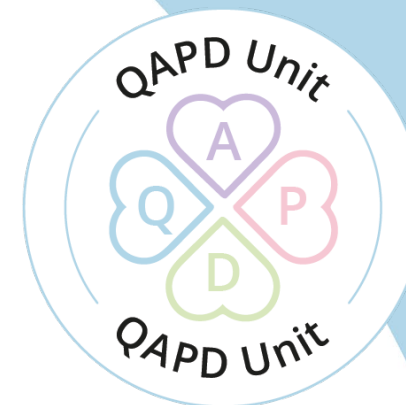




# Assessing Capacity to Change when working with families

Guidance and Tools



## An Overview

Assessment in all shapes and forms, should be the starting point of our work with children and families. Often there is a gap between how things currently are and how things need to be; this inevitably involves change. An essential part of the assessment process is making a judgement about a parent/carer's capacity to change to respond to their child's needs. As practitioners, we need to understand whether families; parents/carers in particular, can make the changes required. Change needs to be achieved within the child's timeframe, as delay can lead to long term harm and poor outcomes, particularly for younger children.

*" it is important to keep assessing whether [work with parents] is leading to sufficient improvement in the capacity of the parents to respond to each of their children's needs. This, at times, requires difficult judgements about whether the parents can change quickly enough to meet the child's developmental needs".*

*(Munro, 2011)*

Change can be difficult for all of us, but even harder for those parents/carers who are struggling with an interlocking web of complex problems. It also takes time. Change is a complex process, and although it can be supported and promoted through effective multi-agency interventions, it cannot be imposed. It will not happen unless parents/carers are proactively engaged.

# About Capacity to Change....

Remember, **capacity to change has two elements: motivation and ability**. A parent may have the knowledge and ability to change, but not the motivation; or have the motivation, but not the ability (Howarth & Morrison, 2010).

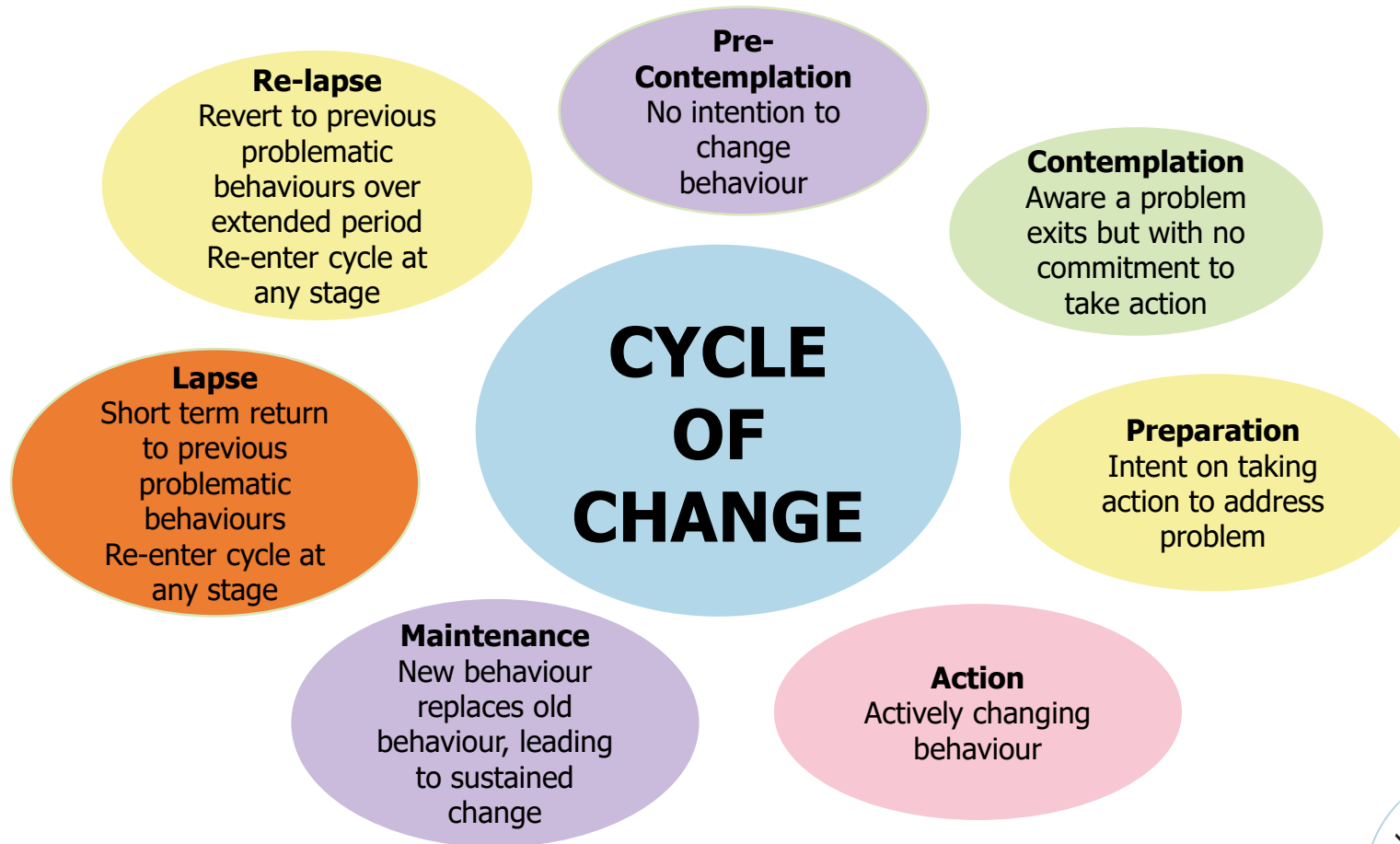
These two aspects of change are characterised by parents/carers accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services, as well as from within their own network.

Practitioners should have an understanding of the change process and where and why parents/carers may face particular obstacles, or have certain responses at different points in time. When dealing with complexity, unforeseen events may also impact on the change process.

Practitioners need to clearly evidence and reflect on changes and improvements made as a result of previous interventions. They should also assess parents/carers' ability to translate information into action.

# The Cycle of Change (based on Prochaska and DiClemente (1982) Trans-Theoretical Model of Change) – a model to support practitioners in assessing motivation and readiness for change in parents/carers.

Those who experience a relapse can re-enter the cycle at any stage, and can achieve maintenance; however, it must be considered if this is likely to be within the child's *timeframes*.



We should plot the instances of lapses/relapses over the course of the child's life to consider cumulative harm, impact on the child and likelihood of future maintenance.

See accompanying document...

## *Tool one: The 7 Steps of Contemplation – Checklist*

Before real change begins, individuals have to move through these 7 steps from Pre-contemplation to committing to taking the next steps in order to begin to change. It is important to establish that these steps have been achieved, using the checklist to help you do so. Unless these steps have been achieved, change is unlikely to have begun.

## *Tool Two: The Continuum of Motivation - Checklist*

For change to be sustainable and intervention successful, the person should have a well-developed sense of internal motivation to change. This checklist has a range of statements that indicate internal and external motivation, which should assist you to identify where this person is currently at.

In addition to the things people say, you should also explore their behaviour and actions, to establish whether their motivation is indicated in both their words and their behaviour/actions.



- Change is not linear and individuals move back and forward between stages (including lapse and relapse).
- Individuals may make changes in some areas of their lives, but may be stuck around other areas of their life.
- Different people in the same family may be at different stages of the change cycle.
- Recognise that parents/carers with multiple problems may find the challenge of making changes overwhelming.
- It should be acknowledged that some parents/carers may show an initial willingness to engage in the change process, but fail to make changes that indicate a capacity to improve their parenting.
- Remember that willingness to work with a particular professional or participate in a particular programme should not be equated with capacity to change.
- Individuals believed to be making changes because the Local Authority or agencies are watching, or because a professional tells them to change, may be demonstrating disguised compliance rather than making a real sustainable change.

**Despite being motivated, there is no guarantee that parents/carers who are ready to engage with services will succeed in making and sustaining changes.**

A challenge for practitioners in assessing parenting capacity is that it cannot be assumed that after sufficient progress has been made, a parent/carer will successfully continue to maintain change. In those situations where parent/carers are struggling with a complex web of problems, capacity to maintain change will only become evident over time, and the process of sustaining change may require continuing support.

# Steps to Assessing and Promoting Change and Maintenance of Change in our work with families: Top Tips

## 1. Assessment of Family Functioning

A baseline for any assessment of capacity to change will need to consider parental and family functioning; central to this is an **understanding of a parent or carers' own childhood experiences and social history**, considering any adversities – experiences of abuse and trauma, and the impact of this on their current parenting.

When assessing a parent/carer's ability to meet the child's needs, **consider if you have triangulated evidence from various sources** - including observing parent-child interactions; parental knowledge, attitudes and beliefs concerning childcare; as well as multi-agency contributions.

Critical to every assessment is the **parent/carers views and the child's voice and lived experience**; however practitioners should **be mindful that parent/carer's verbal reports and responses during the assessment process are only one form of evidence; consideration needs to be given to the ability to translate these responses in to action.**

It is also important to **consider a parent/carer's cognitive functioning and how this may impact of the care they provide and ability to maintain changes** – specialist assessments may be required for these parents.

The **use of Evidence-based assessment tools** (for example Graded Care Profile, Strengths and Difficulties questionnaire, Alcohol Screening Tool) help practitioners to obtain baseline information which can then be re-assessed following goal-setting and a period of support and intervention, in order to measure progress. Structured assessment tools used in combination with professional judgement combine to provide '*structured professional judgement*'.





# Steps to Assessing and Promoting Change and Maintenance of Change in our work with families: Top Tips.

## 2. Considering the history of involvement – looking at previous periods of interventions

A key part of assessing a parent/carer's ability to sustain changes is an ability to clearly evidence, reflect and analyse changes and improvements made (or not made) as a result of previous interventions. We often see repeated patterns of families being re-referred to Early Help and CSC, with the same themes in respect of parenting concerns. Parents/carers are often referred to the same support services repeatedly (eg, parenting courses, family support interventions, drug services), with little consideration to the previous interventions and their impact. Without a focus on these historical patterns, we risk falling into a 'start again approach', whereby an over-optimistic view of a parent/carers' capacity to change is taken, while children are left in harmful situations for too long.

Questions to consider.....

- Have you compiled a multi-agency impact chronology which clearly documents the worries/harm for the child, the periods of strength/safety and all intervention provided, including the level of success and impact on the child?
- What does the chronology tell you about the child's lived experience? How many relapses/lapses has the parent/carer had? What themes and patterns can be identified? Pay particular attention to the impact of cumulative harm for the child.
- A strength-based approach helps to elicit information from families about periods where change was made and sustained and what was happening at this time, so it can be replicated and solutions found - remember the importance of positive affirmations for parents/carers.
- Where a parent/carer has accessed an intervention more than once, or where a further referral is being considered, think carefully about what stage of change the parent/carer is at; ask yourself and colleagues 'is a further period of intervention compatible with the child's timeframe?'
- Where parents/carers haven't been able to make and sustain changes, what was happening at this time? Does anything need to be done differently?

# Steps to Assessing and Promoting Change and Maintenance of Change in our work with families: Top Tips.

## 3. Considering patterns of previous lapses, risks associated with future lapse or relapse

- Lapse or relapse (returning to old habits and behaviour - more than just a lapse) forms a natural part of the change and recovery process and within the change model, this is to be expected. Recovery from problems such as substance misuse is a gradual process and can extend over a period of years rather than being a time limited event.
- A parent/carer's ability to sustain change in the long term will be affected by the type and number of difficulties they are trying to overcome, and whether these can be fully addressed or only controlled and alleviated.
- Sustained change will be supported by factors such as self-confidence and self-efficacy; having a positive support network; and appropriate ongoing support from professionals. Equally sustained change can be undermined, for instance, by stress, negative emotions, the co-existence of problems, isolation, inadequate support networks and poverty.
- When recovery or improvement suffers a setback, the relapse can impact on both the child's current and long-term safety and wellbeing. The immediate impact may be similar to that of initial exposure to parental problems in that parenting capacity may diminish and, unless there are supportive adults available within the network who can step in, children may experience the repeated episodes of compromised parenting.
- Relapse will have a different impact depending on the age and vulnerability of the child – consider what the chronology tell you about the number of relapses/lapses the parent/carer has had? What was the timeframe for these lapses/relapses?

# Steps to Assessing and Promoting Change and Maintenance of Change in our work with families: Top Tips 2

## 4. Goal setting (for assessing actual change)

*Once the assessment process with the family has identified the worries/danger and strengths/safety, the next step is to set goals with parents/carers which correspond with the main areas of worry/danger and the behaviours that need to change to ensure safety or improved outcomes for the child.*

- The process of goal setting with families aims to make expectations more specific, so that the family know where they stand, and practitioners are clear what the bottom lines are.
- Goals need to clearly link to the child's lived experience; they should use **jargon-free, simple language and be specific and observable**, so that progress can be measured. Regular feedback is also important. Although the goal will set out what behaviours need to be seen for professionals to be reassured that the child is safe, goal setting theory suggests that parents will be more successful if smaller, interim goals are set in addition to an end goal (Latham and Locke, 2007). This highlights the importance of regular review of goals and the plan in place to achieve these goals. In this way, parents/carers have manageable targets and are not set up for failure.

### Questions to consider...

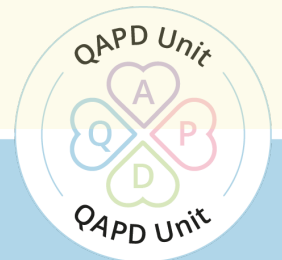
- Have I worked collaboratively with the parents/family to create goals that are meaningful for them? (A goal imposed on a family by a professional, without any explanation is unlikely to be successful).
- Have I consulted with other professionals to get the goals right?
- Are the goals expressed in a way that is clear and jargon free?
- Can progress against the goals set be measured?
- Do we agree what progress will look like?
- When I ask other professionals to measure progress, are they aware of the goals/plan too?
- Are the goals appropriately stretching without being unrealistic within the timeframe?

*Remember the importance of providing positive feedback and affirmations to parents/carers to promote motivation and progress*

## 5. Promoting change through effective planning, intervention and review

### Questions to consider...

- Does the plan link to the Danger/Worry Statements and Safety/Wellbeing Goals and does it focus on outcomes for the child?
- Is the plan clear and jargon free?
- Where specific interventions are planned, are these evidence-informed?
- Is the plan sufficiently tailored to this family's specific needs? Does the plan build on strengths and positive elements within the family? Does it offer a balance of challenge and support?
- Is the plan dynamic and does it respond to changes and significant events?
- Are the timescales realistic and in line with the child's timescales?
- Do the family and other professionals involved, fully understand the plan and the bottom lines?
- Where problems are complex and multiple, ensure families are not overwhelmed, this could mean prioritising the most important actions first.
- What is the exit strategy – considering what is the family's own plan for when professional services withdraw?
- What is the contingency plan?
- Is the plan reviewed at regular intervals, and progress clearly measured against the goals?
- Re-visit assessment tools (eg Graded Care Profile, Strength and Difficulties) to measure progress made.

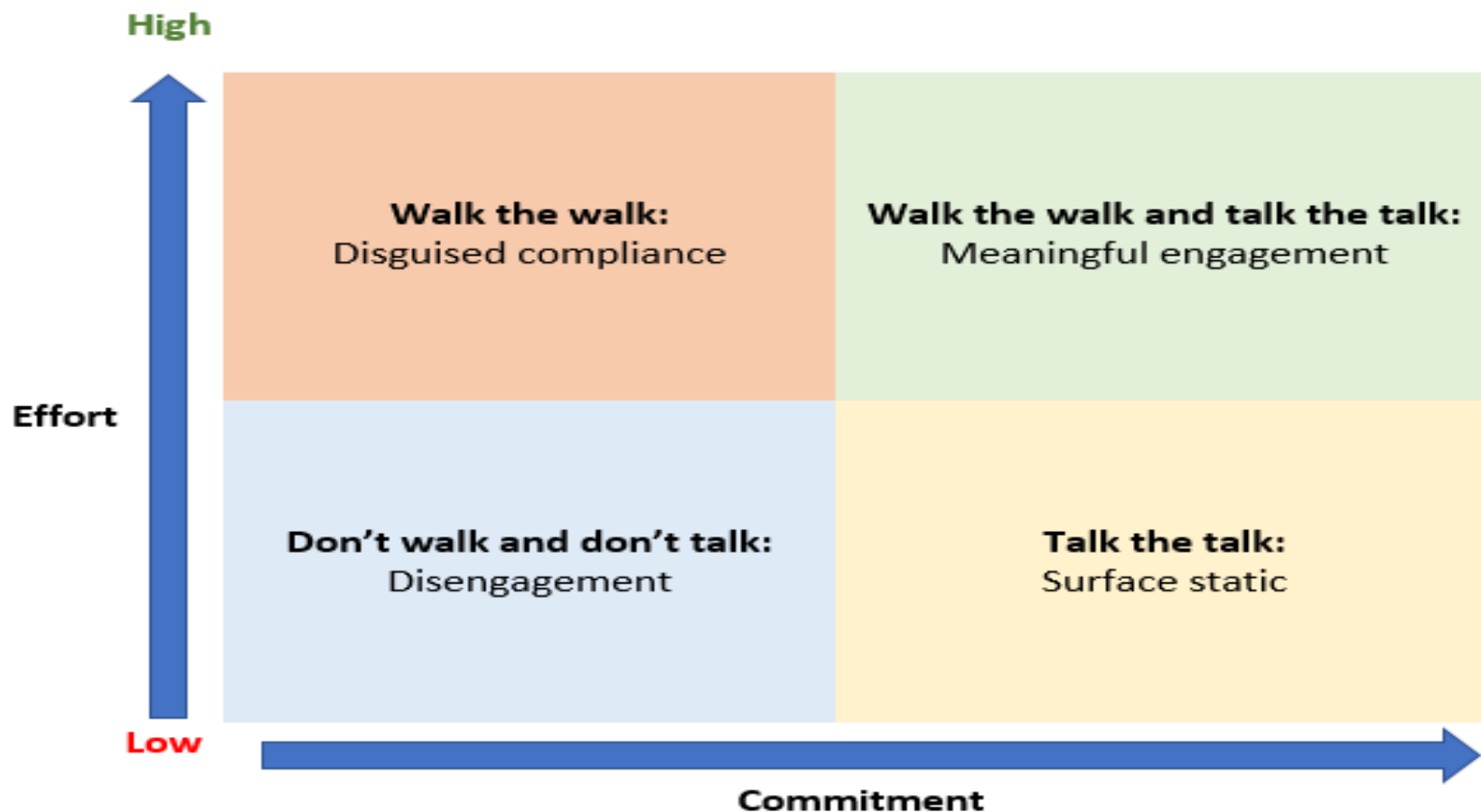


'Parental engagement' or 'non engagement' are much used terms, which heavily influence the judgment of practitioners about the likelihood of change being achieved and sustained. Terms such as '*false compliance*', '*disguised compliance*', '*superficial engagement*' etc. are commonly used.

Practitioners need to be alert to the risk of parents/carers appearing to co-operate with agencies, but having little intention of changing their behaviour permanently, commonly referred to as 'disguised compliance'. This often features as a theme in case reviews and high profile child deaths. Research has shown that an absence of professional curiosity, challenge and healthy scepticism can result in a lack of understanding from professionals of the severity of harm to the child and can result in drift in taking action to safeguard the child.

It is important to remember that engagement with the plan requires effort and commitment from parents/carers as well as workers, both in terms of attitude and behaviour.

# Multifactor Offender Readiness Model (MORM)



Platt (2012) has adapted Ward et al (2004) Multifactor Offender Readiness Model (MORM) and applied it to statutory safeguarding practice. This diagram can be a useful tool when working with parents/carers, to understand their level of engagement.

In our work with families we are of course aiming for the top right box: **walk the walk and talk the talk**, where both commitment and effort are high. Parents/carers should feel like there is a respectful working alliance maintained between them and professionals in the system. They will be coming to appointments, open to discussing strengths and difficulties, making use of the support that is offered and committed to completing agreed tasks which will mean they can begin to better meet their child's needs.

If you observe a parent/carer who appears committed to the plan but seems to be making little effort to effect positive change, then according to this model they may be **'talking the talk.'** This person is full of good intentions in meetings or on home visits, but something always gets in the way of action. Mindful of restorative practices, you need to avoid the temptation to dive in to rescue these parents/carers, doing things for or to them rather than with them, even when they present as genuinely distressed by the situation and sincere about wanting to address the problems.

When parents/carers look like they are working with you and are on board with an assessment and plan, but the child's daily life never looks any better, superficial cooperation could be masking antipathy or anger towards the practitioner or the agency. This can often be seen more commonly in families who have worked with agencies before and may not have had a positive experience. With parents/carers you think are **walking the walk**, it is essential that you look beyond verbal reports of change, to find evidence of tangible differences that the child's daily lived experience is improving.

Finally, parents/carers who are **neither walking the walk nor talking the talk** are those we have not yet managed to engage. These parents/carers have not opted in to change and there may be many reasons for this. They may not have understood the concerns, or they may be so consumed or overwhelmed by their own difficulties, that they are unable to look beyond them to attend to the needs of their child. You will observe both fight and flight responses in these contexts. Ferguson and Norton (2011) talk about flight behaviours in parents who frequently move to a new house or out of area, who don't keep appointments or who limit access to the child or to what the practitioner sees or hears on home visits. You may also recognise the more common forms of disengagement which are fight behaviours: hostility, verbal and physical aggression towards workers; perhaps threatening to make complaints or take legal action.





# Factors that impact on engagement

It is important to be aware of both **internal factors** and **external factors** which have an impact on engagement, and thus the likelihood of change being achieved (see Platt 2012).

**Internal factors** – present within the individual and their family, they can be personal, psychological or behavioural; they include whether a parent has negative feelings towards services; how their past experiences may influence their attitude; their self-confidence; and their fears and expectations. These factors may also be compounded by poor mental health, mistrust, confusion and self-blame, as well as an inability to seek help, or learning difficulties.

**External factors** – present within parents/carers' social contexts, covering not only their immediate environment, but their relationships with the external world. This includes the availability of social and professional support; the nature of the involvement with services (i.e., voluntary or mandatory); encounters with professionals. It also includes the effectiveness of the service and skills of the practitioner.

Background or complicating factors such as poverty, unemployment and housing also play a role in parental engagement.

It may prove helpful to map out the different internal and external factors that promote or inhibit engagement in order to understand what can be improved to ensure that parents/carers are more effectively engaged with services.



# Understanding parental engagement – reflecting on our own practice

To confront the challenges of engagement, practitioners need to adopt and maintain a position of 'healthy scepticism' and 'respectful uncertainty' when working with families (NCPCC, 2015). It is never sufficient to simply record that the family has not engaged or only superficially engaged with the assessment or plan. You need to consider the drivers for this, ask yourself:

- why is this person avoidant?
- Why is he/she ambivalent?
- Why is he/she hostile?

As practitioners we need to understand the role we play in creating or minimising resistance.....

*"Client resistance is not something that solely exists with the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and the quality of the interaction between client and social worker. This is crucial because it puts the spotlight on social worker behaviour as both a potential cause of resistance and also our most important tool for reducing resistance "*

*(Forrester et al 2012)*

Put yourself in the shoes of a parent/carer; apparent resistance may be the result of fear, stigma, shame, ambivalence, or a parent/carer's lack of confidence in their ability to change. Parents/carers may be resistant to the involvement of a certain agency, eg Statutory Social Work, rather than resistant to change in itself, particularly where they feel professionals are exercising power over them instead of with them in a supportive manner.

# Further questions to consider...

'What is getting in the way of me engaging this parent/carer?' rather than surmising 'this family will not engage.'

Have you missed anything critical in relation to gender, race, age, culture, ethnicity, physical or learning disability, that may be impacting on engagement? Consider the social GRRRAACCEEESSS.

**Finally, reflect on your own role in the assessment, planning, intervention and review – challenge your own thinking, perception and hypotheses; consider different perspectives; have you explored what new evidence has emerged and how this affects your decision making regarding the child and family?**

**As practitioners we need to demonstrate that we too can 'walk the walk and talk the talk' in partnership with the family.**

Has the family been affected by cancelled appointments or changes of staff? Consider how this may impact on parents/carers' motivation to engage with a service?

Ask exception questions – when was the problem less overwhelming, less frequent or even absent? when did the parent/carer work well with the plan? when were things working well within the family? What was happening that was different at that time?

# References and Acknowledgements

## This guidance has been informed by the following sources:

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