

Parenting Capacity: Ambivalence, Denial and Unwillingness to Change - Part Two

In the last paper we looked at the general messages from Ward et al's overview of the research findings on parenting capacity (Ward 2014). Here we look in more depth at the practice issues raised when working with parents who are in denial, ambivalent or unwilling to change.

Many parents in families where there are significant child protection issues deny that problems exist or try to minimise the concerns. Some are overwhelmed by struggles with poverty, poor health and housing; some do not see that they need to change and strongly defend their behaviour. False compliance, failure to cooperate and resistance to social work involvement are common features of child protection work; mental health problems including impaired personality functioning and/or learning disabilities can reduce the ability to understand the impact of parental behaviour on children's wellbeing or to acknowledge the need for change.

An apparent unwillingness to change can reflect internal factors such as shame, ambivalence about the need to change, and a lack of confidence about capacity to change. At the same time external factors such as the imbalance of power, if not handled carefully, can compound and exacerbate resistance to social work involvement.

There are no clear or consistent statistics on the number of parents resistant to change. However a research study by Farmer & Lutman (2012) on neglected children returning home from care found that almost 40% of parents actively resisted or attempted to sabotage interventions from professionals. In Brandon's overviews of serious case reviews (Brandon 2008, 2009) between 66% and 75% of the parents involved had shown disguised compliance, unwillingness to change and/or ambivalent or selective cooperation with professionals. In many cases parents appeared to engage with services to avoid raising suspicions, but in reality they were making little progress. Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and where parents shifted the focus away from allegations of harm, cases drifted and children went unseen and unheard.

Denial and Resistance

Often parents are preoccupied with their own needs and wants and when they do not understand or accept the need to change, or are afraid about their ability to do so, or they feel overwhelmed by their own difficulties they may instead respond defensively, with anger or hostility and a refusal to admit to problems. Sometimes though, denial is more about passive resistance, such as failure to carry out the child protection plan or to attend appointments with professionals. Parents drop out of programmes or treatment, written agreements are broken without consequences. Others

go through the motions by keeping appointments, but fail to genuinely participate. Many already have long-standing involvement with children's social care and are familiar with the child protection system and so they are able to persuade practitioners that they can protect their children, regardless of their readiness or ability to change their lifestyles. Of course, denial may also mask a genuine lack of insight and understanding of concerns that require greater clarification.

A social work approach which comes across as confrontational and critical is more likely to lead to resistance than one which focuses on and reinforces positive behaviours and acknowledges the challenges parents are facing. When parents feel that there is little room for dialogue or challenge and power is being exercised over them, in a coercive or penalising manner, rather than with them, as a form of encouragement and support, they are less likely to respond in a genuine collaborative way. The power struggle then becomes the focus of the relationship with the social worker, and gets in the way of achieving the objectives of the intervention.

Resistance to the involvement of social workers usually involves active behaviour such as non-cooperation or apparent co-operation, systematic lying or deliberately minimizing the extent of what is going on. Advocacy can be a positive way of reducing resistance and may re-focus parent-social worker interaction on the substantive problems which need addressing rather than the problematic relationship between the parties.

What are the factors underlying unwillingness to change?

In the majority of cases there are a number of contributory factors; the five principle causes of parental resistance are social factors, individual and family factors, shame, ambivalence and lack of confidence.

Many parents are struggling with interlocking mental health problems, substance misuse and domestic abuse, each one potentially compounding the problems of denial and shame and exacerbating their difficulties and hence their need for secrecy and disguised compliance. Alcohol, drugs and increased violence become means of coping. Children caught up in these family circumstances often feel forced into silence or denial in order to maintain family loyalty and the need for secrecy becomes the overriding family dynamic.

Whereas it may appear clear to professionals that certain behaviours have a harmful impact on children, parents are often more ambivalent; alcohol or drug misuse for instance can provide some comfort and escape from the reality of their situation. Sometimes the threat of legal proceedings can act as a positive driver of change; on the other hand, parents who lack self-confidence, for whom success is usually elusive, may feel very unsure about their ability to change.

It is important to understand the internal factors that lie behind all these responses, many parents experience feelings of deep shame and much is at stake: fear of exposure, stigma, possible removal of their children or even prosecution. Previous negative experiences of statutory agencies may exacerbate this and blame and responsibility may be externalised. Experiences of discrimination, disadvantage and abuse in the past and in the present are powerful factors that may underlie parents' relationships with authority figures and the way they respond to social work interventions, especially if there are past experiences of involvement with children's social care

which may reawaken feelings of powerlessness, anger or shame and lead to greater resistance to change.

Other parents may respond in a more passive or helpless way; they seem unable to comprehend what has happened to their child and do not react to professionals' high levels of concern. Such responses may result from shock, depression, mental illness or learning disabilities, all of which limit the parent's capacity to understand the concerns. Parents with learning disabilities or mental health problems are significantly more likely to be the subject of a care order application than other families. These parents may simply not recognise or understand the types of behaviours they are exhibiting, or why they can have a damaging impact on children.

When Parents Cannot Change within a Child's Timeframe

The process by which parents overcome unwillingness to change and resistance to the involvement of social workers can be lengthy, and should not become a reason for delaying decisions concerning alternative permanence plans. Nevertheless, there is 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.

An assessment of parenting capability should be used to explore the current levels of parental functioning, identify what approaches have been employed to engage, motivate and help them to change, and show what approaches have been made to the extended family. Practitioners should also work to understand the dynamic processes at play between individuals, families and professionals.

However in child protection work the first responsibility is to ensure that children are safe. Not all resistance to social work involvement is because of a poor relationship between the parent and the social worker, or by the failure of professionals to accept participative decision-making and not all parents are able to move on from denying that a problem exists, or being unwilling to change it, to taking action to resolve it within a child's timeframe. A small number of parents are so far from accepting the need to change deep and damaging behaviour patterns that separation is likely to be the only option for the present.

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.

Key Messages

- The initial approach to the family and the communication styles you use are important;
- Understand the internal factors and the dynamics that lie behind resistance and denial;
- Be aware of your own role in exacerbating or reducing resistance;
- Think about the positive messages as well as the critical ones;
- The professional relationship is a key part of effective practice; be objective and empathic, use your relationship skills;
- Be aware of the common pitfalls of intuitive reasoning;
- Discuss and test out decisions, acknowledge mistakes and learn from them.

Different Models of Intervention

- A sensitive social work approach, based on principles employed in Motivational Interviewing, can reduce resistance and help parents contemplate change;
- The Family Partnership Model provides practitioners working with families with an explicit and detailed understanding of the dynamic processes of helping, working in partnership with parents in a supportive way;
- 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.

What Works

Motivational Interviewing: Strengths and Weaknesses

Motivational interviewing (MI) is a counselling method, originally developed in response to the treatment of problem alcohol users and is based on three key elements: collaboration between the therapist and client; drawing out the client's ideas about change and emphasising the autonomy of the client. It does not impose change but works to explore and resolve ambivalence to change. However it may not be so effective in a child welfare context where there are multi layered problems although it can be used to increase parental engagement and to address the factors underlying parental resistance to involvement with child and family social workers.

The Family Partnership (FP) Model

The Family Partnership Model works with the difficulties that practitioners encounter in developing relationships with parents who are hostile or frightened and are reluctant to engage with social workers. Practitioners communicate genuine respect for parents regardless of their situation by:

- Working closely together with active participation and involvement;
- Sharing decision-making power;

- Recognition of complementary expertise and roles;
- Sharing and agreeing aims and how to achieve them;
- Negotiation of disagreement;
- Mutual trust and respect, openness and honesty and clear communication

Feedback from those who have completed this programme found that participants, in spite of their initial negative expectations of health visitors and social workers, greatly valued the relationships that had developed and thought that they had benefited by increased confidence, improved mental health, better parenting, improved relationships and changes in their attitudes toward professionals. However, although the trials show some encouraging results in terms of improved relationships with professionals, they do not show a strong or enduring impact on parent-child interactions.

Family Group Decision-Making

There is considerable evidence to suggest that involving parents and their wider extended family in the decision-making processes can decrease parental resistance to involvement with social workers by reducing their feelings of powerlessness within the context of statutory interventions and court proceedings. Family Group Decision-Making (FGDM) is good at involving the wider family in decision-making and families value these opportunities and feel positive about their experiences in a non adversarial context. There is evidence that FGDM increases the role of fathers and male and paternal relatives and it is respectful of family culture and prioritises the voice of the family over the voice of the professional.

Although the research evidence is limited, a number of studies report a range of positive outcomes for children and young people following FGDM, including increased support by family members and better family relationships and increased rates of relative care. However other studies have produced less positive findings; many families referred to FGDM have more serious problems from the outset which then lead to further substantiated re-referrals for maltreatment and more time spent in care.

References

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