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Risk and parental capacity to change

Aims of this session

- Improve understanding of risk assessment and the use of standardised tools
- Explore the social work role in assessing and enabling parental capacity to change

Risk assessment

- What happened?
- Will they do it again?
- How can I help?
- Can they change?
- Is the child safe at home while they try?
- How will I know it has worked?

What do we know about assessing risk?

- No absolute criteria or legal definitions for assessing risk
- Every child is different
- Single event or combination
- Risks interact
- Protective factors are important

A 'third generation approach'

Evidence-based actuarial tools

+

Professional judgement

=

STRUCTURED PROFESSIONAL JUDGEMENT

Unaided clinical judgement in relation to the assessment of risk of harm, is now widely recognised to be flawed
Barlow (2012)

What tools are in use in your area?

- Evidence points to the potential benefits of using standardised tools

  Barlow (2012)

Research based approach to assessing risk of further child maltreatment

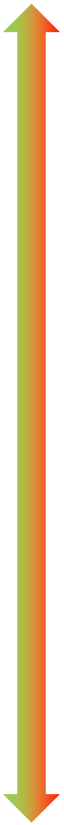
This grid is based on research analysis from Jones et al (2006).

Exercise

- In groups, look at the case study and complete the Jones grid
- How would you rate the risk to the children in this family at the time of the EPO application?

Classifying families at risk of harm

Ward et al (2012)



Severe risk: Risk factors apparent and not being addressed, no protective factors apparent

Parents UNABLE to demonstrate sustained capacity for change; ambivalence or opposition to return by child or parent

High risk: Risk factors apparent and not being addressed. At least one protective factor

Parents UNABLE to demonstrate sustained capacity for change; ambivalence or opposition to return by child or parent

Medium risk: Risk factors apparent and not all being addressed. At least one protective factor

Parents ABLE to demonstrate sustained capacity for actual change. Parents and child both want return home to take place

Low risk: No risk factors apparent or previous risk factors fully addressed, protective factors apparent

Parents ABLE to demonstrate sustained capacity for actual change. Parents and child both want return home to take place

	early years (birth – 5 years)	middle years (6 – 11 years)	adolescence (12 – 18 years)
> threats	Processes that can both threaten and promote the development of resilience are usually located in the domains of family, the local community and environment, or within children themselves.		
the big issue:	**absence of consistent care,** also:	**parental disharmony,** also:	**academic disengagement,** also:
family	> Abuse/neglect. > Carers unable to adapt to child's developmental stage. > Domestic violence.	> High-criticism/low-warmth parenting style. > Open parental conflict. > Bereavement or loss of significant relationship. > Parental drug/alcohol misuse.	> Refugee status. > Family breakdown. > Lack of clear boundaries for child.
community	> Poverty. > Area low in social capital.	> Homeless/poor housing. > Dislocation from familiar environment.	> Racism. > Presence of delinquent sub-groups.
child	> Developmental delay. > Challenging temperament.	> Physical illness. > Poor school performance.	> Emotional disorders and low self-esteem. > Poor school attendance. > Risky behaviour.
> assets			
the big issue:	**reliable care from parent figure,** also:	**stability, routine and play,** also:	**self-efficacy and competence,** also:
family	> 'Good enough' parenting. > Parental harmony, or if absent, a close relationship with one parent.	> Good parent-child relationships. > A valued social role in household, such as helping siblings or doing chores.	> Stability at home. > Fair rules and regulations. > Encouragement to learn new skills.
community	> Safe communities. > Parent(s) not isolated. > Economic security.	> Friends. > Structured activities. > Free play.	> High quality education. > Supportive emotional relationships. > Valued social role such as a job or volunteering. > Close relationship with reliable adults.
child	> Secure attachment. > Positive pre-school experience. > Appropriate language development.	> Successful school experiences. > Emotional self-regulation.	> Good social skills with peers and adults. > Problem-solving skills. > Belief that own efforts can make a difference.
> interventions	It is crucial that we recognise that children, the problems they face, and the solutions they require will vary widely. As well as considering the strength of the evidence base, interventions need also be driven by what children and young people want for themselv		
the big issue:	**ensuring secure attachment,** also:	**support from friends and family,** also:	**enhancing skills and social networks,** also:
family	> Check that the mother's nutrition is adequate throughout pregnancy. > Discourage maternal and passive smoking. > Discuss the effects of the mother's alcohol consumption. > If male partner is present, discuss his participation in care. > Check and help reduce maternal stressors.	> In situations of marital discord, encourage attachment to one parent, the moderation of parental disharmony and ways to play a positive role in the family. > Emphasise the importance of structured routines, with praise and sanctions being administered fairly.	> Where parental separation occurs, encourage ways to maintain familiar social rituals. > Encourage support by fathers for both male and female children. > Help to build supportive long-term relationships.
community	> Emphasise the need for safe play areas in the home and in the community and the provision of learning materials. > Emphasise the importance of high-quality pre-school day care. > Discuss taking advantage of local opportunities for links with other parents, the broader community and faith groups. > Explore the potential availability of alternative caregivers. > Discuss support available for families experiencing domestic violence. > Explain the benefits of social support to mothers from partners, family and external networks. > Consider how adequate parental income affects secure attachment.	> Seek services flexible enough to accommodate a range of cultural and community specific behaviours. > Explore ways that help children vulnerable to being 'left-out' develop social networks. > Discuss options for maintaining home-school links that can promote parental confidence and engagement. > Help to resolve minor but persistent stressors as well as more major but short-lived difficulties.	> Seek out and encourage participation in programmes in schools that: - encourage emotional literacy - encourage peer collaboration - emphasise educational achievements for vulnerable children. > When young people are living independently, reinforce the importance of supportive socia networks and registration with GP and dentist. > Discuss opportunities to enter the job market, and help to consider alternative options. > Encourage connections with fai communities where appropriat
child	> Talk about the benefits of breast feeding to three or preferably six months. > Encourage the take-up of the MMR vaccination. > In abusive settings, consider maintaining attachment to non-abusive parent or other family member.	> Encourage and support the development of skills, opportunities for independence and mastery of tasks. > Support the development of positive thinking, problem solving and coping.	> Suggest improving self-worth through household roles, part-time work or volunteering. > Seek out sources of advice on development of skills and competencies relevant to employment.

Resistance and parental capacity to change

Partnership working

- Tools should only be implemented as part of a broader 'partnership' approach
- The quality of the relationship is an essential foundation

Client resistance is not something that solely exists with the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and the quality of the interaction between client and social worker. This is crucial because it puts the spotlight on social worker behaviour as both a potential cause of resistance and also our most important tool for reducing resistance
(Forrester et al 2012)

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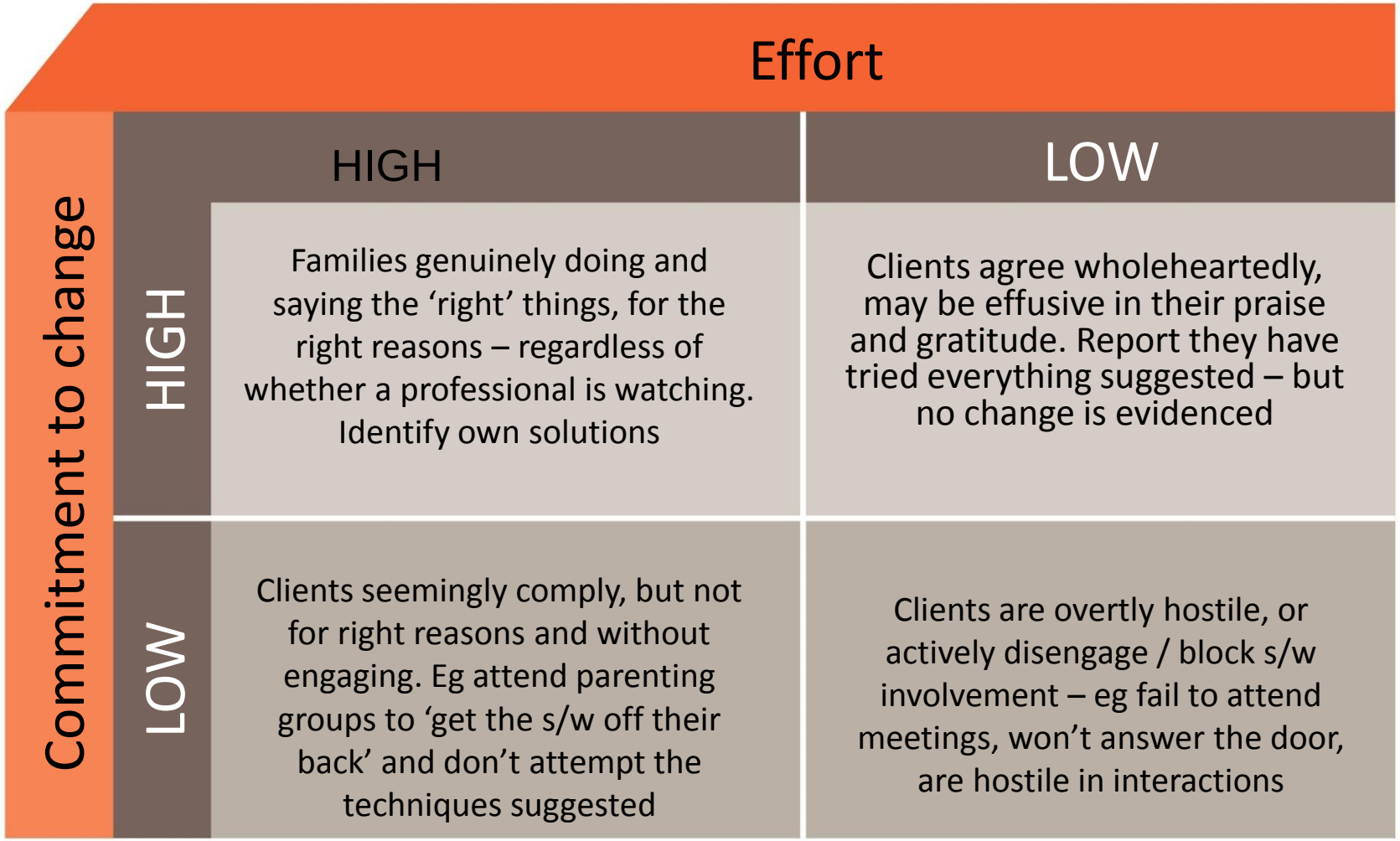
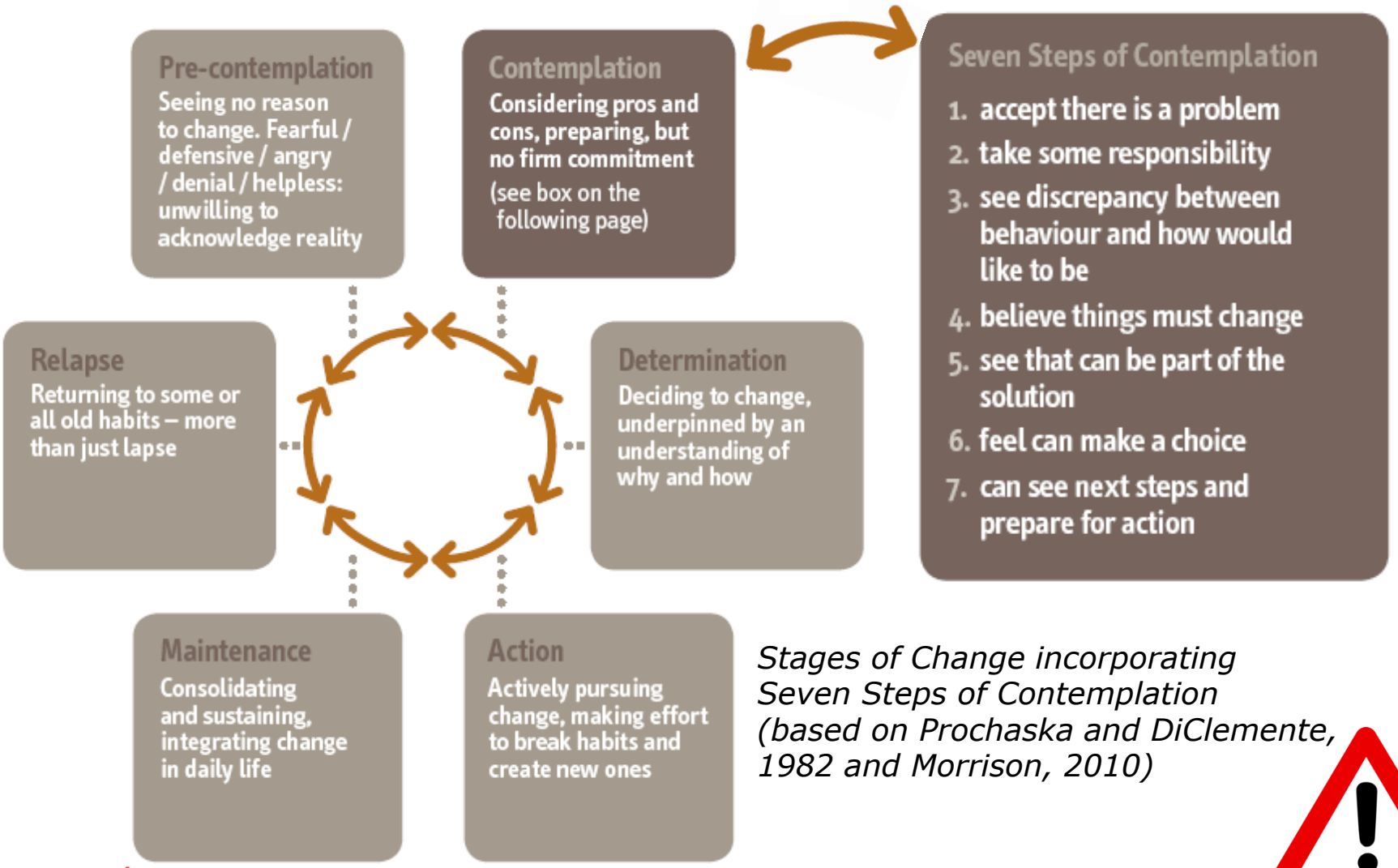
Capacity to change

- *Can parents change enough in time for this child?*
- *How can we help?*
- *What will change look like?*

For example….


Effort
HIGH
LOW
Commitment to change
HIGH
LOW
Families genuinely doing and saying the 'right' things, for the right reasons – regardless of whether a professional is watching. Identify own solutions
Clients agree wholeheartedly, may be effusive in their praise and gratitude. Report they have tried everything suggested – but no change is evidenced
Clients seemingly comply, but not for right reasons and without engaging. Eg attend parenting groups to 'get the s/w off their back' and don't attempt the techniques suggested
Clients are overtly hostile, or actively disengage / block s/w involvement – eg fail to attend meetings, won't answer the door, are hostile in interactions

Stages of Change: a health warning



Stages of Change incorporating Seven Steps of Contemplation (based on Prochaska and DiClemente, 1982 and Morrison, 2010)

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Assessing parental capacity to change requires

Step 1

Working out what is going on now

Step 2

Agreeing what needs to change

Step 3

Offering help (of a kind that we know works)

Step 4

Measuring what changes as a result

Harnett and Dawe 2007

Goal attainment scaling

- Work with parents to set specific, jargon free targets
- Clarity about consequences
- Requires use of evidence-informed intervention
- Actual observed change is measured
- Consequences are followed through

Essential infrastructure

- Structured professional judgement accepted by social workers, managers and legal representatives
- More use of standardised tools in practice and in supervision
- Support for partnership working with families
- Support for action when goals not reached
- High quality training, CPD and supervision
- Regular service audits of decision-making processes: e.g. EM Tool 12

The way forward

- 'reposition social workers as trusted professionals playing the central role in care proceedings, which too often of late has been overshadowed by our unnecessary use of and reliance upon other experts. Social workers are experts…CAFCASS officers are experts'

Sir James Munby, President of the Family Division

Further reading

- Returning Home from Care: what's best for children? *NSPCC*
- Case Management and Outcomes for Neglected Children Returned to their Parents *Farmer and Lutman (2010)*
- Risk Factors for Recurrence of Child Maltreatment *Jones et al (2006)*
- Decision Making within a Child's Timeframe *DfE (2012)*