Assessing Parental Capacity to Change - Part One: An Overview

Background

When there are serious child protection concerns and children are on the edge of care, social workers need to make difficult, but informed decisions around the capacity of parents to change within a timeframe that fits the needs of the child.

Social workers have to consider the specific needs of each child along with the wider environmental factors such as poverty and inadequate housing and they must know about, and select, those interventions which have the best chance of supporting parents through the change process. What may be the likely impact of past and continuing abuse and neglect on children’s life chances and how can they assess the parents’ motivation and ability to make and sustain changes to their behaviour?

This major study by Ward et al (2014) (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330332/RR369_Assessing_parental_capacity_to_change_Final.pdf) brings together research messages concerning theoretical models that underpin the process of assessment and analysis, empirical findings concerning the aetiology of abuse and neglect and the process by which adults overcome adverse behaviour patterns. This knowledge supports and improves professional decision-making for social workers and children’s guardians, legal professionals and the courts.

A number of well established factors increase the risk of harm or the reoccurrence of harm; parental problems such as domestic abuse, mental health problems and substance misuse along with environmental factors such as poverty, poor housing and unemployment. When these interact or overlap the impact on parents increases significantly and this can reduce their ability to understand the impact of their behaviour on children’s wellbeing or to acknowledge the need for change.

Change is difficult for everyone, but even harder for those parents who are struggling with an interlocking web of problems. It also takes time. Change can be supported and promoted through effective interagency interventions, but it cannot be imposed and it will not happen unless parents are proactively engaged.

In this paper we look at the key findings and messages from the study to be followed in part two by a more detailed look at some of the emerging evidence.
A Brief Overview

Chapter one sets out the judicial and legal context for assessing parental capacity and explores a number of standardised tools that support structured professional assessment and decision-making concerning the risk of significant harm.

Chapter Two summarises those risk factors that undermine parents’ ability to respond to children’s needs, the mitigating value of protective factors and the evidence concerning the impact of abuse and neglect on the developing child.

Chapter Three considers methods of assessing the risk of future harm and models of parental change.

Chapter Four explores why some parents are ‘resistant to change’ and find it difficult to accept that there is a problem, and at ways of overcoming this.

Chapter Five considers how parents become motivated to change and engage with services.

Chapter Six explores the outcomes of social work support and placements in care and adoption with some examples of specific interventions that are currently being piloted or implemented in the UK.

Chapter Seven considers the evidence concerning timescales for parental change and its sustainability and explores how best to support change.

Chapter Eight draws together practice messages concerning early support work with families, essential decision-making around thresholds for action including instituting legal proceedings and the collation and presentation of evidence to the courts.

Different Models

Most of the materials developed to assist practitioners in assessing the likelihood of current or future significant harm still need further validation and/or translation and piloting in a UK context.

Models of change can provide useful conceptual frameworks and are particularly helpful where behaviour patterns are entrenched and the change process is complex, but they cannot predict whether an individual parent will or will not change or whether they will sustain progress in the long term. The best known, such as the Trans Theoretical Model (TTM), have been developed around overcoming addiction to tobacco or alcohol and, although useful, they need to be modified to reflect the complexities of child protection cases, including the potential impact of coercion and the pressure on parents to present themselves in a positive light.

Practitioners need to map out the various external and internal factors that impact on parents’ ability to meet their children’s needs, and identify their strengths as well as their weaknesses. Early experiences can result in severely insecure attachment styles and suspicious and distrustful relationships with professionals and authority. The DH Assessment Framework provides one such model.
A sensitive social work approach, based on principles employed in Motivational Interviewing, can reduce resistance and help parents contemplate change. The Family Partnership Model may facilitate the development of supportive and more effective partnership working with parents.

Family Group Decision-Making involves relatives and others in sharing responsibilities for addressing children’s needs and gives families a real opportunity to make their own decisions about how to solve family problems; however the research evidence does not indicate that it prevents further maltreatment.

**False Compliance, a Failure to Cooperate and Resistance**

Overcoming parents’ unwillingness to change and their resistance to the involvement of social workers is often a lengthy process and needs to be weighed against the timescale for alternative permanence plans. This apparent unwillingness to change can reflect internal factors such as shame, ambivalence about the need to change, and lack of confidence about capacity to change. External factors such as the imbalance of power, if not handled carefully, can compound and exacerbate resistance to social work involvement and damage the professional relationship.

There is though, evidence to show that some parents with extensive and complex problems who have previously denied that change is necessary, do eventually succeed in overcoming their difficulties and go on to provide nurturing homes for their children.

False compliance, a failure to cooperate and resistance to social work involvement occur frequently in child protection interventions. Where there is no acknowledgement of a problem:

- and there is extreme domestic abuse where the perpetrator shows a pervasive pattern of disregard for and violation of the rights of others,
- and there is both substance misuse and violence in the home,
- and/or where parents consciously and systematically cover up deliberate abuse,
- in families where there are perpetrators of sexual abuse,

then parents are unlikely to make sufficient changes to protect children from harm within an appropriate timeframe. Abused or neglected children tend to do better in care than those who remain with or return to parents who are unable to change. About one in three maltreated children who are reunified with birth parents become looked after again within six months.

**Motivation to Change**

Becoming motivated to change self-destructive behaviours is challenging for parents with multiple problems who may be motivated to change in one area, but not in others. Some parents reach a turning point in their lives and are determined to see it through, whereas others engage superficially to meet short-term objectives without the intention of making lasting changes. There will always be a level of coercion in statutory interventions and this may be what is required, but it can also be counterproductive and push parents who are uncertain or ambivalent further away from change.
A theoretical model of the different factors that promote or inhibit parental engagement can provide a framework for assessing how far parents are ready and willing to change combined with the following:

- A clear outline of the advantages and disadvantages of change;
- Timely and co-ordinated interventions from a range of professionals;
- Formal and informal pressure from the courts, family members & friends.

**Interventions**

No intervention is 100% effective and there is very little systematic evidence concerning what works although social workers who are open, straightforward and clear-sighted, and who adopt a position of respectful uncertainty appear to be most effective in supporting parents through the process of change.

Parent training programmes are effective in the general population, but only those which include specific modules tailored to address attitudes, beliefs and practices related to maltreatment are likely to be effective with parents whose children are on the edge of care. They can help learning disabled parents to acquire adequate parenting skills to provide sufficient and safe care, but long-term support is needed to adapt to new challenges. The Family Nurse Partnership programme is effective in reducing child abuse and neglect in vulnerable young pregnant mothers expecting their first child. Intensive multi-faceted integrated interventions for families with complex needs such as Intensive Family Preservation Services (IFPS) have been shown to improve family functioning and are more effective than routine services. However changes are not always maintained in the long term and although it may delay children’s entry to care they do not reduce the likelihood of them becoming looked after.

Gender-based cognitive behavioural group work can be an effective intervention for perpetrators of domestic abuse; advocacy services and skill-building interventions may improve self-esteem, coping and decision-making for victims of domestic abuse.

**Sustaining Change**

Successfully engaging in and completing an intervention is only one step in the change process and for many parents, the real challenge will be in maintaining that change in the long term. This will depend on the type and number of difficulties they are trying to overcome and whether these can be fully addressed or only partially controlled and alleviated.

Success in one area of recovery and change leads to success in others, a sense of self-efficacy, having a ‘normal’ role in society, positive support networks and professional support are all part of this, whereas stress, negative emotions, multiple problems, isolation, inadequate support networks and poverty undermine sustained change. If parents are inadequately supported, progress may falter under the stress of taking on greater parental responsibilities.
The challenge for social workers is to assess whether a parent is likely to achieve and sustain change within the child’s timeframe; recovery from problems such as substance misuse may take years and although relapse forms a natural part of the recovery cycle it may have a negative impact on children’s wellbeing.

**Practice Points**

Practitioners need to be familiar with the different stages of change and relapse, the concepts of parental motivation, engagement and action and the potential effectiveness of different interventions.

Change takes time and relapse is not unusual even when parents are motivated and have completed lengthy support programmes. Timescales for change need to balance the child’s needs and the requirements of the court.

The research findings underline the significance of relationships between practitioners and parents as a central part of facilitating and sustaining change.

Good and effective relationships with other professionals are also essential to support parents and provide a team around the child.

Research in these areas is continually producing new findings and should be an integral part of continuing professional development.

**References**


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