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# Assessing Parental Capacity to Change: The missing jigsaw piece in the assessment of a child's welfare?

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## Abstract

This paper presents a framework for assessing parental capacity to change, for use by social workers when a child is experiencing significant harm or maltreatment. It reports on part of the work of a knowledge exchange project involving the University of Bristol and three local authorities in South West England. The availability of assessment models addressing capacity to change, in both social work practice and the academic literature, was found to be limited. At the same time, the importance of such an assessment is significant, in terms of the lives of children affected. Two particular approaches were examined, the assessment of actual attempts to change parenting behaviour, and how behaviour change theory can help understand barriers or facilitators to change such as individual motivation, or habits and automatic responses. The development of an assessment approach is outlined, based on these two key features. It is argued that this type of assessment helps fill an important gap in social work theory and practice.

## Key words:

Child welfare; child maltreatment; assessment; capacity to change; parent; behaviour change; risk

## 1. Introduction

Where a child has been maltreated, the parents' potential, to make changes that address the identified problems, is significant in relation to the child's future wellbeing. A range of work has been undertaken across many countries to explore parental change; much of it focuses on helping parents to change, i.e. methods of working, interventions/treatment

models and professional skills (Marcenko et al, 2010; Miller & Rollnick, 2013; Trotter, 2015; Turnell & Edwards, 1999). There is also a limited contribution from the risk assessment field (White et al, 2014). Neither of these areas of work offer in-depth assistance to the practitioner in assessing parents' capacities to change. And yet capacity to change is of huge importance for social workers in considering that most difficult of decisions, to remove a child from his or her parents' care.

This paper reports on the development of an approach to assessing parental capacity to change, to which we have given the name C-Change. The approach was the outcome of a knowledge exchange project involving the University of Bristol, and three local authorities in South-West England. In the following pages, we first identify the context of assessments of parental capacity to change in social work practice; then we set out how we approached the problem, our understanding of key terminology, and how the academic literature has contributed to the development of such assessments. Finally, we present an outline and justification of the approach we developed.

## **2. The policy and practice context**

There are significant tensions in social work practice in respect of supporting and promoting parental change. In England, as in many parts of the world, legislation and government guidance require social workers to support families and to enable children to remain in the care of their own parents if it is safe to do so. At the same time, however, they must initiate court action with a view to removal of the child (via a Care Order) where the harm or potential harm is significant and the parents are in some way responsible. In English law, this is codified, using what may appear to an international readership as rather obscure legalistic terms. The harm must be attributable to "the care given to the child, or likely to be given to him (sic) if the order were not made, not being what it would be reasonable to expect a parent to give to him" (s.31, Children Act, 1989, UK Government).

In circumstances of such harm, to keep a child in his or her own family safely, the parents must resolve the problems that led to the children being at risk in the first instance, and generally do so through positive engagement with services. This point, whilst seeming self-evident, is underlined by a range of research and practice experiences. In England, reviews of child deaths from maltreatment have often shown that services encountered difficulties working with the parents (Brandon et al., 2008). Data from child deaths in the USA paint a similar picture: in those families where fatalities occurred, the likelihood of parents using a range of services was lower, and a number of families refused meetings with professionals altogether (Douglas & Mohn, 2014). In a study of a parent aide programme in Texas, Harder (2005) found that parents, who had dropped out of the programme, were more likely to re-abuse their children than those who completed the programme. In England, there have been widespread concerns about some parents (albeit a minority) actively covering up their inability to make changes, a phenomenon that has been labelled 'disguised compliance' (Brandon et al., 2008). In planning the knowledge exchange project reported here, concerns

of this kind suggested that social workers might benefit from deeper understandings of parents' abilities to change.

### **3. Our approach to the topic**

In developing the C-Change approach, we explored a range of background literature, aiming to identify the most effective methods of assessing parental capacity to change. Due to funding constraints, this work was purposive, drawing particularly on existing reviews. We used an international review of literature in the child welfare and associated fields, focusing on parental engagement and readiness to change, which was a precursor to the funding for the present project (Platt, 2012). We undertook a detailed examination of a recent review of research related to capacity to change assessment commissioned by the UK Government's Department for Education (Ward et al, 2014). We searched for conceptual and empirical work on frameworks, or typologies, of factors affecting behaviour change. And we reviewed relevant questionnaires or other measures that would be applicable in practice.

Regarding 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 well-regarded 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 review was purposive, in the sense of i) building on currently accepted principles for assessing children's needs, parenting capability, and family and environmental factors (Turney et al, 2012); and ii) exploring conceptual analyses of the intrinsic and extrinsic factors that affect parental engagement and capacity to change. We searched using Google Scholar, Web of Science, and Social Care Online, using various combinations of the following terms: theory, behaviour, change, integrated, ecological, child, welfare, parent, assessment. Some of the searches revealed an unmanageably large number of references, that were not relevant to our search, but when varied combinations of terms in Google Scholar produced repeated hits of the same papers sorted for relevance, we considered that a point equivalent to 'data saturation' had been reached. We supplemented database searches with advice from colleagues regarding available integrated models of behaviour change.

Regarding the search for questionnaires, scales and measures, we searched Children's Bureau Express, Child Welfare Information Gateway, Google, Google Scholar, SCIE On-line and a sourcebook, Springer and Lehmann (2013). We used combinations of assess, support, sustain, maintain change, recurrent maltreatment, standard tools / measures / question, change, intuitive judgement, decision, structured, professional + judgement, monitor, evaluate, report, assess progress. These searches were further refined using the terms child

and parent. Again, this approach was supplemented by recommendations from academic and practitioner colleagues.

Following this literature-based work, we designed a method of assessing parental capacity to change, applicable to a social work context where statutory powers of intervention are used in relation to children's welfare. The method (C-Change) was written up in the form of a practice handbook (Platt & Riches, 2015), developed in consultation with practitioners and managers from the participating local authorities. Training was provided to 129 social workers and managers, who then worked with the University team to pilot the method, and provide data as part of an initial evaluation. A detailed report of the evaluation will be published elsewhere. The present paper explores the practice method rather the pilot evaluation results.

#### **4. Definitions of terms**

Understanding the capacity of humans to change established patterns of behaviour is an area of interest globally (Cane et al, 2012). Unfortunately, in the social work context, a wide range of terminology has grown up, used at seemingly equivalent conceptual levels. Scott and King (2007), for example, in a US-based literature review of client reluctance, identified key concepts as "treatment engagement, treatment motivation, denial, resistance/ambivalence, treatment responsiveness and treatment readiness" (p. 403). The problems of such a wide range of terms, and indeed a wide range of definitions, have been identified by many authors (Drieschner et al, 2004; Staudt, 2007; Yatchmenoff, 2005). And, at a fundamental level, it is worth noting that the use of the term 'treatment' itself is less common in England, where 'therapy' or 'intervention' is often preferred. For present purposes, we will focus on concepts of current concern in the UK at the time of writing, namely parenting capacity and parental capacity to change.

As Ward and colleagues (2014) indicated, 'parenting capacity' is a commonly used phrase in the UK, deriving from English legislation (Children Act 1989) governing state responsibilities towards children needing formal care or protection. It can be defined as a parent's overall ability to parent a child, across the range of needs the child may present. That is, a parent should provide basic care, safety, emotional warmth, stimulation, guidance / boundaries, stability, and so forth (Department of Health, 2000). Ward and colleagues adopted the term '*parenting capability*' to avoid confusion with 'capacity to change', a convention that we will follow in this paper.

We define '*parental capacity to change*', in the child welfare context, as

the combination of attributes, capabilities, motivations, contextual factors and so forth, that may enable a parent to make changes for the benefit of the child(ren), and to demonstrate that they can address critical difficulties that would otherwise have a severe impact on the child(ren)'s welfare.

The concept of 'readiness to change' was also of considerable influence to us (Day et al, 2010). Readiness has been defined as "the presence of characteristics (states or

dispositions) within either the client or the therapeutic situation, which are likely to promote engagement in therapy and that, thereby are likely to enhance therapeutic change” (Ward et al, 2004). Whilst this is a helpful concept, our choice has been to use the term ‘capacity to change’ for two particular reasons. The first is pragmatic, in that it has gained currency in both social work practice and in the policy context in the UK. The second is a more subtle judgment, that capacity to change implies an engagement with actual change, rather than preparation for change. We acknowledge, however, that both concepts have merit.

## **5. The importance of assessing parental capacity to change**

A starting point regarding the importance of our topic is the substantial research evidence, across English-speaking countries, that parental cooperation with services (and by implication their engagement with a change process) has a significant effect on decisions such as taking children into care, or initiating child protection investigations (Holland, 2010; Littell, 2001; Masson et al., 2008; Platt, 2007). Unfortunately, understanding cooperation or engagement is insufficient on its own, and does not necessarily indicate whether the parents can change things sufficiently to keep the child safe. As Ward and colleagues’ (2012) research into families involved with children’s social work services in England showed, social workers may sometimes mistake superficial engagement by parents for a genuine desire to change. It is essential, then that the element of change is factored in to the decision-making.

In the context of formal decision-making structures, the courts in England are re-examining their expectations regarding the quality of assessments (Flynn & Kelly, 2015). A recent Appeal Court ruling, *Re B-S* (2013), drew on a number of 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 help available to them to do so. This judgment is supported by the ruling in *Re R* (2014), which emphasised assessing whether the risk to the child could be managed. The implication of these cases is that evidence should be presented regarding the parents’ responses to help and intervention, in terms of changes that would improve the welfare of the children.

It was in this context, where estimates of parental capacity to change can have such significant effects on decisions related to children, that we explored ways in which capacity to change could be assessed more fully.

## **6. Capacity to change in the context of current assessment models**

Social work assessments of children and families in England draw on models such as the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000), a framework that has since been adopted in a number of countries across the world (Leveille & Chamberland, 2010). Typically, models such as this involve gathering and

analysing information about a range of factors, including the child's development, any harm they may be experiencing, the parents' capabilities, including physical care, boundary-setting, attachments etc., and the wider environmental context. During or after such an assessment, the parents are often given a chance to improve their situation, but practice varies widely between simple exhortation and offering tailored therapeutic interventions (Woodcock, 2003).

One critique of this approach to assessment is that it only provides a static, cross-sectional view of the family situation, and the dynamic, time-dependent element of assessing capacity to change is rarely a prominent feature of the information collected. Not only does this appear to be a problem in the UK, but experiences internationally are suggestive of a mainly static approach to family assessment (Baumann et al., 2011; Darlington et al, 2010). The key questions for an assessment of a child's situation are

- i) What is the harm and/or risk to the child?
- ii) What are the patterns of parenting and other factors that may have caused that harm?
- iii) Are the parents will be able to change sufficiently to ensure the child's wellbeing, and do so within a time frame determined by the child's needs and development?

Arguably, if the dynamic, change orientated part of the analysis has sufficient attention, the decision-making about the child's future will be improved. If the capacity to change assessment is omitted, our view is that a significant part of the assessment is missing.

## **7. Methods currently available to social work practitioners**

Turning to the widest overview of the literature available to us, Ward et al's (2014) review of approaches to the assessment of capacity to change involved a systematic search (although not a systematic review) of papers published in English. They identified over 16,000 academic sources, which were narrowed down to 343 papers that met their eligibility criteria. Their final coverage of practice models was limited to the Trans-theoretical (Stages of Change) Model (Prochaska & DiClemente, 1986), subsequent developments of this model, and a procedure for assessing parental capacity to change developed by Harnett (2007) in Australia. They acknowledged that little in terms of theory and practice methods related to capacity to change have been made available in a usable form to the social work profession. It appears that the development of practice methodologies for social work assessments of capacity to change has been somewhat limited.

We will explore in turn the Stages of Change model (Prochaska & DiClemente, 1986) and models that involve monitoring outcomes of attempted change.

## 7.1 Stages of Change

Perhaps the most recognisable model of change within social work in the UK (and elsewhere), currently, is the Trans-Theoretical, or Stages of Change model (Prochaska & DiClemente, 1986). It sets out a process of behaviour change that is said to occur in a number of stages. They are pre-contemplation, contemplation, preparation, action, maintenance, relapse and termination. The model is a generic one that has been used in a variety of therapeutic contexts, most notably smoking cessation. It has attracted significant criticism, however, particularly in the child welfare field. Littell and Girvin (2002), in a review of literature on the Stages of Change model, found no studies that had been able to show progression through all seven stages, and no empirical support for interventions that attempted to link therapeutic work with particular stages. Their own research in Philadelphia broadly supported this picture (Littell & Girvin, 2005). They concluded that new measures of readiness for change would be needed, because the Stages of Change model is fundamentally unsound. Similar views have been expressed outside the child welfare field, and a comprehensive summary of the criticisms of the Stages of Change Model has been presented by West (2005). Central to the general critique is the absence of clear empirical support for the existence of the stages shown in the model, and the significant failure of the model to predict future behaviour. We do, however, acknowledge that the Stages of Change model has had a positive influence in encouraging practitioners in a range of contexts to become aware of the complexities of human behaviour change.

## 7.2 Models that involve monitoring outcomes of attempted change.

Common to social work in the UK is the practice of giving parents a chance to make changes for the better, and to identify whether these changes were achieved. Our experience is that some social workers use materials from the Signs of Safety approach (Turnell & Edwards, 1999) in this regard. Signs of Safety encourages a process of goal-setting, although it is less explicit regarding how this can be incorporated into a formulation of capacity to change. A number of less well known approaches (e.g. the *Safeguarding Children Assessment and Analysis Framework*, Bentovimet al, 2013) include a more formal element of 'before and after' data collection within a wider assessment.

A model that incorporates careful measurement of actual changes is Paul Harnett's (2007) *procedure for assessing capacity to change* (Barlow, Dawe, Coe, & Harnett, 2015; H Ward et al., 2014). Harnett's approach encourages the use of standardised measures to examine parental behaviour before and after intervention, and the use of Goal Attainment Scaling as a means of assessing progress towards the agreed targets for change. Goal Attainment Scaling involves setting agreed goals for change, and agreeing five levels at which success or otherwise may be demonstrated. It has been used over a number of years in clinical settings, and has merit in terms of the specificity that it brings, particularly to the process of goal-setting (Ottenbacher & Cusick, 1990; Steenbeek et al, 2007).



## 8. The potential use of behaviour change theory in social work assessment

In the context, then, of a limited range of practice models, particularly models that might fit with the work patterns of busy local authority social work offices in England, we drew on Ward and colleagues' (2014) encouragement to examine further the internal and external factors that affect individuals' engagement with services. We examined relevant theory and research into behaviour change focusing (as indicated earlier, section 3) on integrated or multi-factorial models. We were interested in attempts to pull together and organise common factors from a range of well-supported behaviour change theories. We identified, as of particular interest, the Multi-factor Offender Readiness Model (Ward et al., 2004), Littell and Tajima's (2000) Multi-level Model of Client Participation in intensive family preservation services, and work undertaken over the past three decades by teams including Fishbein and colleagues (2001), Jaccard and colleagues (2002), and Michie and colleagues (Cane et al., 2012; Michie, Atkins, & West, 2014). An important line of development in specifying and categorising key factors affecting behaviour change can be traced back to a workshop organised by the National Institute of Mental Health in the USA in 1991. The workshop brought together a group of behaviour change theorists from different traditions, who, despite theoretical differences, were able to agree on a generic framework of factors influencing behaviour and behaviour change (Fishbein et al., 2001). This framework had a significant body of empirical work behind it, and has been influential in relation to further academic developments, including the Unified Theory of Behaviour (Jaccard et al., 2002), and the Theoretical Domains Framework (Cane et al., 2012; Michie et al., 2014).

This latter work (Michie et al., 2014) is of particular interest because it represents a significant attempt to develop a rigorous conceptual framework for behaviour change that integrates constructs from a wide range of behaviour change theories. Their Behaviour Change Wheel, and Theoretical Domains Framework (TDF) 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 (Cane et al., 2012). The constructs are thus based on a considerable body of research and analysis. The TDF, as it stands currently, is comprised of 14 domains, located under three headings, *capability*, *opportunity* and *motivation*.

The Unified Theory of Behaviour (UTB) (Jaccard et al., 2002) was helpful to us because their framework was adapted by Olin and colleagues (2010), in New York, for work with parents of children with mental health problems, a related field to our own. Furthermore, some of the language was revised to facilitate its use with a lay audience. It was evaluated in that context with positive results, although further evaluation would be desirable. The UTB has five central constructs, *Knowledge and Skills*, *Environmental Constraints*, *Intention*, *Salience* (of the behaviour), and *Habits/Automatic processes*. Our mapping of constructs suggested that the first three of these could be considered equivalent, with some small variations, to the headings Capability, Opportunity, and Motivation, from the TDF. The headings Salience and Habits/Automatic processes are consistent with other constructs set out beneath the three main headings of the TDF. Our argument is that the availability of these frameworks

has the potential to provide social workers with the necessary constructs to identify and assess likely barriers and facilitators to change affecting individual parents.

### **9. A two-part model for assessing parental capacity to change**

Building on this literature work, we developed an approach to assessing parental capacity to change that drew on what we considered the two most promising developments, the assessment of actual opportunities to change, and the assessment of factors affecting capacity to change. Our analysis of these approaches or models led us to conclude that both aspects should be combined into what is effectively a two-part approach.

Specifically, then, we propose that there should be two key aspects of a capacity to change assessment. The first is the assessment of factors affecting the behaviour and the process of changing it. The emphasis here is on the practitioner gaining an understanding of how the parent approaches behaviour change and the barriers and facilitators of that change. The second is the use of a dynamic approach to assessing actual changes that take place when a reasonable opportunity is provided. This component is more active and forward-looking, and is obviously consistent with a liberal democratic tradition of providing a fair opportunity to parents to keep their family together. Our contention is that these two parts are necessary and complementary, ensuring that opportunities for achieving change go together with an understanding of how it may be for the parent to attempt that change. This two-part assessment approach, as noted earlier, has been named C-Change.

### **10. C-Change Part one: Assessing Barriers to and Facilitators of Change**

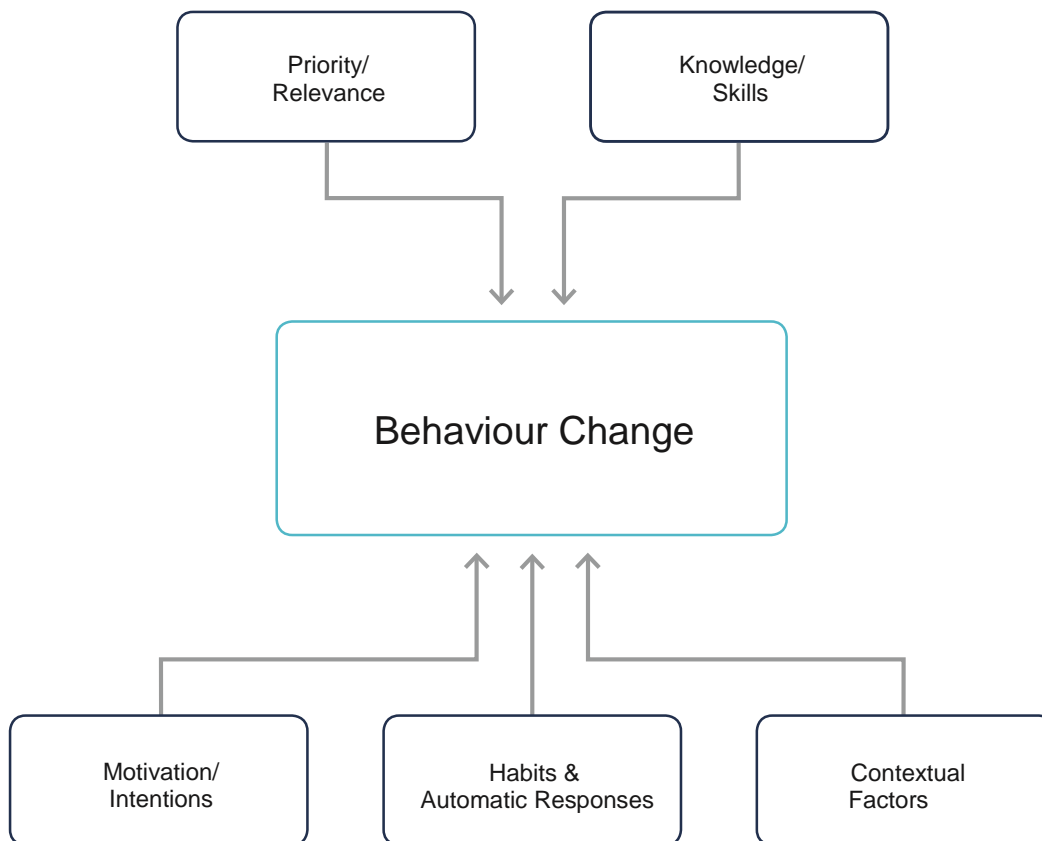
As indicated previously (section 3), our work in developing a model for practice included consultations with 12 consultant social workers<sup>1</sup> and managers in the three local authority Children's Services departments who were engaged on the project. To apply theories of behaviour change to a practical approach for assessment, we took the five immediate determinants of behaviour of the UTB (Olin et al., 2010) and mapped them in relation to the other integrated theoretical models cited earlier, principally the TDF. From that we developed an initial framework and consulted with local authority colleagues regarding the usefulness, understandability and practical applicability of the framework. Following consultations, we made minor changes to the constructs in the UTB to take account of differences of language usage, and the relevance of terminology to social work practice in England. We also identified through this process, a need to broaden the construct 'Contextual factors' (see below, this para, and para 10.5). The headings we settled on were Priority and Relevance (rather than Salience as in the original model), Knowledge and Skills ('Knowledge and Skills for Behavioural Performance' in the UTB), Motivation and Intentions

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<sup>1</sup> Consultant social workers, in England, are experienced practitioners who take a senior role involving practice leadership within their organisations, whilst at the same time maintaining involvement in day-to-day social work practice.

(which was labelled as “Intention or decision to perform behaviour” in the UTB), Habits and Automatic Responses (which was originally ‘Habit and Automatic Processes’), and Contextual Factors (which broadens the term “Environmental Constraints” used in the UTB). This categorisation of factors is set out diagrammatically in Fig 1, and the meanings of the various constructs are then explored. The approach is intended to be a framework to prompt and support social workers’ thinking and information-gathering. It is not a new theory, nor a data collection tool, although, as part of the work, we developed a range of suggestions and techniques to collect and manage information. Thus the theory was used to offer practitioner a series of issues to explore with parents when searching for relevant evidence of capacity to change. The following pages examine the key constructs in more depth.

**Figure 1, Framework of factors affecting capacity to change**



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### 10.1 Priority and relevance

The construct *priority and relevance* draws attention to the particular behaviour the parent is trying to change. It invites the social worker to consider how much of a priority it may be

for the parent to change this behaviour and to set aside previous behaviours. It raises the question of how relevant the change would be to their life as a whole. For example, a parent with an overly controlling, punitive approach to managing their children's behaviour might be asked to spend regular time with the children engaging in shared, enjoyable activities. However the parent may have competing priorities such as meeting socially with other parents, going out to work, managing the home, juggling hospital appointments and so forth. The role of the social worker would be to explore how and whether the proposed changes are relevant in this kind of context, and whether the parent will be able to make them a priority.

## 10.2 Knowledge and skills

The importance of knowledge and skills in relation to behaviour change lies in the individual's understanding of the intended change, and their actual ability to carry out the new behaviour. For example, a parent may lack understanding of developmentally appropriate expectations of young children. He or she may also lack skills in playing constructively with young children, and in communicating what is acceptable behaviour. Until this knowledge gap has been addressed, and relevant skills have been developed, it is unlikely that the parent will be able to make sustainable changes in terms of playing with the children in a developmentally appropriate way.

## 10.3 Motivation and intentions

The category of behavioural intentions, in the original Unified Theory of Behaviour, was further sub-divided into four central elements, namely "Beliefs and Expectancies; Attitude towards the behaviour; Social Norms; Self-Concept; Affect and Emotions; and Self-Efficacy". We adjusted this categorisation in order to make it more consistent with the Theoretical Domains Framework, and its domain of Motivation.

The final categorisation that we settled on used the following four headings:

- *Needs and expectations*, which draws attention to the value of any change to the individual, whether the change will meet their needs or otherwise, and their expectations in terms of successful achievement.
- *Attitudes, beliefs and feelings* is a category that encompasses both cognitive and affective factors, such as views about services, recognition of their own difficulties, and so forth.
- *Identity and social role* introduce a different angle in understanding motivation, namely the effect on intentions of a person's view of their place in the world, and the role they play in their social context. It interacts in obvious ways with the idea of 'Context' (below).
- *Confidence and self-efficacy* draw attention to the role of self-belief in behaviour change. Using Holden's definition (2002), 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” (p.14).

#### 10.4 Habits and automatic reactions

We considered it important in the context of maltreatment and deficits in parental childcare, that, unlike in the TDF, the issue of habitual or automatic responses appears clearly in a category of its own. Again this decision was pragmatic, rather than an attempt at further theoretical development. Relevant parental actions might include shouting at a child in the heat of the moment, responding to a child’s behaviour with a sudden physical response, or neglecting to provide adequate supervision because of some other distraction. In each of these examples, there is likely to be a significant element of automaticity in terms of the parents’ behaviour. That automaticity is problematic, and warrants attention as part of a social work assessment. As is often the case, a parent may have plenty of motivation to make changes, and a range of supportive factors may be in place, but if a habitual response occurs, perhaps triggered by cues that can be very individual (as most parents know), the best of intentions can be overridden in the real life situation.

#### 10.5 Contextual factors

Our heading *contextual factors* is most closely linked to ‘Opportunity’ in the TDF, and refers to a wide range of influences from income, class, education etc. through parental circumstances such as disability, domestic violence and so forth, to specific structural and organisational factors such as treatment/intervention programmes, practitioner skills, availability of social support, and other available resources. Indeed, this category would benefit from expansion with further sub-categories, were it not for a need to keep our overall framework manageable for practitioners. We focused on factors that are likely to be more proximal to behaviour change, such as social support, and the practitioner’s role and skills (for example in using more or less coercive measures in relation to the family).

The intention with C-Change is that parental circumstances such as learning disability are not seen as having a deterministic impact on that parent’s capacity to change. Instead, the framework encourages practitioners to explore how those circumstances interact with the barriers and facilitators to change in individual cases. For example, how does chronic substance misuse affect the ability to learn and to retain new knowledge; are there issues with memory loss that need to be addressed? This thinking then leads practitioners to ask questions about needs-led support that could be offered to parents. To help support such an approach, we also included specific material in the practice manual on assessments of parents with learning difficulties, together with a reminder of local authority obligations in England to provide services for vulnerable adults in their own right.

## 10.6 Applying the framework of barriers and facilitators

To support C-Change assessments in practice, we developed a range of materials. Included were sets of questions that could be used to elicit information under each of the above headings; two alternative charts to facilitate the weighing up of information gathered using the framework; a worked case example of the use of each of these charts; and examples of ways of presenting capacity to change information within an assessment report. An example of our 'Balance sheet of barriers to and facilitators of change' is given in Appendix 1. We also sourced freely available, research-based measures, scales and questionnaires that might be used to assess particular aspects of the framework in more depth, although we were unable to find a single scale that covered all five dimensions. These resources were all the subject of consultation with consultant social workers, and the materials we developed ourselves were adapted as necessary in the light of feedback received.

## 11. C-Change Part two: Assessment of actual change

With regard to the second part of the C-Change assessment, gathering evidence of observable change, the proposed use of Goal Attainment Scaling was well-received during our consultations. Harnett (2007) outlined the process as follows:

- "1) carrying out a cross-sectional assessment of the parents' current functioning,
- 2) specifying operationally defined targets for change,
- 3) implementing an intervention with proven efficacy for the client group with a focus on achieving identified targets for change, and
- 4) the objective measurement of progress over time including evaluation of the parents' willingness to engage and cooperate with the intervention and the extent to which targets were achieved." (p.1179)

On a pragmatic basis, Goal Attainment Scaling fits particularly well with collaborative approaches such as Signs of Safety (Turnell & Edwards, 1999) and with existing procedures such as goals set in individual Child Protection Plans in England. Signs of Safety was being used at the time of the project as a basis for practice in two of our participating organisations. Clear advantages of Goal Attainment Scaling include the focus on behavioural change, rather than attendance at appointments (which may only represent superficial compliance); the focus on working within the child's timescales; and the importance of including parental views. In the context of our work with social workers, additional benefits of the approach became evident. The first was that it required practitioners to agree specific behaviours as the target for change. These behaviours need to be relevant to the child and the child's needs. The second was that Goal Attainment Scaling goes beyond a simple process of goal-setting; it includes the expectation of setting different levels or degrees to which these objectives may be achieved. The process of doing this has the potential to make expectations more specific, so that the parents know where they stand, and social workers are clear what 'the bottom line' is. In working with parents with additional problems, such as chronic mental health or learning difficulties, practitioners

can avoid 'setting them up to fail' as a consequence of their circumstances. Rather their capacity for change will be firstly assessed and then tested in a holistic manner which both explores and tackles the influence of a range of factors. A chart for use in goal setting is given in Appendix 2, and the levels of achievement of the goal are set in the central columns, using a scoring system (1-5) and individual descriptors.

## **12. The place of the child in a C-Change assessment**

As indicated earlier, our view is that the two parts of the capacity to change assessment should be used together, in order to achieve the best quality information. From the outset of the project, we were aware that asking practitioners to put energy into understanding the parents risked compromising their focus on the child. This difficulty can be overcome

- i) by building the individual capacity to change assessment upon a routine holistic assessment of the child's needs, the parents' capabilities etc.;
- ii) by focusing throughout the capacity to change assessment on the child's needs and timescales. In other words, the changes sought must be changes that improve the situation for the child, and those changes need to be achieved within a time frame that does not compromise the child's development.
- iii) by making good use of supervision to avoid collusive relationships building up with parents.

## **13. Conclusion**

The state of social work practice, in assessing parental capacity to change, is one of limited availability of practice methods. Current assessment approaches direct attention to static rather than dynamic analyses of family functioning, and yet the dynamic element is necessary for us to consider what may happen for the child in the future. An assessment of capacity to change adds this missing piece to the assessment jigsaw, and forms a significant part of assessing future risk. In this paper we recommended a two part approach, combining an assessment of barriers and facilitators of change, with an assessment of actual changes when opportunities are offered.

The C-Change assessment covers these two parts. Our work involved piloting the C-Change assessment with social workers in three local authorities in South West England. The introduction of the model has the potential to improve decision-making, to improve social workers reports to the courts, and to reduce delays in proceedings related to children. Evidence to support these claims will be presented in a separate paper.

Our overall position is that the theory and practice of social work assessments of children and families should be re-worked to incorporate more effectively the element of behaviour change. The C-Change model is one contribution to this process.

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Legal cases (England):

Re B-S (*Children*) (*Adoption Order: Leave to Oppose*) [2013] EWCA Civ 1146

Re R (*A Child*) [2014] EWCA Civ 1625

**Appendix 1, 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

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**Appendix 2**  
**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		

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