# **Guide to using the Family Programme**

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# **What is the Family Programme?**

The Family Programme provides a framework for direct work with children and families. It consists of 8 modules of guided practice that sits within the Family Safeguarding Workbook. Once completed, the modules will inform a balanced, evidence-based, and comprehensive assessment that outlines: the parents’ abilities to meet their child’s needs; the progress of the parents in reducing harmful behaviours; an understanding of the level of engagement with the support on offer; and the outcomes achieved through the direct work with the family. It is underpinned by a Motivational Skills approach.

The Family Programme is offered to all families who have a child on a plan in the Family Safeguarding Team, and where return home from care is being considered. It is intended to assist with planning and delivery of direct work to support parents in changing behaviours. There is no hierarchy of need and therefore it offers a fair, non-discriminative, and less adversarial approach to all families, reducing the pressure to take children into child protection processes to access services. It allows inclusion of the work and expertise of the co-located multi-disciplinary team and shared decision making via Family Safeguarding group supervision.

The Family Programme is primarily a guide to working with families to ensure that our work with them is purposeful and that it is focused on creating change in the parents’ care of their children. Our aim is to refocus practitioners’ activity away from monitoring parental compliance with instructions in plans, and instead to help them to use their Motivational Interviewing (MI) skills to help parents identify what they need to change to better meet their children’s needs. This programme helps to really **understand the family**, what life is like for them and enable more positive and considered decisions.

For children who have been placed in Local Authority care, help and support will continue to be provided to families to enable children to return home where this is possible. The Family Programme will be offered to families where the decision is made at children looked after reviews, or at court, that the plan for the child is to return home.

## **The Overall Aims of the Family Programme**

* Purposeful and focused time with families - creating change, rather than monitoring compliance.
* Delivery of direct work specific to individual needs, using a multi-disciplinary approach to offer a range of expertise.
* To record information in one place, incorporating the views of all involved professionals, and families themselves.
* Enables greater understand of the individuals within the family, particularly around the behaviours that are contributing to impairment or harm to children, by identifying the origins of such behaviours and to shape response to assessed needs.
* Opportunity to identify and record strengths - to give a balanced and fair overview of the capacity of the family to meet children’s needs.
* As well as assessing the ability of the parents to meet children’s needs, we assess the parent’s mental health and motivations, so it is more likely to lead to early identification of those children experiencing cruelty and deliberate harm so they can be safeguarded.
* To work restoratively, in partnership with families, by relationship building; to break down the barriers that prevent a parent being honest and feeling able to participate in direct work with professionals. This includes involving any non-resident parent.
* Uses the Cycle of Change[[1]](#footnote-1) to consider what change looks like for the family and measures progress that reduces the harm and impairment for the child.
* Requires the practitioner to think about the information that they collect on families, make sense of this in relation to their parenting capacity, their capacity to change, and the impact on the child through continual analysis.

Our objective is to shift practice from defensive, descriptive recording towards, “so what does this tell me about the impact of living in these circumstances for the welfare of the child?” Only by shifting practice away from describing, and towards analysis, can we hope to improve the protection of children from significant harm, and to support their safe care in their family.

### **Remembering Fathers, Stepfathers, and Co-parents**

An important part of the Family Programme is inclusion of any parent, including those who are non-resident, who have a key role to play in the child’s life. Traditionally social work has focused on the main carer who most frequently is the mother, and expectations are placed on her to protect and care for the children. The father, regardless of whether he resides in the home or outside, is frequently not seen or included in direct work and their reference in reports and recordings often confined to the “challenges” and “risks” they bring, with very little support offered to address these. The Family Programme is an opportunity to address this imbalance and award anyone in a parenting role (including same-sex partners), parity of importance and responsibility. The Family Programme can be undertaken with parents and parental figures separately and together.

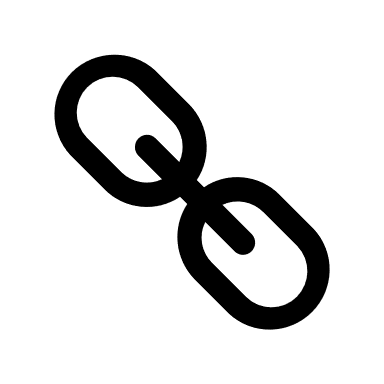
Sometimes involving fathers and stepparents can be more of a challenge, especially if they are a new addition to the family, are working, or they are hostile or aggressive towards practitioners, but it is important that they are seen as having a significant role to play; that they receive the support they need to parent; and that professionals do not solely focus on the mother or place all responsibility on her to meet the children’s needs and protect them.

Further evidence to support working with fathers/men comes from the Child Safeguarding Practice Review Panel’s report, “*The Myth of Invisible Men: Safeguarding children under 1 from non-accidental injury caused by male carers”[[2]](#footnote-2)* which examined serious injuries and deaths of children by male care givers. In summary, the report concluded that men are more likely to be perpetrators of physical abuse and harm to babies than women. It indicates that birth fathers are more likely to be the perpetrator than stepfathers. What is significant is that in many of these circumstances where babies were harmed, services knew very little about the men in the family as they had not been identified or assessed and therefore practitioners were unable to assess and address the potential harm they presented. This meant behaviours that could present serious harm to children were unchallenged or that men were not offered services to reduce the likelihood of harm, prepare them for fatherhood, and support safe parenting. The Family Safeguarding Model lends itself to changing practice in this area, using the multi-disciplinary team and the family programme to know more and understand men and offer an appropriate response to their needs.

### **Using the Family Programme pre-birth**

Pregnancy and impending parenthood can be a significant catalyst for people considering making change in their life and the Family Programme provides an excellent format for work with parents pre-birth. It is important to remember how the wider partnership group, for example, health visitors and midwives, contribute in addition to the Family Safeguarding specialist workers. The community midwife will be crucial in working with both parents in supporting their transition to parenthood and helping them understand a baby’s needs. An important issue here is involving the father / non birthing partner or stepparent to be. Communication and collaboration with other services such as perinatal and recovery services are essential in supporting a safe delivery of a healthy baby and supporting a healthy mother.

 [RiP resources for working with recurrent care experienced birth mothers](https://www.researchinpractice.org.uk/children/content-pages/working-with-recurrent-care-experienced-birth-mothers-online-resources/)

The LA/Safeguarding Partnership Pre-birth Protocol

### **Using the Family Programme with parents with learning difficulties and/or disabilities**

The current format of the Family Programme does not need amending for parents with a learning disability or impairment, however delivery will need to be adapted to meet their needs. This enables the process to be fair and award them the same opportunity to be supported to parent. Consultation with the Family Safeguarding psychology team members and adult learning disability team in relation to the needs of parents will help shape the direct work to meet individual needs.

The Working Together with Parents Network Good Practice Guidance is a helpful guide to taking into account the needs of parents with learning disabilities.

[WTPN Good Practice Guide](https://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/2016%20WTPN%20UPDATE%20OF%20THE%20GPG%20-%20finalised%20with%20cover.pdf)

[Parent Assess](https://www.parentassess.com/) have developed a framework for assessing parents with learning needs

### **Using the Family Programme when children are cared for by the Local Authority**

For families who are within care proceedings, the Family Programme continues to offer them help the help and support to empower them to make changes, to allow the child to return home within the timetable of the court.

For children who have been placed in Local Authority care, Family Safeguarding continues to provide help and support to families to enable children to return home where this is possible. For children where the decision has been made at their Children Looked After Review, the Family Programme gives a structure for direct work to assess and facilitate children returning home where this is in the child’s best interests. This includes children who were in care under Section 20 and Section 31 of the Children Act 1989.

For some children who are placed in Local Authority care under Section 20 of the Children Act 1989, this decision may have not been made because of a parent’s lack of trying to care for their children (usually teenagers) and ability to reduce their children’s vulnerability to external influences and exploitation such as going missing, sexual and criminal exploitation etc. Through the Family Programme, it is important to build on their strengths, resilience, and inclusion so that they can resume care of their children who are voluntarily accommodated by the Local Authority.

# **How to use the Family Programme**

All children who meet the threshold for Family Safeguarding Service will have a Workbook opened. This is where the multi-agency team record information and direct work with families. When working through the modules it is important to **work alongside the family** using a motivational skills approach as opposed to telling them what to do, as this will support them to choose to make the changes so they can see the progress they are making and how the changes positively impact on the children.

The Family Programme commences at the start of the family being allocated within a Family Safeguarding team. The work should continue for the period that they are open to Family Safeguarding. Practitioners from all relevant roles are expected to record in all the modules. This enables strengths to be captured and gives a fair and balanced overview of parenting.

For children who are on Care Orders and are expected to be cared for by the Local Authority long term, the Workbook would ordinarily be closed prior to transfer of the family for ongoing statutory services to the Children Looked After (CLA) part of the service. The Workbook completed prior to the conclusion of care proceedings, as well as expert assessments, will be a rich source of information and practitioners will be expected to be familiar with this information when working with the families to enable return home of the child where this is possible. In addition, there is a strong value in joined up work up for the child and family during the transition period as the family changes teams, social worker, manager and possibly the professional group that is familiar to them. Parents may be feeling angry with the Local Authority because their child has come into Local Authority care, and they were not able to make the changes required during their child’s timescales. Using MI, the skilled practitioner will be able to work collaboratively with the parents and enable them to remain involved whilst the child is being cared for by the LA.

The Family Safeguarding Multi-Disciplinary Team

Family Safeguarding offers a multi-disciplinary approach to families giving the adults access to help and support in areas such as Domestic Abuse, Substance Misuse and Mental Health that are impacting upon their parenting capacity and impairment / harm for children. This gives them an opportunity to change behaviours. It also gives the social work team the expertise and information they need to inform decision making for children. This contributes to further understanding the family, supports change and identification of those adults who’s behaviours present real and immediate harm to children.

The adult workers deliver their own programmes of support to parents which aims to help them gain insight into their behaviours and enable change. The information from this along with their expert analyses should be incorporated into the modules and crucially the overall analyses. This makes the family programme multi-disciplinary and robust in analyses.

### Planning and Preparation

Statutory visits are an essential part of social work, however over the last 20 years practitioners have been led into a role of monitoring, as opposed to providing the direct work that is helpful for families. Family Safeguarding seeks to support practitioners to make visits to the family purposeful and helpful in creating meaningful change. This will require practitioners to **think** before any visit about the **purpose,** and **plan** accordingly. These plans may need to be changed depending on what the family wants to talk about at the time of the visit. Planning is a collaborative process; we may need to be prescriptive about some areas of work, but we can always respond to the needs and requests of the family.

The Family Programme should involve all family members whether they are co-parenting together or live in different households. It should also involve other significant people in the children’s lives, as determined by the family.

Planning is very important and supports participation. It also ensures we consider the diverse needs of the family, and that we are fair and responsive to these needs.

Questions to consider:

* Have we considered any learning styles or needs that anyone may have?
* What would be helpful for a practitioner to know about what works for the person in terms of how they best receive and understand information?
* Is there any support that will be needed to understand, communicate, or participate? (e.g., interpreter; specialist support re cognitive ability)
* What tools would help practitioners and are they available in the language that best meets the needs of the family?

The Social Worker has the overall responsibility of coordinating, analysing, and finalising the work in the Family Programme. They should ensure that this incorporates the direct work and views of relevant Family Safeguarding adult workers, Child Practitioners, and any other involved professionals. The parents’ and child’s views should be recorded throughout, and there is a section for management oversight on completion of the modules.

In Family Safeguarding practice we continually review the families that we work with to ensure that the plan we have in place for the child is meeting their needs. If at any time we need to review the child’s situation either because we are worried that the child protection plan is not providing the child sufficient protection, or that the family have made the changes that have reduced the harm/impairment, the work recorded in the modules can produce an updated parenting analysis which details the help, support and any change that has been made to aid decision making. This can be used to support reports to meetings such as review child protection conferences or CIN or CLA reviews and will require team manager authorisation (module 7).

### Incorporating information from CIN Reviews, Core Group Meetings and CLA reviews

Information shared at CIN, Core Group meetings and CLA reviews is crucial in understanding family functioning and determining progression of the plan. Recording this information in the Family Programme is helpful, as it ensures information is not lost in multiple documents, contributes to practitioner analysis and is easier for a child or parent to read. It helps in considering where the family are on the Cycle of Change, and in analysis of whether the impairment or harm is reducing or is more significant than first thought.

Following CIN, Core Group meetings and CLA reviews, the significant information should be recorded in the Family Programme under the relevant module, referencing the professional who shared their information and/or analysis. An example is a Health Visitor undertaking the Graded Care Profile on a situation of neglect. This information would fit into the headings in module 5.

The Family Programme is an opportunity to measure outcomes by considering change and progress. Therefore, showing where a family are at the start of the plan and where they hopefully move to through the support offered and the change for the children is evident.

Example summary

At the start of the plan, neglect of the health needs of the 18-month-old child, and observed lack of stimulation of the child, had raised concerns over possible developmental delay and impairment for the child. Support was provided from the Mental Health Practitioner to treat parental depression, along with direct work by the Social Worker, children’s practitioner, and Health Visitor - working with the parents on child development, including what children need at different ages, and mentoring on how to play. This direct work has resulted in improvement of the mother’s mood, and she now has more energy to attend to the child. Parents are motivated by the praise they have received for their child’s progress, and they have a better understanding of the importance of attending health appointments, pre-school activities, and being able to provide play and stimulation. This has been observed by both Family Safeguarding workers and the Health Visitor. The development review by the Health Visitor has shown no needs in relation to the child’s development.

Parents are often faced with periods of adversity. Under the Children Act 1989, families are entitled to services to support them in parenting their children and this includes being offered services to meet their own needs and make changes so they can be the best parent they can be. Working Together 2018[[3]](#footnote-3) makes it clear that whilst the Social Worker is the lead professional for safeguarding and coordinating the child’s plan, the plan should be multi agency, with support being provided to the child and family from across public services. The CIN reviews, Core Group and CLA review meetings are an opportunity to identify support for the family from other professionals outside of the Family Safeguarding multi-disciplinary team and give them the opportunity to benefit from a range of expertise.

### Supervision and the Family Programme

Family Safeguarding Supervision plays a critical role in overseeing progress on the Family Programme and supporting the multi-disciplinary team to plan the work they are doing with the family. It is an opportunity to look at what we know, where are the gaps (i.e., what we don’t know), and who is best placed to take forward the agreed direct work for the next month. This includes using feedback from the programmes delivered by members of the multi-disciplinary team and thinking with them what would next be helpful for the family.

Supervision can model a Motivational Skills approach, giving the worker the space to find their own solutions and time to reflect on their own practice. It can also give workers an opportunity to feedback on the work they have undertaken with the family that month, give their opinion from their own expertise, feedback from the child and parents, and that of other professionals/wider family and reflect on what this means for the impairment or harm for the child. Are the child’s circumstances improving?

For the child who is cared for by the Local Authority, do the parents have a better understanding of their child’s needs and how their behaviour may have impacted on meeting this? Has the quality of family time and relationship between the child and the parents improved? What further change is needed and how will this be achieved?

Progress and change should be referenced through the Cycle of Change with reasons/evidence for decisions and what will happen next to be recorded. This is a big shift in practice, away from descriptions and issuing of a list of tasks. This needs time, as well as supportive and persistent leadership, to create change.

Management direction should reference the next stage of the Family Programme, also considering the adult practitioners specific programmes, giving workers structure and focus for their visits based upon the presenting need**.** This will feed back into the next supervision session and build a bigger picture of our understanding of the family and any progress they are making. Supervision can also consider revisiting any of the modules as part of reviewing progress and support.

If helpful, a team manager can at any time use the analysis that module 7 gives to help decision making. This can help us think about the child’s current experience, review threshold, and providing rationale for decision making.

# **Role of Motivational Interviewing**

## 

Motivational Interviewing is a way of working in collaboration with families to help them achieve the changes that they want to see in their lives. It starts from strengths, focusing first on what is *strong*, not what is *wrong*. It is underpinned by the idea of working with compassion and acceptance and in partnership, empowering families to be the agents of their own change. Working in this way is a key part of the success of the Family Programme. Research shows that people are best able to change when the person supporting them is showing them accurate empathy. When we can accept a person for who they are and show them this acceptance, we are more likely to see positive behaviour change.

Motivational Interviewing involves having a specific conversation about change, where the person has agreed that they want to make this change. Motivational Skills involves using the same approach as Motivational Interviewing but in a more neutral way, avoiding directing the conversation towards change. The processes, principles and techniques that follow can be used in all of the modules that involve direct work.

**The four processes of Motivational Interviewing**

*Engaging - establishing rapport*

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We start with **engaging** and come back to it as we continue to work with a family/carer. Without engagement it is very difficult to do the more challenging work that is needed to help change. As practitioners, we first look at ourselves and what we bring to the relationship. Do we have unconditional positive regard, and how can we build that? Are we being genuine? Are we focusing on empathy and showing the family that we are working hard to understand their life from their perspective? These are Carl Rogers four core conditions, evidence-based practice that helps people move towards change.

*Focusing - what is this conversation about*

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For a conversation to be effective, it helps to have an agreed agenda. We could use open questions such as “what change do you think needs to happen?” or “having heard the concerns, how are you feeling?” with a possible follow up of “what do you think needs to happen next?” **Focusing** can help us think about where a person is on the cycle of change. There is more information on this in module 3. As we listen, we can find out how the parent/carer feels about their family situation, and their role in it.

*Evoking - asking questions and using reflective listening to evoke motivation towards a particular and agreed end goal.*

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As we are trying to help move someone in a particular direction when we are **evoking**, there are some ethical considerations with this stage. If the person does not agree that a change is needed, we will want to help them think about that in more detail, but we wouldn’t want to try to steer them towards the change. By using the neutral style of listening of the Motivational Skills approach we ensure the person doesn’t feel like we are trying to manipulate or persuade them into change.

Where we have a shared and agreed goal, we will think about reflecting back more change talk than sustain talk during this process to help encourage the person towards change and evoke from them the reasons for making this change. Sustain talk is where we speak in support of the status quo, e.g., ‘we’re getting on fine’. Change talk shows an indication that we are feeling some ambivalence towards our current situation. An example of change talk might be ‘I know it’s not perfect’ or ‘I wish we didn’t argue so much’.

More information on change and sustain talk here:

[Change Talk and Sustain Talk (cambridgetraining.org)](https://app.cambridgetraining.org/collection/8057)

*Planning - making a change plan together with meaningful steps*

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Plans will be jointly owned, where possible and include SMART goals.

More information on the processes here [Introduction to the Four Processes (cambridgetraining.org)](https://app.cambridgetraining.org/collection/7656)

**Key MI Techniques**

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OARS is the main technique that we use throughout the four processes of Motivational Interviewing

***O****pen Question*

Open questions are most effective when they are short and easy to understand.

***A****ffirmation*

Affirmations can be nodding and other non-verbal signs to show listening. They can be about a quality of the parent/carer such as “thanks for being so honest” “you have great self-awareness” “being a good parent is really important to you” Affirmations keep a conversation strength based.

***R****eflection*

The way we use reflections is likely to change depending on the process we are in. In engaging a reflection demonstrates listening and helps build connection. In focusing it helps determine the direction of the conversation. Evoking is where we reflect back change talk and in planning, we will reflect back a person’s intended actions. Conversations can be more effective and feel less interrogatory when we offer up around three reflections per open questions.

***S****ummary*

This gives an overview of the whole conversation. In longer conversations we may use several summaries as we go along.

More information on OARS here

[OARS (cambridgetraining.org)](https://app.cambridgetraining.org/collection/7447)

**Ask-offer-ask**

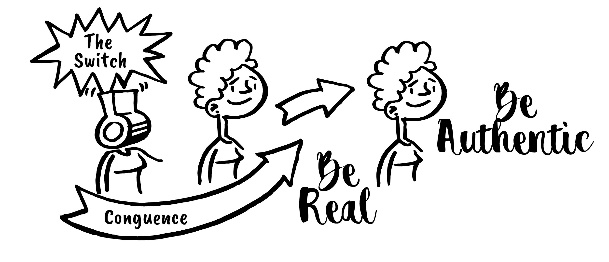
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Where we have information that we want to share, for example around harmful behaviours, we can use the ask offer ask technique to share our expertise whilst still respecting the parent/carers expertise in their own life. For example, “I wonder what you know about the harm of drinking in front of your children” if the parent/carer knows what these are, we don’t need to add more. If they don’t, we can either tell them our concerns or preferably ask their permission before sharing ours. Once we have shared, we ask them a question such as “what do you think?’ or “how are you feeling about that?”

More information on this technique <https://app.cambridgetraining.org/collection/7455>

**The Principles**

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**Roll with Resistance and Avoid Argument**

In Motivational Skills we acknowledge that parents may feel active resistance and can exhibit this is many ways. If we argue, for example by asking them to calm down, we are likely to escalate the situation. If we listen to what we are being told through the resistance, we can offer empathy and acceptance for how the person is feeling.

**Developing Discrepancies**

This is the process of looking at the gap between what the parent/carers life looks like and what they want it to look like. Sometimes a person will be very clear about this gap and sometimes we will need to do more work to help them think about what is important for them and what their life *could* be. There is more detail on how to work with discrepancy in module 3.

**Supporting Self Efficacy/responsibility**

We want to help people to have their own agency, to believe that they can live their own lives. We might need to be aware of our own desire to fix, to rescue or use our ‘righting reflex’ where we tell the person what they should do. Where significant harm for the child means we have to tell a parent/carer what to do, an awareness of the impact of this on their self-efficacy and sense of agency is useful.

<https://app.cambridgetraining.org/collection/7456> (also available on secure resources page of the CFFSP website)

A Toolkit of Motivation Skills – Fuller Taylor Wilson [https://bcs.wiley.com/he-bcs/Booksindex&bcsId=11526&itemId=1118510291](https://bcs.wiley.com/he-bcs/Books?action=index&bcsId=11526&itemId=1118510291)

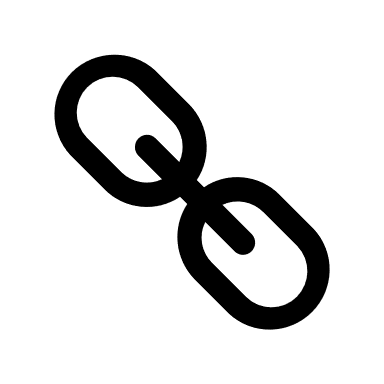
### **Sharing of records with families**

The Family Programme is a collaboration with parents and therefore sharing of information and records is important for transparency. As the Family Programme is undertaken with the family, sharing of the modules should be done regularly and in line with what has been agreed. This also enables the practitioner to show and praise changes made and think with the family about why if this has not been the case. Feedback on even a tiny achievement is important and can empower parents to make further changes

### **Language**

Language is important in whatever we do and our use of it evolves over time. Words and phrases that we may have used in the past can now be considered as being insulting and derogative towards groups of people within our society. The same is happening with the commonly used language of social work. We may have adopted the use of certain words and phrases, without really thinking about what they convey and how they may be interpreted and viewed by both children and families who are on the receiving end or are reading their reports and files. If we value and believe in collaboration and partnership with families, we need to formulate conversations that are inclusive and engaging and our recording needs to reflect this.

Labelling mothers as “failing to protect” when they remain in an abusive relationship or saying that parents are “hostile” or “avoidant”, when not attending meetings, or not speaking to us, is unhelpful and unlikely to assist in generating the engagement we need for them to want to make changes in their behaviours that will enable children to be cared for within their family. The onus is on the practitioner to use their skills; and be persistent and creative in the different ways they try to understand resistance and engage people effectively. Using Motivational Skills helps us develop a different style of communication that prevents us asserting and potentially abusing our power to get the family to do what we determine is needed.

Language guidance if available

# **The Family Safeguarding Programme Modules**

## **Module 1 Why are we involved?**

Aims of Module 1

* To build a relationship that will support collaborative working
* To explain why children’s services are involved
* To support parent/carers to understand and contribute to their child/ren’s plan

This should be the first module undertaken with a family as it ensures that they have a good understanding of why we have become involved, establish that we have consent, and that we are starting to build a relationship that will support change work. Building engagement may take more than one visit, and this is a module that will be led by the family and may take several sessions or need to be revisited. It is possible that an initial hypothesis has already been made by another Social Worker about what the needs are of the family, and what concerns need to be addressed in relation to the children. However, research evidence has shown that there is a need to be mindful of any early evidence bias in professional judgment, and that practitioners must continue to look for evidence that contradicts initial hypotheses not just for that which confirms them.

It is likely that there will be strong feelings associated with a decision to involve children’s services in a family’s life. There may be assumptions of what a Social Worker’s intentions are, and fear of the power imbalance, particularly if the family are feeling marginalised or are from a different culture and have experienced disadvantage and discrimination. We will build relationship most effectively if we respect parents’ views; allow them to be in a position of “being the expert in their own life”; give them the opportunity to consider what they think the issues or concerns are; and what they think would help and support their situation. At the same time, the Family Safeguarding team need to be alert to any information that indicates a child may be, or is likely to be, suffering significant harm and any attempts by the parents to cover this up. In Chapter 7 of “Motivational Interviewing for Working with Children and Families”[[4]](#footnote-4), the authors suggest ways that MI skills can be used alongside authority when talking about serious concerns about children’s safety and parents are resistant.

### **Explain to the family our statutory duties and processes**

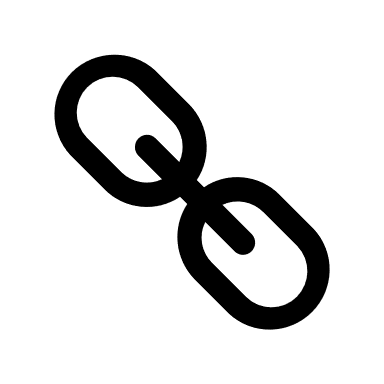
We will want to acknowledge and explain to a family that as their child is the subject of a CIN/CP or CLA plan we have responsibilities in relation to this. This includes seeing the child alone. A family may feel anxious if they don’t understand why the Social Worker needs to see the child alone (including the contents of module 4) they may have preconceived ideas, for example that professionals are “fishing for evidence” to take the child away or prevent a child returning home.

When a child is the subject of a CIN or CP Plan or is cared for under section 20 by the Local Authority, parents retain parental responsibility, and the Local Authority does not share this with them. Therefore, all decisions regarding the child lie with the parent/parents with parental responsibility. This means that consent needs to be given to speak to the child. If this is refused and the child is being significantly harmed, or is likely to be, by adult behaviours, then an application will be made to the court to seek authorisation to speak to the child.

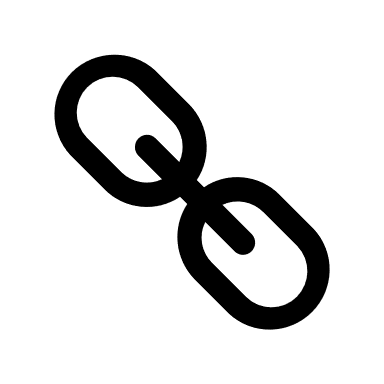
For children subject to a Care Orders, we do not need parental consent to see and speak to the child, however good practice would be that the parent(s) with parental responsibility understand why the child is seen alone by the practitioner and receive feedback as appropriate.

In order to be transparent in our work with the family, the Social Worker should explain and understand:

* Our statutory duties and why we have a plan
* Home visits - what happens on these, what and who we need to see, and why?
* What is a CIN/CP/CLA Plan and what does this mean for everyone in the family?
* Why is the child on a plan? What are the parents’ understanding of this?
* What are the feelings / anxieties linked to the child being on a plan?
* The way we work with families and our values and behaviours.
* Who is involved, why, and what can they do?
* The purpose and content of the Family Programme
* Any previous assessments and/or Court Orders and what this means for the family (This would apply if children were made subjects of care proceeding and are in the care of the Local Authority)
* The right to complain

LA Complaints procedure and forms

It is likely to be helpful to agree a schedule of visits with the family. This will allow them to prepare and feel involved mentally and practically.

Schedule of visits document (with guide to use) i.e., if court directed an assessment plan can be set out and filed in court.

### Wrench with solid fillUnderstanding The Concerns

My Strengths

Things I Would Like to Change

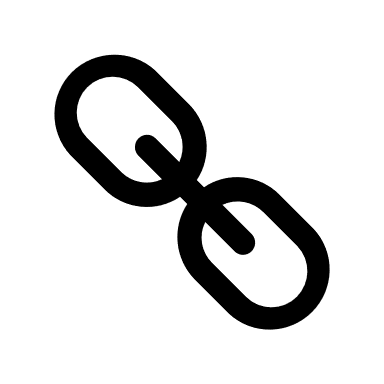
### **Consent**

Fully exploring the issue of consent, and focusing on the family’s rights, is an integral element of the Family Safeguarding Model. Promoting this concept with a family is likely to help overcome barriers, build trust, and help them to have a voice and some element of control. The Social Worker should provide an explanation of parental rights, including that it is their right not to consent. Dissent should therefore not always be seen or recorded as obstructive or non-compliant. There will be barriers to engagement based on feelings of anger, fear and shame related to the involvement of children’s services. There is a power imbalance between professionals and family that may be increased by other diverse characteristics. A full explanation of what we are proposing is essential for families to make informed consent. Some people need time and information to consider consent so this is an area that may need to be revisited.

Overriding consent should only be exercised in exceptional circumstances and in line with the law:

*“It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a* ***lawful*** *basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be ‘legal obligation’ or ‘public task’ which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements [14]. In some circumstances, it may be appropriate to obtain consent to share data, but it is important to note that the GDPR sets a high standard for consent which is specific, time limited and can be withdrawn (in which case the information would have to be deleted).”*

*In effect, the Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information, including without consent (****where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent, or if to gain consent would place a child at risk****). However, practitioners should be mindful that a data protection impact assessment for any type of processing which is likely to be high risk must be completed, and therefore aware of the risks of processing special category data.”[[5]](#footnote-5)*

Consent guidance and form

### **The Child’s Plan should relate to why we are involved**

The child’s plan is central to awarding the child the protection they need, and in identifying the needs of the family and how these can be responded to. The plan needs to be concise, simple, and realistic. Family members need to contribute to their child’s plan, understand and consent to the contents, and feel that it is achievable.

Holding a conversation with the parents on what they would want to see in a plan for their child will help have ownership and agency. Try asking them what they would want in the plan, maybe asking them to write their own plan and detail the support they think they would want. This can provoke a useful conversation on comparison of ideas with the professional network and how these can be combined so that it meets the needs of everyone and produces a document that everyone is happy with. Part of the conversation is exploring what, if anything, do the family think is realistic to achieving what the plan is aiming to do, so that areas of more challenge can be recognized and ideas to address these challenges considered.

 Our Family Plan

### **The Contingency Plan**

The contingency plan should be agreed with the family and needs to be accessible on the child’s electronic records should it be needed out of hours. This is a plan to avoid the child having to witness a distressing experience or to have to move into the care of strangers if an emergency or something unexpected happens. It is also about putting together a strategy to protect and help the children at times of additional stress for the family, using the extended family and the community. This should be explained to the family and adapted to reference their circumstances.

A contingency plan should be created and agreed with the family so that they have ownership of it. The plan should be specific to each child and their circumstances, and regularly reviewed and updated. The child and family need to understand its purpose and the content. Any actions need to be discussed and agreed, with clear timescales. Anything that cannot be agreed needs to be explained fully to the family. When working with CIN and CP and plans in terms of section 20 of the Children’s Act 1989, the family hold parental responsibility for the child and need to consent to this plan. Overriding of this can only be with a court order.

A contingency plan for a child in care should include all options, including returning to parents and extended family to minimise further disruptions for the child, or crisis placements. Part of this is also about establishing a support plan for the family should return home for the child be the care plan. It is also important to consider contingency planning with the family if return home for the child does not work out and the child has to leave the family home in an emergency.

### **Tips for using Motivational Interviewing in Module 1**

The first module is an opportunity to **engage** and begin to build a collaborative relationship - for families to feel involved rather than ‘done to’. The section on engaging in the introduction explains more about this process.

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The principles that may be particularly useful here are rolling with resistance and using empathy. We want to make sure we are looking out for all the strengths and positives and helping the family reframe their situation.

A drawing of a spider

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You can listen to an example of panning for gold and using affirmation in substance misuse here

[Substance Misuse and Affirmation: Practitioners’ Stories (cambridgetraining.org)](https://app.cambridgetraining.org/audio/7355)

EXAMPLE

A referral is made by a school with concerns about bruising on a child’s face. When the Social Worker visits the family, they are greeted with hostility and are admitted reluctantly.

How could we build engagement in this scenario? This will be different for every worker and for every family situation, but it would be helpful to think about what is happening for you and your feelings before trying to explore what is happening for the family.

A simple reflective statement could be used to show empathy, for example “you don’t want me here” and then leaving a silence, minding the gap, to allow the parent some time to reflect. Perhaps the person needs some time to vent and if it is safe to do so this might help build trust. When a person feels heard they are more likely to be able to calm their thinking and step into engaging.

The language we use is crucial in not presenting as accusing and showing we have an open mind and want to understand how and why so together we can prevent this happening in the future.

We will also use the focusing and planning processes in this module, evoking where the parent/carer is clear that they want to make a change. The techniques outlined in the introduction will all be useful.

Where I am and Where I Want to Be

[RiP Briefing on reconceptualising parental non-engagement](https://www.researchinpractice.org.uk/media/3703/rip_reconceptualising-parental-non-engagement-in-child-protection_web.pdf)

### **Ending Module 1 session**

How we leave the family member will influence their behaviours and how they feel. This could have an impact on their responses to others and their care of children

Leaving on a positive note and making sure the parent isn’t left feeling demoralised and undermined gives them hope. Using Motivation skills can help a parent/carer to want to make changes and feel confident to do so.

### 

### **Outcomes sought from Module 1**

* To be assured that the family understand their child/ren’s plan, what is being asked of them, and there is consent for the work to take place
* The family contribute to their child/ren’s plan and contingency plan
* Establish a working relationship is established with the family based on partnership working, with trust and engagement
* An understanding of any communication / learning needs or styles that inform delivery of support / direct work or need for further assessment
* an initial evaluation of the family’s willingness to make changes
* Understand where the family are at the start of the plan to be able to measure progress and outcomes

## **Module 2 My Family History**

### Aims of Module 2

* To gain a more detailed understanding of parental and family history and how this may have influenced their current circumstances, family culture, parenting capacity, and family functioning
* Identify significant events that have had an impact for the family
* Identify the family’s values, identity, and culture
* Identify positive and negative family/friends supports

The most recent assessment should already contain information on the family history and there may also be information in the case files if a family has been previously known. Feedback from families often says that they do not like to have to repeat information. Sharing what is recorded in the assessment saves the family from repeating facts. The aim within the Family Programme is to check accuracy and identify areas for fuller exploration. Practitioners can use this module to explore family history from the family’s perspective so it is not just a “copy and paste” from an earlier assessment which may only give a professional’s perspective.

 [RiP practice guide to chronologies](https://www.researchinpractice.org.uk/children/publications/2022/august/completing-social-work-chronologies-practice-tool-2022/)

The balance needs to be made to ensure that sensitive and potentially painful facts that have relevance are included whilst also recording the family’s interpretation and understanding. Understanding a family’s reactions requires an empathic approach and MI skills to avoid conflict or barriers resurfacing. Actively listening and reflecting back can help to show accurate empathy. It is important to find positives within the family history otherwise this discussion could be a negative experience for families and for children when they read their case files later in life. Everyone has positive and happy memories and recording these as well as the difficulties will help keep things in perspective.

There may be some resistance to previous history being raised as relevant, so explanation about why it is useful is required. If met with resistance, it is suggested going back to engagement to understand the emotion provoked by the question will help.

Module 2 does not always have to be completed by the Social Worker and can be delegated or jointly undertaken with another worker from the team. The important thing is that the person undertaking this module has a strong relationship that supports engagement and honesty. The role of each adult worker will cover family history within their own assessment processes, and they are likely to drill down on areas that may have triggered and/or contributed to the adults’ vulnerabilities; to help understand that will support the change process and may help to avoid relapse.

Module 2 helps gain an understanding of the adult’s childhood experiences and what impact these have on parenting capacity. Exploration of this with the parent can help them to understand and not feel they are to blame for their response to early trauma where this is a feature. Crucial to this is our responses to adults and their behaviour, as we need to acknowledge the feelings certain behaviours generate in us and from our own bias and experiences. Understanding the person and seeing things from their own experience and perspective helps challenge this and supports change. Supervision has an important role in supporting workers in this area and helps practitioners be more empathetic to behaviours such as domestic abuse that they may find personally unacceptable.

When understanding the family history, a Cultural Genogram is an excellent tool for exploring the family composition and relationships. When done well this enables us to not only understand ‘who is who’, but what the relationships are; who maybe a source of support; and who maybe a barrier to change. This should involve discussion about all the people that know and could help the family, which could include friends, neighbours, community, and religious contacts etc. Any resistance to involving close family members needs to be explored to ensure that the parents are not trying to exclude people who may have, and would share, knowledge of their abusive behaviour. Failure to give sufficient weight to the views of non-professionals is one of the 10 pitfalls identified by research from an NSPCC paper in 2010. “It is important that equal weight is given to contacts and referrals from family, friends and neighbours, and that anonymous calls are taken seriously. They may provide vital information and should be followed up.”[[6]](#footnote-6)

Undertaking a genogram with the family enables them to think about this in more detail and what this means for them in terms of meeting their goals. Together the practitioner and family can consider how this is managed and fits into their work together. A Family Group Conference (if available locally) may be a useful way to explore sources of support once they are identified.

[Using genograms in practice | Research in Practice](https://www.researchinpractice.org.uk/children/publications/2021/february/using-genograms-in-practice-practice-tool-2021/)

[Information about Family Group Conferences from the Family Rights Group](https://frg.org.uk/family-group-conferences/what-is-a-family-group-conference/) and lifelong links

### Wrench with solid fillParental and Family History

### Understanding Culture and Diversity

It is important to recognise a family’s diverse characteristics and identity what this means for their life experience in terms of any inequality and discrimination they may have experienced. Understanding this, and the impact it has had, and may have in the future, will help professionals contextualise and shape professional responses and services.

The work on Module 2 should explore and record the family’s perception of their culture and heritage from their experience and in their own words. The family define who they are, what they are about, what is important to them and for their child/ren, and what is their experience of the impact of culture and other diversity on their daily life.

[Social-GGRRAAACCEEESSS-and-the-LUUUTT-model.pdf (rip.org.uk)](https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Social-GGRRAAACCEEESSS-and-the-LUUUTT-model.pdf)

### 

Who Am I

Family History and Breaking the Cycle

### Tips for using Motivational Interviewing in Module 2

Diagram, text

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In Motivational Interviewing we will only explore past experiences to inform future changes, such as “can you think of a time that you managed to make a change?” We can help people reframe their past to help them feel less overwhelmed and more confident in their ability to change. In Motivational Interviewing we will be aware of past trauma, but we don’t need to find out **why** someone acts in a certain way to help them change.

**We can still use a Motivational Skills approach to explore a person’s family history.**

When we are gathering information, Motivational Skills helps us avoid it feeling like an interrogation. Making use of reflections and affirmations help ensure the family is being heard and keeps the emphasis on strengths. Using reflective listening holds up a mirror and helps people to make sense of their own situation. Demonstrating accurate empathy is an incredibly powerful tool and probably the most important aspect of Motivational Skills to use here.

We could also listen out for change talk in this module and where it feels there is opportunity to work together on a change that the person wants to make, agree a focus on this and continue to use OARS to evoke the parent/carers motivation to change.

**Technique – Overshooting**

A drawing of a person

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In gathering sensitive information, the overshoot can be helpful. Eg. “So, your birth family did **nothing** for you at all? “Well perhaps not quite as bad as that...they did at least feed and clothe me till I went into care at the age of 6.”

### Ending Module 2 session

As with Module 1 this is a module that is likely to need careful ending due to the potential to generate strong feelings and emotions. How we leave the family member will influence their behaviours and how they feel. This could have an impact on their responses to others and their care of children. We can check out if anything needs clarifying and if there any questions. Confirm any follow up actions including any check in or aftercare arrangements and dates of the next visit.

Leaving on a positive note and making sure the parent isn’t left feeling demoralised and disabled, gives them hope and empowers them to want to make changes and feel confident to do so.

### Outcomes sought from Module 2

* + Opportunity to gain an understanding of how childhood experiences may have impacted on the parent/carers, individually and as a partner/parent
  + Know the family’s culture and values, what’s important and defines them
  + Understand how the above areas influence the family, the parents functioning and links to current behaviour/ lifestyle and community
  + Information contributes to assessment of parent’s motivation to make changes and understand their future aspirations for themselves and their child/ren
  + Identify strengths and positive aspects of family life/parenting
  + Identify potential support from wider family and friends

## **Module 3 Understanding the Impact of Adult Behaviours on a Child**

### Aims of Module 3

* To allow the parent/carers an opportunity to explore and gain greater understanding of the impact of their behaviour and situation on their child/ren
* To support their need to effect change in behaviour
* To identify any challenges and what help they feel they need to sustain change
* To explore any attempts by the parents to minimise the impact of their behaviour/needs on the child/ren

This module focuses on the adults’ understanding of the impact that their behaviour has on others, particularly their children. It is an opportunity to explore this with the parent/carer; explore their understanding; and work together to support the desire to change. It could be an opportunity to think together about what the consequence and impact of changing a behaviour would have for them and any fears that relate to this. What do they want to change and what do they need to make this happen? How could life be different for them and their children if they made changes to their situation or behaviour? What are the consequences of changing, or not changing, behaviours?

This module can track individual progress on specific areas. Where a person is at the start of contact with the Family Safeguarding team is hopefully going to change as they move through **the Cycle of Change.**

Diagram

Description automatically generated© Alasdair Cant & Associates Limited

Prochaska and DiClemente’s Cycle of Change[[7]](#footnote-7) outlines the typical stages we go through when we make a change in our lives. We want to ensure that we meet the person where they are, not where we want them to be. Someone who has not thought about their behaviour (precontemplation) is likely to feel judged and defensive if we offer them support to change at this point compared to if we offer it in the decision phase. In module 3, it is possible the client is at pre-contemplation about some of the impacts of their own behaviour. Exploring this with them can help them gain awareness and move into problem recognition and the contemplation stage. A mix of **change talk**, such as ‘I know it’s not perfect’ and **sustain talk** such as ‘but we get on ok’ suggests ambivalence and that the person is starting to think about change.

An example of working with the cycle of change can be found here:

[Cycle of Change & Young People: Practitioners' Stories (cambridgetraining.org)](https://app.cambridgetraining.org/audio/7349)

Module 3 requires an honest conversation about what the behaviour is that we are worried about, by the relevant experts in the team, and what this means for the child and other family members. It holds the person accountable for their behaviours and the impact these have, but also gives the message that they are worthy of help and support to make changes. The result of this is to instil hope and motivation to want to change. This is again helped by using a motivational skills approach and the development of a trusting relationship.

Decision Balance Sheet

Where I am and Where I Want to Be

Miracle Question

### Input from relevant professionals

The Family Safeguarding multi-disciplinary team support this module in the work they do with the adults in the family. Their input is invaluable and is an opportunity to use their expertise to offer a multi-disciplinary view and analysis. The group and individual programmes used by these professionals supports delivery of Module 3 as they are child focused and look specifically at the impact the adult behaviours have. Bringing this information and professional knowledge into Family Safeguarding Supervision allows the sharing of analysis, shared decision-making, and planning of further work as part of this module. It further shapes the focus of visits and direct work with the child.

It is particularly important when considering the impact of problematic adult behaviours associated with mental illness, addiction, sexually abuse, and violent behaviour. For example, what information is held by police and probation about offending behaviour (including unproven) and how does this compare with what the parent says about it? What do other people close to the family, including extended family members, friends, and neighbours say? There is a need to carefully consider any evidence (or lack of it) from medical professionals about injuries sustained by children. Just because a medical professional cannot categorically say that an injury is the result of harm inflicted on a child by an adult, this doesn’t mean that it wasn’t, and therefore there is a need to consider all available information that may indicate a child is being harmed, or that they are likely to be.

If there are no Family Safeguarding specialist workers currently involved with the family, this Module will need to be undertaken by the Social Worker with the support of the wider professional network, (e.g., health, education, police, voluntary org, keyworkers, foster carers, mentors) incorporating their expertise and knowledge.

 Parenting Continuum Exercise

### What is the child telling us?

What we know is that most parents love their children regardless of why they are on a plan or no longer living with them. The incentive to be a good parent can be used to encourage a parent to take action to make changes. The work undertaken with a child in Module 4 will help us think with the adult about what their own child is experiencing and is likely to make the child’s experience more real. It is vital that those who are working with the children in the family build a relationship with them that facilitates them communicating about their life in their family, and what makes them unhappy. Consideration should be given to any negative or abusive impact this could have for the child so that there are no problematic repercussions for them, but it is important that the parent knows what their child has said, and this can provide an opportunity for developing discrepancy.

### Tips for using Motivational Interviewing in Module 3

The information in the introductory section is all relevant here. It is possible that all four processes of Motivational Interviewing will be part of this module.

**Developing Discrepancies**

**Shape, arrow

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This is about helping the parent/carer look at the gap between what their life looks like and what they want it to look like. Sometimes a person will be very clear about the gap and their desire to change. We are then in the evoking process, using OARS to help them build their own motivation for change before moving into the planning process.

More information here: [Developing Discrepancy (cambridgetraining.org)](https://app.cambridgetraining.org/collection/8764)

Where we are not hearing change talk, it is likely that the person is either struggling to have a productive relationship with us, in which case we might want to think about revisiting the process of engaging or they might not believe that they have discrepancy between how they are living and their own morals and values. We can all get stuck justifying the status quo.

**Cognitive Dissonance**

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The concept of Cognitive Dissonance can help understand what is happening here. Cognitive Dissonance is a disconnect between a person’s values and how they are behaving. This is an uncomfortable space to be in and so we make up excuses to justify our behaviour. Helping someone change involves holding up a mirror and allowing them to see this disconnect. Relationship is key here as a person needs to feel comfortable enough to explore the discomfort of discrepancy.

Further information here: [Cognitive Dissonance (cambridgetraining.org)](https://app.cambridgetraining.org/collection/7451)

A practical exercise that can help Develop Discrepancy is the personal values card sort. This is a set of cards that can be printed out for the parent/carer to sort into not important, important or very important. We can then use OARS to explore areas where there seems to be a disconnect between a value and a behaviour.

 Values Card Sort

**Columbo technique**

**A black and white drawing of a person with a mustache

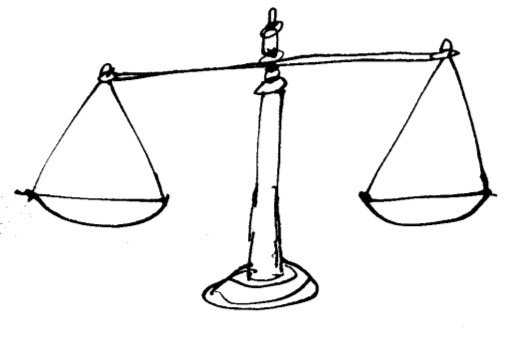
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The Columbo technique, where you show your confusion about the discrepancy, can soften this conversation and avoid the person feeling judged.

Relationship continues to be vital here. Any resistance would need a return to engaging by showing empathy, unconditional positive regard and congruence.

More information here: <https://app.cambridgetraining.org/collection/7450>

**Cost benefit analysis/decision scales**

****

We can also use the Cost/benefit analysis in this module, exploring with the parent/carer the benefits of staying the same and the costs of making the change, then the costs of staying the same and the benefits of making a change. This is a neutral Motivational Skills tool, which is helpful where you have a particular decision you’d like parent/carer to make and need to avoid stepping into a space of persuasion. It can also help where a person is stuck and can’t seem to make a change even though they are saying they want to.

An example of using cost benefit analysis is here <https://app.cambridgetraining.org/collection/7454>

### 

Parent Worksheet Self-Assessment of Motivation to Change

Change Plan Worksheet

### Ending Module 3

Module 3 is a module that should be revisited as direct work is undertaken to determine progress and if we are meeting desired outcomes. Each session should have a positive end that allows reflection and a ‘check in’ to ensure the person is able to focus on change and progress, rather than dwell on the negative impact of their behaviour.

### Outcomes sought from Module 3

* Clarity of parent/carer’s understanding of the impact of their behaviour on the child/ren, and on their physical and emotional wellbeing. (This can be reviewed at stages and used to measure progress through the family programme)
* An overview of the parent/carer’s understanding of their child/ren’s needs
* Parent/carer’s are supported to take greater responsibility for their own actions and make changes
* Understanding of parent/carer’s motivation and capacity to act to change and use the support available as well as being clear on the barriers to change or triggers for lapsing

## **Module 4 Direct Work with the Child**

### Aims of Module 4

* To form a relationship with the child to optimise the success of direct work with them
* To gather information to build a profile of the child
* Clarify the child’s understanding of children’s services involvement
* Obtain their views so these can be incorporated into their plan and shared
* To understand what family life is like for the child
* For the child who is in care, opportunity to understand what life was like at home and any worries that they may have in relation to returning home.
* To gauge the child’s level of self-esteem and emotional resilience and seek to build on this

It is a key skill of children’s Social Workers and child practitioners to be able to communicate effectively with children, and it is one of the duties of a Social Worker to ascertain the wishes and feelings of children when making decisions that may affect them. The practitioner’s skills in doing this will be impacted on by a number of different factors, including those that relate to the practitioner (level of training, experience of communicating with children, confidence, time to do it etc); factors relating to the child (age, ability to speak, fear of strangers etc); and the family context that the practitioner is undertaking their work (home environment, parental attitude to practitioner, number of children in the family etc).

Family Safeguarding is a whole family approach which does not separate the behaviours of the adult from the impact on the child. Direct work with a child can help us understand what that child is experiencing and help us determine if the situation is getting better for them, or if things are getting worse.

For a child in care, it is about exploring their views, worries and anxieties about contact/family time or returning home and the impact it will have on their life, including extracurricular activities, school, friendship group etc. Exploring this with the parents as well would help build understanding the value the parent/carer places on supporting this. Central to the success of Module 4 is building purposeful relationships with the child that enables meaningful direct work. What the child is saying should be part of the analysis of the changes that parents are making, by continual review of the impact on the child.

It is important when planning any direct work with children that the practitioner considers what stage the child is in their development and whether they have any needs that may impact on communication. The first place to start in understanding this is to speak to the people who know the child best – their family, and their carers if they are in LA care. By asking the parents/carers about their child they are respected as the experts in understanding their child and how to get to know them. By finding out more about the child (what they are interested in, what they like/don’t like, who they are closest to etc.) before undertaking direct work, there is a better chance of building rapport with them. Consideration needs to be given to where is the best place to complete direct work with the child – where would they feel most comfortable? Who would they want to be nearby?

When starting any direct work with a child it is important to understand how they are feeling and what is on their mind rather than going with a fixed idea of what will be discussed. Once it has been established that they are able to engage in a discussion, the practitioner should be clear about why they are wanting to talk to the child and what sort of things they will want to talk about. These are the engaging and focusing processes of Motivational Interviewing.

These following questions could be explored and woven into conversations with the child once rapport has been established, and adapted according to the child’s circumstances, using tools where these are needed/helpful.

* What makes the child happy, proud, sad, angry, worried, frightened, safe etc.? What do they think makes their parents feel like this?
* How do the parents provide them with comfort/love and how do they praise them?
* What does the child want to happen or change?
* What’s life like for them? What does a typical day look like? Are things different at the weekend? (to be reviewed throughout the programme.)
* How are the parents’ behaviours impacting on the child?
* What do they think about themself, including identifying good things about them?
* Are there any things they would like to change?
* What is their understanding of their cultural heritage? Are there gaps due to absent parent/extended family?
* Who are the important people in their life – those they live with; those that live elsewhere?
* What is their e-footprint and what does this mean for them?
* Who would they talk to if they were worried about anything?
* If they would know what to do if there was an accident involving their parents at home
* If the child is in care, what is the child’s experience/recollection of life when they were at home?
* What does the child want to happen or change (dependent on age and learning needs of the child)?
* What is the child’s understanding of why they were removed from home? What would be different if/when they went home? What will feeling happy be like for the child?
* What is the child’s relationship like with their siblings?
* What if there are changes in the family and parent has a new partner? What is the child’s understanding of this and how will it impact on them and the family?
* Is there a need for protective behaviours and resilience building work?
* Who needs to be aware that work is being undertaken with the child– e.g., school, foster carers, parents? What support can they offer? Who does the child trust? Who can they talk to if they are worried? What support would the child think they need?
* How can family time support relationships with siblings and new partners?

### Tools for direct work

Whilst older children may feel able to have a conversation with a Social Worker or Child Practitioner, communication with children often requires the practitioner to use other, more creative, activities with them, like playing and drawing. This needs to be planned in advance, and take into account the age of the child, their stage of development, communication style, learning needs etc. It is good practice for practitioners to have access to materials for this work, like: paper and pens, puppets and small toys, worksheets etc (see links below for ideas).

 About Me; Feelings Wheel; Who Am I; Ask It

[RiP Practice Tool Enabling and Embedding creative participation](https://www.researchinpractice.org.uk/children/publications/2022/march/enabling-and-embedding-creative-participation-in-child-and-family-social-work-practice-tool-2022/)

[Some free resources to use when discussing wishes and feelings with children](http://www.socialworkerstoolbox.com/category/wishes-feelings-2/)

[NCB guidance on communicating with children during assessment](https://www.ncb.org.uk/sites/default/files/uploads/files/communicating_with_children_during_assessment.pdf)

[RiP CDC Briefing on communicating with children with additional needs](https://www.researchinpractice.org.uk/media/2680/rip_communicating_with_cyp_with_speech_language_and_communication_needs_and_or_developmental_delay_july16.pdf)

[RiP Briefing on communicating with Under 5s](https://www.researchinpractice.org.uk/media/2913/communicating_effectively_with_children_under_5_frontline_briefing_2013.pdf)

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### Tips for using Motivational Interviewing in Module 4

It is less likely that we would be having a focused conversation about change with a child or young person, though this might happen where that child or young person expresses a desire to make a specific change which is within their control. In this instance, it would be possible to work through the four processes of Motivational Interviewing.

Motivational skills will help understand the child or young person’s perspective by using reflective listening and the OARS technique. We could also use the columbo technique where we sense a child or young person isn’t quite being honest, or their version of events isn’t matching others. Creative techniques such as use of metaphor or analogy to help illustrate something difficult or painful to describe.

### Ending Module 4

It is important to explain to a child in advance when the direct work session is likely to end. If it is clear that the child is uncomfortable, stressed, tired or bored, a direct work session might need to end earlier than planned. We can strengthen the relationship by acknowledging and appreciating the time spent with the child – praising them for helping us understand them and their family more, and affirming qualities that have been noticed, such as honesty, insight, courage. The child needs to be told what will happen next and if there will be further sessions like this.

### Outcomes sought from Module 4

* To learn directly from the child what life is like for them and what they want to happen
* Learn directly from the child their views about what life was like when they were at home and establish their views about returning home
* Children understand and contribute to their plan
* Child’s experiences feed into parent capacity to evidence strengths and areas of challenge
* Evaluate the impact any family changes have had upon the child. Are things better?
* The views of the child are clearly recorded
* Identify if a child requires further support from specialist services
* Identify key family/community resources that the child feels are positive and who they can confide in/seek support from

## **Module 5 Parent/Carer Capacity Part 1**

### Aims of Module 5

* Gain an understanding of parent/carers’ capacity to meet the child/ren’s holistic needs
* Provide support to assist parent/carer to strengthen their parenting and address areas causing impairment or harm to a child
* To understand the quality of the relationships between parent/carer and child

This module is focused on gaining an understanding of the parent/carer’s capacity to meet their child’s needs. It is helpful if you can explore this with them based on the past, present, and future. This is particularly important if the parent/carer’s goal is to make changes to improve things for their family. Parenting capacity is split into modules 5 and 6. Module 5 is slightly more focused on the more practical aspects of parenting; however, you should consider throughout how these aspects of their parenting impact on the parent/child relationship. For example, ensuring safety is not just about the physical safety of the child. Think about the quality of the parent/child relationship, and the parent/carer’s ability to respond to the changing needs of the children (e.g., at different ages and stages).

This module may highlight the need for some practical and focused help and support which could relate to, for example: budgeting; maintaining a home (remember as a parent themselves they may have not been taught or experienced this); cooking and nutrition; children’s needs at different stages etc. If help is required, consider how this could be offered and by who e.g., Health Visitor, Child & Family Practitioner, welfare advisory service, local Family Hub etc.

Under the provisions of the Children Act 1989, direct financial help can be offered to the family, and this could also include paying for services that would provide the help and support that families need e.g. a carer to help prepare the children for the school day; someone to help clean and maintain the family home; a nursery/day care place; a parenting mentor etc.

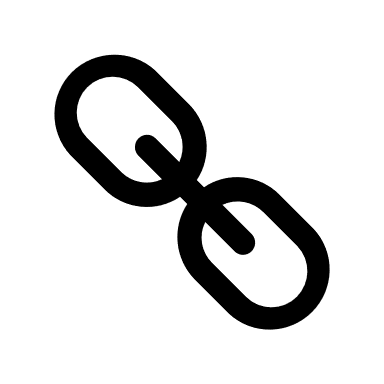
The most recent social work assessment, using the Assessment Framework, should have provided information about the child’s developmental needs, the parents capacity to meet them, and other family and environmental factors. The Family Programme is an opportunity to understand the parents’ needs in more depth, but critically to collaborate together on a plan to change those things that need to change.

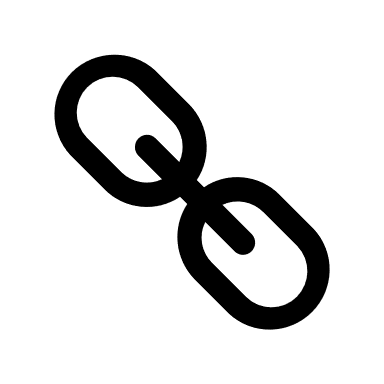
These are some of the questions that the practitioner will be aiming to answer through their direct work with the parent/carer, but these should not be asked as a questionnaire, rather they should be explored and woven into conversations with the parent, and adapted according to the parent’s circumstances, using tools where these are needed/helpful.

**Essential care**

* How does the parents meet the essential needs of the child?
* If the assessment has shown that the parent is struggling to meet the child’s essential needs, why is that?
* If the family are in financial hardship, what is impacting on that, and what is the impact on the child?
* What help or advice do they need? From whom (including their existing support network)?
* If they haven’t always struggled to meet the child’s basic needs, what or who has helped in the past?
* What do others say about the capacity to provide care? (e.g., school, HV*.*)
* If the child is in LA care, we could explore how the parents can meet the child’s essential care needs in family time/contact or if the child returns home.

Use of family time to enable parents to play a more active role in providing care, such as making dinner, could assist in understanding a parent’s capacity to meet this need.

 Link to local sources of money advice for families

 Link to any local neglect assessment tools

 [RiP Briefing on Neglect in context of poverty and austerity](https://www.researchinpractice.org.uk/children/publications/2019/may/neglect-in-the-context-of-poverty-and-austerity-frontline-briefing-2019/)

[Evaluation report on NSPCC GDP2](https://learning.nspcc.org.uk/media/2696/gcp2-case-study-evaluation.pdf)

**Ensuring safety**

* If an incident has occurred where their child was harmed or may have been, what has been done to prevent further harm?
* What are the protective factors in relation to potentially harmful parental behaviours?
* What strategies do they have for managing their own feelings of anger and frustration? What do they think the child observes and understands about this?
* Is the parent/carer able to make safe decisions for themselves and their child? What is impacting on this?
* How does the parent/carer deal with potential hazards for children, including relating to substances they may use? (Age related)
* Parental understanding of e-safety and strategies to promote protection against exploitation.
* Can they identify harmful adult behaviours around them and protect their child/themselves?

Ensuring Emotional Safety

**Health**

* How is the general health of the child? What is the impact of this on the child and the family?
* Is the child taken for health appointments? (Dental, eye care, immunisations, and any specialist health appointments.) What is the impact on the child of any appointments that were not kept?
* Are there any disability or illness issues?
* How is the child’s emotional wellbeing? Explore the parent’s views about the causes of any known emotional difficulties.
* Are there any dietary needs? (Obesity, eating disorders etc.) How is the parent responding to these needs? What help or advice do they need?
* What support would parent’s need to understand their child’s sexual health and sexuality?
* For children in care, how can parents be supported to play a more active role by attending health appointments with the child and carer?

[ICON advice for parents re infant crying](https://iconcope.org/parentsadvice/)

**Guidance and boundaries**

* How do they communicate with the child? What does the practitioner observe about this?
* What are the family routines, rules, and boundaries?
* How do they ensure the safety and supervision of the child?
* How do they offer praise/reprimand/discipline the child? Are they consistent? What factors impact on this e.g., stressors
* Do they want any advice or guidance about this?

Guidance and Boundaries Direct Work with Parents

### Tips for using Motivational Interviewing in Module 5

The techniques outlined in the introduction and under Module 3 can be used here. For example, if we spot discrepancy there is the opportunity to explore this with the parent and see how they are feeling about making change.

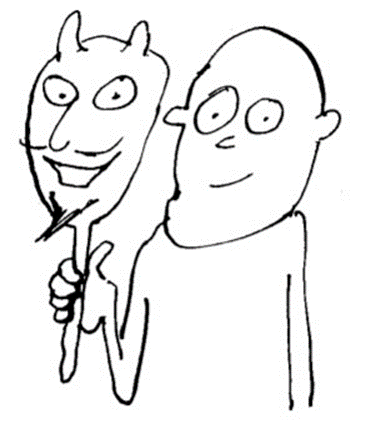
Example Scenario

A dad is using physical chastisement with his children and explains that his parents used it, and it made him the successful man he is today. There is no obvious discrepancy here, he is describing values and behaviour that seem to be in line with each other. In this instance, we might also use a closed question to challenge the self-limiting belief “Do you know of anyone who is successful who didn’t experience violence as a child?”. We could also ask open questions to encourage fresh thinking “What else did they do to help you become successful?” “What was it that **you** did that made the difference”. Using the OARS technique, we can reflect back what we hear, listening out for change talk that might help us find some discrepancy, such as “I hated my dad at the time” “You hated your dad. How would you like your kids to think of you?”

**Scaling on the need for change and confidence in making a change**

For change to happen we generally need to feel like it’s big enough to make it worth doing but not so big that it’s overwhelming and we need to feel we are capable of managing it. We can use scaling questions to engage with this. On a scale of 1 – 10 how much do you need to make this change? Why is it this number and not this lower number (e.g., an 8 not a 4). This will evoke change talk and build the motivation to change. We could also ask on a scale of 1 to 10 how confident are you that you will make this change? What could you do to increase this by two? (e.g., a 4 to 6)

**Devil’s advocate**

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If you have a strong relationship with the person you might want to use Devil’s Advocate to test resolve. By asking ‘are you sure you want to do that’ you give the person the opportunity to set themselves an easier, smaller goal that will be more likely to achieve.

See this video for a practical example of using Devil’s advocate to test resolve. <https://app.cambridgetraining.org/collection/7452>

### Ending Module 5

As with Module 2 this is a module that is likely to need careful ending due to the potential to generate strong feelings and emotions. The ending of any direct work, visit or meeting is important for the families that we work with due to the sensitive and often challenging subject matter that is discussed. What we need to remember is that how we leave the family member will influence their behaviours and how they feel. This could have an impact upon their responses to others and care of children and we need to manage this for everyone. Practitioners need to be particularly attentive and responsive to negative feelings expressed by the parent/carers towards the child, or in relation to them, and ensure that this is discussed with the team manager and wider team in supervision.

Leaving on a positive note and making sure the parent isn’t left feeling demoralised and disabled, gives them hope and empowers them to want to make changes and feel confident to do so. In Motivational skills, any progress that the parent has made in the cycle of change is positively acknowledged, and the qualities of the parent affirmed. This helps the parent take ownership of the plan as well as giving encouragement.

### Outcomes sought from Module 5

* Improved quality of care that the child/ren are receiving/or will receive if they returned home from care
* Identification of any ongoing neglect and the impact on the child/ren
* Identify a plan for further support to sustain change
* Identify protective factors and how they can work to support the family
* Improve safety, health and wellbeing of child/ren

## **Module 6 Parent/Carer Capacity Part 2**

### Aims of Module 6

* Provide a balanced view on the capacity to meet the child’s holistic needs
* Gain an understanding of the quality of the relationships between carer/parents and the child and their ability to adapt and meet to the changing needs of the child
* Support parents/carers to prepare for meeting the changing needs of the child/ren.

This module aims to explore in more depth the quality of relationship between the parent/carer and child and their capacity to meet the emotional and educational needs of their child.

The most recent assessment should have explored these issues with the parent, but this is an opportunity to understand the needs identified in the assessment and what should be in the plan to address them.

These are some of the questions that the practitioner will be aiming to answer through their direct work with the parent/carer, but these should not be asked as a questionnaire, rather they should be explored and woven into conversations with the parent, and adapted according to the parent’s circumstances, using tools where these are needed/helpful.

For the child who is looked after by the Local Authority, observation, and support for the parents during family time could assist in improving the parent’s understanding of their child’s needs and family time can be an opportunity for the parent to start building on their ability to meet this need.

**Emotional warmth**

* What does the child represent for the parent/carers? (Including their identity)
* How/when do they put the child’s needs above their own?
* What do they see as positive and negative values to have in life, and how are these passed on to the child?
* What is the individual parent/carer and sibling relationships like, including direct observations?
* What are the current adult relationships in the family like, and how do these impact on family functioning?
* If there is abuse in the parental relationship, what do parents and professionals think is the impact of this on child?
* How do parent/carers respond to the emotional needs of the child?
* How do they show love and affection for the child?
* What do they like about them and how do they praise the child?
* Are they consistent in how they express their feelings towards the child?
* What impacts on this?

Emotional Warmth

Values Cards

For stepparents:

* How do they feel about caring for someone else’s child, and what impact does this have on their adult relationship?
* How has their relationship with the child changed over time?
* What are the challenges of being a stepparent to this child and do they want any help with this?
* What is the relationship like with stepchildren compared to their own children if there are any?

**Stability**

* Is there positive contact between the child and other important family members and significant others?
* Are there any current or impending factors that could influence the children’s stability? (e.g., new partners, moving accommodation, absence of primary carer, impact of substance use etc)
* How does adult mental health impact on the children?
* Are things different for the children when adults are drinking alcohol or using drugs? How?
* Is there a family/connected person network of support?
* Would the family benefit from a Family Group Conference or Lifelong Links to explore this further?
* How will you identify and agree family needs and jointly develop a support plan to assist the parent in providing stability for their children? (Incorporate the views and wishes of the young person here)

**Stimulation and education**

* Is the parent/carer promoting educational needs via school attendance/pre-school activities?
* Are the children supported with homework?
* Does the child access additional activities such as sports/clubs? Are there any barriers to this?
* Does the child need or access additional support? E.g., tuition/counselling services?
* What was the parent/carer’s own experience of education? What did they like about school/what did they struggle with?
* Does the child have friends and how are their friendships supported/maintained?
* Does the parent/carer initiate play and interact with the child at the child’s level?
* What is the parent/carer’s engagement, understanding/approach/role in the child’s education? (attendance, communication, parent’s evening, social events etc.)
* Is the child achieving expected academic progress?
* What is the school’s view?
* Does the parent/carer supervise social media access? How do they feel about managing online safety and social media? What support would they need?
* Are there any issues of bullying/discrimination issues impacting upon the child and what support do the parent’s need?

Stimulation and Education

### Tips for using Motivational Interviewing in Module 6

The tips under Module 5 are relevant here. This might be a more challenging module for the parent/carer as the issues are emotive rather than practical. It helps if we ensure that the engagement is in place before moving onto a focused conversation to help with planning.

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### Wrench with solid fillWhat Kids Need Cards

### Ending Module 6

See Module 5

### Outcomes sought from Module 6

* Evidence based understanding of parental capacity to provide care, identifying strengths and areas of challenge and change
* Clarity on attachment/quality of relationship between parent/carer and the child
* Parent/carer achieves desired changes, positive educational outcomes and provides a stable home environment
* Increased understanding of how best to meet the child’s needs
* Parent/carer has empathy for their child’s needs and feelings
* Building healthier relationships

## **Module 7 Analysis and Recommendations**

### Aims of Module 7

* Critical and analytical overview of all the work undertaken with the family and information gathered
* Evaluation of whether the changes have been made that family, and professionals, wanted
* Review of the child’s plan
* Proposal of what should happen next

An objective of Family Safeguarding is to shift practice from gathering information with a focus on issues of concern and descriptive recording, towards analytical assessment and accurate, balanced identification of child protection and family support needs. The assessment and direct work with the child and family should enable the Family Safeguarding team to answer the question, “So what does this tell me about the family, their strengths, and any significant impairment or harm that the child is experiencing or likely to experience?” Only by shifting practice away from describing and towards analysis, can we protect children from significant harm and provide the help that families need.

In Module 7 we bring together the analysis and reflect on change (or lack of it); identify strengths to build on; and determine if the significant impairment or harm to the child has reduced and how this can be supported. This leads on to deciding, with the family, what should happen next including what further support would be helpful, and by who, or if additional action is needed to protect the child/ren. This module includes a summary of how the family have engaged with the programme and what the impact of it has been from the multi-disciplinary team’s perspective.

Link to [Working Together guidance on analysis](http://www.workingtogetheronline.co.uk/chapters/chapter_one.html#devloping)

Reflective questions to consider in your analysis

* How have the parent/carers worked with professionals?
* Have the parent/carers understood what the concerns are, and any role their behaviours have on this?
* Have they understood the impact on the child of any harm they have suffered?
* Do they have the resources/support to sustain the changes needed?
* What were the strengths and what were challenges within their capacity to provide care?
* What has been the lived experience of the child?
* What is the child telling us either verbally or through observation?
* From your direct work and assessment what conclusions have you reached regarding the outcomes for the future and the sustainability of any changes the family have made? (You must consider the long term as well as the short term.)
* What support has been put in place and how effective was this?
* Are there any areas that the parent/carer need further support or advice with?
* Is the child’s plan making a positive difference?
* If the child is in Local Authority care, is it likely that the care plan for the child could change?

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### Key questions to answer:

### Is the child still experiencing significant harm attributable to abuse or neglect by their parents/carers? Or is this likely based on this assessment? (Children Act 1989 Sec 47). Describe your reasons for reaching this conclusion and the plan needed to address this.

* Is this child experiencing significant impairment to their health and wellbeing, or are they likely to, and therefore need help and support? (Children Act 1989 Sec17) Describe your reasons for reaching this conclusion and the plan needed to address this.

For children in care, if the child is **not** likely to experience significant harm or impairment attributed to the care provided by their parents, then when can they be safely returned home? Describe your reasons for reaching this conclusion and the plan needed for the child to return home. This needs to include transitions, return home and an after care support plan.

### Tips for using Motivational Interviewing in Module 7

There is an opportunity here for reflection on the Motivational Skills approach that has been taken with the parent/carer. Questions to help reflection could include ‘how would the family feel if they read this analysis?’ Have their strengths, their desires and hopes been captured? Is difficult information presented in a clear and straightforward way?”

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### Ending Module 7

As Module 7 is the sum of the assessment and work with the family - bringing together a critical and analytic overview of the information gathered, it is important that it is holistic and that it is balanced. Professional views and concerns should not be dominant, and the recommendations should aim to be ones that the family would support and have contributed to. Recommendations should be SMART:

* Specific – what exactly needs to happen?
* Measurable – will you be able to demonstrate the difference?
* Achievable – is it realistically achievable?
* Relevant – is it relevant to the needs that concern people?
* Time-bound – by when will this need to happen?

If the work with the family has not achieved the aim of reducing the likelihood of harm to the children and supporting the family to stay together, the family should be very clear about why that is, and what they can still do to influence future plans for the children.

### Outcomes sought from Module 7

* We have a fuller understanding of the capacity of each adult within the family and the impact upon the child.
* There is a professional opinion (multi agency & evidenced based) on whether the child is safe to remain living at home or return home (if the child has been in care)
* The parent/carers have been provided with services to meet their needs and to support the changes needed.
* Understanding of whether the needs of the child are met/not met.
* Is change sustainable and what support is needed to support this to happen?
* The child’s and family’s views are clearly recorded.
* Recommendations for future support and by who - what is in child’s immediate and long- term best interest?
* If care proceedings are being considered, how will care meet the children’s long-term needs? Is there any compensatory care that can be put in place to maintain child in family?
* If the child has been in care, how will the child’s needs be met by returning home if that is in the child’s best interest?

## **Module 8 Parents & Children’s Comments and Views**

### Aims of Module 8

* An opportunity to gain views from adults and children on what they think has changed, why, and what they need to sustain this
* To have feedback about their experience of the support provided
* Where appropriate, to formulate a family exit plan, building in strategies for support when needed in the future

Throughout the use of the Family Programme, the family should have had a wealth of opportunities to talk about themselves and their family, and what they want. In this module parents and child/ren have an opportunity to have their views highlighted and can reflect on their own experience, achievements, or barriers to change that have come out through the programme. Importantly, it is an opportunity for them to comment on how helpful the work has been with the team.

* What are the carers and child’s view on the work that has been undertaken with them?
* What is their view of the progress that has been made?
* Are things better for them now, worse, or the same?
* What went well, what could have been better?
* Did the team understand the family and their needs, and provide help that was useful?
* Who in the team was most helpful/least helpful and why?
* What do parent/carers want for their and their child’s future?

For those children, for whom it is no longer safe to reside with the family and alternate care arrangements have been made, it is important to ensure that parents understand why, have an opportunity to ask questions, seek clarity, understand their rights, and know the role that they can play in their child’s life whilst their child is in care. Parents are to be encouraged to access help and support when they feel ready for this by sign posting this support when they are ready to access this.

Have they been given all the information they need in terms of next steps regarding children’s services policies and procedures?

It is also important for children to understand how and why decisions have been made about their future, and to understand what is going to happen next. Consider how this could be explained to them in ways they would understand without judgmental language that blames their parents.

### Wrench with solid fillReflection on My Progress

[RiP Enabling and Embedding creative participation in C&F SW](https://www.researchinpractice.org.uk/media/6116/enabling_and_embedding_pt_web.pdf)

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### Tips for using Motivational Interviewing in Module 8

By using accurate **empathy** throughout, it is unlikely there will surprises here. If there are, this is a good opportunity for reflective practice. Is there anything that could have been done differently to have heard these thoughts earlier in the process?

Where a child is no longer residing with the family, we can offer unconditional positive regard, compassion and empathy to support the birth family. There is still the opportunity for change and continuing to use the OARS technique could help the family feel heard and think about what their next steps might be.

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### Ending Module 8

Working through the Family Programme should have elicited the views of parents and children throughout the process, but this module is an opportunity for the family to say whether the work done with them was helpful, and what could have been done differently.

It is really important for practitioners to acknowledge the effort it has taken for the family to be involved in this work and to appreciate the time they have given to it.

### Outcomes sought from Module 8

* The parent/carers and child/ren have an opportunity to say whether the programme has met their needs, or not
* The family have contributed their own experience of undertaking the programme and views on the quality of help offered to them
* Parent/carer’s child/ren’s views on their future needs and support have been recorded

1. [The Stages of Change (Prochaska & DiClemente) – Social Work Tech](http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/) [↑](#footnote-ref-1)
2. [Myth of Invisible Men full report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017944/The_myth_of_invisible_men_safeguarding_children_under_1_from_non-accidental_injury_caused_by_male_carers.pdf) [↑](#footnote-ref-2)
3. <http://www.workingtogetheronline.co.uk/> [↑](#footnote-ref-3)
4. D.Forrester, D Wilkins, C Whittaker. (2021) *Motivational Interviewing for Working with Children and Families*. Jessica Kingsley [↑](#footnote-ref-4)
5. [Link to Working Together 2018](https://www.workingtogetheronline.co.uk/chapters/chapter_one.html#accessing) [↑](#footnote-ref-5)
6. Broadhurst et al. (2010) *Ten pitfalls and how to avoid them*. NSPCC [link](https://childhub.org/sites/default/files/library/attachments/1183_tenpitfalls_wdf48122_original.pdf) [↑](#footnote-ref-6)
7. Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, *51*(3), 390-395. <http://dx.doi.org/10.1037/0022-006X.51.3.390> [↑](#footnote-ref-7)