



Practice Guidance



Assessing Parent Capacity to Change

October 2022

Introduction

This guidance has been drawn together from some published resources to capture some helpful information for professionals working with families in South Gloucestershire. The links to the original documents are provided in a table on the final page, but this guidance aims to link this information in one place.

These essential resources to support an analytical and evidenced-based assessment of parents capacity to make sustain change in behaviours, that impact on the child with a Child Protection Plan.

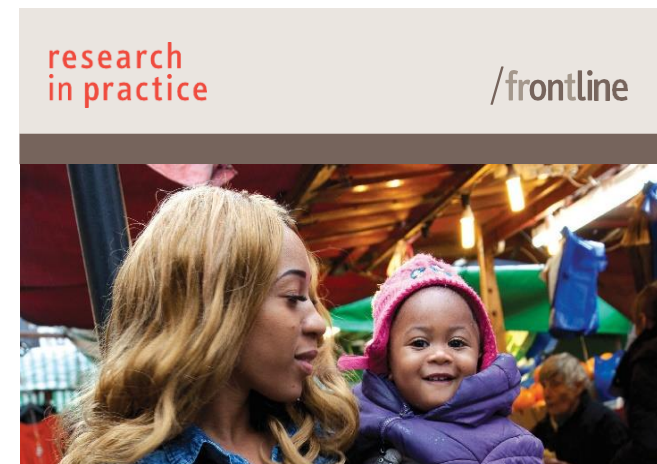
It is important to keep assessing whether [work with parents] is leading to sufficient improvement in the capacity of the parents to respond to each of their children's needs. This, at times, requires difficult judgements about whether the parents can change quickly enough to meet the child's developmental needs¹

Research in Practice – Briefing and Assessment Tool

Parenting capacity' and parents' 'capacity to change' are linked but distinct aspects of assessment with high-risk families. Parenting capacity considers parents' current ability to meet the developmental needs of their children; an assessment of capacity to change asks whether parents – when provided with the right support over a specified period of time – are able to make the necessary changes to ensure their child's well-being and safety.

The full Research in Practice Briefing can be found [here](#)

Alongside the briefing sits a four stage assessment process tool – details of this tool are provided for reference on the next pages, but the tool can be accessed in full [here](#)



¹ Eileen Munroe 2011

assessing parents' capacity to change

Issues to consider

The four stage assessment process outlined at www.rip.org.uk/frontline/capacitytochange recommends the use of standardised measures such as those described here to 'take a baseline' on particular issues for the child and family.

Following evidence-informed work with the family to address their issues, use the measure again to inform an objective assessment of change in parenting capacity.

This table provides examples of well-validated tools to support assessment in key domains of child, parent and family functioning.

For a full list of references visit www.rip.org.uk/frontline/capacitytochange

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Munro, 2011

domain of assessment	description	brief description of selected measures
Child developmental outcome	Assess whether a child is meeting or failing to meet developmental milestones or has other identifiable problems.	<p>Use of developmental charts is strongly recommended, particularly for babies and infants. Readily available on the internet, these provide a starting point for checking on developmental outcome.</p> <p>Screening measures of infant/child well-being Brief Infant Toddler Social Emotional Assessment (BITSEA): A screen for social-emotional development and competencies for children from 12 to 36 months (purchasable copyright instrument).</p> <p>Screening measures of child behaviour Strengths and Difficulties Questionnaire (SDQ): A 25 item measure of child behaviour problems ranging from three to sixteen years of age (Goodman, 1999). Available at www.sdqinfo.com</p>
Quality of the parent-child relationship	Assess how psychologically and emotionally connected the parent is with their child and the child is with their parent.	<p>The Emotional Availability Scales (EAS) (Biringen, 2004): Contains four dimensions to describe parents' behaviour – the ability to respond sensitively to the child (sensitivity), provide structure to help the child manage their emotions and behaviours (structuring), promote autonomy (non-intrusiveness) and minimize angry and hostile interactions (non-hostility). Two child scales measure child responsiveness and child involvement – www.emotionalavailability.com</p> <p>The Care-INDEX (Crittenden, 1986): Well validated and widely used 15-20 minute coding system. Assesses mothers on three scales: sensitivity, control and unresponsiveness. There are four scales for infants: cooperativeness, compulsivity, difficultness and passivity. Graded Care Profile: enables practitioners to produce a measure of the quality of care given to a child by looking at four key areas: physical, safety, love and self-esteem. The grades indicate quality of care and are recorded using the same 1-5 scale in all areas.</p>
Parenting values, structure and skills	Assess the parents' ability to provide routines; effectively manage child's behaviour and monitor the child (know where they are and who they are with).	<p>Parenting skills The Parenting Scale (Arnold and O'Leary): Designed to assess parental discipline strategies in response to child misbehaviours. Available at www.incredibleyears.com/Measures/forms_GL.asp The Management of Children's Behaviour Scale (MCBS) (Kazdin and Rogers, 1985): Designed to measure parenting practices that have been associated with the development of child conduct problems, including: coercive communication, dysfunctional disciplining practices, inconsistent parental control, physical punishment, harsh punishment, negative reinforcement of misbehaviour, lack of positive reinforcement of good behaviour and negative parental attitude.</p>
Parents' state of mind	This can cover many aspects of parents' well-being. We focus on mood difficulties and emotional regulation, although this domain can also include use of substances.	<p>General mood Assessing parental mood, including depression and anxiety, is strongly recommended.</p> <p>The Depression, Anxiety and Stress Scale (Lovibond and Lovibond, 1995): A 21 item measure that reliably assesses each of the constructs (www2.psy.unsw.edu.au/groups/dass). The Adult Well-Being Scale (Snaith, 1978): Can be used as a measure of general mood.</p> <p>Other reliable and valid measures of mood (see Dawe et al, 2002) include: The General Health Questionnaire; Spielberger State Trait Anxiety Scales; The Beck Depression Inventory and Beck Anxiety Inventory.</p> <p>Alcohol use The Alcohol Use Disorders Inventory Test (AUDIT): A ten item measure to detect hazardous, harmful and dependent drinking in the last six months. The AUDIT-C contains the first three quantity and frequency questions and is a sensitive measure of recent alcohol use.</p>
Wider ecological context	Assess: (i) the quality of the parents' relationship (ii) the availability of social support and parents' willingness to engage with this support (iii) financial and housing difficulties (iv) quality of the home environment.	<p>Quality of relationships Dyadic Adjust Scale: A widely used measure of relationship satisfaction. A seven item version has been developed and appears to be a valid and sensitive measure (Hunsley et al, 2001).</p> <p>Social support The Multidimensional Scale of Social Support: Differentiates between actual and ideal levels of support.</p> <p>Stress Parenting Daily Hassles Scale: Assesses the frequency and intensity of 20 common 'hassles' that can affect parents caring for children. Helps give a wider perspective on family processes that may be affecting the child in either a positive or negative way. The Recent Life Events: Provides a measure of major events over the past 12 months that have an enduring negative effect on the parent.</p> <p>Quality of the home environment The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell and Bradley, 1984, 2003): Designed to measure the quality and quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment, the relationship between the child and their family surroundings.</p>



Case Law

Parent's opportunity to demonstrate change: Re S [2015]

Case Date: 15 May 2015

Publication Date: 26 August 2015

Introduction

This case is a helpful clarification of the "nothing else will do save adoption" requirement - the court agreed with a local authority's assessment that a mother was unable to change in the child's timescales so it was justified in putting forward a plan for adoption.

By Michael Jones, Barrister, Deans Court Chambers, Manchester.

This case is a helpful clarification of the "nothing else will do save adoption" requirement - the court agreed with a local authority's assessment that a mother was unable to change in the child's timescales so it was justified in putting forward a plan for adoption.

The judge dismissed the mother's appeal against a placement order made in respect of her infant child. Both the local authority and the children's guardian had originally proposed a further assessment of the mother's parenting ability within the proceedings but subsequently withdrew that proposal. The mother appealed on the basis that she had been prevented from demonstrating she could sever links with an abusive father, contact with whom had become the key child protection issue in this case.



Key points for practice

- This judgment is helpful in that it supports the previous line of cases, namely *R (A Child)* and *CM v Blackburn with Darwen Borough Council*, in clarifying the requirement that "nothing else will do" in order for adoption to be justified. The Court of Appeal makes it clear in this case that failing to allow the mother further assessment and the opportunity to complete further work did not invalidate a decision that rested on a finding that she failed to recognize the risks of sexual abuse posed by the father.
- If a court finds no realistic prospect of a parent recognizing the existence of a significant risk factor, it follows that the parent cannot be expected to protect a child from that risk. If there is no realistic prospect of the parent being educated so as to recognize the risk, then, if the associated harm is of sufficient severity, the court is likely to be justified in concluding, in the absence of other viable alternatives, that adoption is appropriate. Likewise, the local authority is justified in suggesting that.
- In this case, the local authority had agreed to support the provision of further work around "safe care" - the issue was the mother's inability to appreciate and safeguard from the risks posed by the father and the local authority agreed that this needed further assessment. The factual basis underpinning the proposal that this work be completed was that the mother was not in a relationship with the father; it transpired however, that she was continuing her relationship with him and attempting to hide this from professionals. Once this became clear and the court made these findings, the local authority and the court were vindicated in their conclusion that sufficient ability to safeguard on the part of the mother, would not be evidenced within the timescales of the child.
- If a local authority proposes assessment of a parent, that proposal may well rest on certain factual assumptions. Here, for example, that the relationship between mother and father was not ongoing. If new reliable information casts doubt on those factual assumptions, a local authority may be justified in changing its position and withdrawing its proposal for assessment. However, changing assessment plans mid-way through care proceedings has the potential significantly to affect the fairness of those proceedings. It may also require an application to the court to vary an existing case management direction or order. Such decisions should therefore not be taken without first seeking legal advice.



Case summary

The child, a young boy referred to as D, was almost two years old at the time of the appeal hearing. D was the youngest of the mother's 10 children and had been removed from her care for the second time in July 2014. The mother's eldest two children resided in long-term foster care, whilst the other seven had all been successfully placed for adoption following care proceedings; findings had been made of neglect and serious physical and emotional harm. All the children had the same father.

Given this history, care proceedings were instigated immediately upon D's birth in May 2013 and he was removed from the care of the mother. He was subsequently placed in the care of both parents in December 2013 and had on all accounts, thrived in their care. The parents engaged well with professionals, home conditions were noted to be of a good standard and there were no reported concerns around the home placement.

In May 2014, three of the father's younger siblings made serious allegations of sexual abuse against him which were said to have occurred during their childhoods. The period of the alleged offences included times when he was himself a father.

The father was charged with offences of anal and vaginal rape and was awaiting criminal trial at the time of the appeal hearing. His bail conditions prohibited any contact with D unless it was professionally supervised. The father had a previous conviction of indecent assault on a nine-year-old boy and two of his elder children had subsequently made allegations of sexual abuse against him.

The mother's initial perception of the allegations was that they were malicious and untrue. She was however, prepared to enter into a written agreement with the local authority providing for any contact between D and the father to be supervised by the local authority. She breached the agreement. The local authority entered into a further written agreement with the mother and warned her of the consequences of breaching this.

An adoptive parent of one of D's siblings then contacted the local authority, concerned by a letter sent by the parents to the adopted child, indicating that the parents were living together.

The local authority instigated care proceedings. An interim care order was granted in July 2014; D was removed and placed into foster care.

The local authority's interim care plan was for the child to remain in the foster placement during the proceedings. However, matters were relatively fluid since the local authority also planned to refer the mother for a parenting assessment and to carry out 'safe care' work with her.

The mother also informed the court at an early case management hearing that she had separated from the father and was not having contact with him.

However, it transpired that the proposed assessment service was not available to the mother as it did not work with parents who were the subject of ongoing care proceedings. A search for an alternative provider began, but was interrupted by new evidence about continuing contact between mother and father. The local authority therefore abandoned its enquiries and issued an application to place D for adoption (a placement order).

Following a three-day final hearing, the trial judge found that the parents had been meeting regularly and had continued their relationship. The judge accepted that the mother was likely to be able to provide for D's physical needs but that she had not been open and honest with social workers about her relationship with the father. As a result, she was not in a position to protect the child from the risk of sexual abuse posed by the father and was unlikely to be able to do so within a timescale that fitted with the child's best interests. In the judge's words:

"The risks inherent in returning D to the care of his mother are very high indeed. History is the best predictor for the future and, in my judgment, it is unlikely to be long, if D was in her care, before she was going behind the backs of professionals, and permitting the father contact and exposing D to the risk of sexual abuse. If I am mistaken and the mother can indeed put into practice her express determination to separate from the father...she cannot put herself in the position where she could be considered as a safe carer within any timescale which could remotely meet D's needs."

The judge approved the final care plans, which were supported by the children's guardian, making a placement order in respect of D. The mother appealed this decision.



Decision of the court

The lead judgment was given by Lady Justice Macur. The mother did not challenge the findings of fact made by the judge below. The argument put forward on behalf of the mother was that;

- The parents had shown a remarkable turnaround in their parenting capacity.
- The fact that the mother breached the written agreement entered into in May 2014 was known to the local authority when they decided a parenting assessment and further "safe care" work was called for. In such circumstances, regardless of the findings made against the mother, the court should not have denied her the opportunity of completing the work with a suitable provider and to potentially appreciate and understand the importance of ending her relationship with the father.
- As the mother had not been given the opportunity to complete this work, it could not properly be said that "nothing else would do" but adoption.

The local authority and the children's guardian opposed the appeal, arguing that their initial stance was based on the mother's promise that she was not in a relationship with the father. The local authority argued that the known factual picture changed materially. Once they became aware of the extent of the continuing links between mother and father, there was no point in proceeding with their initial plans.

The timescales for D were an important component of this case; the issue was whether the mother could demonstrate sufficient insight to the risks posed by the father in order to adequately safeguard D in the future. She did not have that insight at the date of the final hearing and, even if she could develop it subsequently, could not do so within a timescale that fitted with the child's needs. There was no assessment or service that was reasonably likely to engender that insight within an appropriate timescale. Macur LJ concluded that:

- The parents had shown a remarkable turnaround in their parenting capacity.
- The fact that the mother breached the written agreement entered into in May 2014 was known to the local authority when they decided a parenting assessment and further "safe care" work was called for. In such circumstances, regardless of the findings made against the mother, the court should not have denied her the opportunity of completing the work with a suitable provider and to potentially appreciate and understand the importance of ending her relationship with the father.
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*"[Counsel's] submission that the balance has to be in favour of giving D a chance to be raised by his mother by allowing her the opportunity of completing the assessment must be seen in the context of HHJ Newton's findings and the decision in R (A Child) which lays to rest any misconceptions that did exist since the reporting of Re B and Re B- S that only once every possible option has been investigated, regardless of prospects of success or realistic application to the known facts, can an interference with respect for the family life of the subject child and his/her parents be justified by the making of a placement order. D's future welfare required the judge to make a **realistic appraisal** of the mother's prospect of acquiring sufficient and genuine insight into the risk the father presented in the short and medium term and being amenable to support throughout and thereafter to sustain her separation from him. HHJ Newton made significant adverse findings against the mother in this regard and in a manner that simply cannot be categorised as wrong; I would go so far as to say she was plainly right."*

Accordingly, the appeal was dismissed, with the court making it clear that there is no proposition in law that every single possible placement option must be fully investigated prior to adoption being approved. To suggest that this is required in order to demonstrate that only adoption will do is wrong. The realism of a particular option informs the extent to which it need be investigated.



Other relevant cases

CM v Blackburn with Darwen BC
Re R (A child)
Re B-S
Re B (A Child)[2013] (care orders, adoption, "nothing else will do")

Barristers

Mr R Zentar (instructed by Temperley Taylor Solicitors) for the appellant; Ms S R Donaldson (instructed by Salford City Council) for the first respondent; Mr A Moore (instructed by WTB Solicitors) for the second respondent

Working directly with the adults to achieve change

Author: Neil Ventress

Updated Date: 4 March 2021

Publication Date: 10 November 2015

[Return to model of concurrent intervention](#)



These are the things you need to do to make your child's life better.

Why is working directly with the adults important?

Given that working with parents is a fundamental part of what social care professionals do, this may seem like a superfluous question. Perhaps the issue is not so much why it is important to work with parents and carers but what is the nature of that work, and what are the difficulties that are likely to be encountered and how can those difficulties be overcome?

Firstly, though, it is important to consider who we mean when we talk about the adults. Traditionally mothers have been given greater responsibility for neglect than have fathers or, indeed, other male caregivers or male members of the household. Whilst we all recognise that it is obviously far too simplistic to suggest that women neglect their children and men do not, nonetheless it is mothers who tend to be the focus of intervention.

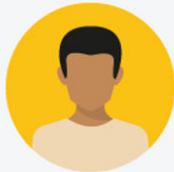
Horwath paints a bleak picture of the males involved (although she is careful to support her comments with authoritative sources) when she suggests that typically if neglectful mothers do have partners they are shadowy figures in the household who do not contribute positively to either supporting the mother or caring for the children. She goes on to say that neglectful mothers are also vulnerable to engaging with dominating men who are often violent and abusive towards them and may undermine their already limited sense of self-esteem. (Horwath, 2013, p39).

Brandon et al (2014, p20) develop this theme and apply it to practice, stating that "social workers often perceive men in vulnerable families as a threat, not just to their children and partners, but also to practitioners who may in turn feel relieved when men apparently absent themselves (Scourfield, 2006). Listening to fathers' viewpoints and including them in service provision has however been found to be important for both the partners in a relationship and for children (Burgess et al 2014)."

In their 2009 analysis of serious case reviews, Brandon et al pointed out that there was "... a dearth of information about men in most serious case reviews; failure to take fathers and other men connected to the families into account in assessments; rigid thinking about father figures as all good or all bad; and the perceived threat posed by men to workers."

In their 2020 analysis, Brandon et al suggest that this is still a problem when they state "the invisibility of men in parental roles or the issue of absent fathers persists in this sample, echoing previous national reviews." They go on to report that:

"The primary focus of health professionals and social workers continues to be on the needs, circumstances and perspectives of the mother. This is the case even in established relationships when the mother's partner has a major role in looking after the children."



In our case study, it will be important to consider Dan's role; he is in a (perhaps somewhat precarious) relationship with Leah, which means that he has a relationship with Tommy and Katy and potentially a relationship with the new baby – both before and after it is born. Dan's reasons for avoiding contact with the social worker during the assessment, as explained by Leah, sound quite spurious and should be challenged; at the moment Dan is part of the problem, although potentially he is also part of the solution – if he can be engaged in a meaningful way.

Tommy clearly makes reference to his relationship with Mark, who he says he wants to come back. Katy's relationship with Mark is likely to be difficult to establish, and at this point Mark's intentions are unclear, but the prospect of an ongoing relationship between these children and their father should certainly not be ruled out at this point.

Daniel et al (2014) assert that "effective intervention on behalf of neglected children depends on attaining the right balance between care and control". Balancing the power dynamics is a fundamental part of any social work intervention, but it could be argued that in cases featuring abuse and neglect finding the right combination of policing and therapy is especially complex because the relationship is almost certainly going to start from a position of mutual distrust and mutual suspicion. Ferguson (2011, p165) asks the question "how do you empower someone who only wants to see the back of you, or does not regard themselves as having a problem?"

To make matters even more challenging, neglectful families are often chaotic. The range of needs identified in the assessment can be wide-ranging and fast-changing, and it is unsurprising that it is sometimes difficult to maintain a clear picture of what needs to be done. In the serious case review on Abigail and her siblings Gloucester LSCB (2014, p29) commented that "the majority of professionals who had known the family over the years felt both confused and overwhelmed by the complexity of the needs of the parents and children in this family." Horwath (2013) succinctly summarises the position when she says that the parents in cases of chronic child neglect can be the most challenging group to engage with plans.

Platt (2012, p146) offers some helpful guidance, summarised from international research. He suggests an integrated model of parental engagement should be underpinned by:

- Role clarification: ensuring clarity about what the worker can or cannot do, what the client's role is, and what each can expect from the other.
- Collaborative problem solving: Providing help to address the problems that led to the current situation; the worker needs to take a collaborative approach.
- Pro-social modelling and reinforcement: Identifying and trying to build on pro-social strengths, such as good relationships within the extended family. The worker should model 'good behaviour' by keeping appointments and doing what he/she said he/she would do.
- Challenge and confrontation: Extreme challenging is generally unhelpful although some level of challenge is appropriate. Better outcomes occurred where clients believed that workers were clear about their own authority and how they might use it.

Importantly, Platt also reminds us that whilst openness, honesty, empathy, sensitivity, and respect are important, there is no requirement for the worker to condone child maltreatment.

Community Care Inform's guides to the identification and assessment of neglect and the guides to the impact of neglect use Horwath's categorisations of the different types of neglect – physical, emotional, nutritional, medical, educational and supervisory – as a framework. Jones (2016, online) offers a framework which also considers the underpinning causation of neglect:

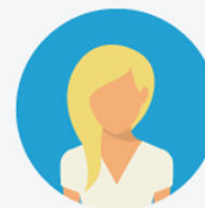
Type 1 - Passive neglect	Type 2 - Chaotic neglect	Type 3 - Active neglect
<p>Passive neglect is where parents, often single parent mothers, are ground down and exhausted by previous and current circumstances. Mothers I interviewed as a part of research on a 'troubled families' programme were found to be overwhelmed by chronic poverty, with damp, poorly furnished and poorly maintained housing located in areas which they experienced as threatening. They were often in poor physical and mental health, with unpaid bills and letters unopened and piling up and threat from debt collectors, public utilities, and landlords, and with little or no support from extended families. What contact they had was often characterised by conflict or by relatives who themselves were in difficulty, and with previous experience of domestic violence, which may still be a continuing fear, from nonresident former partners. They had involvement with multiple agencies, all of whom were demanding of their time and attention and experienced as harassing. Not surprisingly, the mother felt she was without hope or help, was isolated, anxious and depressed,</p>	<p>Chaotic neglect is where parents may have had poor parenting experiences themselves and have little understanding of the needs of their children or how to parent well. They may also be centred on themselves and their own needs. They may have little tolerance and no routine. They are not lacking in energy, and may be very active, but with the focus on themselves and not their children. Their children may be left unsupervised as the parent seeks and craves excitement and friendship with others, with this taking priority over the care of children. They are not necessarily intentionally uncaring, and might fight hard for their children in disputes with others, such as schools,</p>	<p>Active neglect...is deliberate and intentional.... it is not a consequence of parents who are exhausted or lacking competence. It is about anger and control. It is where a parent or parents turn on and scapegoat a child or children. It might involve only one amongst several children becoming the focus and target of parental anger. The child might be seen by the parent to be linked with memories of traumatic or hated events or relationships, or the threat directed at the child might be exhilarating for the adult who is excited by feeling powerful and controlling. Type 3 neglect might also be associated with domestic abuse and controlling behaviour towards the other parent. A very real danger is that in Type 3 neglect there might be a rapid and unseen</p>

found it difficult to get up in the morning, might be using alcohol or antidepressants to get through the day, and was lethargic with no routine or energy. The children would be lacking in boundaries, not attending school, worried and angry that they were having to care for the parent rather than the parent looking after them.

neighbours and social services, but they lack an awareness of the impact they are having on their children.

escalation to severe abuse. Step-parent or new-partner abuse of a child may be a consequence of the child being a reminder provoking jealousy of a partner's previous relationship.

In his interesting and very readable article Jones goes on to give real-life examples of these types of neglect and suggests some of the factors that should be considered when responding.



In our [case study](#), Leah's caregiving style seems to fall mainly within the depressed category, although there are some signs of disorganised caregiving. Educating Leah (and Dan) regarding the children's needs and teaching them new strategies to meet those needs will be important, but only if addressing Leah's depression and low self-esteem form a parallel strand of intervention. Many parents who have skills deficits in regard to their parenting are amenable – with appropriate guidance and support – to acquiring the necessary new skills.

Attitudinal change will be an essential adjunct to this; Leah does not *enjoy* her children at the moment, instead focusing on the negative aspects of Tommy's behaviour and largely ignoring Katy. Changing the nature of the relationship that Leah has with her children is likely to be more difficult, but hopefully Leah can be helped to see that whilst Tommy's behaviour may be problematic he himself is not the problem – he has the potential to be a good kid! And if given attention and affection it is likely that Katy will repay this many times over with reciprocated smiles and achievements that should make Leah proud.

The above may not be easy, and neither is helping Leah to understand and address the historical issues affecting her caregiving (e.g. particularly the parenting that she received, but also her relationship with Mark) as well as the current issues (e.g. budgeting skills, managing Tommy's behaviour, and addressing her own mental health needs). Direct work by the social worker will need to be central, but it will need to be part of a wider range of interventions, including at least a mental health professional (or GP) and if possible supported by a family support worker. The key principle here is that if Leah's world can be improved then this will be the foundation for a concomitant improvement in the lives of the children.

This presupposes that positive change can be achieved within an appropriate timescale for the children, but the immediate improvement in the home conditions suggests that such change is possible and therefore provides a foundation upon which to build. The pregnancy and the prospect of the eventual arrival of the new baby – with the likelihood of further post-natal depression – introduces a note of caution and reminds us that it would be inappropriate to be over-optimistic at this point.

Neglect is a nebulous concept, and all direct work with the adults must be clearly focused on bringing about better outcomes for the children. Given the comment earlier in this guide that many neglectful adults feel powerless to embrace change, one essential factor in the intervention process is to be clear about what success will actually look like. Of course at its simplest level, success will be that the children are not removed, but this in itself is insufficient as an objective.

Whilst most practitioners will be familiar with the concept of SMART objectives, one way to help families to measure progress against objectives is by using the principles which lie behind goal attainment scaling (see King's College, London, online). Although this was originally developed within a mental health framework it is reasonably easy to see how the principles can be adapted to measure the extent to which the problems associated with child neglect are being addressed.

The process will be along these lines:

- 1 Goals, which may be short, medium or long-term, need to be agreed with the adults (going back to the trans-theoretical model of change, the contemplation / preparation stages).
- 2 Although assigning a weighting to individual problem areas is probably too complex in the case of child neglect, it is not unreasonable (in fact it is essential) to prioritise the areas to be tackled. For example, in our case study the maintenance of the home conditions is going to have a higher priority than redecorating the walls, and Dan's undermining of Leah's self-image by saying unkind things about her should have a higher priority than tidying the garden. Prioritisation needs to be fluid and reactive, although as ever there is a danger of drift or being misdirected into areas that are inconsequential.
- 3 Having established that the problem or issue is a high priority area, the next stage is to agree with the adult what success will look like after a specified time interval. Using an extremely simple scoring system this would score 0. So, for example, in our case study, one key area is the state of Tommy's personal hygiene and clothing.
 - 2: Tommy continues to have body odour and his clothes are still dirty, ill-fitting and of poor quality.
 - 1: Tommy does not have body odour but his clothes are still dirty and ill-fitting.
 - 0: Tommy is clean (having had a bath or shower at least every other day and on any days when he wets the bed) and his underclothes and socks are changed every day, his shirt every other day and his trousers and jumper once a week or when noticeably dirty. Clothing is appropriate for the weather.
 - +1: Tommy has a bath or shower every day and his clothing is clean, ironed, fits him well and is appropriate for the weather.
 - +2: Tommy has a full wardrobe of clothes which are clean, ironed and in good condition will mean that he can always draw on a range of choices in what to wear.
- 4 The scaling system comes into operation when evaluating the 'success' after time interval, with a score ranging from -2 to +2. In our example this might be defined as:

In our [case study](#), these are some of the areas which would be amenable to a slimmed down form of goal attainment scaling:

- Home conditions. Currently improved but need to be maintained.
- Katy is under-stimulated and lacks developmental opportunities.
- Leah has unfounded optimism regarding Katy changing when she reaches the age of three.
- The state of the children's clothing and their overall presentation.
- Tommy's behaviour, probably at least in part as a result of inconsistent management and parental indifference.
- Tommy going to school hungry and tired – suggestive of no bed-time routine and no morning routine.
- Tommy's minor illnesses and recurrent head lice. Tommy needs a full health and developmental assessment.
- Tommy suffers from chronic toothache. Addressing this is likely to need changes in his diet and in his oral hygiene routines.
- Tommy is socially isolated at school and he has no contact with his father, any of his grandparents, or his auntie Mel.
- Leah is showing signs of depression. This may be a prolonged post-natal depression or reactive depression in the light of her circumstances but in either event she needs to consider treatment options with a mental health practitioner.
- Leah also needs to work with the midwife in relation to the progress of the pregnancy and the health of the unborn baby.
- Leah has no contact with her extended family and is socially isolated.
- Leah is tired, partly because Katy doesn't sleep well.
- Leah can't cook, and as a consequence everyone in the family has a poor diet. This is probably impacting on the two children and probably on the unborn child.
- The family home is in need of redecoration. Materials have been obtained but not used.
- The garden is overgrown, depriving the children of a safe place to play and to learn about the world.
- Dan is not so far playing a significant role with regard to the children and does not appear to offer support to Leah in any significant way, despite her apparent infatuation for him.
- Dan says "cruel" things about Leah and her weight.
- Dan uses recreational drugs when he has the money to do so.
- Dan is workless despite some level of talent for working with cars.

Each specific goal can be scored (in negotiation with the adults concerned) to give an indication

Each specific goal can be scored (in negotiation with the adults concerned) to give an indication of progress in relation to that goal and a score of at least 0 shows that care is effectively 'good enough'. A positive score, even if the number is small, can increase motivation, improve self-esteem and show that real progress has been made.

Just to reinforce the point, at any time a successful plan can be derailed by a sudden new crisis or a significant change in circumstances, and even if the plan stays on track change is likely to be slow; purposeful intervention (not just 'monitoring' and certainly not 'drift') might last years rather than weeks or months.

If the cost of success is managed dependency then for the child this is very likely a price worth paying. However, there must always be room for some contingency planning. Success is never guaranteed, and if, for example, goal attainment scores remain in minus figures after a given length of time then the plan needs to be either changed or – in the worst case – abandoned. In either event, direct work with the child will still be absolutely vital.

Further Resources

Video: [Supporting parents who misuse alcohol to make change](#) (Haringey Council) <https://www.youtube.com/watch?v=32mkstcbRcM>

Webinar: [Research in Practice](#)

Motivational interviewing Training - [Complex Case Analysis](#)

Tools: Assessment Parents Archives [free social work resources](#)

Research: [Assessing Parenting Capacity to change when children are on the edge of care](#)

Model: [RiP Frontline Assessing Parent Capacity, four stage assessment process](#)

Slide Deck: [Risk and Parental capacity to change](#)

Practice Guidance: [Critical analysis skills for social workers](#)

[Top Tips to improve analysis and decision making](#)

Article: [Over optimism in social work](#)

Article: [Optimism bias](#)

Theory: [Theories of behaviour change](#)