

PARENTING

The quality of parenting is affected by environmental factors and by characteristics of the child him/herself. Social welfare agencies are good at **environmental factors**, seeking to scaffold parenting with increased human and financial support and parenting education. In the hospital setting, we are good at **factors within the child**. Our interventions often make the child easier to parent, by treating illness or minimising disability, through management of motor dysfunction, language disorder or handwriting skills.

What can sometimes be missing is consideration of the parents' **capacity to give priority to the child's needs, both emotional and physical**. To be able to do so requires that a parent is -

- (1) able to accurately recognise the child's needs;
- (2) able to differentiate needs from wants;
- (3) able/prepared to meet the child's needs before his/her own needs/wants if ever there is conflict.

Sometimes there is a clear categorical inability to meet these requirements. For example, significant intellectual impairment, alcohol dependence, or acute mental illness is unlikely to be compatible with adequate recognition and meeting of the child's needs. Impaired parents can *contribute* to the care of children, but they cannot take *primary* parenting responsibility.

More often, the task of evaluating parenting capacity is subtle and difficult. Nevertheless it is useful, when there are doubts about parenting capacity, to ask:

Can this parent tell what this child needs, differentiate needs from wants, and give appropriate priority to needs identified?

Parents mostly know what will be useful for their child better than anyone else, and may just need some guidance & support on how to access that from within themselves. But there are cases where support and education may not be sufficient, and where we may need to help the parents to make fundamental changes in themselves.