C-Change

Capacity to Change

Assessment Manual

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University of BRISTOL
School for Policy Studies

In partnership with
Bath & North-East Somerset Council,
North Somerset Council,
Somerset County Council

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ECONOMIC & SOCIAL RESEARCH COUNCIL

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Assessment Manual

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Chapter One
Introduction and How to Use This Manual

The **C-Change** assessment process was developed for use primarily by social workers, as part of the work of a Knowledge Exchange Opportunities Scheme project funded by the Economic and Social Research Council in England. The principles behind the assessment are suitable for use in other professional areas, and multi-disciplinary approaches to the assessment are to be welcomed.

A pilot version of the assessment was developed and evaluated during 2014 – 15, in a partnership between the University of Bristol, and three local authorities' Children's Services departments: Bath and North-East Somerset Council, North Somerset Council, and Somerset County Council. The evaluation of the approach yielded positive results, which gave us confidence in continuing with its use and development. A summary of the evaluation is presented in Chapter 8.

C-Change is designed as a complementary assessment process, to be used alongside standard methods of assessing children and their families, such as the *Framework for the Assessment of Children in Need* [2]. It is an assessment that focuses specifically on parental capacity to change, with the aim of better informing future planning and decision-making. Materials to support the assessment are freely available via our **C-Change** website, www.capacitytochange.org.uk, as well as within this manual. All items in the manual can be printed without permissions or charges, subject to the terms of the copyright statement on page 3. However, since all the materials are free, we may ask you, in return, to give us some limited information about how you are using them. This feedback is important to us, because the funders of the project that developed the approach require us to show how the **C-Change** assessment may be making an impact on practice.

> *"C-Change is designed as a complementary assessment process, to be used alongside standard methods of assessing children and their families."*

Using this Manual

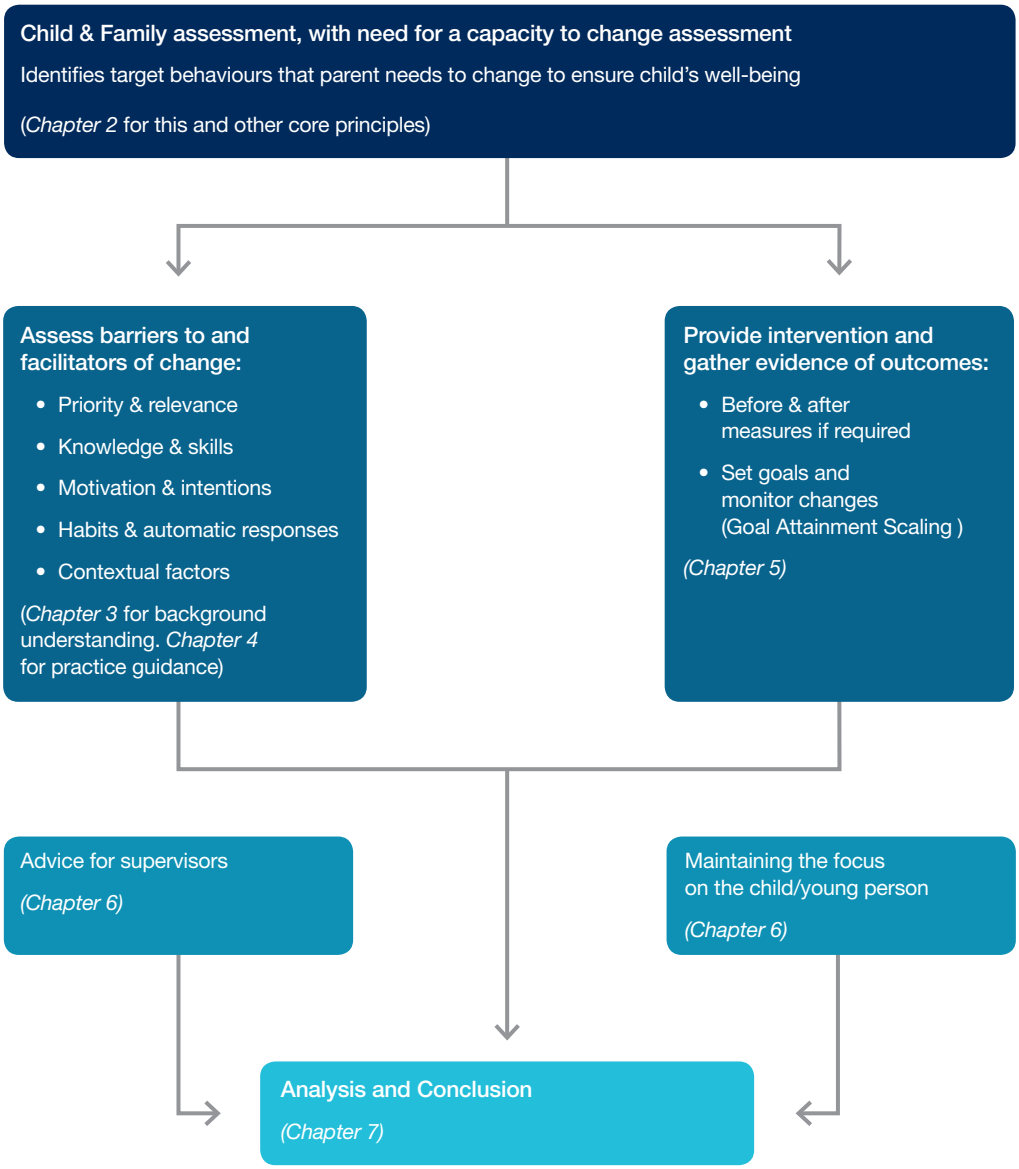
The next six chapters set out ways of undertaking the assessment of capacity to change. Chapter 2 gives an overall outline of the **C-Change** approach. Chapter 3 focuses on barriers to and facilitators of change, and Chapter 4 on ways of gathering information about these factors. Chapter 5 explores goal-setting and other methods of gathering evidence of actual change. Chapter 6 deals with specific questions of maintaining the focus on the child where the **C-Change** assessment necessarily draws the social worker into the parents' functioning. Chapter 7 offers ways of drawing conclusions from the material collected, and Chapter 8 sets out the background academic work that lies behind the methods put forward.

The **C-Change** approach offers an overall framework (see Chapter 2). Within that there is a selection of materials to suit the needs of the child and family, and the style of the worker. Practitioners would be expected to use the overall framework as a basis for practice, and to select practice materials relevant to their particular context. This manual is not, therefore, intended to be read at a single sitting, but to be used as a sourcebook, and as a back-up to practice. Chapter 8 may be of less interest to some practitioners, but gives an account of the context behind the framework, and the practice methods selected.

"The evaluation of the approach yielded positive results, which gave us confidence in continuing with its use and development."

Navigating the C-Change Assessment Process – diagrammatic overview

This chart aims to help readers navigate this manual. Each box represents a core part of the assessment, and indicates where the relevant information can be found.



Chapter Two
Outline of the C-Change Assessment

The approach proposed in this manual is a method of assessing parents' capacities to change their behaviour, in a context where maltreatment is likely, or there are other welfare challenges affecting the children. The key to decisions about a child's future often involves considering whether parents can make the necessary changes to promote the child's well-being within a time-frame that meets the child's needs.

The approach has been designed to support local authority social work practice in England. It builds on existing processes including child and family assessments, parenting assessments, and routine practices of giving parents the opportunity to resolve their difficulties before considering more significant actions such as applications to the family court.

It is acknowledged that processes vary between local authorities, and that a list of this kind may not describe precise aspects of standard practice in all authorities.

It will be of particular interest in the following circumstances:

- Assessment of a child and family following a child protection conference.
- Using capacity to change information to inform a choice of therapeutic or other interventions for a family.
- Assessment of a child and family following the issuing of a letter before proceedings under the Public Law Outline[3 4].
- Identifying the detailed focus of therapeutic interventions.
- Preparation of a parenting assessment for the Family Court prior to or during Care Proceedings.
- Assessment and planning for the potential return of a child from the care system to its birth family or equivalent carers (reunification).
- Planning contact arrangements.
- Working with so-called 'stuck' cases, where, typically, little progress is being made, professionals encounter hostile or un-cooperative behaviour from parents, and there is a need to make decisions to secure the children's futures.

Good assessment of parental capacity to change adds an additional dimension to a standard assessment, such as one based on the *Framework for the Assessment of Children in Need, Signs of Safety*[2], or other similar models. Where these assessments lead to an analysis of a child's needs in a

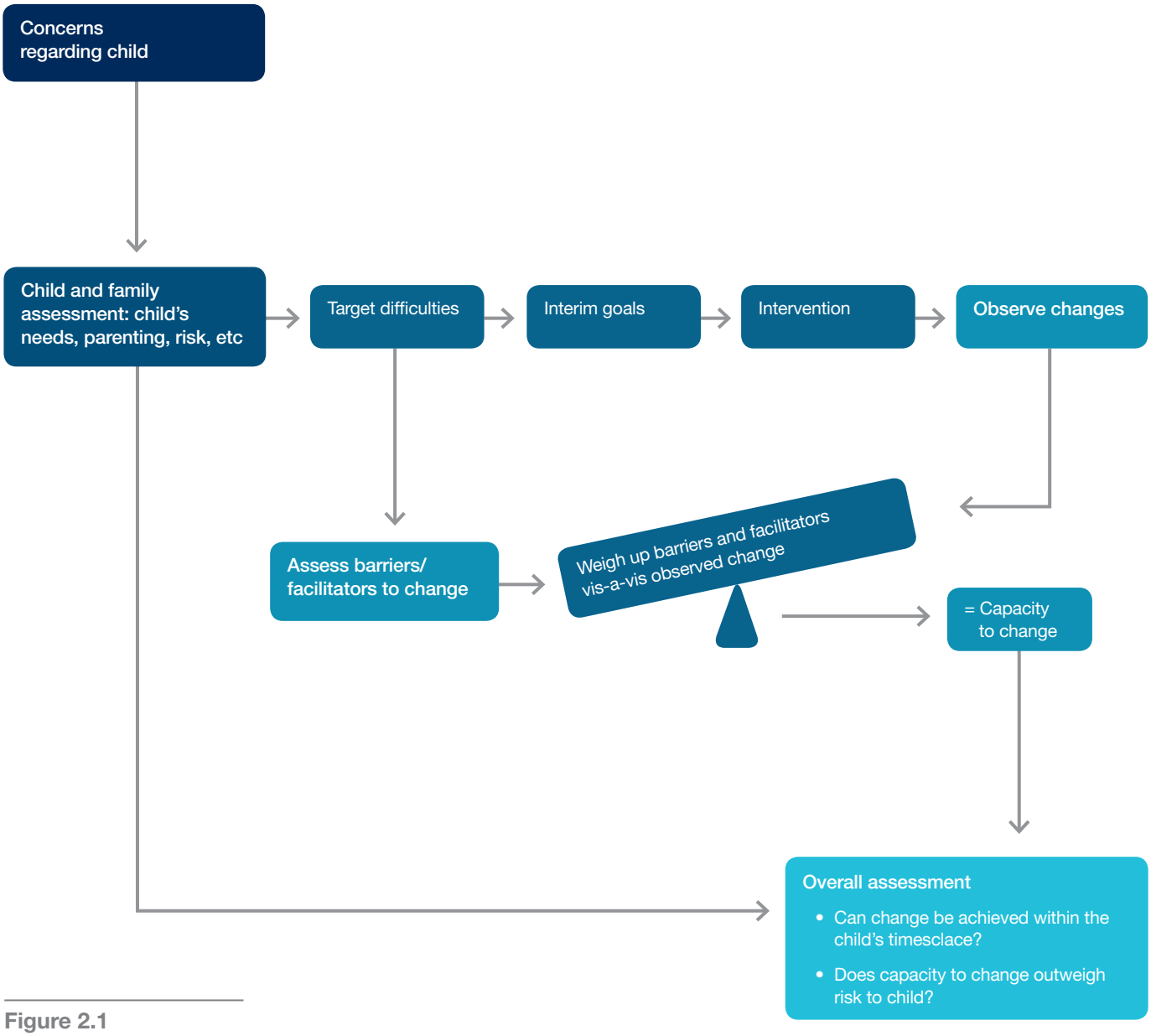


Figure 2.1
Diagrammatic summary of the approach

> *"The approach is comprised of two essential practice components."*

static sense, at a single point in time, the **C-Change** assessment introduces a dynamic element, enabling the assessor to consider whether parents can change their situation to meet the child's needs sufficiently into the future. This type of assessment can potentially lead to improved court reports, better decision-making, and reduced delays in securing children's futures.

In this chapter, we set out key inter-related aspects of the assessment, and conclude by summarising fundamental principles.

Process

The **C-Change** assessment is not a free standing process. It is designed to be integrated within an existing assessment, such as a child and family assessment, based, for example, on the Framework for the *Assessment of Children in Need*[2] or similar approaches. The **C-Change** assessment, thus, requires the following to be in place or planned:

- Assessment of family and environmental factors.
- Assessment of the child's needs.
- Assessment of parenting capacity.
- Identification of key difficulties that the family should address to ensure the safety / well-being of the child.
- Assessment of family and environmental factors.
- An evolving analysis that will draw together the findings from all aspects of the assessment.

The approach is comprised of two essential practice components (see figure 2.1). They are:

1. **Barriers and facilitators of change**. Assessment of what helps and hinders the parents to change their behaviour,
2. **Actual changes**. Offer parents an opportunity to resolve key difficulties, via provision of interventions to facilitate the process of change, alongside assessment of the extent of which change has been achieved within an agreed timescale.

Definitions of key terms

It is important to recognise that parental capacity to change is different from parenting capacity. Parenting capacity refers to *a parent's overall ability to parent a child, across the range of needs the child may present (i.e. basic care, safety, emotional warmth, stimulation, guidance / boundaries, stability, etc.)*[2].
On the other hand, we define parental capacity to change, as t*he range of attributes, capabilities, motivations, contextual factors etc. that may enable a parent to make changes for the benefit of the children, and to demonstrate that they can address critical difficulties that would otherwise have a severe impact on the child's welfare.*

There is potential for confusion between parental capacity to change and parental engagement or co-operation. Parental engagement is often a pre-requisite of change, and we define it as:

"The mutual, purposeful, behavioural and interactional participation of parent(s) and/or carers in services and interventions provided by social work and other relevant agencies with the aim of achieving positive outcomes"[5] (p.142).

In the practice context, engagement, typically, is experienced in two ways. First are the observable, behavioural components of engagement, such as keeping appointments, allowing home visits, making sacrifices (e.g. of time, emotional commitment, money), and completing agreed tasks. Second is the working alliance between the parent and practitioner. The working alliance has been described[6] as involving the sense of a working bond between practitioner and parent (trust, respect, etc.), together with a commitment to working together to develop goals, and achieve agreement on and carrying out tasks.

Clearly, the ways in which different parents engage with services, or change their behaviour vary from person to person. And, as always with assessments that have the child's welfare as paramount, the ability of the parent to make changes must be considered with regard to the child's timescale. It is important to understand that mere engagement with services by a parent should not be mistaken for actual change. Engagement itself can be misunderstood by focusing merely on behavioural indicators, without considering the working alliance, or vice-versa. Similarly, behaviour change is often hard to sustain, and is subject to multiple influences, which may lead to failure to engage with the change process, or to relapses in commitment and failures to achieve the goals of change. Both aspects, barriers and facilitators to change, and the behavioural observation of change, are necessary for the most balanced assessment.

Fundamental principles of the C-Change assessment

The basic points raised in this chapter can be crystallised into a set of principles that are **fundamental** to our approach:

1. **Capacity to change should be assessed in relation to particular defined behaviours.** The reason for this is that an individual's capacities to change vary between different behaviours. To illustrate this point with a simple example, curbing a tendency of someone to shout at their children may well be more challenging than switching to a cheaper brand of washing powder. Thus, capacity to change the tendency to shout would be considered weaker than capacity to change the choice of washing powder.

2. **A capacity to change assessment should be integrated within existing processes of assessment and analysis**. To be able to assess capacity to change, it is necessary to have completed a holistic assessment of the child, parents and environmental factors, so that the most significant needs are identified, alongside the parental behaviours that must change to ensure those needs are addressed. The risks to the child must be clear, in order to assess whether the changes will be sufficient to mitigate those risks into the future.

> *"Mere engagement with services by a parent should not be mistaken for actual change."*

3. **All relevant parents or carers should be assessed separately, but with attention to the dynamics between joint carers**. The reasons for this are that each parent or carer contributes differently to the parenting, and the changes they may have to make are often different.

4. **A capacity to change assessment should incorporate two essential sources of information, namely observable behaviour, and the barriers and facilitators affecting capacity to change.** Observing actual change gives the parent a fair, real-time opportunity to demonstrate their capabilities. Assessing barriers and facilitators provides an important layer of understanding of how the parents are approaching the goals they need to address. Taking one or other of these aspects separately leaves the capacity to change assessment incomplete. The use of both together strengthens the information available to the decision making process. This fits with a well accepted principle of parenting assessment – that more than one method of collecting information should be used.

5. For the needs of the child to remain central to the assessment, the key consideration is the **parents' capacities to achieve change within the child's timescales.** Clearly, it would be damaging to a child if change were only achievable over such a long period that the child's needs were significantly unmet whilst that change was taking place.

Chapter Three
Barriers to and Facilitators of Behavioural Change

This chapter presents the **C-Change** approach to assessing barriers to and facilitators of behavioural change. It is based on a framework of factors that are known to affect behaviour change, and it is this framework that social workers are encouraged to use to help identify barriers and facilitators in relation to individual parents.

The approach draws on two particular academic developments in relation to theories of behaviour change. The first comes from the United States where a group of influential theorists were brought together to develop a common framework for understanding behaviour change, the Unified Theory of Behaviour[7]. The second is from an international collaboration that identified a Theoretical Domains Framework for use in behaviour change and associated research[8, 9]. Both approaches have their roots in a significant history of research and theoretical development. Please see Chapter 8 for a fuller discussion.

Our framework comes primarily from the Unified Theory of Behaviour, since it has already been applied in the context of family based services[10]. However, it was adapted to ensure consistency with the Theoretical Domains Framework[8], and in the light of other relevant work . The terminology was also adjusted slightly to suit a UK audience. The result is an integrated categorisation of factors affecting behaviour change. In this chapter we present the five categories of factors that are considered to determine human behaviour change. We then explore each of these categories in depth, in terms of their meaning and relevance to capacity to change assessments. In Chapter 4 we present ways in which each factor may be assessed in the practice context. Research suggests that the precise barriers to and facilitators of change may be different in relation to different potential changes[9], and therefore factors affecting each intended change should be analysed separately.

> *“An integrated categorisation of factors affecting behaviour change.”*

Framework of factors affecting behaviour change

The categories we identified involve a combination of factors that affect whether a particular behaviour or behaviour change will take place. Considered together, they show how different individual and contextual circumstances affect behaviour in different ways, and how one factor might help a person change their behaviour, but another factor may represent a barrier to change. It is important to recognise that different factors can operate in opposing directions. Thus, for example, someone may have great intentions to curb a tendency to anger, but, faced with certain triggers, an automatic reaction may take over, and override those good intentions. The framework of factors is set out in Figure 3.1 below, together with brief explanations of each item in Table 3.1:

“One factor might help a person change their behaviour, but another factor may represent a barrier to change.”

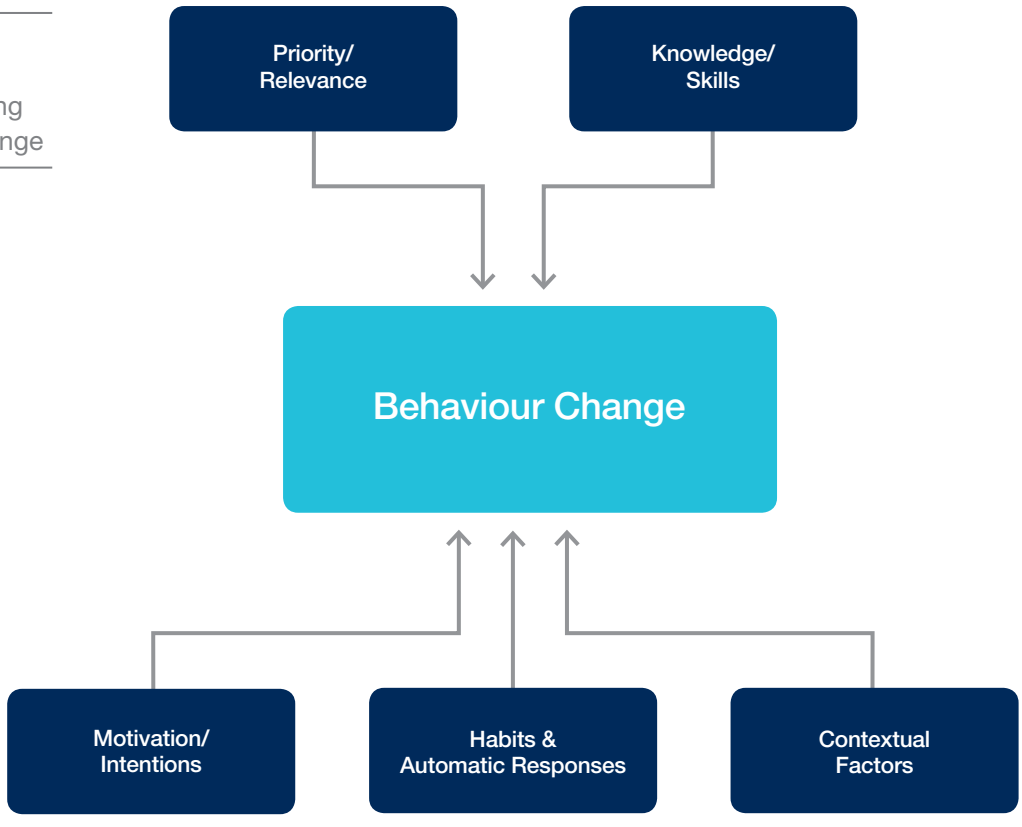


Figure 3.1 Framework of Factors affecting Behaviour Change

Developed from Olin et al (2012) [10]

Table 3.1
Framework of Factors that affect Behaviour Change

Factors affecting behaviour	Explanation
Priority and relevance	How much of a priority is it to change this behaviour or let go of previous behaviours and how relevant is it in the context of the person's life as a whole?
Knowledge and skills	Does the individual have the knowledge and skills needed to change their behaviour in the ways identified?
Motivations and intentions	What are the person's intentions and how motivated are they to commit to the necessary changes?
Habits and automatic responses	How and when does the person respond to routine situations with an automatic or habitual behavioural response?
Contextual factors	What is happening outside the parent-child relationship that may support change (or otherwise)? Perhaps there are environmental and social influences that affect the parent's behaviour, current or historical.

In the following pages, we present an outline of each of these categories, and then we examine ways in which they may be incorporated into a social work assessment.

Priority and relevance

Assessing this factor involves examining key behavioural changes, and considering how those changes may fit within the lives of the people involved. Is it a priority for a particular parent to make specific changes in their behaviour, rather than to do other things that may seem more important? How relevant is the particular action in comparison to other pressures that the parent may face?

> *"Is it a priority for a particular parent to make specific changes in their behaviour?"*

For example, a parent who is asked to attend contact sessions with a child in foster care may have friendships that he/she wants to prioritise over seeing the child. Or similarly, where arrangements are being made for a parent to attend a support programme such as a parenting course or treatment for addiction, that parent may need to put work commitments etc. ahead of attending the particular programme, if there were a timing clash. In relation to changing behaviours towards a child, if a parent is being supported to spend more time playing with the child, such changes may not carry through to everyday life because the parent may believe that other responsibilities, such as managing other children in the household, have higher priority.

Knowledge and Skills

A parent's knowledge and skills may affect the success of an intervention in a variety of easily misunderstood ways. At the level of engagement with the practitioner, there is heavy reliance on communication skills. Also of importance is the parent's capacity to make decisions (which may also be affected by the ability to remember and retain information, and the ability to focus attention on important issues). Similarly, a parent's abilities to regulate their own behaviour and emotions are important, as is their ability to draw on coping strategies to manage the stress of change[11].

Someone who is less articulate, with less well-developed oral communication skills, or whose behaviours are on the autistic spectrum, may experience difficulty from the start. Parents may also be hampered by lack of understanding of the child protection system, or lack of knowledge of child development. It is important that gaps in knowledge and skills are understood so that attempts can be made to address them as part of a package of intervention – or, if this is not possible, that there is a good assessment of why such gaps cannot be overcome. There is little point in engaging a parent with a group-based parenting programme, for example, if he/she does not have the necessary relationship skills to cope in a group setting. Or if a parent has trouble reading or writing, it would be unhelpful to give them educational materials in written form.

Research is increasingly highlighting the importance of mentalization and reflective function as a parenting skill[12]. Mentalization is defined as "the capacity to think about mental states in oneself and in others"1[3] (p.1129). A related concept is that of parental empathy[14].

Parents with poor mentalization are likely to struggle to understand that others have different thoughts and feelings to their own, and they will often fail to interpret these thoughts and feelings accurately. In the context of parent-child interactions, the difficulty may present itself as false beliefs

about the child's feelings, or the imposition of the parent's needs or feelings onto the child. An example might be a parent saying "she's not tired" when actually it is the parent who isn't tired. Identifying these skills or the lack of them is important, as there are links between low mentalization, the occurrence of inconsistency in relationships between parent and child, and the development of disorganised attachments. In the context of capacity to change, parents with mentalization problems are likely to find empathy very difficult and to struggle on several levels. They may have problems understanding why their child needs them to make changes. They may also struggle to listen and respond to the concerns of professionals, and an effective working relationship may consequently be difficult to establish[15].

"It is important that gaps in knowledge and skills are understood."

In examining changes necessary to safeguard a child, the assessment should consider what skills and knowledge are required to underpin those changes, and whether any gaps can be addressed within the child's timescale.

Motivation and Intentions

Motivation is a complex area with a variety of features. Here we have again used the Unified Theory of Behaviour [7, 10], adjusted for consistency with the Theoretical Domains Framework[8], as a basis for defining four aspects of motivation that an assessment should consider. They are as follows:

1. **Needs and expectations.**
   If a parent is considering certain behavioural changes, what are their goals, and what is the expected value to them of those changes? Is the change likely to have a positive impact overall? Do they consider the change worthwhile, and do they expect to be successful in achieving change? What do they fear losing by making a change? For example, there may be a hidden fear of coping with life without substances, as substances can cushion reality, and protect the individual from having to deal with past experiences. There is also the possibility of relinquishing ties with an important social or cultural group if significant behaviour change is made. It is worth exploring the stability of the person's needs and expectations, their fears, and the strength of their attachment to current behaviours. Do they remain consistent, or vary erratically from day to day?

   In the context of interventions, Self-Determination Theory[16] focuses on specific needs that should be satisfied for a change process to be successful. One of these is the need for a sense of autonomy or control over what is happening, a factor that is fundamental to professional engagement with parents. A social worker, thus, may need to work in such a way that the need for a sense of autonomy is fulfilled within the change process.

2. **Attitudes, beliefs and feelings.**
   Parents working with social work services will have a range of beliefs about key aspects of any work that is needed to safeguard a child. These may include attitudes and feelings about services, recognition or otherwise of problems, attitudes towards children and how they should be brought up, fear of what might happen, and so forth. They will also include beliefs about the consequences of their own behaviour. Rigid attitudes, self-satisfaction, and distance within personal relationships are unlikely to be conducive to change. It may not

be possible to work through all these difficulties, but attempts to do so will help show whether they can be overcome sufficiently to enable the child's needs to be met.

There is much discussion within social work practice regarding the importance of a parent having insight into the difficulties with their parenting, i.e. recognising that there is a problem. Received wisdom is that without such insight or recognition, change is unlikely. Research supports this position to a degree. For example, one of the factors common to parents who were able to change sufficiently to care for their children was insight into the part played by their own negative behaviours[17]. However, there are numerous influences on motivation and intention to change, of which insight or problem recognition is just one, and it is not necessarily straightforward. It is the role of the assessor to weigh up the different factors, in order to understand more fully the extent of motivation.

An apparent lack of insight, or resistance to accepting there is a problem, could be masking a number of other difficulties. These difficulties may include a parent's fear about their ability to change; resistance resulting from previous negative experiences; assumptions that social workers cannot be trusted; shame over their behaviour; a lack of understanding or knowledge about what children need, and so forth[18] [19]. In some situations, where parents seem to have good insight into both the difficulty and their responsibility for it, change may not occur because of the numerous barriers to change within other areas of their lives. Although a very important factor, insight or problem acceptance alone is not an adequate predictor of change.

3. **Identity and social role.**
   As with all the features of motivation, identity interacts with other factors. The obvious aspects of identity such as gender, race, disability, etc. lead us to emphasise the importance of assessing capacity to change for each individual parent rather than treating the parents or carers together as a single unit. Forms of identity exist within a social context, and may be supported and bolstered by the social norms of those in the parent's wider network. For example, in a situation involving domestic violence, the way a man treats his female partner may be bound up with his particular sense of identity as a man, and may be actively supported by the norms of other men around him. Similarly, attitudes to help-seeking may vary between different cultural groups. And the documented occurrence[17] of a 'wake-up call' for some parents (to address their difficulties) at the time of the arrival of a new baby is arguably linked, at least in part, to the change in identity when taking on the role of parent.

4. **Confidence and self-efficacy.**
   This heading is connected to the earlier factor of Knowledge and Skills as it highlights the parents' perceptions of their own competence in terms of achieving the necessary changes; and their sense of their own ability to achieve success in relation to the range of difficulties facing them. How self confident are they? Do they have confidence in their own knowledge and abilities in dealing with services and making the necessary progress? Do they believe themselves to have control over their own behaviour and life events, or do they see other people as controlling them? Self efficacy "is an individual's assessment of his or her confidence in their ability to execute specific skills in a particular set of circumstances and thereby achieve a

successful outcome"[20] (p.116). The concept comes from Bandura's (1997) Social Cognitive Theory. Self-efficacy is enhanced by successful achievement of successively complex tasks, but decreased by failure in this respect. Bandura argued that beliefs concerning self-efficacy would influence how much effort an individual would devote to a task, their resilience when faced with difficulties (and consequently how much stress they experience), as well as their level of accomplishment[21].

There is much discussion of the influence of coercion (see also contextual factors) in facilitating change, and whether motivation for change needs to be intrinsic if sustainable change is to occur[19]. The evidence available currently is inconclusive; the use of coercion alongside support within the Family Drug and Alcohol Court has produced encouraging results for facilitating change among substance misusing parents[22], and the formalisation of the pre-proceedings process has been effective in diverting cases from entering care-proceedings[19 23]. Other research suggests that many parents who have been successful in making changes have experienced an internal 'wake-up call' or revelatory moment which has been the precursor to change, although this does sometimes occur after increasing levels of intervention from services[24]. Behaviour change theories, and qualitative research into the effectiveness of services in facilitating change, suggest that for behaviour change to be successful, there is a need for the individual to retain a sense of autonomy over the decision to change as well as the process of change[16 25]. Therefore, if coercion removes that sense of autonomy, sustained change is unlikely. Similarly, it has been found that parents, who perceive social workers as using their power with parents rather than over them, are more likely to develop a collaborative relationship with workers and services, thus enhancing the prospects for change[26].

Habits and Automatic Responses

In this section we are concerned about automatic behaviours that are prompted by situational triggers. In other words, particular cues to behaviour occur in everyday life, and automatic responses may become deeply ingrained and habitual. Responses that occur as a result of trauma triggers, and link back to past traumatic experiences, may be unexpected and difficult to control. Clearly, responses of these kinds are of particular concern to social work services, if the response itself leads to some detrimental impact on a child. Strong habits may become so automatic that they override the best of intentions[27].It is important to assess the strength of an automatic response, perhaps by exploring situations when the habitual behaviour did not occur, or was weaker. In the context of an intervention, services may be able to find ways of replacing unhelpful habitual responses with more positive behaviours. Are there, for example, positive behaviours that can be reinforced through intervention, thus strengthening alternative, more beneficial responses?

> *"Particular cues to behaviour occur in everyday life, and automatic responses may follow."*

An important factor under this heading is that of emotional regulation. *"Emotion regulation has been defined as the set of automatic and controlled processes involved in the initiation, maintenance, and modification of*

the occurrence, intensity, and duration of feeling states"[28]. In the context of parenting, parents are regularly exposed to a variety of stimuli from both children and other events that lead to emotional responses. In rare cases, those responses may include extreme anger, destructive or violent behaviour, and highly inappropriate emotional reactions towards the children. The ability to regulate emotions is an important skill for any parent, and improvements in this regard will often be something that social workers would like to work towards. Certain types of responses, and particularly difficulties in expressing emotions appropriately, can often be traced back to early attachment experiences, where the parents were unsuccessful in supporting the child to understand and contain their emotions in the early years.

Assessment of emotional regulation is thus an important part of a standard assessment of parenting. At the same time, however, the automatic nature of emotional responses, and the habitual patterns of such responses are of concern in the capacity to change assessment. Key questions are to do with how fixed these responses may be, over what time period they have been occurring, what factors are present when they don't occur, and thus how malleable or open to change might they be. For current psychological studies on emotional regulation, the following website may be of interest:
http://www.erosresearch.org/index.php

Contextual Factors

It is acknowledged that there is a wide range of factors contextual to the family, that affect its functioning, and the ability of parents to make changes. They include income, class, education, culture and so forth, but the framework presented here aims to look at those factors that impinge most directly on parental capacity to change. To this end, those contextual factors that can have a more clearly identifiable effect on the situation are identified here.

Such factors include the circumstances surrounding the child's difficulties (e.g. whether a particular type of abusive behaviour is involved; whether coercive measures such as court action are being used or implied to manage the situation; whether difficulties such as ADHD may make the child more difficult to parent); what resources are available and what the barriers are to using them; whether there are any organisational problems such as the availability of staff time; what is the known effectiveness of a programme of intervention; and how are the practitioner's skills impacting on the situation? In relation to skills, it is well accepted, for example, that workers should be clear about their roles, work in a collaborative way to help solve problems, reinforce strengths, and challenge parents without creating confrontation[29 30]. If parents have an expectation of co-operative relationships, alongside a capacity for imagination and introspection, then they are in a good position to develop collaborative relationships with services[11]. There is one obvious difficulty in assessing the part played by contextual factors, that it partly involves organisations and individual practitioners in examining their own roles in facilitating (or otherwise) a change process. Our view is that openly addressing these factors is potentially positive and supportive in terms of working towards the best outcomes for the child. Our recommendation is that the best place for reflection on this aspect is in supervision, and that a safe supervision relationship is necessary for this discussion to be most productive (see also Chapter 6). Other contextual factors include the informal support that parents have from family or friends, support that may affect their beliefs and emotional responses to the situation. The social norms in the family

"It is well accepted, that workers should be clear about their roles, work in a collaborative way to help solve problems, reinforce strengths, and challenge parents without creating confrontation."

and friendship networks of parents may serve, for example, to bolster negative identity traits or roles played by the parent. Conversely they may provide a source of support in achieving change. Having a friend who can support, cajole, persuade and encourage a parent to work through the difficulties he or she is experiencing can be a highly significant element in achieving change.

Families where parents are experiencing additional difficulties

There is a range of additional difficulties that have an impact on capacity to change, and are part of the background circumstances of the parent(s) concerned. During a single assessment, or during an in-depth parenting assessment, the needs of the children and the parents will have been identified. Research has consistently shown that a number of parental characteristics or behaviours pose a significant risk to the ability of such parents to be able to meet the needs of their children consistently and to protect them from harm. These factors include

- Long-term alcohol and substance misuse,
- Domestic abuse,
- Mental illness,
- Borderline personality disorder,
- Unresolved childhood history of abuse or maltreatment,
- Learning disabilities,
- Physical health conditions.

The combination of some of these characteristics, particularly poor mental health, substance misuse and domestic violence, is considered especially harmful to children's welfare. It is important that they are examined by the social worker when completing a parenting assessment, with a view to considering how they impact upon the child, and to what extent they may be amenable to change.

For some families the changes will be relatively straightforward. For others, change will be required in a number of different, often inter-related areas and the process of change will be complicated by parental characteristics or behavioural issues. For example, parents affected by a combination of poor mental health, substance misuse or domestic violence are less likely to be able to sustain changes[19].

The question, for the capacity to change part of the parenting assessment, is what influence the parental characteristics or behaviours have on their capacity to make changes and thus to improve their ability to meet their children's needs? Whilst these background difficulties should be explored in their own right, their influence on the other factors affecting change should also be considered. For example, it is likely that a parental history of childhood abuse or maltreatment may result in habituated responses to children's behaviour or to stressful situations. A history of this kind may also affect parents' responses to the type of approach or support offered by workers[32]. If the maltreatment remains unresolved in the parent's mind then it can affect their knowledge and skills, both in terms of their approach to parenting, and also the likelihood that they will struggle to show empathy to

“What influence do the parental characteristics or behaviours have on their capacity to make changes?”

their children[15] (see also knowledge and skills section).

A level of learning disability, similarly, may have an impact on the knowledge and skills a parent can draw on to make changes, particularly with regard to the settings in which they will be able to learn new skills[19]. Their levels of motivation may be affected in that they may not have a clear understanding of the problem behaviour identified by social workers, or may not believe in their own ability to make changes.

Support arrangements may consequently take on an additional significance. Substance misuse is likely to exert a strong influence on identity and social norms, and has a wide range of effects on health and well-being, including effects on cognitive functioning[31]. A victim of domestic violence is likely to feel low levels of self-confidence or self-efficacy, and this may impact negatively on their motivation for positive change[19 31]. A parent experiencing a personality disorder may have automatic responses to attachment behaviours expressed by their child e.g. hostile, or cold and unresponsive[33], and due to their personality traits may struggle to engage constructively in group settings. These are only a few examples, but they illustrate the idea that the specific difficulties parents face will influence the factors affecting change and thus have an impact on their overall capacity to change.

Factors that suggest change is unlikely

Ward and colleagues’ review of literature suggested that clear-cut situations, where change is extremely unlikely, are very rare[19]. However, research has identified some particular parental problems, that are indicative of difficulties making changes within the child’s timeframe. In combination with serious child protection concerns and a parental failure to acknowledge the problem, these difficulties include extreme domestic violence with significant disregard for others; serious substance misuse together with domestic violence; serious failures to protect children from perpetrators of sexual abuse; and deliberate misuse that has been systematically covered up[19]. It is important to emphasise that these situations are rare, and no decisions should ever be made on the basis of the above characteristics alone. Clearly there will be rare circumstances, where the level of risk overall is so high that it would be too dangerous to place a child at home at all. However, the vast majority of cases are less obvious, and the assessment procedure proposed in this manual should be followed carefully, in order to examine the process of change and gather sufficient evidence for a decision.

“Clear-cut situations, where change is extremely unlikely, are very rare.”

Chapter Three
Key messages

The framework for assessing barriers to and facilitators of change consists of five key themes:

1. Priority / relevance of change
2. Knowledge and skills to effect change
3. Motivations and intentions to change
4. Habits and automatic responses
5. Contextual factors

These five factors have been developed from theories of behaviour change, paying particular attention to models developed from research into parents making changes for the benefit of their children.

For parents where a number of behavioural changes are required, each change should be considered individually in relation to the factors affecting that change.

In two-parent families, the factors affecting change need to be considered separately for each parent but with consideration of the dynamic between the couple and the influence of that dynamic on capacity for change.

Chapter Four
How to Assess Barriers to and Facilitators of Change

As discussed in Chapter 2, an assessment of the child's needs and parenting capacity is an essential pre-requisite to beginning a **C-Change** assessment. In the course of assessing needs and parenting capacity, it is likely that information will also be collected, which, when thought through, will be relevant to understanding the barriers and facilitators of change.

In the current chapter we first discuss general approaches or techniques which will assist with the gathering of information across all of the factors affecting change. We then consider each factor affecting change individually, covering questions and tools more specific to each area. The suggested practice methods, tools, measures, and questions are intended to support practice rather than direct it. Social work practitioners should select from the methods proposed in this chapter, with the aim of achieving a comprehensive assessment of factors affecting capacity to change. At the same time they should choose approaches that are relevant to their working style and to the needs of the children and families they are working with.

General Approaches

Social history

A necessary starting point is taking a social history or life narrative from a parent, covering their childhood experiences, schooling, jobs, relationships with partners, pregnancies, and their relationships with their children. These questions should be covered routinely in a parenting assessment. With regard to capacity to change, a parent's answers can provide information on the origins of habits, their perception of their identity, the views of their social network, the social norms of their community, their past experiences of services and so forth. The responses of a parent may also indicate their levels of self-efficacy and confidence, and the areas in which they would like to make changes.

Standard tools

Recent research literature suggests that using standard tools to inform professional judgment may be a more reliable method of assessing the risk within a family's situation than clinical judgement alone[34]. The review of the literature for this project did not identify any (formally) standardised tools for assessing a parent's capacity to change that cover all of the factors identified in this handbook.

However, a semi-structured interview approach (the PCI, see below) developed in the field of substance misuse and adapted for use with offenders could be used to help obtain information on several of the barriers to and facilitators of change.

The **Personal Concerns Inventory (PCI)** is based on the Motivational Structure Questionnaire which is a reliable and validated instrument developed by Klinger and Cox[35]. It makes the assumption that most human behaviour is goal-oriented and that there is a dynamic relationship between the problem behaviour and the emotional satisfaction gained or lost through this behaviour. The PCI asks respondents to identify any concerns they have over twelve life areas,

> *"There is a dynamic relationship between the problem behaviour and the emotional satisfaction."*

and then to formulate goals that correspond to each concern. The respondent is asked to rate their goal from 0 (not at all) to 10 (the most I can imagine) on the following criteria; importance, likelihood, control, what to do, happiness, unhappiness, commitment, when it will happen, and whether alcohol/drugs help or hinder. This process and the conversation held to support it should provide plenty of information that can be included in the assessment of the factors affecting change. A more detailed explanation of how to use the PCI can be found on the **C-Change** website. Standardised tools have been developed in areas other than child welfare, to assess different aspects of the level of motivation of a person to change a particular behaviour. In general, these are behaviours that relate to the self, e.g. smoking, drug use or offending. One example of these tools, which seems to capture information relevant to the factors affecting change, is the **URICA**.

The **URICA (University of Rhode Island Change Assessment)**[36] is a 32 item self-completion questionnaire which was developed as part of research linked to the Transtheoretical, or Stages of Change, Model[37]. Research data suggests that the predictive capabilities of the URICA may be rather variable, so we recommend that it is only used informally (i.e. to generate discussion with a service user) not to derive a formal score. A link to the URICA can be found on the **C-Change** website.

The **Treatment Motivation Questionnaire**[38] aims to assess readiness for change through a 26 item self-completion questionnaire. The scores can be broken down into subscales which assess external reasons, internal reasons, help-seeking and confidence. The "confidence in treatment" subscale has been shown to be associated with engagement and treatment outcomes [39]. It does refer to attending 'treatment' which is not commonly used language within UK child welfare services and it was specifically designed for use in alcohol treatment settings. The questions could provide some useful information on the parent's motivation to engage as a means of achieving behavioural change, but it is somewhat limited as a predictive tool. Consequently we recommend it is used informally rather than to derive a formal score. The Treatment Motivation Questionnaire can be accessed via the **C-Change** website.

When using tools or measures, thought should be given to selecting the most appropriate tool for the purpose. To be confident that the tools will provide helpful insights, information should be sought on their validity (do they measure what they claim to measure?), reliability (do they measure consistently what they are meant to measure?) and utility (what is the practical advantage of using it?). All the tools referred to in this manual have been tested for

reliability and validity; the important question to ask as practitioners considering the use of any of these tools is, therefore, how useful it will be. To answer this question you might think about the following:

- Does the purpose of using the tool match the purpose for which it was developed?

- How direct is the measure? Direct approaches measure feelings, behaviours or thoughts in a simplified, straightforward way. Indirect measures consider underlying dispositions that require interpretation.

- How easy is the tool to use? E.g. length of time taken to complete, score and interpret; and how complicated / simple are the questions?

- How suitable is the tool? E.g. for the person's cognitive ability and emotional state, does the respondent see the tool as appropriate and acceptable? How would you deal with any literacy problems if the parent needs to read the questions?[40]

The tools suggested and included in this manual are freely available for use and do not require specialist training. They may be used in one of two ways:

1. **Formal use:**
   To obtain a reliable score from using the tool, questions should be asked in the same order and exactly as detailed. Particular care needs to be taken over scoring (for example, sometimes questions are reverse coded, so that a Yes response in one question may score 2 points, and in another question 0 points). Parents sometimes seem to appreciate the formal approach, as it shows that the practitioner may be committed to getting a valid and reliable result.

2. **Informal use:**
   The questionnaires or tools may be used as a prompt to generate discussion and exploration of the issues identified by the questions. Used in this way, the approach can be very useful in creating opportunities for issues to be discussed in greater detail. However, you will not be able to generate a reliable score.

It is worth repeating that the use of tools or measures is intended to contribute information to an assessment. The information gained from them should be discussed with parents and compared to information received from other sources Most measures rely on parental self-reporting, and it is accepted that one person's view of their ability to respond to their children, make changes, control their emotions etc. may not be the same as another person. Tools themselves, although tested for validity and reliability have rarely been subject to full psychometric testing, particularly in relation to parenting, and it is often unclear what a 'normal' score should be[41]. The tools referred to in this handbook were not developed as diagnostic tools but as screening tools or as an alternative means of gaining information. If a parents' score on a questionnaire indicates cause for concern then further specialist advice should be sought e.g. from mental health services, psychology services, or from other professionals trained in the relevant types of assessment.

> *"Informal use can be very helpful in creating opportunities for issues to be discussed in greater detail."*

There are a multitude of alternative tools that are valid and reliable, but have to be purchased or require training; their exclusion from this manual is no comment on their utility, but we have taken a view that additional cost is likely to act as a barrier to the majority of social workers and that a more sustained use of tools would be likely if they are readily accessible.

Observation

Observations provide a window into the actual situation within the family home, and help to identify how and why any difficulties in care-giving are occurring, as well as how this is being experienced by the child. Specifically, they enable practitioners to witness the often complex dynamics in parent-child or parent-partner relationships. Observations are a means of gathering clear and detailed evidence of parental behaviour, interactions between parents and the effect on the child(ren). By being able to refer to specific, observed events as examples of positive or negative behaviours, parents may feel more accurately represented, rather than stereotyped or blamed. Accurate information of this kind may support the working relationship[42], although workers will nevertheless need to be aware of wider power dynamics.

In terms of assessing barriers and facilitators of change, observations can be useful in understanding which behaviours or duties a parent is prioritising, for example, by helping to identify what is getting in the way of using the suggested behaviour management technique, attending a substance misuse appointment etc. A parent's approach to implementing new techniques may also provide clues as to their self-efficacy and belief in their own ability to make changes. Observing how a parent behaves towards their children during daily parenting tasks can provide a picture of their knowledge and skills, and their manner of communicating. It can also be useful to observe patterns in the relationships between parents, for example power imbalances or whether one particular party tends to have the 'final say'. Repeated observations may illuminate a parent's pattern of responses to certain events or children's behaviours, which would assist in identifying habitual or automatic reactions that a parent may find difficult to verbalise. Gaining information on automatic responses, and what triggers those responses, is most likely to be observed through setting the parent(s) and children a task to complete together. Suitable tasks might include tidying toys away, building a lego model, playing a turn-taking game which involves losing and winning (snakes and ladders, card games), interactive and age-appropriate computer games, etc.

For tips on planning and carrying out observation sessions as part of an assessment please see Appendix 1.

Identifying Barriers to and Facilitators of Change

In this section, we explore, from a practice angle, the factors affecting capacity to change that were set out in Chapter 3. We present key questions for which answers may be sought in individual assessments, together with pointers regarding the approach to the assessment and analysis of each factor. It is worth re-iterating that each target behaviour may be influenced by a different combination of factors, operating in different ways. Gathering the necessary information will involve common processes, but the analysis of that information should be adjusted in relation to each problem area and for each parent.

Priority and Relevance

Key questions to ask parents:
Do you think any change is needed? If yes, what?
What do you think is the most important change for you to make to improve your child's life?
What would be the good things that would happen if you made this change?
What would be the not so good things?
What do you think are the least important changes being asked of you?
How important do you think the changes are that Children's Social Care are asking you to make?
How much time have we got to make these changes so as to support the child's current development?
Use scaling questions e.g. If you're thinking about …..(issue of concern), where 10 is a high priority and 0 is bottom of the list, how would you rate this problem?
If 10 is 'change this immediately' and 0 is 'it can wait for months' how would you rate the different changes you're being asked to make / you want to make?
Explore reflective ability e.g. what (happened), why (did it happen), what (was the consequence), now what (needs to happen)? The depth of parents'answers here will give an indication of their reflective abilities.
If you could change one aspect of your life what would it be?

In the course of completing the Children & Families Assessment it is likely that information will have been gained which will give an indication of the parent's priorities. For example, which worries do the parent(s) regularly discuss? What are their main topics of conversation?

One way of understanding a parent(s) priorities could be to work with the parent(s) to assist them in identifying their own goals in life. This would illuminate areas they see as most relevant to improving their situation, and that of their child. It can be achieved through existing approaches such as Signs of Safety[43], or by using a method such as the Personal Concerns Inventory[35], which is described above (this chapter) and can be found on the **C-Change** website.

There may be clues to priorities from the interventions which the parents have been offered; which programmes are they fully (i.e. behaviourally and attitudinally) engaged with? Whose appointments are they prioritising? Which worker's suggestions are they attempting to implement (as evidenced through observations)?

Knowledge and Skills

Key questions to ask parents:
Do you need any extra knowledge or skills to be able to make these changes?
Check for literacy levels e.g. how would you like me to give you the information that is needed? Is English readily understood by the parents or would an interpreter be beneficial? Literacy is easily over-estimated where verbal communication is good.
What will help us to communicate well?
Would you like information on an advocacy service e.g. Family Rights Group?
Would you like to have an advocate with you during sessions or meetings?
How do you understand these issues / concern?
Describe / explain to me what you think the concerns / worries are?
Can you tell me about one part of parenting that you feel you do well, or you feel most comfortable with? Describe a specific situation where this happened and how you felt.
Can you tell me about one part of parenting that you find the most difficult? Describe a specific situation where this happened and how you felt.
Explore reflective ability e.g. what (happened), why (did it happen), what (was the consequence), now what (needs to happen)? The depth of parents' answers here will give an indication of their reflective abilities.

At the beginning of the work it can be useful to ask parents what sort of worker style (e.g. more direct, less direct) they feel most comfortable with, when giving or receiving information. You might describe your personal style and the type of work you are intending to do, and ask whether that will be OK for them. Ask whether group settings assist in their learning or do they prefer a one-to-one situation? Explore the parents' educational experiences as a way of uncovering whether there may be any issues with cognitive ability or whether their ability to learn was disrupted during formal education. Techniques may also have to be used to explore whether a parent has understood questions – techniques such as reflecting back and checking you have understood their meaning; asking them to explain what they think the concerns are; and considering whether they are using their own words (which suggest they have processed the information) or are parroting what they have been told by workers.

A variety of assessment methods will help to gain a picture of the parents' knowledge and communication skills. Methods may include pictorial cartoons that depict everyday parenting scenarios to provoke discussion, video clips of common issues that affect parenting, questions and answers, and observations. Child development knowledge can be assessed through responses to questions about typical child behaviours or parenting situations. **The Parenting Daily Hassles** questionnaire[44], could be useful in providing an indication of whether parents perceive 'normal' parenting issues as an expected part of parenting or as a negative characteristic of their child(ren). Aspects of these methods may well be used in a

standard single or core assessment, and will often yield information about knowledge and skills at the same time. The ability of parents to mentalize can be assessed through asking parents to describe their children simply by talking about each child for a period of five minutes. Parents who struggle to mentalize will often be externally descriptive e.g. “he’s funny”, “she’s cute”, “he’s naughty” but make little reference to the internal workings of their child’s mind e.g. “he likes to watch before he joins in so he knows what’s going on”, “she likes to play with dolls”. There are a number of programmes available that support parents to explore their own states of mind in relation to parenting. An example is “Minding the Baby” which is being used by the NSPCC in England, originally developed by Mayes and colleagues[45].

Observation is a powerful tool to gain information on actual knowledge as evidenced through parents’ actions and behaviour rather than relying on their ability to express their knowledge. It would be particularly useful for parents who struggle with verbal communication skills or have a level of learning disability. Videoing observations can also be used as an intervention to promote change through the use of video-clips in feedback sessions. This can be particularly useful in helping

Motivation and intentions

Key questions to ask parents:
What has been your experience of working with Children's Social Care and other services?
Tell me about your expectations of Children's Social Care's involvement?
Tell me what you think Children's Social Care's concerns are?
How do you see yourself and how would others describe you?
What do you think about what is happening, and what do others around you think about what is happening?
Do you believe you can deal with the social work system?
Do you believe you have the knowledge and skills to make changes in your life?
What kind of difficulties have you faced in the past?
Who or what has helped you to address those difficulties?
What has helped you make changes at other times of your life?
Which is your main reason for considering making the changes? Consider whether answer corresponds closely with any of the following: because I'm told to, because I want to, because my children need me to.
Who will benefit from you making these changes? Who is the change for?
Tell me about your interests?
Plus the impact of contextual factors… Would the people close to you (e.g. parents' own parents) support you in changing?

parents to develop their empathic skills and increase their mentalization abilities, ultimately improving the parent-child interaction[15].

Our discussion of motivation and intentions is divided up under the four key headings introduced in Chapter 3.

Needs and expectations:
It is important to understand from parents what they are fearful of losing, as a result of making changes, as well as what they hope to gain. The **Personal Concerns Inventory** (available via C-Change website) asks about how happy / unhappy the person will be if they are successful in achieving their goals, and these ideas could be adapted into exploratory questions. The possibility that parents may fear being unhappy after making changes needs to be explored, as well as the possibility of increased happiness if the changes are achieved. It is also worth considering whether the goals, processes and changes are compatible with the parent's sense of autonomy, and their connectedness with those in their social network.

Attitudes, beliefs and feelings:
The ability of the parents to recognise the problems and concerns, regarding their ability to parent, is an important aspect to understand. Information on this is likely to come from the completed Children and Families Assessment or through work to identify shared concerns using approaches such as Signs of Safety[43]. If there are historical problems around the parents' experiences of working with Children's Social Care or other agencies, or if the parents hold strong views, then these will need to be acknowledged. To avoid the conversation getting stuck on previous experiences, groundrules can be agreed between the parents and worker for the current period of intervention.

Levels of anxiety, stress and depression can influence a person's motivation and using a standard questionnaire to consider this can be useful. For this purpose, we recommend the **Depression Anxiety and Stress scale (DASS)**[46], which can be accessed via the **C-Change** website. The DASS assesses depression, anxiety, and tension/stress, the levels of which are important in terms of the factors affecting change, but also because of the effect of parental psychological functioning on the emotional responses to their children. The DASS has proven validity and reliability, and indicates when there is likely to be a clinical level of psychological distress.

Identity and social role:
Some information on the identity and social norms of a parent should come from understanding their social history and from the development of a working relationship. A tool that can be used to explore these further is the completion of an Eco-Map (Appendix 1), but with a focus on the views of friends / family members rather than their practical ability to help. Asking parents to complete the **Family Activity Scale**[44] may give an indication of how the family spends their leisure time, which in turn will provide important clues to their identities and social groups.

The ways in which a parent's identity interacts with their approach to the child were highlighted some time ago by Reder and colleagues'[47] concept of the meaning of the child. The idea is that parents may see the child in a particular kind of way that is bound up with their own unmet needs. Questions such as "What is the importance of the child to you?" may help elicit the meaning invested in a child, positive or negative. The meaning of the child may also come to the fore in a family tree, showing, perhaps that a first name of a child has particular significance. Similarly, the Signs of Safety approach[43] draws attention to what is described as the "position" of the parent in relation to the particular problem. The authors advocate questions such as "From the report, you can see how others view things. What is your perspective on this situation?" (p.55). Questions such as these are likely to help identify deeply held beliefs etc. that may be linked to identity and the parent's social role.

Self-efficacy:
A parent's sense of self-efficacy or competence can be ascertained through comments made, observations of their confidence in trying new techniques, or by asking more direct questions along the following lines:

How confident do you feel in your ability to….?

How capable do you feel of handling / learning….?

How able do you feel to do / achieve…?

How able do you feel to meet the challenge of….?[16]

There are some standard tools which have been developed to consider self-efficacy beliefs relating to parenting. The **Parenting Sense of Competence Scale**[48] is a 17-item self-report scale used to measure satisfaction / comfort with being a parent; parental self-efficacy (i.e. perception of knowledge and skills); and interest in parenting. If positive, these three factors represent important protective factors and would also indicate positive capacity for change. This questionnaire can be accessed via the **C-Change** website. A shorter questionnaire, with only five questions, is the **Brief Parental Self-Efficacy Scale**[49]. It can be obtained from the CORC website (see reference).

Habits and automatic responses

Key questions to ask parents:
How do you cope with stressful situations?
Can you give me an example of a regular stressful time related to parenting? How do you respond?
When your child behaves in a certain way (use an example the parent has given previously), how do you react?
Can you remember whether you think about how to react before you react?
When does this reaction or habit kick in?
How long have you been behaving like this?
Why did it start?
Sometimes you don't behave in this way? Do you know why?
What happens on these occasions?
Can you see yourself as being different in the future?
How would you / your life look if this behaviour / habit was no longer there?

"Assessment may address what a parent's automatic reactions are."

Assessment may address what a parent's automatic reactions are, what triggers these reactions, and whether there are regular repeated triggers that are maintaining existing patterns. It is important to assess the strength of an automatic response, perhaps by exploring situations when the habitual response did not occur, or was weaker. It is also important to find out whether a parent's past experience of trauma can trigger automatic responses.

'Day in the life' type questions may assist in identifying automatic or habitual responses. Triggers to these responses may then be found by working backwards from the automatic behaviour – what happened immediately before that behaviour, and what was the consequence of the behaviour that may be acting as a reinforcement of the response. Signs of Safety, and Solution-focused Brief Therapy [43] encourage us to ask about "exceptions", and these may be useful in determining the strength of a habitual response. Parents would be asked about situations where the trigger factors were the same, but the habitual response did not occur. Responses to this may help in identifying ways of overcoming habitual responses.

There are tools which can help with identifying particular types of habitual behaviour, one of which is the Difficulties in Emotional Regulation Scale (DERS)[50]. The scale assesses difficulties in emotional regulation for adults between 18 and 60. Higher scores suggest greater difficulty with emotional regulation. Scores are broken down into subscales that indicate difficulties with accepting emotional responses, engaging in goal directed behaviour, controlling impulses, being emotionally aware, regulating emotions and having emotional clarity. The DERS can be accessed via the **C-Change** website.

Contextual Factors

Key questions to ask parents:	Key questions to ask practitioners:
Would you make any of these changes without pressure from Children's Social Care?	Am I working to support the parents' senses of autonomy (as far as is feasible), their connectedness with formal and informal support networks, and their self-belief (in their own abilities to change)?
Do you feel you have any control over the changes you are being asked to make and how you are being asked to make them?	Am I working collaboratively to help the parent(s) identify goals, and give them the means to achieve the necessary changes?
Are there any practical or financial issues that are preventing you from accessing the support that is being offered e.g. timing, distance from home, childcare, clashes with work?	Are we using the right types of interventions for the identified needs?
What would/do your family and friends think or say about the changes you are being asked to make?	Where are the points of difficulty in the relationships between parents and services, and what can be done to address them?
Do you and the worker have a good enough working relationship to work towards change together?	Is the parent's (or worker's) attachment style affecting our working relationship?
What professional support do you think you need to help make positive changes?	How can I adapt or modify my style to acknowledge the parent's style of relating, and improve our working relationship?
What support from family and friends do you think you need to help you make positive changes?	What is the current situation regarding the practical engagement of the parent(s) e.g. are they attending sessions, at home for visits, working towards goals?
How do friends and family describe you, as a parent?	

Social support is often explored within Child and Family Assessments through the use of genograms and, once the PLO process has commenced, parents are formally asked to nominate any family members or friends as potential carers for their children. Using an Eco-Map in comparison with a genogram can be an illuminating way to understand the emotional support or stresses within the parent's network of family, friends and acquaintances (see Appendix 1 for tips). There are many questionnaires that can be used to gain a parent's views on the support available to them. One that is freely available and simple to administer is the Multidimensional Scale of Perceived Social Support[51]. The MSPSS is a 12-item self-report questionnaire that takes less than 5 minutes to complete and measures the perceived adequacy of social support. We recommend that the total score is used not the subscales[58]. The tool can be accessed via the **C-Change** website.

"The dynamics of the worker-parent relationship could be usefully explored within safe, reflective supervision."

In the field of child welfare, the worker-parent relationship is an important factor in facilitating change and deserves consideration. The dynamics of the worker parent relationship could be usefully explored within safe, reflective supervision asking the types of questions suggested above. Expanding the discussion, into areas of worker-parent agreement on goals, shared understanding of changes that would be beneficial or necessary, and confidence in usefulness of current support or interventions, would provide further information on the role of the worker and services in facilitating change.

Weighing up Barriers to and Facilitators of Change

Having identified barriers to and facilitators of change in the parents lives, it is necessary to sort out this information, and clarify whether the various factors overall will help or hinder change. There is no hard and fast formula for this analysis, and social workers will need to form a judgment based on the information they have obtained. It is important to recognise that barriers and facilitators will have different strengths in each situation, and that existence of a significant barrier to change does not mean that it cannot be overcome if there are sufficient facilitators in place.

In this section, we suggest two diagrammatic approaches to facilitate weighing up the information. The practitioner should choose the most appropriate method for the situation, and may use them in combination if relevant. They aim to help present the information gained on the factors affecting capacity to change in a systematic manner, thus avoiding bias towards the most recently gained information, or information that supports the prevailing view of the parent's situation. The two alternatives are:

a) A balance sheet,
b) A pictorial scale.

In the following pages, we provide examples of how these different means of analysing information may look if completed in relation to a family. In order to do so, we have developed a fictitious case, the background information on which can be found in Appendix 3. Blank templates of both these forms can also be found in Appendix 1 so they can be readily printed or copied for use.

Balance sheet

The purpose of this template is to set out clearly the factors helping and hindering change, in adjacent lists so that they can be compared. When completing it, information on all the five factors affecting change should be considered (Priority / Relevance, Knowledge and Skills, Motivation and Intention, Habits / Automatic Responses, and Contextual Factors). It is intended that, by setting them out in clear language, the sheet could be shared with the parents to enable better understanding, on their part, of the reasons Children's Social Care believe that change is possible (or not) within the timescales of their child(ren). The balance sheet also lends itself to use in supervision, or group case reflection, to aid discussion and case management. If completed at an early point in the process of assessment or intervention, work can be done with the parents to address some of the factors hindering change, and in so doing provide every possible chance for change to be achieved. Additionally, in relevant situations towards the end of the assessment, when a decision is necessary about future plans for the child(ren), the balance sheet could be completed again, and compared with the original to ascertain whether the parents have made progress in their capacity to change.

“ The balance sheet also lends itself to use in supervision,or group case reflection. ”

Balance Sheet of Barriers to and Facilitators of Change

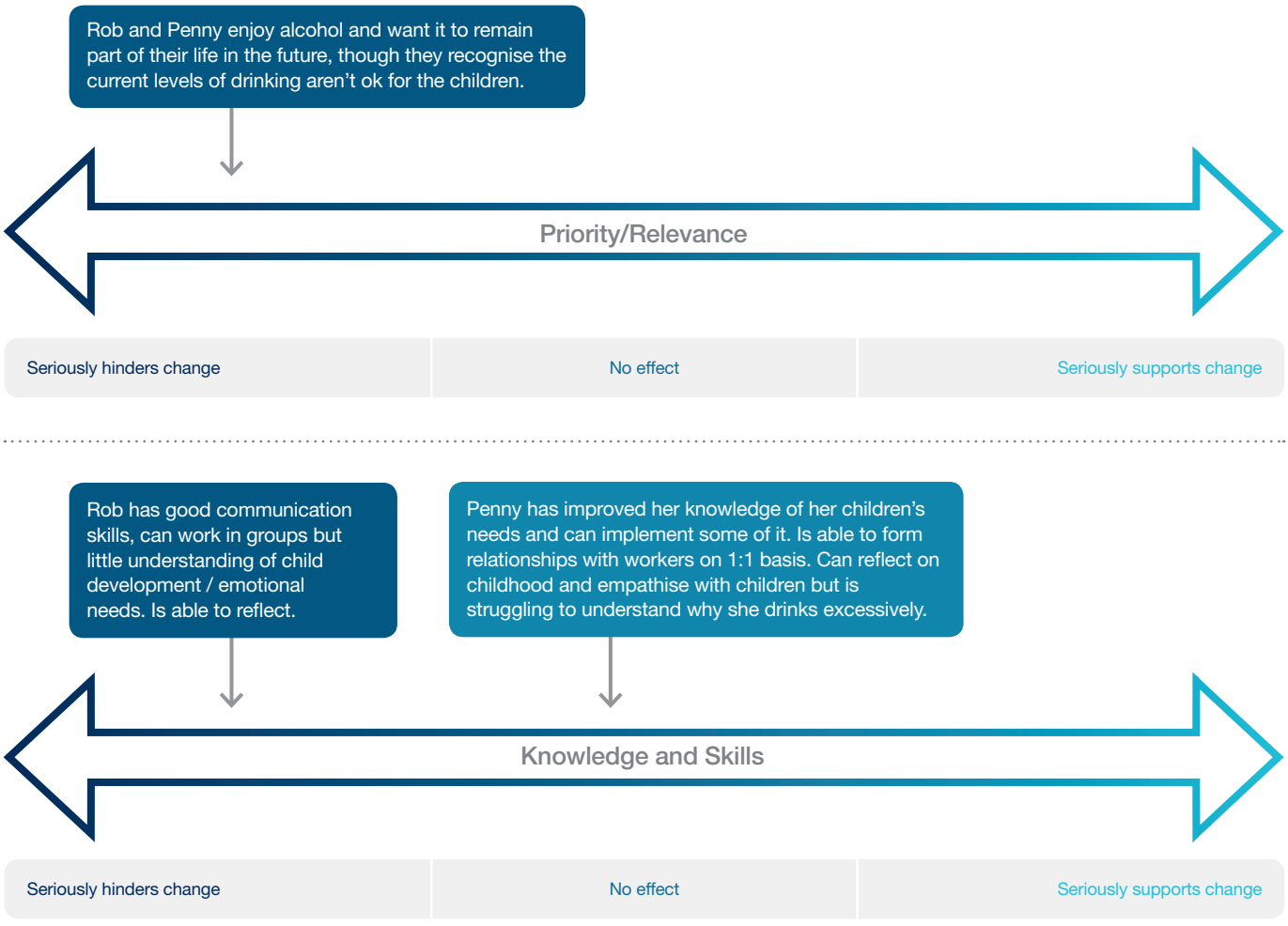
What needs to change:
Rob and Penny need to limit their alcohol use to a maximum of once per month, and in circumstances where alternative care is provided for the children. **Why is this change necessary for Jon, Steph and Ella?** To ensure the children are supervised at all times, and that Rob and Penny are emotionally available to them and supporting their development and future well-being.

What is helping to achieve change?	What is acting against change?	Next steps e.g. What action can be taken to promote change
• Rob is confident in his capacity to address alcohol misuse, based on his past success in dealing with his own drug use. • Penny has adequate knowledge of what children need. • Penny understands the children's emotional needs. • Rob & Penny have been able to make changes in their behaviour towards each other. • They have the social skills and competence to take part in interventions. • They have some suggestions about goals and how to improve the current situation.	• Rob and Penny want to be able to drink alcohol in the future, as an important part of their life. • Alcohol forms a key part of their identity and social norms. • Rob and Penny feel they will lose a lot by stopping drinking. • Rob and Penny (particularly Penny) do not trust Children's Social Care: unlikely to lead to collaborative working relationship. • Penny's low self-efficacy. • Rob lacks skills to respond to the children's emotional reactions. • Rob believes emotional engagement with the children is 'women's work'. • Unresolved difficulties, between Penny and her own parents relating to her childhood, reduce the possibilities of support. • Penny & Rob are only listening to the views from their network that support their wish to drink; dismiss conflicting views as wrong. • Ambivalent about problem recognition. • Parents give priority to their own concerns (though expressed in relation to children). • Service offered by substance misuse team is not a good match with parents feelings or goals. • Little opportunity for case hypothesising / reflection in supervision.	• Rob and Penny, and Children's Social Care need to compromise on goals, so that agreement can be reached on goals to keep Jon, Steph and Ella safer. • Rob and Penny to be supported to think about, plan and do family activities that do not involve any alcohol, to reinforce that children are the reason for change. • Get together Rob, Penny, Children's Social Care and substance misuse services to agree how best Rob and Penny can reduce their use of alcohol. • Any work done by substance misuse services or any further relationship work should acknowledge the important interplay between their identity as a couple and problematic alcohol use. • Look back at the records of previous social work involvement and talk Penny and Rob through the decisions that were made, being ready to accept if practice was not as good as it could have been. • Use methods / techniques like the miracle question or motivational interviewing to try and support Rob and Penny to reach their own decision that change in their drinking habits is necessary. • Discuss Rob's own goals with him, assisting him to think about how his goals affect Penny, Jon, Steph and Ella and how positive changes might improve life for everyone in the family. • Offer parenting programme to Rob and Penny that uses a mentalization-based approach to help them develop understanding of the children's emotional needs.

Pictorial Scale of Barriers to and Facilitators of Change

The purpose of this chart is to set out which of the factors affecting change are supporting change in the desired direction, and which are hindering change. It is likely that it will be most useful as a tool to aid thinking and case discussion in supervision. The two-headed arrows indicate the strength of the effect in positive or negative directions.

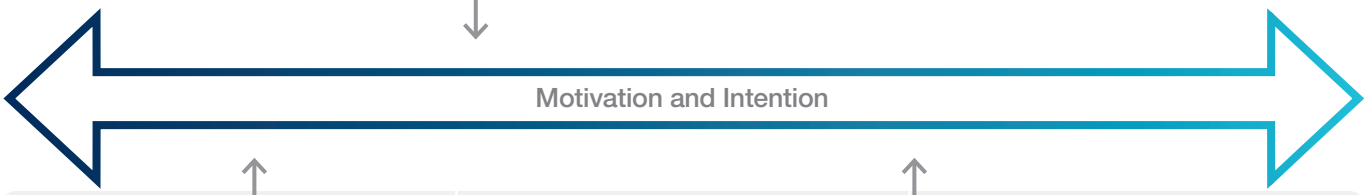
With regard to Rob and Penny's use of alcohol (behaviour that requires change), we have marked the influence we think each factor has in supporting change and noted some of the evidence for this decision.



Struggling to accept that the level of drinking is problematic – Rob and Penny compare themselves similarly to peer group.

Alcohol important part of identity – for each of them and as a couple.

They assume Children's Social Care are trying to catch them out and want to remove children.



Seriously hinders change	No effect	Seriously supports change

Rob has little intention to address his capacity to understand the emotional needs of the children.

Rob has strong self-belief and been able to make significant changes previously.

Both have changed behaviour towards each other.

Alcohol seems to be the response to various triggers, e.g.

- feel they've done well – have a drink;
- feel stressed – want a release, have a drink;
- don't like being told what to do – want to prove their point, have a drink.

How could they develop new responses?

Seriously hinders change	No effect	Seriously supports change

There has not been a genuine working relationship between Penny and substance misuse worker.

Seriously hinders change	No effect	Seriously supports change

Support from social network either encourages continued drinking, or, if it encourages them to drink less, it is perceived as negative and overly critical.

Worker empathetic. Collaborative approach but difference of opinion between Children's Social Care and parents over 'bottom line' of what is needed to keep children safe.

Chapter Four
Key messages

Much of the information needed to consider the factors affecting change can be gathered during the process of completing a thorough children and families, or parenting assessment.

There are some techniques, tools or approaches that can be used to elicit further information across the factors affecting change, or specifically for each factor.

Standard tools should be used in context, be appropriate for purpose and aimed at supporting professional judgement, not replacing it.

Observation is a powerful method for understanding the dynamics within families and the habits or automatic responses that occur without conscious thought.

Information needs to be collected on all of the factors affecting change to enable a balanced analysis.

Barriers and facilitators of change should be weighed up, and a judgment made about their effects.

Chapter Five
Gathering Evidence of Actual Changes

There are currently two complementary, and sometimes overlapping methods of gathering evidence of actual changes achieved by parents. Both involve creating an opportunity for parents to take initial steps to address the relevant difficulties, and then examining whether they have been able to do so. The first method is to set goals/objectives with the parent(s), and then establish whether they have been achieved. The second is to use standard tools to measure parenting behaviour before the intervention, and then to repeat the same measures after the parents have had the opportunity to work on the necessary changes. This approach is often described as assessing by using 'before and after' measures. Measures or tools based on self-completion questions by parents, however, may not be enough, as in most cases there needs to be observable change as well.

Creating and implementing opportunities for parents to make real changes in their lives requires time. Even, as is suggested here, focusing on limited but necessary changes, as a means of demonstrating potential for further change, will involve a period of three to six months (please see Chapter 6 for detailed discussion of timescales). It is therefore essential that plans are made for this work at an early stage. In the following pages we examine the two approaches outlined above, setting objectives then measuring outcomes; and using standard tools or measures to gather 'before and after' information. We end the chapter with a brief comment on methods of observation.

> *"It is essential that plans are made for this work at an early stage."*

Setting objectives and measuring outcomes

The approach put forward in this section is derived from the work of Paul Harnett[1]. Fundamental to it are the steps set out below: The starting point, clearly, involves identifying parental behaviours that are contributing to, or causing harm to the child or young person. Since this process is part of an assessment, limited changes to some of these behaviours should be identified (subject to considerations of the safety of the child). These can be agreed with the family as initial objectives, which, if fulfilled, will be indicative of the parents' capacities to change. The behaviours selected should be the ones that will make a significant difference to the safety and well-being of the child or young person. In many cases it will be most appropriate to work on small steps towards a larger goal, rather than to face a parent with a single major objective that may appear as an impossible mountain that could never be climbed. The assessment of barriers and facilitators of change (Chapter 4), may also be used to help a parent think about what needs to change, and how the child might feel about the parent's actions.

Steps in setting objectives and measuring outcomes:

1. Use appropriate assessments/tools/measures to establish a baseline. This would often be the standard, in-house assessment used by the children's social care organisation. In the UK currently, this assessment is generally based on the Framework for the Assessment of Children in Need, sometimes incorporating other approaches such as Signs of Safety.
2. Identify target difficulties affecting the children.
3. Agree goal(s), related to each target difficulty, that are:
   a. Negotiated with parents,
   b. Meaningful (to both parties),
   c. Manageable.
4. Provide intervention(s) aimed at addressing target difficulties.
5. Assess observable changes.

(adapted from Harnett, 2007[1])

When agreeing the goals in step 3, a collaborative approach should be taken. Ideally, the social worker and parents could negotiate the goals together, each listening to the other's suggestions but always with a clear 'bottom line' regarding the need for a developmentally healthy and safe environment for the child. Approaches that seek and respect parental views, and involve a basic level of agreement about the changes that need to happen, have a better chance of facilitating change than those where goals are imposed[19].

Harnett proposed a method of assessing observable changes based on Goal Attainment Scaling, an approach that has been used in a wide range of clinical contexts. Its application to social work practice is represented here, using a fictitious case example, in the chart below. The case example is the same as that used above, in Chapter 4 (for background information, see Appendix 3). The scores are simply a method of grading changes to behaviour and are not intended to be added up across a number of target behaviours to give an overall total. The method overall has been found to be effective, but research shows that adding up

Goal Attainment Scaling Chart

Date: 3rd March 2014 **To be reviewed on:**

Goal: Rob and Penny's drinking decreases to a level where the children are not affected.

Importance for children: Jon, Steph and Ella are safer, physically and emotionally, when their parents are sober, or if someone else looks after them when their parents are drinking.

Description of situation at start Date:	Level of outcome	Score	Description of levels	Evidence of change at follow up Date:
Rob and Penny are drinking alcohol to a point where Children's Social Care believe they are not able to function well enough to provide safe or appropriate care to their children. All children have been at significant risk of harm both while Rob and Penny are drinking and while they are recovering the following day. Rob and Penny are drinking to this level on average once every two weeks and are not arranging alternative care for their children while they are drinking.	Much more successful than expected	5	Parents do not drink more than one unit of alcohol on any occasion involving drinking.	
	Somewhat more successful than expected	4	Parents engage in social drinking but drink no more than 3 units in any one day, once a fortnight. Children cared for by reliable babysitters while parents drinking.	
	Successful	3	Parents drink to excess no more than once every two months, and have another adult to look after children until they recover.	
	Somewhat less successful than expected	2	Parents drink to excess no more than once every two months, and have the children in their own care whilst recovering.	
	Much less successful than expected	1	Parents drink to excess once a month or more, without appropriate babysitting arrangements.	

scores in this way is neither valid nor reliable. Setting up goals with the parents involves agreeing the wording of a stated goal and devising a chart for each goal. The goal is written along the line headed "goal". The importance of this goal for the child(ren) is also noted. Then descriptions are agreed of the different levels of potential achievement of the goal. These descriptions are inserted into the boxes beneath the heading "description of levels", and correspond to the degrees of success indicated by "Level of Outcome". The goals set should follow the SMART formula (specific, measurable, agreed, realistic, timely) and involve concrete descriptions of behaviours. In this way, parents should be able to understand clearly what is expected of them and be able to form their own view about which level they have achieved after a specified time period.

> *"Parents should be able to understand clearly what is expected of them."*

The actual outcome at follow-up can be recorded in the final column, including a description of the source of the evidence for change e.g. self-report, drug screens, police reports, professional observation, child's view. It is important that the services have a view about the level of outcome that would be acceptable in terms of keeping the child at home in his/her parents' care and that this is understood by the parents. Goal Attainment Scaling can be used flexibly in a variety of contexts. If used at the beginning of the Child Protection Process (in the English system) then the levels of success may be set in terms of small steps towards the goal, with the expectation that the levels will be adjusted at a review conference if progress is made but further progress is required. The outcomes may then be used to back up a decision to take a child off a Child Protection Plan, or not as the case may be. If used to gather evidence of change during the PLO process then reaching the 'successful' level (scored at 3) across all goals would normally be enough to prevent the Local Authority from initiating care proceedings (assuming no additional risks have presented themselves, and any other goals have been achieved at this level).

Before and after intervention: standard tools to measure parenting behaviour

As an alternative, or in addition to Goal Attainment Scaling, tools, measures, scales etc may also be used before and after an intervention. They offer another way of assessing changes parents are attempting. The tools selected will depend on the type of change that is promoted and expected. Tools (or measures) should always be used in context and explanations given to the parents about why they are being asked to complete them. For example, the **TWEAK** or **T-ACE** should be used within the context of a conversation about a parent's health and possible substance misuse; the **Parental Daily Hassles**[44] or **Mother Object Relations Scale**[52] as part of a discussion about the highs and lows of parenting. A more detailed discussion of the principles of using tools or measures is given in Chapter 4, and readers should refer back to this before using any of the methods presented below.

The following tools are simply suggestions. All of them have been tested for reliability and validity, are free to access and use, and are relatively simple to administer and analyse. Links to all of these tools can be found on the **C-Change** website, www.capacitytochange.org.uk

Tool or Measure	Used to measure?
Home Conditions Scale (11 items)[44]	State of home environment
Parental Daily Hassles[44]	Levels of pressure the parent is feeling in meeting child's needs; helpful in identifying whether the child's behaviour is troublesome or whether the parent is struggling to meet legitimate needs of the child.
Family Activity Scale[44]	Explores the environment that parent's provide for their children through joint activities or support for independent activities.
Drug Abuse Screening Test (DAST)[53]	Level of substance use.
TWEAK[54] **T-ACE**[55 56] **AUDIT**[57]	Level of alcohol use.
Mothers Object Relations Scale. (14 items)[58]	Maternal perceptions of warmth and invasiveness with regard to their baby; brief screen of potential attachment difficulties. Can be used for infants from 0 – 1 (MORS-SF) or 2 – 4 years (MORS (Child)).
Parenting Sense of Competence (17 items)[48]	Self-report. Measures three factors, satisfaction with parenting role, parenting efficacy, and interest in parenting.

“Research has shown that information gained from independent observation is more reliable and sensitive than self-report from parents.”

Observation

Research has shown that information gained from independent observation is more reliable and sensitive than self-report from parents, particularly when trying to assess change following an intervention[59].

If using observations as a means of gathering evidence of change then at least two observations will need to be carried out, in similar circumstances at the beginning and end of a period of intervention[1]. Standard coding schemes for use during observations have been developed, and several of these have been validated and found to be reliable. The complexity of many standardised approaches means that training is required and handbooks need to be purchased. They have not therefore been reproduced here. The use of such schemes in gathering evidence of change through observation does highlight the importance of using the same criteria, structure and environment for the before and after observations[60]. For some tips on conducting observations as part of the process of assessing change please see Appendix 1.

Chapter Five
Key messages

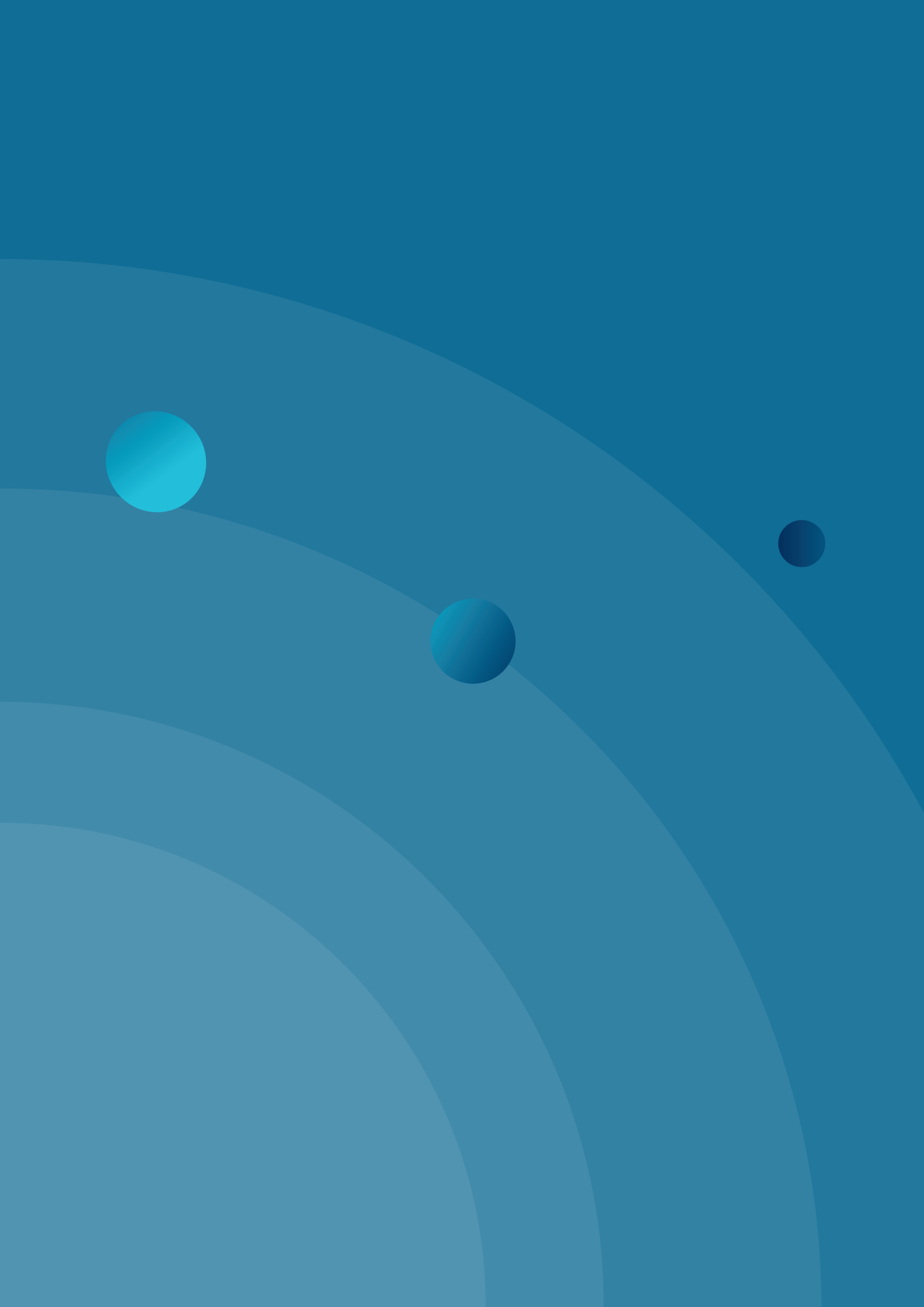
Parents need to be given a time-limited opportunity to evidence their ability to make the required changes.

Change can be measured in either or both of two ways:

1. Through the use of standard tools to take baseline and follow-up measures;

2. Through setting meaningful and manageable goals in collaboration between parents and social workers, and gathering evidence of the level of achievement of the goals.

One systematic way of setting goals and measuring change is to use Goal Attainment Scaling.



Chapter Six
Maintaining the Focus on the Child or Young Person

An assessment methodology that examines the possibilities of change on the part of the parents has the potential to divert the social worker's attention away from the needs of the child. The design of the **C-Change** assessment, however, incorporates essential features that are intended to prevent this possible loss of focus, provided the **C-Change** framework is followed consistently. These features are set out in this chapter, and can be used as a practice guide, not only for practitioners, but also for supervisors supporting staff to maintain the right balance in their approach to individual cases

The features that are essential to keeping a focus on the child are summarised in two essential points, as follows:

1. Choosing and addressing parental behaviours that affect the child or young person;

2. Identifying the timescale for the child or young person.

In this chapter we examine these points in turn, and then explore dilemmas, difficulties, and practice approaches for engaging children and young people in an assessment of parental capacity to change. We finish with suggestions for team managers or supervisors.

Behaviours that affect the child or young person

Central to the **C-Change** assessment is an appreciation that capacity to change can only be understood in the context of particular behaviours (see Chapter 2). Putting this another way, an individual's capacity to change will be different for each behaviour that is considered. For example, as mentioned earlier, curbing a tendency of a parent to shout at their children may well be more challenging than switching to a cheaper brand of washing powder.

When assessing capacity to change, it is consequently **important to be clear about the behaviours that are being considered**. The basis for this understanding should come from the overall holistic assessment of the child's needs, parenting capacity and family and environmental factors. Consequently an assessment such as that based on the *Framework for the Assessment of Children in Need*[2] is essential as the foundation for the **C-Change** assessment.

The single most important factor in choosing which behaviours are important is the effect of that behaviour on the child. Clearly, if a particular behaviour is having a significantly

“A cornerstone of the C-Change assessment is to explore the capacity of parents to make changes that will meet the child’s needs, and to do so within the child’s time frame.”

adverse effect on the child or children, it will need further examination. At the same time, the parents may demonstrate a variety of behaviours that professionals might wish to see changed, but if they are non-problematic for the child, in many cases they will not be of central concern. In saying this, we recognise that there are also positive behaviours that are of interest, and social workers will often work towards enhancing these behaviours as a means of diminishing problematic behaviours elsewhere.

The key, then, to maintaining focus on the child in the **C-Change** assessment is to direct one’s thinking towards those behaviours that are important for the child. As the assessment develops, if the social worker asks him or herself why they are interested in a particular, apparently problematic parental behaviour, the question can be re-framed as “why is this important for this particular child or children?” The process of Goal Attainment Scaling (see Chapter 5) encourages clarity regarding specific behaviours where change is necessary.

Timescale for the child or young person

In the context of social work practice in England, the timescales within which assessments have to be carried out are short. There may, for example, be a need for formal responses, such as court proceedings and permanency arrangements, to be put in place within a necessarily restricted time frame in order to meet the child’s needs. A cornerstone of the **C-Change** assessment is to explore the capacity of parents to make changes that will meet the child’s needs, and to do so within the child’s time frame.

It is not possible to predict exactly how long it will take for parents to acknowledge the need for change and to genuinely engage with the process of change[19]. And it is known that behaviour changes are susceptible to relapse, particularly within the first six months of making the change. Harnett suggested that four to six months is needed to assess capacity to change adequately, including offering an appropriate intervention and gathering evidence of change following that intervention[1]. This recommendation is comparable with the 26 week time limit on care proceedings, but in most cases will clearly not be the end of a period of change. Others have drawn attention to the fact that some changes, such as recovery from alcohol or substance dependency, can take 5-10 years or more to become fully stable, and in some cases change may never be achievable. Readers should bear in mind that we are only addressing assessments in this manual. If a parent is assessed as likely to be able to make changes and sustain them, this will only be the start of a process, and they may need support into the future to maintain and improve on the changes achieved.

To assess thoroughly a parent’s capacity to change and to sustain those changes, the process should ideally start before care proceedings are initiated. Our recommendation is that consideration be given to a parent’s capacity to change during the Child Protection process (i.e. following an Initial Child Protection Conference), or in situations where a Child in Need might be on the edge of care. Capacity to change should be thoroughly explored, following the suggestions in this handbook, once the Public Law Outline Process has

begun or earlier (i.e. beginning if possible before issuing a Letter before Proceedings, but if not, then immediately after issuing this letter). In this way, there should be sufficient time to gather information on the factors affecting change and to allow for evidence of actual change to be obtained.

The reality of practice is that it will sometimes be necessary to conduct the assessments once court proceedings have been initiated. If there is insufficient time to develop feasible goals to guide an intervention and against which to monitor progress, then capacity to change can be considered by using information from the most recent historical assessment and comparing it to the present situation, alongside an analysis of the barriers and facilitators of change.

> *"Essential that the child's timescale is understood for each child individually, and in the context of the particular child's development."*

The over-riding consideration, regarding timings for assessment and decision-making, is the timescale of the individual child and how quickly changes need to occur to meet that child's needs and to safeguard the child adequately. The difficulty of specifying the child's timescale has been the subject of much controversy recently, and it is not our purpose to explore that controversy[61] here. Despite the difficulties, the notion of the child's timeframe needs consideration. We regard it as essential that the child's timescale is understood for each child individually, and in the context of the particular child's development. The effects on the child should then be weighed up in relation to the time required for the parent to make necessary changes.

For detailed discussion of child development and timescales, please see Brown and Ward[62], available at:
http://www.cwrc.ac.uk/resources/documents/Decision_making_within_a_childs_timeframe_Feb_2013_CWRC_WP_16.pdf
or
https://www.gov.uk/government/publications
identified by the reference DfE RR 369. Figures 5.1 (p.90) and 5.2 (p.94) set out key considerations regarding the child's timescales, in relation to the different ages and stages of childhood. Additionally, they present a chart giving examples of the effects of maltreatment at different ages and stages.

For a discussion of the dilemma of timescales in relation to parents with drug and alcohol problems, please see Castleton (2015)[63].

Engaging children and young people in the assessment

It is important that children and young people are involved in the process of assessment, and, as part of this, that age appropriate means are used to help them understand and contribute to the assessment of their parents' capacities to change. The child or young person's voice should be heard with regard to understanding the changes they would like their parents to make and the benefit this would have for their well-being. Whilst achieving this may be challenging in the context of assessing parents' capacities to change, the key requests reported by children (and summarised by the former Children's Rights Director for England) include

"Ask and take notice of children's views according to their understanding rather than their age …Make decisions for each child as an individual, not according to what you believe is 'generally best for children' …

…Keep children informed of what is happening and what is expected to happen"[64] (p.46).

Taking these as general principles, it is clear that children's views about their parents should be sought in a way that is consistent with their level of understanding; decisions need to be taken about the child based on the needs facing that specific child; and appropriate ways should be sought to keep the children informed of what the C-Change assessment involves.

There are some particular challenges of involving children in a capacity to change assessment in these ways. They include:

- **Explaining, in appropriate ways, the purpose and process of assessing capacity to change.** In the context of the child having an understanding that things have gone wrong in the family, it may be a simple matter to say that the social workers need to see if the parents are able to put things right. For an older child or young person, however, this is unlikely to be sufficient, and a more sophisticated explanation may be necessary.

- **Exploring the possible outcomes of the C-Change assessment without appearing to threaten the child or young person with removal, or conversely appearing to make promises that might not be kept.** Here, information may be couched in terms of explaining the process, i.e. the way in which decisions may be taken, and exploring the wishes of the child or young person, where appropriate, about their own future, and how they would like their problems to be addressed.

- **The risks involved in asking a child or young person to report on their parents' behaviour.** Clearly, information may be forthcoming from children about whether the parents have been able to change their behaviour, but at the same time there may be threats from parents towards the children if they think they might be 'grassing them up'. Children may have a strong sense of loyalty towards parents, sometimes complicated by feelings of partial responsibility or self-blame for the difficulties faced by the parents. Consequently, they may not wish to provide information which would portray their parents negatively[65]. These difficulties can only be negotiated on a case by case basis, and with an appropriate degree of openness.

- **As children can feel responsible for difficulties within their families, it is possible that they may feel a similar responsibility for assisting their parents to make positive changes.** In some instances they may try to make those changes if the parents are not doing so, for example by taking on excessive responsibility for cleaning the house or taking younger siblings to school. Practitioners should be alert to this possibility and take steps to explain to the children involved that it is the parent's responsibility to make the changes.

- **If there are difficulties within families and significant negative changes happen, children often try and cope with these by making changes to themselves and / or by trying to distance themselves from the situation** and 'carry on as normal' (whatever their normal might be)[66]. Practitioners need to be mindful that children will have developed their own coping strategies in response to their family situation and that to break these habits may require support.

- **In some families it may be quite challenging for children when parents are successful in changing things.** Perhaps

“ Decisions need to be taken about the child based on the needs facing that specific child; and appropriate ways should be sought to keep the children informed. ”

some of the accustomed ways of doing things become different, and in some instances children may, for example, be subject to more carefully managed boundaries. Social workers will need to be alert to these possibilities, and offer appropriate support where required.

As a general point, there are numerous techniques for working directly with children that could be useful. It is beyond the scope of this manual to reproduce details of them, but readers may refer to the following sources for ideas:

Lefevre M. (2010),
Communicating with Children and Young People: Making a difference. Bristol: The Policy Press.

Ironside V. & Rogers F. (2011),
The Huge Bag of Worries. London: Hodder Children’s Books.

Wilson P. & Long I. (2008),
The Big Book of Blobs. London: Speechmark Publishing

Shemmings et al (2011),
Tools Social Workers Can Use To Talk To Children, Community Care, http://www.communitycare.co.uk/tools-social-workers-can-use-to-talk-to-children/

Advice to Social Work Supervisors and Managers

We conclude this chapter with some comments related to supervision. Good supervision in social work is fundamental to maintaining good quality analysis in assessment, and a clear focus on the needs of the child. We suggest that there are critical processes within the **C-Change** assessment, which can be supported by timely and effective supervision, aimed mainly at supporting the practitioner in his or her thinking about the case. These processes are set out here. Detailed discussion of each is contained in the relevant sections of this manual, so won’t be repeated, but cross-references to that discussion are included.

1. **Identifying and prioritising parental behaviours.** Social workers are often overwhelmed by the amount of information they need to collect as part of a child and family assessment. The first way in which that assessment can contribute to an assessment of capacity to change is through identifying the parental behaviours that need to change in order to make the child or young person safe, and promote his/her well-being. These behaviours then become the focus of the C-Change assessment. The supervisor can help the social worker unravel the complexities of information, and prioritise particular needs, and parental behaviours. Please see Chapter 2.

2. **Estimating the child’s or young person’s timescale.** A discussion was presented, earlier in the present chapter, of the difficulties of balancing the needs of the child to have his or her needs met within an acceptable timeframe, and the time required for parents to turn things around. It is helpful for the social worker to have the opportunity to share ideas on this, and to be supported in achieving a view that the supervisor can support.

3. **Using the Goal Attainment Scaling process.** Goal Attainment Scaling, described in Chapter 5, is a very useful method of working with parents towards

change, and assessing whether that change has been achieved to a sufficient extent. Goals that are set, and potential levels of achievement, are intended to be agreed between parent and social worker. However, it is important that the agency is able to set its own 'bottom line', or minimal level of acceptable change. In the goal attainment scaling chart, this level will be represented by the label 'successful', with a score of 3. It is crucial that these goals and levels are agreed between the worker and her/his manager to avoid setting inappropriate levels or expectations, and to ensure the organisation has the right evidence to follow through with subsequent actions after the assessment.

"Good supervision in social work is fundamental to maintaining good quality analysis in assessment."

4. **Formulating the analysis of the assessment.** In the next chapter (Chapter 7), we explore the process of analysing a **C-Change** assessment in some detail. The role of supervision here is to support the worker in unpicking his/her thinking. In particular, social workers will need help to weigh up the two parts of the **C-Change** assessment in order to arrive at their own judgment of the parents' capacities to change. They will then be expected to consider the parental capacity to change vis-à-vis the harm or likelihood of harm to the child. It is this thinking process that should be supported via supervision, and, in doing so, is likely to enhance the quality of assessment at the same time as providing a necessary level of accountability.

Chapter Six
Key messages

The assessment of parental capacity to change fits within existing assessments and thus within the court timescales. However, the assessment will be at its most thorough if started as soon as the PLO process is initiated, or earlier. This will allow for the opportunity to set goals, measure change and begin to form a view about the sustainability of that change.

The most important timescale is that of the child, and involves an individual judgment about the developmental needs of the specific child.

A variety of methods are available to support the engagement of children and young people in an assessment of parental capacity to change.

Techniques presented in this manual can be used by managers and supervisors to support case discussion.

Chapter Seven
Analysis and Conclusion of the C-Change Assessment

There are several fundamental principles involved in drawing conclusions from this assessment:

1. The analysis should weigh up the results of both aspects of the assessment: the assessment of barriers and facilitators to change; and the assessment of actual change. The two aspects provide complementary methods of assessment, and the overall conclusion would be incomplete without considering both.

2. The **C-Change** assessment does not stand on its own as implying a particular decision about a child's future. It must be incorporated into an overall analysis of the assessment of the child and his or her family. This assessment balances the nature of the target difficulties, the harm the child is experiencing as a result of these difficulties, and the parent's potential for change within the child's timescale.

3. Once the factors that are currently hindering change are understood, consideration should be given to how to address these factors, and what support the family will need, if appropriate, to make progress towards change.

This chapter focuses on the process of analysis, and includes examples of reports on a **C-Change** assessment.

Figure 7.1
Analysis of information on capacity to change

		Evidence of actual change	
		Insufficient	**More than sufficient**
Assessment of barriers and facilitators of change	**Good potential for change**	Potential not demonstrated in reality. Have the barriers to change been underestimated or the facilitators overestimated? Were the goals unrealistic?	Overall assessment that capacity to change is good. Evidence supports this from both parts of **C-Change** assessment
	Change is unlikely	Overall assessment that likelihood of change is very low. Evidence supports this from both parts of **C-Change** assessment	Actual change is unexpectedly high. Were the goals set too low? Were the barriers to change overestimated, or the facilitators underestimated?

Analysing Capacity to Change

The first step in analysing the information gathered concerning a parent's capacity to change is to weigh up the two parts of the **C-Change** assessment process. The principle of having two parts to the assessment is important because they provide two sources of separate but complementary evidence, which helps to increase confidence in the assessment overall. Key questions that social workers may wish to ask themselves, to support the analysis, are:

1. Consider the information gained from both aspects of the assessment:

   a. Barriers to and facilitators of change;

   b. Evidence of actual change (what have the parents achieved in terms of change?).

2. How can the factors hindering change be addressed?

3. What support will the family need to make progress towards change?

4. Does the evidence of observable change support the assessment of barriers and facilitators of change?

5. What is the parent's potential for change within the child's timescales?

The two parts of the **C-Change** assessment obviously create the possibility of four broad types of analysis. These outcomes are set out diagrammatically below:

In Figure 7.1, the evidence of actual change is plotted vertically, in the centre and right-hand columns. The assessment of barriers and facilitators is plotted horizontally, in the middle and bottom rows. Clearly the assessment is most straightforward if both parts of the assessment lead to the same conclusion about capacity to change. This outcome is indicated by the boxes with grey shading. The pale blue boxes indicate situations where one part of the assessment indicates potential for

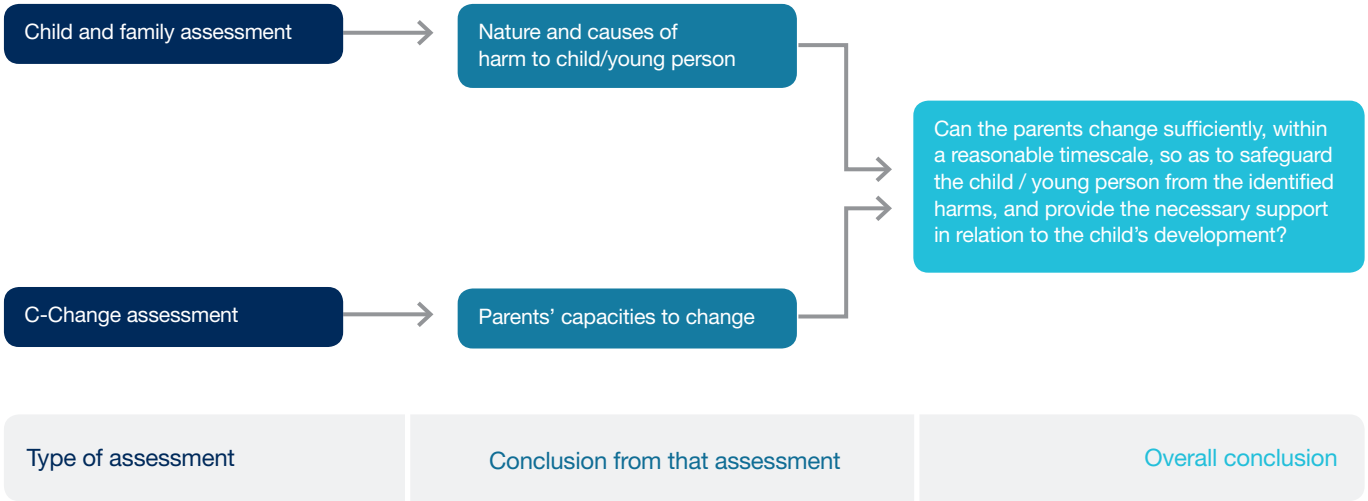
change but the other part suggests change is unlikely. Here, the worker is faced with a dilemma in terms of making a judgment about which part of the assessment has greater credibility. The commentary in these boxes suggests that before making a judgment, the worker might revisit their approach to the assessment in the ways indicated. The hope is that a clearer picture may emerge from a re-analysis, and a clearer decision may thus be achieved.

Some clues to understanding ambiguous outcomes of the **C-Change** assessment may come from thinking about the potential sustainability of changes. If a parent is successful in making relatively straightforward changes over a limited timescale, and yet the barriers to change seem strong, and the facilitators weak, the observable change may be very superficial and insufficient to give confidence in their sustainability. In this case the social worker should obviously consider whether the goals for change were insufficiently challenging.

Similarly, they might reconsider the barriers and facilitators. Have the barriers themselves, for example, changed in some way, making change more likely, or have they stayed the same? A helpful approach in this context is to consider the ideas of first order and second order change. First order change involves behavioural change with no evidence of alteration of belief systems or thinking. Second order change is change at the level of beliefs, attitudes, and so forth (i.e. the barriers and facilitators). Second order change can result from increased knowledge and skills, as a result of which the parent may respond differently and more competently, and in doing so may generate a stronger sense of belief that he or she can do so. A shift in self-belief and thought patterns can support a shift in action. In this way change is more likely become embedded, and more likely to be sustained[67].

Analysis of the information collected from the two parts of the **C-Change** assessment is intended to enable an overall conclusion

Figure 7.2
Incorporating **C-Change** into the conclusion of a child and family assessment



to be drawn regarding the parent's capacity to change. That conclusion involves weighing up the outcome of the child and family assessment regarding the nature of harm or potential harm to the child or young person, vis-à-vis the parents' capacities to change in a relevant way. The process is represented diagrammatically in Figure 7.2.

In considering this analysis, there are obviously a number of nuances when it comes to making a judgment. A genuine weighing up of the degree of harm versus the parental capacity to change is important. Thus, if the harm or likely harm to the child is severe, the evidence that the parents can make reasonable changes would have to be particularly strong. A weak positive assessment of barriers and facilitators to change, together with less than intended or just adequate changes measured by Goal Attainment Scaling charts, might be insufficient for services to be confident of safeguarding the child into the future. On the other hand if the degree of harm to the child was very limited, perhaps borderline in terms of reaching the 'significant harm' threshold, if the parents achieve some minimal changes, and there is some evidence that they are able to continue those changes, then the situation may be sufficient to avoid removal of the child, subject to adequate safeguards. Thus, the balance between harm and capacity to change is critical to the overall analysis and decision-making.

Presenting a Written Report on a C-Change Assessment

There are a number of ways of presenting a **C-Change** assessment. Templates for court statements or parenting assessments will often provide guidance on what to include when forming a view on a parent's capacity to change. In this section, we give a list of key elements that should be covered in such

"The balance between harm and capacity to change is critical to the overall analysis and decision-making."

a report. At the end of the chapter, we have included two examples, both related to the case illustration, Rob and Penny (background details are given in Appendix 3). The first is a detailed analysis of the information gathered in the **C-Change** assessment. The second is a short summary analysis of the parents' capacities to change, of a length that would be more appropriate for a court report.

Key points to consider when writing a report on a parent's capacity to change are:

- State clearly the areas in which change is needed to secure the children's safety.
- Address separately each area of behaviour that requires change. There are likely to be overlaps between behaviours and the changes, or lack of changes, in those behaviours, but these can be considered at the end of the analysis.
- In relation to each target behaviour, comment on the five factors affecting change (Priority/ Relevance, Knowledge and Skills, Motivation and Intention, Habits, and Contextual factors) in a way that shows which factors are supportive of change and which are acting as barriers to change.
- Consider the balance between facilitators of change and those factors that hinder change. Where has there been progress? Which factors appear to be the most resistant to intervention? Which factors appear to have the most influence

over this parent's response when considering changes?

- Summarise observed evidence of change that has been gathered during the process of assessment and intervention. This evidence might include analysis of how goals for change were achieved, or the difference between the scores in relevant baseline and follow-up questionnaires (i.e. tools used before and after a period when the parents attempted to make changes).

- Using the information gained from the analysis of factors affecting change, and the evidence of observable changes to behaviour, it is possible to form a view on the parent's overall capacity to change. A summary of this analysis will normally be sufficient for a court report. The analysis of the parent's capacity to change can then be linked to the main child and family assessment in the concluding section of the overall assessment report.

It is a matter of personal style as to whether the five categories of barriers and facilitators of change are addressed separately. There are likely to be a number of behaviours or examples which provide information on several of the factors affecting change, and it may make sense to describe these behaviours and what they mean for the likelihood of change. It is not necessary explicitly to name the five factors each time they are referred to; rather the important point is to be considering them overall and the impact they are having on the parent's capacity for change.

Situations where change is looking unlikely: next steps

The issue of timescales is crucial when change appears unlikely; if, in the early stages of an intervention, the balance appears to be more against change, then (assuming the child is safe) there is time to focus the work on addressing the main barriers to change so preparing the parents to begin a process of change. Techniques from Motivational Interviewing have been shown to be successful in assisting parents to explore their ambivalence to change and to progress to a position where they are more receptive to targeted interventions[19]. Goals could then be agreed which focus on addressing the barriers to change and enhancing the factors which could facilitate change. The parent's progress could be measured using Goal Attainment Scaling or similar. A Family Group Conference can be useful in supporting parents to overcome ambivalence about working with service-led goals, as it can provide an opportunity to set their own goals within a safe limit agreed by Children's Social Care. It also provides an opportunity to harness support from the parent's network[19].

If attempts have been made to address barriers to change, and appropriate interventions have been offered to parents to support them in changing their behaviours, but little evidence of change has been gathered and the interventions have been in place for between four and six months, then some evidence suggests that change within the child's timescales is unlikely [1]. However, it should be noted that Department for Education Guidance advises that cases should be reviewed only six weeks after a letter before proceedings has been issued, at least to ensure that sufficient progress is being made. Where the assessment of barriers to and facilitators of change is pessimistic, and there are no indications of parent's making any necessary changes, then an early decision is arguably worth taking.

If the evidence of change is inadequate, the decision then becomes one of whether the parenting that the child is currently receiving is 'good enough' to protect them from

> *"The Care Act 2014 places statutory responsibilities on Local Authorities to actively promote the well-being of adults and to work in a preventative manner i.e. to prevent needs from escalating by intervening early and helping people retain or regain their skills and confidence."*

significant emotional and / or physical harm. The analysis required here returns to the central point of the impact on the child of the parenting they are receiving. The impact on the child(ren) may be so harmful to their welfare, that the unlikelihood of significant change to their parents behaviour within their timescales means that separation from their parents is the only option. Alternatively, small changes could improve the situation to a point where it is 'good enough', especially if there is positive support available from the informal network or universal services. The services would have to monitor the situation to ensure change is sustained and the risk of significant harm does not re-emerge.

Parents with learning disabilities or chronic mental health conditions are unlikely to be seen as able to make significant changes if their parenting difficulties are related to their impairment. If the focus shifts to providing appropriate 'parent-training' and /or practical support or equipment, and there is a recognition that ongoing support may be necessary to enable them to adapt to new challenges as their children grow and develop, then the possibility of change increases[68]. The structure of Children's Social Care Services and resource constraints mean that social workers face a difficult task when an assessment suggests that parenting can be 'good enough' but only with continued support and funding.

The Care Act 2014 places statutory responsibilities on Local Authorities to actively promote the well-being of adults and to work in a preventative manner i.e. to prevent needs from escalating by intervening early and helping people retain or regain their skills and confidence[69]. This duty applies both to adults who are assessed as being eligible for support from the Local Authority as well as to those who are assessed as not eligible. The Care Act 2014 introduces national eligibility criteria which are based on how the needs of a person impact on their ability to achieve at least two specified outcomes and the consequence of this for their well-being. One of the specified outcomes is "carrying out any caring responsibilities the adult has for a child" [69]. It is therefore increasingly important that children's social workers take all possible steps to provide appropriate support to prevent needs connected to parenting from escalating, and thus to promote the welfare and well-being of both parent and child. Key messages for practitioners about how best to assess and support parents with learning disabilities, or arguably any parent with additional needs such as long-term physical or mental health conditions, are:

- Treat the parents as parents first. Do not assume the difficulty results from their condition. Consider the impact of social isolation, poverty, childhood experience, domestic violence etc.;
- Empower parents to be fully involved. Use advocates, have shorter meetings or breaks within meetings;
- Accept that support may be needed on a long-term basis to promote 'good enough' parenting and plan with the parents what this should look like;

- Work jointly with other services so that parents have as few workers as possible but benefit from specialist knowledge;
- 'Tell it as it is' – use straightforward language, make one point at a time and ensure your body language and facial expression matches the information you are giving;
- Provide parents with enough time to learn and practise the techniques you want them to implement – this is best done in their home;
- Explain what you mean in simple terms, e.g. what does tidying up mean? Model the behaviour you want the parents to copy, be creative in techniques;
- Provide accessible information – use pictures, videos, jargon-free language

(Working Together with Parents Network[70])

Further information on positive practice during parenting assessments with parents with learning disabilities is available via the Working Together with Parents Network at http://www.bristol.ac.uk/sps/wtpn/ and resources to use in parenting assessments can be accessed through Change at http://www.changepeople.org/ and Raising Children at http://raisingchildren.net.au/parenting_in_pictures/pip_landing_page.html

Attention has been drawn recently to a particular group of parents, whose experiences are generally linked in some way to the most serious adversities, including domestic violence, substance misuse, prostitution, past experiences of abuse in childhood, mental health problems and so forth. They are parents who experience recurrent care proceedings and multiple removals of children. In a feasibility study, Broadhurst and colleagues[71] showed that between 2007-2013 in England, "7,143 birth mothers appeared in 15,645 recurrent care applications concerning 22,790 infants and children". A key dynamic affecting many such parents was the short intervals between pregnancies, an issue that gave the mothers concerned much less time to change things. The paper suggests that parents at highest risk had the least amount of time to achieve change. Social workers might reflect that the best time to intervene to prevent future removals of children would be between pregnancies, rather than waiting for the next child who requires assessment. Indeed one particular project, PAUSE is addressing exactly this question (see http://www.pause.org.uk/).

Example reports of a C-Change assessment

Below is an example of a (fictitious) **C-Change** assessment. We have used speech bubbles to indicate which of the above bullet points is being addressed, and have used brackets and underlining to illustrate which of the factors affecting change we are referring to. Obviously this commentary would be omitted from a real life report. Please note that this section is additional to the main, child and family assessment report, and full details of the problem areas would be given elsewhere in the relevant section.

> *"Parents who experience recurrent care proceedings and multiple removals of children."*

Case Study

State clearly the areas in which change is required to secure the children's safety.

Address each behaviour that requires change separately; in this report the relationship issues are covered first, followed by the alcohol misuse, and emotional availability.

Set out any evidence of observable behaviour change.

Comment on how the five factors affecting change have facilitated or hindered change.

How significant are the changes for the welfare of the children?

Example of a C-Change Assessment

The areas where change is most required in this situation are the parental relationship, the parent's misuse of alcohol, and the parents' emotional availability to the children. It is Rob and Penny's actions in these areas hitherto, that are exposing their children to significant risk of harm.

Parents' relationship

Both Rob and Penny have provided evidence of an ability to make changes within their relationship. The majority of the time they are better able to listen to the others' views, and they respect that these may be different without escalation into a volatile argument. The police have not been called as a result of domestic abuse during the last six months and there has been no suggestion of physical assault against Penny. The eldest child has worked with a therapist and is now able to alert his parents when he is beginning to feel scared by the tone of their communication. They are responsive to his anxiety and are able to de-escalate the situation.

In my view, these changes have been facilitated and supported by a number of factors known to affect change. Maintaining their relationship as a couple is a priority for both Rob and Penny; they have consistently expressed their desire to remain together as being part of the couple is an important part of their identity. Both believe that they have more to gain from staying together with an improved relationship than to lose by not making changes [Motivation and Intention]. Rob and Penny perceive Rob's family as supportive of the couple staying together, as are their friends. Penny's family would prefer to see the relationship end but for Rob and Penny this acts as additional motivation to improve their relationship and show that they can stay together happily [External factors – social networks]. Rob and Penny addressed issues of minimisation and denial in the work they did with the Domestic Abuse Service. They were able to speak openly [Knowledge and skills] to workers, and by the end of the programme, to each other [External factors – programme of work]. Rob has learnt alternative strategies [Knowledge and skills] to deal with his feelings of anger or annoyance that arise during arguments and as such is beginning to change his habits/automatic responses. Penny presents as more able to express her opinions to Rob, at least when professionals are present and not to act to appease him in all situations and so is also beginning to change her automatic responses in this context.

Rob still presents as the controlling force within the relationship and Penny's behaviour suggests that she is ready to modify her opinions if Rob reacts with displeasure. For this reason, I believe Penny retains some fear that the potential for violence remains and I would not say that the changes made are as yet clinically significant for the children's safety and well-being. This is partly because of the relationship between the parents' misuse of alcohol and the dynamics of their relationship, to which I will return below.

Alcohol Misuse

Comment on the factors affecting change in relation to the next behaviour that requires change.

Explain which factors are helping or hindering change?

In terms of their misuse of alcohol, this assessment has found that both Rob and Penny are experiencing a greater struggle to make changes. The reasons for this become clearer when considering the factors that affect capacity to change. Rob and Penny have frequently stated they know they need to change their use of alcohol to provide a continuously safe environment for their children. However, they also make statements that suggest they do not perceive their use of alcohol as problematic either for themselves or their children [Motivation and Intention – Beliefs & feelings]. Rob and Penny refer to the social drinking culture of their network and their desire to remain within this network by aspiring to be able to visit the pub in the future as a couple and family but to avoid drinking to incapacitation. Staying within a network, where the social norms are that drinking to intoxication while caring for children is acceptable, presents a significant barrier to any sustained change in Rob and Penny's drinking habits. The views of people in their network also have a hindering influence on their motivation to change, as Rob and Penny believe, in comparison to their friends or acquaintances, that they are similar or "not that bad." [Motivation and Intention – needs / expectations, social norms and External factors – Social network].

Both Rob and Penny have identified drinking alcohol together as an important activity within their relationship, as a way of being together. Currently both struggle to identify any activities that would be acceptable to them as a way of spending time as a couple that do not include at least some alcohol. Individually, alcohol serves as a means of expressing their identities beyond that of parent. For Rob, drinking alcohol is part of his working and sporting culture; for Penny, drinking is a way of temporarily escaping the responsibilities of motherhood, it is a stress relief and it is a statement of independence from her parents that has roots in her childhood. [Motivation and Intention – identity, needs, expectations] Penny's extended family are supportive of the Local Authority's aim to reduce Rob and Penny's drinking, Unfortunately, rather than acting as a positive factor for change, there is a perceived criticism from the extended family, that acts as a barrier for Penny's motivation to make the necessary changes. Rob's father believes he can assist Rob and Penny in reducing their alcohol intake to acceptable levels at which the children will not be at risk of significant harm [External factors - Social network].

Rob and Penny can share the knowledge and skills they have accrued through their engagements with Substance Misuse Services in terms of their triggers, and possible alternative coping strategies, but have not shown evidence of an ability to apply these to their lifestyle and choices. The habit of alcohol as a reward, or a response to a restriction on autonomy or as a stress relief is ingrained and as yet has not been sufficiently addressed. [Habits/automatic responses].

Rob and Penny differ in their beliefs about their capability to stop misusing alcohol. Rob says that he has made significant changes in the past regarding his use of illegal substances and that reducing his alcohol use will be relatively simple. [Motivation and Intention – self-efficacy]. However, the lack of change in his level and frequency of drinking, as measured through the lack of success in achieving the goals agreed through the Goal Attainment Scaling process, indicates that he has not been able to evidence this perceived ability through his behaviour.

This suggests either that he does not wish to make the changes or that doing so is more difficult than he states. My analysis, of the combination of the factors affecting change which are acting in Rob's situation, suggests to me he is currently in a position where he is not motivated to change his alcohol use rather than that he is not capable of doing so, which in turn suggests that significant and sustained change is unlikely.

Penny presents with lower self-efficacy than Rob and when speaking of her alcoholic binges will make comments such as "I don't know how it happened", "I just couldn't stop." Penny currently takes anti-depressants and feels apathetic and flat without them. Some psychological distress can be a beneficial factor in enhancing motivation for change but, once at a clinical level, depression is likely to reduce feelings of motivation. [Motivation and Intention; self-efficacy, beliefs and feelings]. It is therefore important that Penny receives appropriate and effective support to address her feelings of depression concurrently with substance misuse intervention.

Throughout this assessment, Rob and Penny have argued that they do not need to abstain from alcohol, and their goal is to reduce the quantity of alcohol they consume. The Local Authority has been unable to accept this goal as each party has a different position. The disagreement has caused problems in the working relationship between the couple and the social worker and also between themselves and the Substance Misuse Services. Whilst it is understandable, particularly from the child's point of view that services are unable to share Rob and Penny's goals, lack of collaboration does have a negative effect on parental capacity to make changes. [External factors – working relationship, programme of intervention]

Considering the above factors, I do not believe making changes to their use of alcohol is a priority for Rob and Penny, and at this current time I am of the opinion that the factors acting as barriers to change outweigh those supporting change. Rob and Penny are able to consider the pros and cons of changing their use of alcohol but they do not present as having made the decision that more is to be gained from change than would be lost by it.

Despite the clear goals agreed during the Goal Attainment Scaling process, Rob and Penny have been unable to achieve the level of expected change that would have satisfied the Local Authority that they were able to keep their children safe. They have made some progress from the starting situation but have continued to drink to incapacitation at least once a month, and have had the children in their care either whilst drinking or during their recovery period. This progress is much lower than expected and has not provided evidence that Rob and Penny's behaviour is likely to change sufficiently to protect their children within the children's timescales.

I am therefore pessimistic about Rob and Penny's capacity to significantly change their use of alcohol in a manner that would increase their children's safety within the foreseeable future.

Provide evidence of any observable behaviour changes, refer to GAS if appropriate.

Emotional availability to the children

In Penny's case, she seems to have a satisfactory understanding of the children's emotional needs [Knowledge and skills], but she is unable to respond to the children emotionally when she is intoxicated, and when she is seriously

Comment on the factors affecting change in relation to the next behaviour that requires change.

Explain which factors are helping or hindering change?

depressed (which is rare because of the medication). In her case, then, the key to gaining improvements in this regard is linked to addressing the alcohol problem. Counselling might also be helpful in relation to Penny's depression.

Regarding Rob, he does not appear to have the skills to appreciate the children's emotional needs. No attempts have been made to date to refer him for therapeutic help in this regard, but a parenting programme that uses mentalization-based methods might be helpful. Discussions, however, have taken place with both parents regarding the emotional needs of the children, and neither have considered that it is something they need to address. In Penny's case there may be an understandable lack of motivation to change in this respect, since she already has an acceptable level of skill. For Rob, there is a clear difficulty in perceiving this level of engagement with the children as part of his role; the idea that the emotional needs of the children is 'women's work' seems to be strongly bound up with his own sense of identity. Our view is that this position is so strong that it is unlikely to change in the immediate future.

The above example report was deliberately presented using a fair amount of detail, so that the thinking and analysis could be illustrated sufficiently for the purposes of this manual. In practical terms, for instance in a report to the Family Court, it will be necessary to present much of the information in summary form. In the next box, we give an example of how a **C-Change** assessment might be inserted into a court report. The example uses the same case illustration, the assessment of Rob and Penny's capacity to change.

Example summary of a C-Change assessment, suitable for a court report

The key areas of change that I consider necessary to secure the children's well - being into the future are in Rob and Penny's relationship, their use of alcohol, and their emotional availability to the children.

Regarding their relationship, Rob still presents as the controlling force although there is clear evidence of progress in terms of significant reductions in physical violence. Penny's behaviour suggests that she retains some fear that the potential for violence remains and I would not say that the changes made are as yet clinically significant for the children's safety and well-being. This is partly because of the relationship between the parents' misuse of alcohol and the dynamics of their relationship. There is scope for further work, and given the progress to date, a positive outcome is a realistic possibility.

I do not believe making changes to their use of alcohol is a priority for Rob and Penny, and at this current time I am of the opinion that the factors acting as barriers to change outweigh those supporting change. Rob and Penny are able to consider the pros and cons of changing their use of alcohol but they do not present as having made the decision that more is to be gained from change than would be lost by it.

In relation to the parents' emotional availability to the children, this situation would improve significantly if the use of alcohol were addressed. Penny generally responds well to the children when she is sober. However, in Rob's case, there is evidence of considerable barriers to his ability to engage emotionally with the children, and neither parent has been willing to accept help aimed at improving their emotional availability to the children.

(The full report, and/or the summary would be followed by a suitable analysis of the overall assessment, which might include the following:)

Rob has achieved some success in addressing the problems of domestic violence in his relationship with Penny. With further support, this change appears to be sustainable, and will safeguard the children effectively against the harm of witnessing further violence. However, for the children's needs to be met satisfactorily, my view is that changes in the parents' use of alcohol, and in their emotional availability to the children will also be necessary. There has been no evidence of effective change in either of these areas, and in both cases the barriers to change are particularly strong. Consequently my conclusion is that without further support, the parents will be unable to change sufficiently, within a timeframe that meets the children's needs, and that the children will continue to be at risk of significant harm if they remain in their parents' care. However, there have been some difficulties in the provision of services, particularly with regard to the relationships with Children's Social Care and with Substance Misuse services. Time-limited attempts should be made to address these difficulties and to facilitate further change, with agreed goals, before final decisions are reached.

Brief summary of capacity to change in relation to each behaviour that needs to change.

Concluding statement about whether the parents can change sufficiently, and within the children's timescales, to be able to ensure the children are adequately safeguarded.

Chapter Seven
Key messages

Analysis of the **C-Change** assessment should weigh up the results of both parts of the assessment, the barriers and facilitators of change, and the evidence of actual change.

The conclusion regarding a parent's capacity to change involves presenting an opinion about whether the parents are able to change sufficiently, within the child's timescale, to ensure the child's future well-being.

Chapter Eight
The Back Story and other Academic Stuff

Where a child has been abused or is suffering harm in a family context, the parents' potential to address the identified problems is critical to that child's future well-being. However, methods of assessing a parent's capacity to engage with services, and to change their behaviour for the benefit of their children, are underdeveloped in social work in the UK. Here we present a brief overview of the background to the **C-Change** assessment, and we show how the methods relate to the theoretical, research and policy base. We conclude with a summary of results from our evaluation of the approach

Practice dilemmas and children's vulnerabilities

The focus of this handbook, the capacity of parents to change their behaviour where there are risks to the children, lies at the heart of significant tensions in social work practice. When working with abused and neglected children, social workers are expected, on the one hand, to support them to remain in the care of their own parents if it is safe to do so. On the other hand, they must initiate action if the child would be unsafe remaining in his or her parents' care. To keep a child in his or her own family safely, it is necessary for the parents to be engaged with services, and to work towards overcoming whatever problems led to the children being at risk in the first instance. However, there have been a number of children's deaths from abuse or neglect where social workers seem to have over-estimated parents' co-operation, or have taken an over-optimistic approach[72]. The high profile case of Baby Peter[73] provides an example of the risks of over-estimating parental engagement; and over-optimism about changes parents are making was highlighted in the case of Child K[74]. Problems of engagement and capacity to change are similarly evident in the research literature. Harder[75], for example, showed that parents who exhibited more 'resistance' were more likely to re-abuse their children. And Brandon et al[72], in their analysis of reviews into child deaths, also found that a lack of parental engagement was linked to recurring abuse.

In most helping processes related to individual psychological and social problems, there are two aspects of particular importance: engagement of the therapist with the client; and the processes of change needed to address the problem[43 76]. The underlying dilemma is that, in the context of social work with vulnerable children, engagement with the parents is fundamental to working towards change. However, where parents are unable to achieve changes in their behaviour, engaging them with services risks masking that lack of progress. A study by

Ward and colleagues confirms one implication of this, that social workers may sometimes mistake superficial engagement by parents for a genuine desire to change[24].

There is growing research evidence that parental co-operation makes a significant contribution to decisions regarding coercive actions, such as taking children into care, initiating child protection investigations, or placing children on a child protection plan[77-81]. This relationship, however, is not one-dimensional. A lack of parental co-operation may make care proceedings more likely in many cases, but there are also instances of the opposite effect. There are occasions where lack of engagement by parents with services means that the information available to social workers is so limited that the evidence would not be sufficient for legal action[80 82]. For this manual, our argument is that better practitioner understanding of engagement and change ought, in principle, to help maintain the focus of practice on the welfare of the child, enable more objective exploration of the parents' abilities to meet their child's needs in the future, and thereby lead to better decision-making.

The legal and policy environment

At both policy level, and amongst the judiciary, there is growing support for the development of practice in assessing capacity to change. A recent set of developments, were initiated following an Appeal Court ruling in the case of Re B-S (Children) (Adoption Order: Leave to Oppose) [2013] EWCA Civ 1146, which drew on a number of other relevant judgments, and highlighted the requirements for good analysis in social work assessments. It also emphasised that the court's assessment of the parents' capacity to care for the child should include an analysis of the support available to them to do so. The implication of this is that the parents' response to that support should be assessed, in terms of achieving changes that would improve the welfare of the children, so that they can remain in, or be returned to their parents' care.

> *"Social workers may sometimes mistake superficial engagement by parents for a genuine desire to change."*

A revision of the Public Law Outline, providing guidance on care proceedings and pre-proceedings work in England[3 4], was introduced in 2014, and is supported by the provisions of the Children and Families Act 2014. Included under these provisions is a 26 week time limit for the completion of Care Proceedings, and an expectation that careful and focused work needs to be undertaken prior to initiating proceedings, to ensure that cases can be completed without delay. The Public Law Outline not only gives detailed guidance regarding the timely management of proceedings, but also includes the requirement, where possible, for local authorities to issue to parents a letter before proceedings. This letter, in effect, warns the parents that Care Proceedings are being considered, and gives them the opportunity to make specified improvements aimed at securing the welfare of the child(ren). If successful, this process avoids the need for subsequent court action. Further details about the Pre-proceedings Process are included in the Department for Education statutory guidance on court orders and pre-proceedings[4].

The letter before proceedings provides an obvious, and formalised, opportunity to build in to practice an assessment of the parents' capacities to change. However this

assessment is managed, the courts now also require a more analytical approach to report writing, (as indicated above, following Re B-S). The C-Change assessment aims to support the necessary analysis in court statements. At national level, a proforma developed by CAFCASS and the ADCS (and endorsed by the President of the Family Law Division) includes the expectation that social workers analyse any gaps in the parents' capabilities, and whether these can be overcome within the timetable for the child.

Interest amongst policy makers led recently to the Department for Education commissioning a review of research evidence related to parental capacity to change when children are on the edge of care[19]. They have also funded research into improving practice in returning children home from the care system, including the development and testing of practice guidance by the NSPCC and University of Bristol[84]. The direction of policy in relation to reunification appears to involve ensuring that assessments take place prior to returning a child, and that they take account of whether improvements made by the parents are sufficient to ensure the child's safety.

"The letter before proceedings provides an obvious, and formalised, opportunity to build in to practice an assessment of the parents' capacities to change."

Development of a practice approach

Moving from the policy to the practice context, our starting point is linked to previous work on social work assessment[85], which identified some particular features of practice that are important for the present context. A holistic assessment of the child's needs, parent's capacities and family/environmental factors is fundamental. Such an assessment should lead to an identification of the target aspects of parenting that need to be addressed, in the individual case, in order to ensure the child is safeguarded. This clarity about target problems, which should be based in sound analysis, will provide the starting point for assessing a parent's capacity to change. Identifying target problems helps focus the assessment on meeting the particular needs of the child involved.

Evidence for the approach proposed in this manual was drawn from (i) an international review of literature in the child welfare and associated fields, which focused on parental engagement and readiness to change[5]; (ii) a detailed examination of the recent UK based review commissioned by the Department for Education[19]; (iii) a review of frameworks of theoretical models of behaviour change, and (iv) a review of standardised tools relevant to the context.

Central to this was the work on theories of behaviour change. There is a large number of such theories, and our work aimed to identify categorisations of key factors affecting behaviour change rather than to review all theoretical models. Because of the variety of individual difficulties presented by parents involved with social work services, we were seeking an integrated, or ecological, framework that drew upon a range of relevant theoretical models. Not only would such a framework present a range of factors worthy of assessment by social workers in individual cases, but it would also support existing strengths within the profession, where assessment using an ecological framework is accepted as a fundamental aspect of practice.

Our examination of the available material led to a number of conclusions. Our overview of a range of research studies suggested that the most comprehensive picture of engagement

and readiness to change was achieved in those studies that included data on factors affecting engagement and change (barriers and facilitators), as well as data drawn from observable actions such as actual engagement or actual changes in behaviour. Studies that considered one aspect or the other aspect of these sources of data can be shown to present a more partial picture than studies that cover both. This insight was reflected in our conceptual model of engagement[5], and is now incorporated as one of the fundamental principles of the present approach to assessment. Our position is that social workers, in making their assessments, should both examine the factors affecting capacity to change, and observe the effects of parents being offered supported opportunities to make actual changes.

“Social workers, in making their assessments, should both examine the factors affecting capacity to change, and observe the effects of parents being offered supported opportunities to make actual changes.”

This position is backed up further by two other key findings from relevant research. The first is the importance of utilising more than one method in assessing parenting[85]. Our approach does just that. The second is the widespread evidence that enabling people (in this instance, parents) to undergo a process of change requires an approach whereby their voices are heard, and they are involved actively. Our model engages the worker in understanding the parents' positions, albeit within a framework of constraints that are intended to ensure the safety of the child.

Barriers to and facilitators of change

Models of behaviour change were a significant source of information for the method of assessing barriers to and facilitators of change. An important line of development in identifying and categorising key factors affecting behaviour change can be traced back to a workshop organised by the National Institute of Mental Health in the United States in 1991. The workshop brought together a group of behaviour change theorists from different theoretical traditions. Despite theoretical differences, they were able to agree on a framework of factors influencing behaviour and behaviour change[86]. This framework has been influential in relation to further academic developments, including the Unified Theory of Behaviour[7], the Theoretical Domains Framework[8 9], and subsequent work by Fishbein and colleagues[87].

The Theoretical Domains Framework is of particular interest because it arises from several decades of research on behavioural change interventions, many of them in the health promotion field[9]. The Behaviour Change Wheel and the Theoretical Domains Framework itself were developed from a review of 19 frameworks of behaviour change interventions, and an international collaboration of theorists and researchers which identified and subsequently validated key constructs in understanding factors affecting behaviour change[8]. The constructs are thus based on a very considerable body of research and analysis. As it stands currently, the Theoretical Domains Framework is comprised of 14 domains, located under

“We decided to use the Unified Theory of Behaviour as our basic framework.”

three headings, capability, opportunity and motivation.

The Unified Theory of Behaviour[7] was helpful to us because their framework was adapted (slightly)[10] for work in New York with parents of children with mental health problems. It was evaluated in that context with positive results, although further evaluation would be desirable. Given its common theoretical roots, this framework maps very closely to the Theoretical Domains Framework.

In developing the current approach to assessing factors affecting behaviour change, we decided to use the Unified Theory of Behaviour as our basic framework, as it had been used successfully with a similar target group (i.e. parents with children experiencing mental health difficulties). We compared this framework to ensure consistency with other models in child welfare and related fields[5 18 88-90], as well as with the Theoretical Domains Framework. The result was some slight adjustment to ensure adequate coverage of relevant constructs, and is presented as the Barriers to and Facilitators of Change in this handbook. Consultation with social work colleagues during the preparation of the handbook also contributed to some refinements (without compromising theoretical integrity). Please refer to back to Chapters 3 & 4 for full details of the framework we adopted.

Regarding practice methods for assessing barriers and facilitators of change, we focused particularly on the types of routine questions social workers would need to ask to gain information on these factors in individual case. We also explored tools or measures which purported to explore a person’s readiness for change or intent to engage with an aspect of the change process e.g. a form of treatment. We did a search for relevant material, and identified nine tools or measures, eight of which were in questionnaire format and one of which was a semi-structured interview that included rating questions related to different aspects of capacity to change. The content of these measures was mapped against the framework of barriers to and facilitators of change in order to explore their potential usefulness in practice.

The tools had been developed in a variety of disciplines including health promotion, offending, substance misuse and child welfare services in the USA. Our analysis of the questions in the tools suggested that although no tool covered all aspects of the factors affecting capacity to change as described in the C-Change approach, the themes mapped well onto the factor concerning Motivation and Intention. All of the tools also included questions aiming to understand how relevant or how much of a Priority the behaviour change was for the respondent.

Six of the tools included questions referring to another of the factors affecting change, namely Contextual Factors and those related to coercion, feelings about the working relationship and feelings about the intervention/treatment programme that was being offered. The majority of tools had been shown to be valid and reliable to a satisfactory level, but it was rare to find one that had been subject to full psychometric testing. This lack of psychometric testing appears to be a general feature of measures in the field of parenting assessment[41].

Assessment of Actual Change

With regard to assessment of actual changes achieved by parents, it is relatively commonplace for social workers to provide support or interventions to families as an opportunity to 'turn things around'. However, less well developed is the means of agreeing specific goals and of identifying whether and how those goals are achieved. Research, for example, in the context of reunification work has identified variable practice in relation to the purposefulness of planning, and in the handling of shortcomings in the achievement of planned goals by parents[91 92]. The practice need would appear to include further development of knowledge and skills in relation to setting objectives and goals, and in monitoring the outcomes of parents' attempts to change.

Our search for practice methods identified two current developments[93 94] involving goal setting and the use of before and after measures. The work of Paul Harnett[1] using goal attainment scaling is generating considerable interest in the UK, and offers a tested approach which has potential credibility with social work practitioners. Consequently, we developed a format for specifying goals and levels of achievement based on Harnett's model.

With regard to the use of standardised tools to measure parents' behaviours at base-line and follow-up stages, we undertook a review of available tools that have been developed to measure behaviours that parents are often asked to change. The tools are therefore issue-specific, e.g. designed to measure alcohol or drug use.

> *"The work of Paul Harnett[1] using goal attainment scaling is generating considerable interest in the UK."*

We reviewed the individual questions of each tool to estimate their usability in social work practice in the UK by considering their clinical utility (i.e. acceptability of format), timescale and skills needed for completion and analysis, likelihood of providing clinically useful information and level of ease of use with parents[95]. Thereafter, pragmatically, we included only those tools that are readily available in the public domain and would be unlikely to present practitioners or organisations using them with problems of copyright or licensing.

Evaluation of the C-Change Assessment Method

The **C-Change** assessment approach was evaluated as part of a pilot study in 2015. A total of 129 social workers, family support workers and social work managers participated in 2-day, or (managers only) 1-day training events on using the **C-Change** approach. All participants were asked to implement the approach, either with their own cases or via supervision of others, and the effects were evaluated three months after the training. The research methods used were intentionally limited, given the pilot nature of the project. They aimed to provide data that would give a broad indication of the usability and effectiveness of the approach in the practice context. Data were collected based on participants' reports of their reactions to the training, their views on how they had developed their knowledge and skills as a result, their impressions of whether **C-Change** had helped improve decision-making regarding children and families, and changes to their own self-reported approaches to capacity to change assessments. A 'before-and-after' approach to data collection was used where possible. The majority of the information was collected using survey methods, although a small number of qualitative interviews were held to explore participants' experiences in more

detail (at three months after the training). Regarding the survey element, participants were asked to respond to questionnaires at three time points: before the training (T1); immediately after the training (T2), and then three months after attending their training programme (T3).

The key findings were as follows:

1. The **C-Change** training was well-received. When giving feedback at the end of each training event, 73% of participants rated the training as meeting its objectives very well or fully. 86% expressed the view that the **C-Change** approach would lead to good or considerable improvements in assessments.

2. The **C-Change** materials were extensively used by participants. 45 respondents (85%, n=53) who attended the 2-day training events (mainly practitioners), and 7 respondents (64%, n=11) who attended the 1-day managers' training, reported that they had cases of their own or cases they supervised where they had been able to apply the **C-Change** methods in the first three months after the training. The extent to which the methods were applied varied, ranging from simple application of theoretical principles, to thorough incorporation of a range of materials into an assessment.

3. Participants completed a 'self-efficacy' style of scale, intended to measure their confidence in terms of knowledge and skills in assessing capacity to change. Reliability of this scale was shown to be high following Chronbach's Alpha tests[i]. The scale was completed before the start of the training events, immediately after the training events, and at three month follow-up, and the responses compared so as to identifying changes in self-efficacy ratings. Participants showed significant improvements in knowledge and skills in assessing capacity to change, both immediately following the training and after three months[ii]. This improvement was evident across all sub-scales, i.e. in relation to assessing barriers and facilitators of change, assessing actual changes in parenting behaviour, and linking the **C-Change** assessment with other relevant processes and procedures.

4. Participants were asked to identify their styles and approaches in relation to assessment, analysis and decision-making, both before the training, and at three-month follow-up. The project team considered it unlikely that more substantive changes of this kind would be detected after a time period as short as three months. However, a measurable change was found in relation to one of the five decision-making areas covered in the questions. Significantly more participants (from the 2-day training events) indicated at three month follow-up, that they were able to achieve decisions within the child's timeframe, compared with their responses before the training[iii].

5. Overall, 92% of respondents (from the 2-day training events), at the three-month follow-up point, considered that the **C-Change** approach had improved the quality of assessments to some degree. 44% rated this level of improvement as 'good' or 'considerable'.

The limitations of the evaluation were principally that responses to the questionnaires at three-month follow-up were 50% overall, whereas the questionnaires completed before, and immediately after the training achieved 100% coverage. Whilst 50% can be considered a very successful rate of return in pragmatic terms, it nevertheless means that much of the evaluation was based on 50% of the sample, and consequently there is the possibility of

i Chronbach's Alpha = 0.900 (T1), 0.873 (T2), 0.949 (T3); n of items = 10

ii After three months, t (46) = 3.907, p <.001, r= .25

iii McNemar-Bowker test: = 7.451, p < .05, n=48

inadvertent sample bias. Additionally, data collection was based on subjective reporting from participants, and more objective measures such as observations of practice and file examinations, might deliver a more valid and reliable evaluation, particularly if they were part of a controlled comparison.

To summarise the evaluation results, the **C-Change** training was well-received. Good levels of implementation of the approach were achieved within the three month evaluation period. There were statistically significant improvements in participants' reported confidence across all the relevant knowledge and skill areas for the **C-Change** assessment. There was also evidence that the approach could help improve the quality of assessments, and reduce delays in decision-making. Overall, our view is that the approach has very good potential, that its continued application will be worthwhile, and that further, more detailed evaluation would be helpful in developing the approach further. A comprehensive write-up of the evaluation will be published in an academic paper, and details will be made available on the **C-Change** website.

"There were statistically significant improvements in participants' reported confidence across all the relevant knowledge and skill areas for the C-Change assessment."

Summary

The package of materials presented in the manual, as a result of the work described above, is intended to support a coherent approach to the assessment of parental capacity to change. This assessment, we have proposed, has two essential components, the assessment of barriers to and facilitators of change, and the assessment of whether parents can make actual changes in reality. The approach offers a method of assessing barriers and facilitators to change, based on the Unified Theory of Behaviour[7]. The assessment of actual change is achieved using goal attainment scaling, and, where appropriate, standardised tools as before and after measures. Analysis of the assessment to estimate a parent's capacity to change is achieved by balancing the evidence from the two parts of the assessment. Then it is necessary to consider whether the parents' capacities to change outweigh the potential harm to the child.

Appendix One
How to assess Barriers to and Facilitators of Change

In this appendix we include more detailed guidance on using specific methods and materials to help assess factors affecting capacity to change. We include a list of the tools and measures that we believe may be helpful, together with guidance about conducting observations, guidance on writing Eco-Maps, and blank copies of the charts developed as part of the **C-Change** approach.

Tools and Measures

The following is a list of freely available tools, questionnaires and other measures , beginning with general measures, then with specific tools listed under the headings taken from our framework of barriers to and facilitators of change. Please refer to Chapter 4 for general information about using tools and measures.

All of the items listed here are freely available in the public domain. Links to each item, and where possible copies of the full inventories or questionnaires, are available on the **C-Change** website at www.capacitytochange.org.uk

General Approaches
- Personal Concerns Inventory;
- University of Rhode Island Change Assessment (URICA);
- Treatment Motivation Questionnaire;
- Planning and Conducting Observations.

Knowledge and Skills
- Parenting Daily Hassles

Motivation and Intention
- Depression, Anxiety and Stress Scale;
- Family Activity Scale;
- The Parenting Sense of Competence Scale.

Habits and Automatic Responses
- Difficulties in Emotional Regulation Scale.

Contextual Factors
- Multidimensional Scale of Perceived Social Support.

An additional source of tools, measures and scales is the Child Outcomes Research Consortium website, http://www.corc.uk.net/resources/measures/

Planning and Conducting Observations

Observation tips

- Choose the following carefully as these will have implications for the utility of the information gained;

  - tasks to be observed
  - setting/location
  - duration of the observations.

- Ensure that the behaviours identified are common enough to be observed during a brief session or that the session is long enough to see the behaviour of interest.

- Observing mildly stressful events can be useful e.g. mealtimes, tidying-up, times when the parent is busy and the child is unoccupied.

- Observations can include setting tasks e.g. structured play like completing a jigsaw together, building something specific with lego or free play.

- Observations in the home are likely to be more closely representative of the 'normal' environment.

- Try not to become actively engaged with the parents or child(ren) but maintain an 'attentive presence'.

- Try not to take notes during the observation; this allows for full engagement with the interactions occurring.

- Immediately after the observation, write a detailed record of what has been seen and experienced.

- If intending to use the information gained from the observation as part of the measurement of actual change, then the circumstances of both before and after observations need to be similar to allow for realistic comparison e.g. same environment, same task or event.

Depending on individual circumstances, it may be useful to look for the number, regularity, or examples of the following types of behaviour during an observation session:

- Parents responsiveness to non-verbal or verbal 'seeking' behaviour from the child;
- Child-centred verbalisations e.g. praise, acknowledgements;
- Child directive verbalisations e.g. commands;
- Parental engagement in play – commentary, encouragement, silence;
- Parent's recognition of child's internal emotional state by using language of emotions e.g. tired, bored, happy, excited;
- Providing supportive assistance when the child is stuck in their play e.g. following through on what the child was trying to do, not imposing own ideas;
- Promoting child's autonomy;
- Expressions of warmth, pleasure in child's company either verbally or physically;
- Parental intrusiveness e.g. interrupting flow of play by attempting to control / dominate, pace not appropriate for child's level of development;
- Criticisms through verbalisations e.g. negating a child's statement without explanation, imposing adult ideas over child's enjoyment e.g. if a child is colouring in some grass pink a statement like "grass can't be pink, it has to be green, colour it green!";
- Criticisms through action e.g. taking some toys for self and playing with them differently – the 'correct' way or not allowing the child enough time to finish a task e.g. finishing building a model without child's permission.

Analysing observations
It might be useful to refer to Crittenden's model of parental information-processing. Crittenden identified four levels of parental response to the needs of children: perception, interpretation, selection of a response, implementation of the response[42]. By observing a parent and child together, it may become clear at which stage (if any) the parent is experiencing difficulties in responding to their child's needs.

Impact of observation on parent and child
Being observed can affect a person's behaviour (reactivity) which can affect the generalizability of the information gathered from observations. However, studies have found that parents in clinical samples were unable to alter their own behaviour during observations[59].

Reactivity can be decreased by reducing how conspicuous the process of observation is, allowing the people being observed to get used to the presence of the observer, those being observed having a clear understanding of why they are being observed and the demands and setting of the observation.

Guidance on developing Eco-Maps

An Eco-Map is a diagram of a person's important relationships with people, groups and organisations. By using different symbols the relationships can be shown as sources of support or stress and can be useful to consider which people or groups are likely to facilitate or hinder change.

General practice is to use the following types of symbols in Eco-Maps:

Female

Male

Supportive or positive relationship

Neutral relationship

Stressful relationship

Tenuous relationship

Direction of energy / resources

Compiling Eco-Maps should be a collaborative process with parents, aimed at understanding who is significant in their network. The people placed in the Eco-Map should therefore be the parent's decision but practitioners can add to the process by asking questions to elicit important people or groups who may have been forgotten e.g.

- Who do you speak to regularly over text / on the phone / on Facebook?
- Who would you speak to if you were feeling sad / stressed?
- Who would you send a birthday or Christmas card / email / text to?
- Are there any groups you go to regularly e.g. more than once a month?
- Who asks you for help?
- Who do you give help to?
- Are there any organisations involved in your life e.g. employer, Children's Social Care, GP?
- Who would you call for help if you were ill and the children needed to get to school?

There is an excellent and interactive example of the information to be gained from Eco-Maps available at: http://routledgesw.com/sanchez/engage/mappingTheCase

Balance Sheet of Barriers to and Facilitators of Change

What needs to change:

Why is this change necessary for <insert children's names>

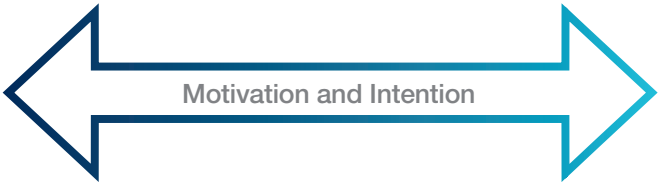
What is helping to achieve change?	What is acting against change?	Next steps e.g. What action can be taken to promote change

Pictorial Scale of Barriers to and Facilitators of Change

The purpose of this chart is to set out which of the factors affecting change are supporting change in the desired direction, and which are hindering change.

With regard to .....

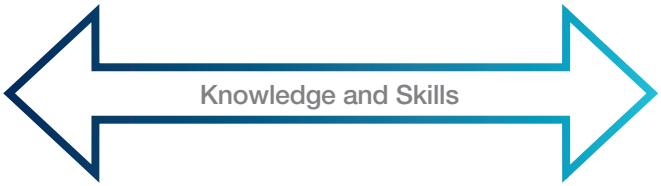
(behaviour that requires change), mark the influence you think each factor has in SUPPORTING CHANGE and note some of the evidence you have for your decision.



Seriously hinders change	No effect	Seriously supports change

Seriously hinders change	No effect	Seriously supports change

Seriously hinders change	No effect	Seriously supports change



Seriously hinders change	No effect	Seriously supports change

Seriously hinders change	No effect	Seriously supports change

Appendix Two
Gathering Evidence of Actual Change

In this appendix, we have included a list of Tools and Measures that may be helpful in gathering evidence of actual changes made by parents, and a blank copy of the Goal Attainment Scaling Proforma.

Tests and scales to measure behaviour before and after intervention

The following is a list of freely available tests and scales, that may be helpful as 'before and after' measures of parental behaviour changes. Please refer to Chapter 4 for general information about using tools and measures, and Chapter 5 for some specific points about using measures to assess actual changes in parenting behaviour.

All of the items listed here are freely available in the public domain. Links to each item, and where possible copies of the full inventories or questionnaires, are available on the **C-Change** website at www.capacitytochange.org.uk

- Home Conditions Scale,
- Drug Abuse Screening Test,
- Alcohol use scales; AUDIT, T-ACE, TWEAK,
- Mothers Object Relations Scale.

An additional source of tools, measures and scales is the Child Outcomes Research Consortium website, http://www.corc.uk.net/resources/measures/

Goal Attainment Scaling Chart

Date: **To be reviewed on:**

Goal:

Importance for children:

Description of situation at start Date:	Level of outcome	Score	Description of levels	Evidence of change at follow up Date:
	Much more successful than expected	5		
	Somewhat more successful than expected	4		
	Successful	3		
	Somewhat less successful than expected	2		
	Much less successful than expected	1		
Please note any areas of disagreement with parents				

Appendix Three
Analysing and Concluding

In this appendix, we present the background Information for the (fictitious) case study that was used to illustrate use of some of the **C-Change** materials, and in particular to demonstrate ways of writing the analysis and conclusion to the **C-Change** assessment. The examples of use of the Balance Sheet of barriers and facilitators of change, and the Pictorial Scale are shown in Chapter 4. The example use of Goal Attainment Scaling is presented in Chapter 5. Example written assessment and conclusion are in Chapter 7.

Background information for the Case Study

Family members

Penny
Mother and wife,
32 yrs, employed part-time as a cleaner in a local office block.

Rob
Father and husband,
35 yrs, employed full time as a van driver.

Jon
Son,
9 yrs.

Steph
Daughter,
3 yrs.

Ella
Daughter,
10mths.

Summary of concerns

Previous physical violence from Rob to Penny. Police were regularly called and it was an incident of domestic abuse that triggered the original referral to Children's Social Care. Their relationship improved after attending a Domestic Abuse service but lower level concerns remain over verbal disagreements, and possible controlling behaviour perpetrated by Rob over Penny.

Prior to the Domestic Abuse service intervention, incidents of physical violence almost always occurred when either or both Rob and Penny had been drinking heavily. Although the actual physical violence is no longer being reported, volatile arguments remain common when the parents have been drinking. Penny and Rob seem to drink to incapacitation at least once a week, i.e. incoherent, not able to function, cannot

be roused in the morning, although there have been periods of up to 3 weeks with no alcohol use. Both parents see alcohol as an important part of their lives, giving them a social outlet, and something to do together as a couple. The group of friends with whom they drink support this viewpoint. Drinking occurs to celebrate the end of the working week, or to get over a stressful situation, or simply as a social event.

Penny's mother and siblings live locally but, after Rob had an extra-marital affair last year, Penny's extended family took an active dislike to him and are saying that Penny's excessive alcohol use is Rob's fault. They have withdrawn babysitting support in the evenings/overnight in an attempt to 'force' Penny to stop drinking and to end the relationship. However, the actual effect has been that Penny and Rob have continued to binge drink while the two youngest children are in their care, and so they are now experiencing harmful neglect whereas previously they were protected from the direct impact of their parents' drinking. The maternal grandmother will take care of the youngest two children in crisis situations e.g. when the police are called and Penny and Rob are incapable of providing adequate care. The oldest child chooses to split his time and residence between parents and a local uncle so is often not present when his parents drink. Penny sees her parents as critical and unsupportive, and that they drive her to drink. She has little confidence in her own ability to cut back on drinking.

There has been longstanding Children's Social Care involvement at various levels since the oldest child was born, because of alcohol /substance misuse. Both parents are suspicious of Children's Social Care, and concerned to show that their behaviour will not be determined by people outside the family. Rob and Penny's engagement with alcohol misuse services is patchy. Rob was engaging well and attending group sessions. He 'finished' the treatment group and began attending a recovery support group but this folded due to staff shortages. Nevertheless, he is confident about his ability to make changes in his life, although he does not really understand the developmental needs of children. Penny attended a preparatory group about 5 months ago but did not move on to the 'treatment' group. She is currently offered key work sessions but there are significant practical barriers to her attending these.

Regarding parenting, neither parent appears to be emotionally available, consistently, to the children. In Penny's case she seems unaware and unresponsive to the children's needs when she has been drinking to excess, although she appears to respond reasonably well when she is sober. Rob seems to have a more general difficulty in terms of awareness of the children's emotional needs: the social worker has only observed a very limited repertoire of skills for responding to the children when they are distressed, and he has never been seen to cuddle them.

Strengths

When not drinking, parenting is 'good enough'. Children present as attached to Penny and comfortable in Rob's presence. Penny can explain what the children need to make them feel safe and content. Extended family locally provide a safe haven for children during drinking crises.

There has been some change over time i.e. reduction in regularity of binges, parents no longer using substances other than alcohol. Jon has been able to express his emotions to parents and extended family.

Penny is perceived by professionals as responsive and willing, but struggles to act. Rob is seen as ambivalent.

Actual harm to children

Jon has been open about his experiences of being in his parents' care when they have been drinking. He describes being left to fend for himself and having to be responsive to the needs of his younger sisters. On waking up in the morning after his parents have been drinking there is rarely any food that he can prepare to eat for himself or his sisters, and neither is there any money to buy some. In these situations Jon does not call his grandmother or uncle, as he does not wish to make the relationship between his parents and his Mum's family worse. He is frightened he will be forced to 'choose a side'. He does not attend school on these mornings as he stays to look after his sisters.

12 months ago: Steph was seen crossing the road outside her house alone at 2p.m. Car driver stopped as concerned she would have hit her had she been going any faster. Tried to talk to Steph, but Steph did not respond to questions about where her parents or house were, though did give her name. Car driver called the police who attended and recognised Steph. On arrival at the house they found the door ajar and Penny and Ella asleep on the sofa with the TV on. Large amount of alcohol cans and bottles on the kitchen surfaces. Police woke Penny who presented as coherent but severely hungover and exhausted. Penny could provide no explanation for how the door had been opened. Police waited until Penny fully awake and then informed Children's Social Care.

9 months ago: Police called to loud argument between Rob and Penny at family home at 11.30p.m. Both parents intoxicated, Penny presented as extremely distressed. All three children upstairs and awake, Jon had gone into his sisters' bedroom to be with them. Police decided Rob and Penny not functional and situation inflammatory; removed Rob to police station and took children to maternal grandmother.

6 months ago: Ella fell over and appeared to have banged her head in the bathroom one morning while her parents were sleeping. Her cries did not awaken her parents and Jon was at his grandmother's. The sustained cries alerted a neighbour/ friend who came to knock on the door and found it unlocked. She went in, picked Ella up, and tried to rouse Penny and Rob but had no success. She then called Penny's mother. Ella sustained a bruise to her forehead but no serious injuries. Steph was sleeping upstairs and woke to find the neighbour holding Ella and her parents not responding. She became very frightened and started to cry also. The incident was reported to the social worker later that day by Penny and Rob.

5 months ago: Steph found wandering up and down the pavement outside the house at 9 p.m. She did not appear distressed but a passer-by was concerned and stopped to ask where she lived. Steph pointed at her house, from which loud music was coming. The door was wide open. Penny then came out of the door, saw Steph and the man talking, swept Steph into her arms, accused the man of paedophilia and went back into the house closing the door. The passerby observed Penny to be unsteady on her feet and he could smell alcohol on her breath. He called the police when he got home to register his concerns. The police made a home visit at 10.30 by which time the music was off and they observed Steph and Ella to both be asleep in their beds. In the opinion of the police both Penny and Rob had been drinking but both were functioning. This information was passed to Children's Social Care the next day. Penny and Rob deny that Steph was outside for more than a minute or two and say she has learnt to open a locked door herself.

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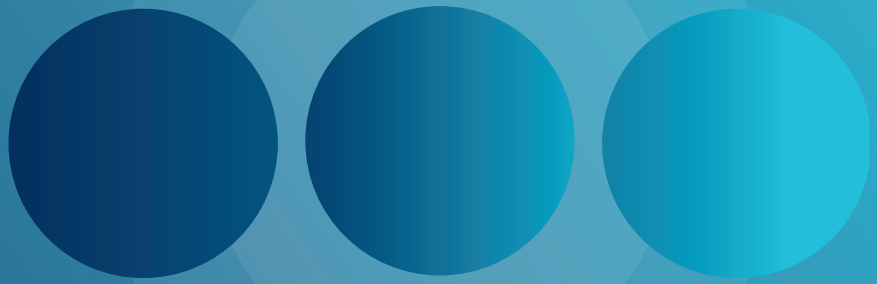

C-Change

Capacity to Change

Capacity to Change Assessment Manual

Dendy Platt & Katie Riches

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL