected secure university server.

Your contact details will be requested if you would like to be considered to participate in the next aspect of the study. Your contact details will, also, remain confidential within the limits of the law. Your contact details will be stored on a password-protected secure university server.

If you are chosen to participate in the second part of this research study, all audio recordings obtained will be deleted from the digital recorder as soon as they are transcribed to a secure university server, which is accessible only by the project's researcher. ID identifiers will be used rather than names in transcriptions of interviews to protect the identity of participants. All electronic information will be stored on the secure university server. All quotes used will be anonymised in publications arising from the study.

What will Happen to the Results of this Study?
The results of the study will be published in a PhD thesis at the University of York and submissions will be made to scientific journals. A summary of the findings will be available for all participants. No participants will be identified in any possible publications.

Who is Organising the Research?
This study is being undertaken as part of a dissertation for a PhD from the University of York. The student is a Social Worker who also uses PAMS in undertaking FPAs. Funding has been provided via a combination of private funding, the Social Work Education Trust and a Local Authority employer.

Who has Reviewed this Study?

All social care research is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given a favourable opinion by the Department of Social Policy and Social Work Ethics Committee at the University of York.

Further Questions?

Please contact Ms Tracee Green at tjg516@york.ac.uk if you have further questions.

Dated: 24/9/15

Appendix VIII: First Letter to Participants (qualitative)

Dear Madam,

I am writing to invite you to take part in the second part of the research project titled: Forensic Parenting Assessments Using Parenting Assessment Manual Software (PAMS) and Better Outcomes.

I would like to take this time to offer my sincere thanks for your participation in the online questionnaire for the above-named research project. I am very thankful for your time.

I am delighted to see that you have agreed to volunteer for the second part of my research project. This includes a telephone interview that will last approximately 1 hour and will focus on your experience with PAMS in a forensic setting.

If you are still interested in proceeding, please review the following prior to our arranging a telephone interview time and date:

1)   Read the attached consent form which, (should you agree to participate) we will discuss briefly at the start of your telephone interview.

2)   Re-read the attached information sheet to re-familiarise yourself with this study. You are also welcome to email me with any questions about the study prior to agreeing to participate.

Although it is completely your decision as to whether you still wish to participate, I would be very grateful if you would still be willing to take part in this aspect of the study since your involvement would contribute to improving our understanding of the effectiveness of PAMS in a legal setting. You do not have to respond if you are not interested in this study. If you do not respond, no one will contact you, but you may receive another email which you can simply disregard.

If you are still interested in participating, can you please reply to this email – or email tjg516@york.ac.uk – and I will contact you to arrange a date and time for a telephone interview.

Thank you for your time and consideration. I look forward to hearing from you.

Kindest regards,

Tracee Green

PhD Student at the University of York

tjg516@york.ac.uk

Appendix IX: Second and Final Email to Interview Participants (qualitative)

Dear Sir,

I am writing for a final time to invite you to take part in the second part of the research project titled: Forensic Parenting Assessments Using Parenting Assessment Manual Software (PAMS) and Better Outcomes.

Please see the email below and attachments for more details. As stated in that email, it is completely your choice as to whether you would like to participate and I will not contact you again if I do not hear back from you. However, I would be grateful if you would volunteer to participate as it will help to improve our understanding of the use of PAMS in forensic parenting assessments.

Please don't hesitate to contact me with any questions.
Very best wishes,
Tracee

Appendix X: Interview Topic Guide

<u>**PARTICIPANT Number**</u>

1) <u>**Introduction**</u>
    a) <u>Introduce myself</u>: I am Tracee Green, a PhD student at the University of York and a Lecturer in Child Protection at the University of Kent.
    b) <u>Explain audio recording</u>: I just need to confirm that you are you okay for me to record this conversation? Once recording starts, I will go through consent matters.
    c) <u>Confirm purpose of interview</u>: The primary outcome of this study is an improved understanding of the contribution of PAMS' assessments to Care Proceedings or PLO parenting assessments. I want to get an understanding of your own personal thoughts and experiences with PAMS in a forensic setting. It should only take around an hour or so.
    d) <u>Confirm consent verbally</u>:
        a. Have you read and understood that consent form I emailed to you yesterday? Do you have any questions about this study?
        b. Can you confirm you are aware that this call is recorded and you have agreed to it being recorded?
        c. Do you still agree to take part in this study?
    e) <u>Explain that their honesty is important:</u> Please be as honest as possible when answering questions. There is no right and wrong answers. This study is simply looking at how PAMS is currently being used.
    f) <u>Let participant ask any questions</u>: Do you have any questions before we get started?
    g) <u>Thank them for participating</u>: Thank you for participating, let's get started!

<u>Background</u>:

    a)   Parenting assessment team – Residential & Community/ Independent/Social Worker
    b)   WORK Jointly FOR BOTH PAMS AND NON-PAMS:
        a. What are the strengths and weaknesses of working alone / with others?
        b. How is bias and personal judgement challenged?
        c. Do you have regular supervision?
    c)   13 years doing FPA. 5 years doing PAMS assessments:
        a. Officially trained
            i. Why did you train officially?
            ii. What did you think of it?
            iii. Should everyone be trained who uses PAMS? Or should it be optional?
            iv. Do you think training has to be "official" training or could they learn through colleagues who have had training?

v. Can one incorporate PAMS without being officially trained?

d) YOU DIDN'TAGREED WITH MAJORITY: 57% of population sampled stated that they did not think FPA could be undertaken based on PAMS training alone.

    a. Why do you think you can undertake a FPA with ONLY PAMS training?

    b. Can you explain why others may think this?

    c. What other skills/training do assessors need to undertake a FPA for court?

2) <u>Perspectives of Assessors Who Use PAMS</u>

a) What is your perspective on the use of PAMS with Parenting Assessments for Care Proceedings or PLO?

b) What are the strengths of PAMS in this setting?

c) What is the limitation of using PAMS in this setting?

d) YOU STATED YOU THOUGHT IT TOOK longer TO COMPLETE ENTIRE ASSESSMENT WHEN PAMS INCLUDED and less TIME TO GATEHR EVIDENCE WHEN PAMS IS INCLUDED and longer TIME TO WRITE THE REPORT WHEN PAMS INCLUDED – And you stated that using PAMS in and FPA didn't make any difference.

    a. Can you explain this? Talk me through this…

e) Unlike you, the majority of people stated it took longer to use PAMS in assessments and the majority of people (54%) 'prefer' to use it… why do you think this?

f) 54% of participants stated that using PAMS improved clarity (54% think more clarity) – you didn't think it made a difference. Why? Can you talk me through this?

3) <u>I want to get an understanding regarding the variability of how PAMS is undertaken</u>.

a) I have a very open question for you now. I would like you to talk me through how – when you use PAMS - how YOU incorporate it into a FPA. Essentially a "walk-through" on how you use PAMS.

    a. PROMPTS:

        i. What happens first? Which tools do you use first? Second? Not at all? Always? (I Need Help Form, Initial Screening Tool, Knowledge Cartoons, Parent Booklet, Parent Questionnaire, Observations, Skills Index, <u>PAMS Observation Form</u>).

        ii. As you work alone and jointly; how do you determine who does what? Do you use ALL the tools?

            1. If not – what determines which tools you use or don't use? (e.g. I Need Help Form, Initial Screening Tool, Knowledge Cartoons, Parent Booklet, Parent Questionnaire, Observations). Talk me through

decision around what you keep and exclude and why.

2. Which tool is your favourite/least favourite?
3. Which tool provides the most useful information?
4. SCORING – do you have difficulty in determining scores?

iii. Do you include the PAMS report template?
   1. YES: Why? What are strengths/weaknesses?
   2. NO: Why?

iv. Can you give me a sense of the timeframe to include PAMS? How long would it take to get through all of the tools you use? How long for the whole assessment if PAMS Is used – and how long if it isn't used? Why do you think it is longer, shorter or same?

b) I UNDERSTAND YOU with any and all parents (and all/most of your assessments are PAMS): What has determined 'who' you use PAMS with?

   a. Who determined this and why? (e.g. your choice, team choice, management decision, outside information, etc.)
   b. Were you told this at official training?
   c. Is there anyone else you might use it with?

c) I UNDERSTAND THAT – WHEN DETERMINING PRIORITY RATINGS – YOU "CONSIDER ADDITIONAL INFORMATION OUTSIDE OF PAMS MATERIALS (E.G. INTERVIEW DISCUSSIONS OTUSIDE OF PAMS, HISTORICAL INFORMATION, DISCUSSIONS WITH OTHER PROFESSIONALS, ETC.):

   a. Why? can you talk me through that?
   b. What information do you consider – outside of PAMS materials – in determining Priority Ratings?
   c. What other information is considered? How is this determined? 66% of participants stated they used information outside of PAMS to complete assessments – what information is this?
   d. What do assessors do 'in addition' to PAMS?

4) Better practice Guidelines?
   a) What do you think of PAMS versus Non-PAMS assessments?
   b) What are the benefits of PAMS vs a Non-PAMS assessments?
   c) What are the limitations of PAMS versus a Non-PAMS assessments?
   d) What is main difference between what you do with PAMS versus a non-PAMS and can you talk me through this?
   e) Use of psychological testing: why/why not use? When do use; what weight giving them?
   f) Do you think there is a difference with regard to observations with PAMS vs a Non-PAMS assessment?

5) Tidy up

a) *PAMS 3.0: Are you using PAMS 3.0?*
   a. *YES*
   b. *NO*
b) *Upgrades: Has the PAMS' software you use been upgraded with updates made available through Pill Creek Publishing?*
   a. *YES*
   b. *NO*

Time is up: do you have any questions about what you have shared or the study at large?

Appendix XI: Consent From (qualitative)

Forensic Parenting Assessments using Parenting Assessment Manual Software and Better Outcomes

Principal Investigator: Ms Tracee Green

Please tick box as applicable

1. I confirm that I have read and understood the information sheet dated 24.9.15 for the above study. I have had the opportunity to consider the information, ask questions if necessary, and have had my questions about the study answered satisfactorily.

   Yes ☐
   No ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.

   Yes ☐
   No ☐

3. I understand that data collected from me during the study will be kept confidential. I agree for quotations from me to be used anonymously in publications arising from the study, as appropriate.

   Yes ☐
   No ☐

4. I agree for the interview to be audio-recorded.

   Yes ☐
   No ☐

5. I agree to take part in this study.

   Yes ☐
   No ☐

Glossary

CAFCASS: an abbreviation for Child and Family Court Advisory Support Service.

CHILD AND FAMILY COURT ADVISORY SUPPORT SERVICE: This is an independent service which provides practitioners to the courts for the purpose of representing the views of the child. They are a party to proceedings.

EXPERT: This is a professional whose first duty is to the courts. They are usually instructed by a particular party to proceedings via the courts; however, they are to act as an independent adviser to the court who has the child's best interest in mind.

FORENSIC PARENTING ASSESSMENT refers to Forensic Parenting Assessment and is an assessment of parenting undertaken for Public Law Outline or Family Court purposes.

FPA: an abbreviation for Forensic Parenting Assessment.

FULL PAMS FPA: A *Type of PAMS* identified in this study to describe a more standardised use of PAMS within a FPA.

LETTER OF INSTRUCTION: A letter drafted by all parties involved in pre-family proceedings or family proceedings instructing an independent expert

LOI: An abbreviation for **Letter of Instruction**.

NON-PAMS FPA refers to a FPA that does not incorporate PAMS.

PAMS: An abbreviation for Parenting Assessment Manual Software.

PAMS ELEMENTS refer to general PAMS considerations that are unrelated to specific tools and outputs; for example, training and overview issues like who PAMS is used with and timeframe considerations.

PAMS FPA refers to a FPA that incorporates PAMS.

PAMS INFORMED FPA: A *Type of PAMS* identified in this study to describe a less standardised utilisation of PAMS tools.

PAMS OUTPUTS refer to material generated in a PAMS report and include the Perception of Need and Risk Table and the Worksheet Summaries. Please see Appendix I for a more detailed description of PAMS terminology, tools and outputs.

PAMS PLUS FPA is a *Type of PAMS* identified in this study to describe a highly structured use of PAMS within a FPA that also includes an intervention and follow up PAMS Capacity Report.

PAMS TOOLS will be defined as actual PAMS tools or exercises undertaken by FPA assessors including observations, Priority Ratings, Knowledge Cartoons, Parent

Booklet, I Need Help… Form, Parent Questionnaire, Skills Index, Initial Screening Tool, PAMS Observation Form and the Report Template. Please see Appendix I for a more detailed description of PAMS terminology, tools and outputs.

PARENTING ASSESSMENT MANUAL SOFTWARE: A software package and tool kit designed to assist in the assessment of parenting

PARTY: a shorted term for someone who is **Party to Proceedings**.

PARTY TO PROCEEDINGS: refers to key individuals with an investment in the outcome of care proceedings and typically includes the parent, local authority and a practitioner from Cafcass to represent the views of the child. All are entitled to have legal representation.

TYPE OF PAMS: An identified variation in 3 ways to utilise PAMS; *PAMS Informed FPA, Full PAMS FPA* and the *PAMS Plus FPA.*

Reference List

(2013a). In the matter of B (A Child) [2013] UKSC 33,. Supreme Court.

(2013b). In the matter of B-S (children) [2013] EWCA Civ 1146,. The Court of Appeal.

Aber, J. and Alle, J. (1987). Effects of maltreatment on young children's socioemotional development: An attachment theory perspective. *Developmental Psychology,* 23(3)**,** 406-414.

Abidin, R. R. (1995). *Parenting stress index: Professional manual 3rd edition,* Odessa, Florida: Psychological Assessment Resources.

Ainsworth, M. and Salter, D. (1978). *Patterns of attachment: A psychological study of the strange situation,* Hillsdale, N.J. : New York: Lawrence Erlbaum Associates ; distributed by Halsted Press Division of Wiley.

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity,* 23(3)**,** 121-127.

American Psychological Association (2010). Guidelines for child custody evaluations in family law proceedings. *American Psychologist,* 65(9)**,** 863-867.

Amolto. (2017). *Amolto call recorder for Skype* [Online]. Available at: http://amolto.com/ 22 May 2017].

Azar, S. T. and Benjet, C. L. (1994). A cognitive perspective on ethnicity, race and termination of parental rights. *Law and Human Behavior,* 18(3)**,** 249-268.

Azar, S. T., Lauretti, A. F. and Loding, B. V. (1998). The evaluation of parental fitness in termination of parental rights cases: A functional-contextual perspective. *Clinical Child and Family Psychology Review,* 1(2)**,** 77-100.

Azar, S. T., et al. (1984). Unrealistic expectations and problem-solving ability in maltreating and comparison mothers. *Journal of Consulting and Clinical Psychology,* 54**,** 867-868.

Azar, S. T. and Rohrbeck, C. A. (1986). Child abuse and unrealistic expectations: Further validation of the parent opinion questionnaire. *Journal of Consulting and Clinical Psychology,* 54**,** 867-868.

Barnard, K. E., et al. (1989). Measurement and meaning of parent-child interaction. In Morrison, F., Lord, C. & Keating, D. (eds.) *Applied Developmental Psychology.* New York: Academic Press.

Barrera, M. (1981). Social support in the adjustment of pregnant adolescents: Assessment issues. In Gottlieb, B. H. (ed.) *Social Networks and Social Support.* Beverly Hills: Sage.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology,* 4(1), 1-103.

Baumrind, D. (1991). Effective parenting during the early adolescent transition. In Cowan, P. A. & Hetherington, E. M. (eds.) *Advances in Family Research.* Hillsdale, NJ: Erlbaum.

Bavolek, S. J. (1984). *Handbook of the adolescent-parenting inventory,* Park City, UT: Family Development Resources.

Beavers, W. R. and Hampson, R. B. (1993). *Measuring family competence: The Beavers Systems Model,* New York: Guilford.

Beck, A. T., Steer, R. A. and Brown, G. K. (1996). *Beck depression inventory-II,* San Antonia: Psychological Corporation.

Belsky, J. (1980). Child maltreatment: An ecological integration. *American psychologist,* 35(4), 320-335.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development,* 55, 83-96.

Belsky, J. and Vondra, J. (1989). Lessons from child abuse: The determinants of parenting. In Cicchetti, D. & Carlson, V. (eds.) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect.* Cambridge: Cambridge University Press.

Beyer, M. (1993). What do children and families need? *Paper Presented at the meeting of the American Bar Association.* Washington, DC.

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal,* 19(4), 426-432.

Booth, T., McConnell, D. and Booth, W. (2006). Temporal discrimination and parents with learning difficulties in the child protection system. *The British Journal of Social Work,* 36(6), 997-1015.

Bornstein, M. H. (2006). Parenting science and practice. In Damon, W. & Lerner, R. M. (eds.) *Handbook of Child Pyschology.* 6th ed. Hoboken, NJ: Wiley.

Bornstein, M. H., Hahn, C. S. and Haynes, O. M. (2011). Maternal personality, parenting cognitions and parenting practices. *Developmental Psychology,* 47, 658-675.

Bow, J. N. (2006). Review of empirical research on child custody practice. *Journal of Child Custody,* 3(1)**,** 23-50.

Bow, J. N. and Quinnell, F. A. (2004). Critique of child custody evaluations by the legal profession. *Family Court Review,* 42(1)**,** 115-127.

Bowlby, J. (1969). *Attachment and loss,* London: Hogarth Press/Institute of Psycho-Analysis.

Bradley, R. (2002). Environment and parenting. In Bornstein, M. H. (ed.) *Handbook of Parenting.* 2nd ed. Mahwah, NJ: Erlbaum.

Brandon, M., et al. (2008). The preoccupation with thresholds in cases of child death and serious injury through abuse and neglect. *Child Abuse Review,* 17**,** 313-330.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.,* Cambridge, MA: Harvard University Press.

Brophy, J. (2006). Research review: Child care proceedings under the Children's Act 1989. Report to the Department of Constitutional Affairs,: University of Oxford.

Brophy, J., et al. (2012). The contribution of experts in care proceedings: Evaluation of independent social work reports in care proceedings. University of Oxford.

Brown, S., et al. (2015). *The use of experts in family law: Understanding the processes for commissioning experts and the contribution they make to the family court*: Ministry of Justice.

Bruce, D. (1992). Neurosurgical aspects of child abuse. In Ludwig, S. & Kornberg, A. (eds.) *Child Abuse: A Meical Reference.* 2 ed. New York: Churchill Livingston.

Bryman, A. (2012). *Social research methods, 4* edn Oxford: Oxford University Press.

Budd, K. (2003). Clinical assessment code book: Parent evaluations - revised pilot version. Northwestern University School of Law & Circuit Court of Cook County, Illinois: Clinical Evaluation and Services Initiative.

Budd, K., Felix, E. and Poindexter, L. (1998). Clinical assessment code book: Parent evaluations. Unpublished manuscript, Clinical Evaluation and Services Initiative, Cook County Juvenile Court, Chicago.

Budd, K. S. (2001). Assessing parenting competence in child protection cases: A clinical practice model. *Clinical Child and Family Psychology Review,* 4(1)**,** 1-18.

Budd, K. S. (2005). Assessing parenting capacity in a child welfare context. *Children and Youth Services Review, 27(4)*, 429-444.

Budd, K. S., et al. (2002). Clinical assessment of children in child protection cases: An empirical analysis. *Professional Psychology: Research and Practice, 33(1)*, 3-12.

Budd, K. S., et al. (2006). Evaluating parents in child protection decisions: An innovative court-based clinic model. *Professional Psychology-Research and Practice, 37(6)*, 666-675.

Budd, K. S. and Holdsworth, M. J. (1996). Issues in clinical assessment of minimal parenting competence. *Journal of Clinical Child Psychology, 25(1)*, 2-14.

Budd, K. S., et al. (2001). Clinical assessment of parents in child protection cases: An empirical analysis. *Law and Human Behavior, 25(1)*, 93-108.

Budd, K. S. and Springman, R. E. (2011). Empirical analysis of referral issues and "ultimate issue" recommendations for parents in child protection cases. *Family Court Review, 49(1)*, 34-45.

Burgess, R. and Youngblade, L. (1989). Social incompetence and the intergenerational transmission of abusive parental-behaviour. In Gelles, R., Hotaling, G., Finkelhor, D. & Straus, M. (eds.) *New Directions in Family Violence Research.* Newbury Park, CA: Sage.

Butcher, J., et al. (1989). *Minnesota multiphasic personality inventory - 2 (MMPI-2): Manual for administration and scoring,* Minneapolis: University of Minnesota Press.

Caldwell, B. M. and Bradley, R. H. (1984). *Home observation for the measurement of the environment: Administration manual,* Little Rock: University of Arkansas.

Cassidy, D. and Davey, S. (2011). Family justice children's proceedings: Review of public and private law case files in England and Wales. Research Summary 5/11: Ministry of Justice.

Children Act (1989). London: Her Majesty's Stationary Office (HMSO).

Children Act (2004). London: Her Majesty's Stationary Office (HMSO).

Comer, R. J. (1995). *Abnormal psychology, 2nd* edn New York: W. H. Freeman and Company.

Condie, L. O. (2003). *Parenting evaluations for the court [electronic resource]: Care and protection matters,* New York: Kluwer Academic/Plenum Publishers.

Conley, C. (2003). A review of parenting capacity assessment reports. *OACAS Journal,* 47(3)**,** 16-22.

Corby, B., Shemmings, D. and Wilkins, D. (2012). *Child abuse,* Maidenhead: Open University Press.

Cox, R., Kroese, B. S. and Evans, R. (2015). Solicitors' experiences of representing parents with intellectual disabilities in care proceedings: Attitudes, influence and legal processes. *Disability & Society,* 30(2)**,** 284-298.

Crittenden, P. M. (1981). Abusing, neglecting, problematic, and adequate dyads: Differentiating by patterns of interaction. *Merrill-Palmer Quarterly,* 27**,** 1-18.

Cummings, E. M. and Cummings, J. S. (2002). Parenting and attachment. In Bornstein, M. H. (ed.) *Handbook of Parenting.* Mahwah, NJ: Lawrence Erlbaum.

Department for Education (2011). Serious and fatal child maltreatment: Setting serious case review data in context with other data on violent and maltreatment-related deaths in 2009-10.

Department for Education and Skills (2006). Common assessment framework for children and young people; Managers guide.

Department of Health (2000). Framework for the assessment of children in need and their families. London: The Stationery Office.

Department of Health and Department for Education and Skills (2007). Good practice guidance on working with parents with learning disability. London.

Derogatis, L. R. (1983). *Symptom checklist-90 revised,* Towson, MD: Clinical Psychometirc Research.

Derogatis, L. R. (1993). *Brief symptom inventory: Administraion, scoring, and procedures manual,* Minneapolis: National Computer Systems.

Dickens, J., Beckett, C. and Bailey, S. (2014). Justice, speed and thoroughness in child protection court proceedings: Messages from England. *Children and Youth Services Review,* 46**,** 103-111.

Dickens, J. and Masson, J. (2016). The courts and child protection social work in England: Tail wags dog? *British Journal of Social Work,* 46(2)**,** 355-371.

Dix, T. (1991). The affective organization of parenting: Adaptive and maladaptive processes. *Psychological Bulletin,* 110**,** 3-25.

Dunst, C. J., Trivette, C. M. and Hamby, D. W. (1996). Measuring social support in families with young children with disabilities. In Dunst, C. J., Trivette, C. M. & Deal, A. G. (eds.) *Supporting and Strengthening Families.* Cambridge: Brookline.

Egeland, B., Sroufe, L. and Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse and Neglect,* 7**,** 459-469.

Egeland, B. R., Breitenbucher, M. and Rosenberg, D. (1980). Prospective study of the significance of life stress in etiology of child abuse. *Journal of Consulting and Clinical Psychology,* 48**,** 195-205.

Eidelson, R. J. and Epstein, N. (1982). Cognition and relationship maladjustment: Development of a measure of dysfunctional relationship beliefs. *Journal of Consulting and Clinical Psychology,* 50**,** 715-720.

Empson, J. M. (2004). *Atypical child development in context,* Basingstoke Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan.

Engward, H. and Davis, G. (2015). Being reflexive in qualitative grounded theory; Discussion and application of a model of reflexivity. *Journal of Advanced Nursing,* 71(7)**,** 1530-1538.

Epstein, N. B., Bishop, D. S. and Baldwin, L. M. (1982). McMaster's model of family functioning. In Walsh, F. (ed.) *Normal Family Processes.* New York: Guilford.

Erickson, M., Egeland, B. and Pianta, R. (1989). The effects of maltreatment on the development of young children. In Cicchetti, D. & Carlson, V. (eds.) *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect.* New York: Cambridge University Press.

Eyberg, S., et al. (1994). Dyadic parent-child interaction coding system II: A manual. Unpublished manuscript, University of Florida, Gainsville, Department of Clinical/Health Psychology.

Family Justice Review Panel (2011). Family justice review: Final report. Ministry of Justice, the Department of Education and the Welsh Government.

Family Law (2017). Practice Direction 25B: The duties of an expert, the expert's report and arrangements for an expert to attend court.

Farmer, E. and Lutman, E. (2010). Case management and outcomes for neglected children: A six year follow-up study of neglected children who have been looked after and reunified. University of Bristol: Department for Education.

Fearon, P. (2011). Attachment theory: Research and clinical implications. In Skuse, D., Bruce, H., Dowdney, L. & Mrazek, D. (eds.) *Child Psychology and Psychiatry: Frameworks for Practice.* John Wiley & Sons, Ltd.

Featherstone, B., White, S. and Morris, K. (2014). *Re-Imagining child protection: Towards humane social work with families,* Great Britain: Policy Press at the University of Bristol.

Finkelhor, D. (1991). Child sexual abuse. In Rosenberg, M. L. & Fenley, M. A. (eds.) *Violence in America [electronic resource]: A public health approach.* New York: Oxford University Press.

Galvani, S., Dance, C. and Hutchinson, A. (2013). Substance use training experiences and needs: Findings from a national survey of social care professionals in England. *Social Work Education,* 32(7)**,** 888-905.

George, C., Kaplan, N. and Main, M. (1985). Adult attachment interview protocol. University of California at Berkeley.

Goldstein, R. D. (1999). *Child abuse and neglect: Cases and materials,* Saint Paul, MN: West Group.

Goodram, M. (2017). *RE: RE: PAMS.* Type to Green T [email].

Green, T. (2015). *Improving the quality of parenting assessments for the family courts* [Online]. Available at: http://www.communitycare.co.uk/2015/09/24/improving-quality-parenting-assessments-family-courts/ [Accessed 24 September 2015.

Gupta, A., Featherstone, B. and White, S. (2014). Reclaiming humanity: From capacities to capabilities in understanding parenting in adversity. *British Journal of Social Work*.

Hanson, D. J., et al. (1995). The parental problem solving measure: Further evaluation with maltreating and non-maltreating parents. *Journal of Family Violence,* 10**,** 319-336.

Harris, M. (2002). *Developmental psychology: A student's handbook,* Hove: Psychology Press.

Hasan, N. (2016). Positivism: To what extent does it aid our understanding of the contemporary social world? *Quality & Quantity,* 50(1)**,** 317-325.

Herrenkohl, R. (2005). The definition of child maltreatment: From case study to construct. *Child Abuse & Neglect,* 29(5)**,** 413-424.

Hesse-Biber, S. (2010). Qualitative approaches to mixed methods practice. *Qualitative Inquiry,* 16(6)**,** 455-468.

Hill, M. and Tisdall, K. (1997). *Children and society,* London and New York: Longman.

Hoff, E., Laursen, B. and Tardif, T. (2002). Socioeconomic status and parenting. In Bornstein, M. H. (ed.) *Handbook of Parenting.* 2nd ed. Mahwah, NJ: Erlbaum.

Hoghurghi, M. (1997). Parenting at the margins: Some consequences of inequality. In Kwivedi, K. N. (ed.) *Enhancing Parenting SKills: A Guidebook for Professionals Working with Parents.* Chichester: Wiley.

Holden, G. W. and Miller, P. C. (1999). Enduring and different: A meta-analysis of the similarity in parents' child rearing. *Psychological Bulletin,* 125**,** 223-254.

Holt, K. and Kelly, N. (2016). Factors that influence engagement in pre-proceedings practice: Presenting the roles of professionals working within the family justice system through personal narratives. *Journal of Social Welfare and Family Law,* 38(1)**,** 3-13.

IBM Analytics. (2017). *IBM SPSS Software* [Online]. Available at: https://www.ibm.com/analytics/us/en/technology/spss/ [Accessed 22 May 2017.

Irvine, A., Drew, P. and Sainsbury, R. (2010). Mode effects In qualitative interviews: A comparison of semi-structured face-to-face and telephone interviews using conversation analysis. *Research Works.* University of York, York: Social Policy Research Unit.

Irvine, A., Drew, P. and Sainsbury, R. (2012). 'Am I not answering your questions properly?' Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews. *Qualitative Research,* 13(1)**,** 87-106.

Jamieson, N., Tranah, T. and Sheldrick, E. C. (1999). The impact of expert evidence on care proceedings. *Child Abuse Review,* 8**,** 183-192.

Johnson, B. D., et al. (2014). A parenting competency model. *Parenting-Science and Practice,* 14(2)**,** 92-120.

Jones, D. (2006). Assessment of parenting for the family court. *Psychiatry,* 5(1)**,** 29-32.

Jutte, S., et al. (2015). How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.

Kaufman, J. and Zigler, E. (1987). Do abused children become abusive parents? *American Journal of Orthopsychiatry,* 57**,** 186-192.

Kolko, D. (1992). Characteristics of child victims of physical violence. *Journal of Interpersonal Violence,* 7(2)**,** 244-276.

Kolko, D., Moser, J. and Weldy, S. (1990). Medical/health histories and physical evaluation of physically and sexually abused child psychiatric patients: A controlled study. *Journal of Family Violence,* 5(4)**,** 249-267.

Lincoln, Y. S. and Guba, E. G. (1985). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches,* San Francisco, CA: Sage Publications.

Lindon, J. (2012). *Child development from birth to eight: A practical focus,* London: National Children's Bureau.

Lloyd, B. H. and Abidin, R. R. (1985). Revision of the parenting stress index. *Journal of Paediatric Psychology,* 10**,** 169-177.

Lock, H. and Wallace, K. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living,* 21**,** 251-255.

Loughran, H., Hohman, M. and Finnegan, D. (2010). Predictors of role legitimacy and role adequacy of social workers working with substance-using clients. *British Journal of Social Work,* 40(1)**,** 239-256.

Lutman, E. and Farmer, E. (2013). What contributes to outcomes for neglected children who are reunified with their parents? Findings from a five-year-follow-up study. *British Journal of Social Work,* 43**,** 559-578.

Lynch, M. and Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Development and Psychopathology,* 10**,** 235-257.

Lyons-Ruth, K., et al. (2013). Parsing the construct of maternal insensitivity: Distinct longitudinal pathways associated with early maternal withdrawal. *Attachment and Human Development,* 15(5-6)**,** 562-582.

Maccoby, E. E. and Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In Mussem, P. H. & Hetherington, E. M. (eds.) *Handbook of Child Psychology: Vol. 4 Socialization, Personality, and Social Development.* New York, NY: Wiley.

Malinosky-Rummell, R. and Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. *Psychological Bulletin,* 114**,** 68-79.

Margolin, G., Talovic, S. and Weinstein, C. D. (1983). Areas of change questionnaire: A practical approach to marital assessment. *Journal of Consulting and Clinical Psychology,* 51**,** 920-931.

Masson, J. (2010). The use of experts in child care proceedings in England and Wales: Benefits, costs and controls. *Annual Legal Research Network Conference 2010.* University of Groningen.

Masson, J. (2014). The quality of care proceedings reform. *Journal of Social Welfare and Family Law,* 36(1)**,** 82-84.

Masson, J., et al. (2008). Care profiling study. Research Series 4/08: Ministry of Justice.

Mayes, L. C. and Truman, S. D. (2002). Substance abuse and parenting. In Bornstein, M. H. (ed.) *Handbook of Parenting.* 2nd ed. Mahwah, NJ: Lawrence Erlbaum.

McGaw, S. (2010). *Parent assessment manual software 3.0: Instruction book,* Cornwall: Pill Creek Publishing.

McGaw, S. (2015). *RE: Research and parent booklet offer.* Type to Green T [email].

McGaw, S. (2016). *Parent assessment manual software 4.0: Instruction book,* Cornwall: Pill Creek Publishing.

McKeigue, B. and Beckett, C. (2010). Squeezing the toothpaste tube: Will tackling court delay result in pre-court delay in its place? *British Journal of Social Work,* 40**,** 154-169.

Microsoft. (2017). *Skype* [Online]. Available at: https://www.skype.com/en/ [Accessed 22 May 2017.

Millon, T. (1987). *Manual for the millon clinical multiaxial inventory-II,* Minneapolis: National Computer Systems.

Millon, T. (1994). *Manual for the millon clinical multiaxial inventory-III,* Minneapolis: National Computer Systems.

Milner, J. S. (1986). *The child abuse potential inventory: Manual,* Webster, NC: Psytec Corporation.

Milner, J. S., Robertson, K. R. and Rogers, D. L. (1990). Childhood history of abuse and adult child abuse potential. *Journal of Family Violence,* 5**,** 15-34.

Ministry of Justice (2008). Public law outline. London: TSO.

Ministry of Justice (2014). Revised public law outline. London: Ministry of Justice.

Ministry of Justice. (2016). *The truth about care proceedings* [Online]. UK: Ministry of Justice. Available at: http://open.justice.gov.uk/courts/care-proceedings/ [Accessed 17/4/17.

Ministry of Justice. (2017). *If your child is taken into care* [Online]. Available at: https://www.gov.uk/if-your-child-is-taken-into-care/overview [Accessed 20/4/17.

Mowbray, C. T., et al. (2003). Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation,* 24(3)**,** 315-340.

Munby, J. (2013). The process of reform: Expert evidence. View from the President's Chambers (3).

Munro, E. (2011). The Munro review of child protection: Final report. In Department of Education (ed.).

National Research Council: Panel on Research on Child Abuse and on Neglect (1993). *Understanding child abuse and neglect [electronic resource],* Washington, D.C.: National Academy Press.

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing and Health,* 31**,** 391-398.

NSPCC. (2016). *Emotional abuse: Signs, symptoms and effects* [Online]. Available at: https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/emotional-abuse-signs-symptoms-effects/ [Accessed 4th of January 2016].

Ofsted (2012). Right on time: Exploring delays in adoption. Crown.

Ofsted (2015). The quality of assessment for children in need of help. Crown.

Parke, R. D. and Buriel, R. (2006). Socialization in the family: Ethnic and ecological perspectives. In Damon, W. & Lerner, R. M. (eds.) *Handbook of Child Psychology.* 6th ed. Hoboken, NJ: Wiley.

Pearce, J., Masson, J. and Bader, K. (2011). Just following instructions? The representation of parents in care proceedings. School of Law, University of Bristol: Economic and Social Research Council.

Pearce, J. W. and Pezzot-Pearce, T. D. (2006). Child maltreatment and developmental outcome. *Psychotherapy of Abused and Neglected Children.* New York, NY: Guilford Press.

Perez, C. and Widom, C. (1994). Childhood victimization and long-term intellectual and academic outcome. *Child Abuse and Neglect,* 18**,** 617-633.

Perry, B., et al. (2002). Child physical abuse. In Levinson, D. (ed.) *Encyclopedia of Crime and Punishment.* Thousand Oaks, CA: Sage.

Pill Creek Publishing. (2017). *Purchase PAMS: Frequently asked questions* [Online]. Available at: http://www.pillcreekpublishing.com/training-faq.html [Accessed 23 May 2017.

Pokorny, A. D., Miller, B. A. and Kaplan, H. B. (1972). The brief MASP: A shortened version of the Michigan alcoholism screening test. *American Journal of Psychiatry,* 129**,** 118-121.

Procidano, M. E. and Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology,* 11**,** 1-24.

QSR International. (2017). *NVivo Software* [Online]. Available at: http://www.qsrinternational.com/nvivo-product [Accessed May 22, 2017.

Reder, P., Duncan, S. and Lucey, C. (2003). *Studies in the assessment of parenting,* London: Routledge.

Reder, P. and Lucey, C. (1995). *Assessment of parenting: Psychiatric and psychological contributions,* London and New York: Routledge.

Rijnsoever, F. J. (2017). (I can't get no) saturation: A simulation and guidelines for sample sizes in qualitative research. *PLoS ONE,* 12(7)**,** 1-17.

Rodger, H., Thomas, L. and Green, R. (2013). The instruction of expert witnesses within section 31 care applications. Cafcass.

Sameroff, A. (1993). Models of development and developmental risk. In Zeanah, C. (ed.) *Handbook of Infant Mental Health.* New York: Guildford Press.

Scannapieco, M. (2005). *Understanding child maltreatment [electronic resource] : an ecological and developmental perspective,* New York: Oxford University Press.

Scourfield, J. and Maxwell, N. (2010). Social work doctoral students in the UK: A web-based survey and search of the index to theses. *British Journal of Social Work,* 40(2)**,** 548-566.

Selzer, M. L., Vinokur, A. and VanRooijen, L. (1975). A self-administered short Michigan screening test. *Journal of Studies of Alcohol,* 36**,** 117-126.

Simons, L. G., Simons, R. L. and Su, X. (2013). Consequences of corporal punishment among African Americans: The importance of context and outcome. *Journal of Youth and Adolescence,* 42(8)**,** 1273-1285.

Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviour,* 7**,** 363-371.

Spainer, G. B. (1989). *Dyadic adjustment scale: A manual,* North Tonawanda, NY: Multi-Health Systems.

Spainer, M. A. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family,* 38**,** 15-28.

Sparrow, S. S., Balla, D. A. and Cicchetti, D. V. (1984). *Vineland adaptive behaviour scales,* Circle Pines, MN: American Guidance Services.

Spertus, I., et al. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse and Neglect,* 27(11)**,** 1247-1258.

Sroufe, A., L., Cooper, R., G. and DeHart, G., B. (1992). *Child development: It's nature and course,* New York: McGraw-Hill Inc.

Starr, R. H., MacLean, D. J. and Keating, D. P. (1991). Life span developmental outcomes of child maltreatment. In Starr, R. H. & Wolfe, D. A. (eds.) *The Effects of Child Abuse and Neglect.* New York: Guilford.

Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence,* 11(1)**,** 1-19.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics scales (CTS). *Journal of Marriage and Family,* 41**,** 75-88.

Straus, M. A. and Hamby, S. L. (1996). The revised conflict tactics scale (CTS2). *Journal of Family Issues,* 17**,** 283-316.

Strauss, A. and Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques,* Newbury Park, CA: Sage.

Strauss, A. and Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory,* London: Sage.

Sturges, J. E. and Hanrahan, K. J. (2004). Comparing telephone and face-to-face qualitative interviewing: A research note. *Qualitative Research,* 4**,** 107-118.

Sudbery, J. (2010). *Human growth and development: An introduction for social workers,* London: Routledge.

Swift, P., et al. (2013). What happens when people with learning disabilities need advice about the law? : University of Bristol.

US Deparmtent of Health and Human Services Administration on Children Youth and Families (2002). Child maltreatement 2000: Reports from the states to the national child abuse and neglect data systems. Washington, DC: U.S. Goverment Printing Office.

Wahler, R., Leske, G. and Rogers, E. (1980). The insular family: A deviant support system for oppositional children. In Hamerdynch, L. (ed.) *Behavioural Systems for the Developmentally Disabled.* New York: Bruner-Mazel.

Ward, T. (2012). Expert evidence, judicial reasoning, and the family courts information pilot. *Journal of Law and Society,* 39(4)**,** 515-540.

Wechsler, D. (1997). *Wechsler adult intelligence scale-III,* San Antonio: Psychological Corporation.

Weinraub, M. and Wolf, B. M. (1983). Effects of stress and social supports on mother-child interactions in single and two-parent families. *Child Development,* 54**,** 1297-1311.

Werner, E. E. (1989). High risk children in young adulthood: A longitudinal study from brith to 32 years. *American Journal of Orthopsychiatry,* 52**,** 72-81.

White, A. (2005). Assessment of parenting capacity: Literature review. Department of Community Services.

Wilkinson, G. S. (1993). *The wide range achievement test 3,* Wilmington, DE: Wide Range.

Wilkinson, I. (2000). The Darlington family assessment system: Clinical guidelines for practitioners. *Journal of Family Therapy,* 22(2)**,** 211-224.

Williams, L. M. and Finkelhor, D. (1990). The characteristics of incestuous fathers: A review of recent studies. In Marshall, W. L., Laws, D. R. & Barbaree, H. E. (eds.) *The Handbook of Sexual Assault: Issues, Theories and Treatment of the Offencer.* New York: Plenum Press.

Willig, C. (2013a). Grounded theory methodology. *Introducing qualitative research in psychology.* 3rd ed. New York: Open University Press.

Willig, C. (2013b). *Introducing qualitative research in psychology, 3rd* edn New York: Open University Press.

Willis, G. B. (2005). *Cognitive interviewing: A Tool for improving questionnaire design,* Thousand Oaks, CA: Sage Publications.

Wodarski, J., Kurtz, P. and Gaudin, J. (1990). Maltreatment and the school-aged child: Major academic, sociomotional, and adaptive outcomes. *Social Work Research Abstracts,* 35**,** 506-513.

Wolfe, D. A. (1998). Child abuse and neglect. In Mash, E. J. & Terdal, L. G. (eds.) *Behavioural Assessment of Childhood Disroders.* 2 ed. New York: Guildford Press.

Woodcock, J. (2003). The social work assessment of parenting: An exploration. *British Journal of Social Work,* 33(1)**,** 87-106.

Working Together with Parents Network (2007). Good practice guidance on working with parents with a learning disability (2007). University of Bristol.

Zervopoulos, J. A. (2010). Drafting the parenting evaluation court order: A conceptual and practical approach. *Behavioral Sciences & the Law,* 28(4)**,** 480-491.

Zilberstein, K. (2016). Parenting in families of low socioeconomic status: A review with implications for child welfare practice. *Family Court Review: An Interdisciplinary Journal,* 54(2)**,** 221-231.