getting it right in the western isles

COMHAIRLE NAN EILEAN SIAR

Comprehensive Parenting Assessment Guidance

Introduction

We would like to begin by thanking the City of Edinburgh Council for sharing with us their Parenting Assessment Framework and agreeing for us to modify it in order for it to be compatible with our GIRFEC policy and procedures.

The aim of the Comhairle nan Eilean Siar Comprehensive Parenting Assessment Guidance is to offer the practitioner a rigorous approach to the assessment of a parent's or carer's capacity to meet the identified needs a child in the short and longer term. It was developed in response to a demand from both practitioners and managers for guidance that provides a consistent approach to such assessments that may provide robust evidence for recommendations in relation to planning for children, particularly when considering permanence.

Parenting Capacity is defined as "the ability of parents or care givers to ensure that the child's developmental needs are being appropriately and adequately responded to and to be able to adapt to the child's needs overtime (DOH 2000). This includes providing for the child's basic physical needs, ensuring their safety, supporting the child's emotional needs and development of self, through encouragement and nurture. The challenge for social workers and partner agencies will be in assessing whether, in light of what they know about a parent, they consider that a parent is likely to achieve and sustain change within the child's timeframe.

There is a great deal of evidence to suggest that parenting behaviour is one of the most important factors in a child's development and wellbeing. Each child will have a different experience of being parented and workers need to consider the parents ability to meet each individual child's needs. Consideration of parenting is already a central factor in our present assessment process.

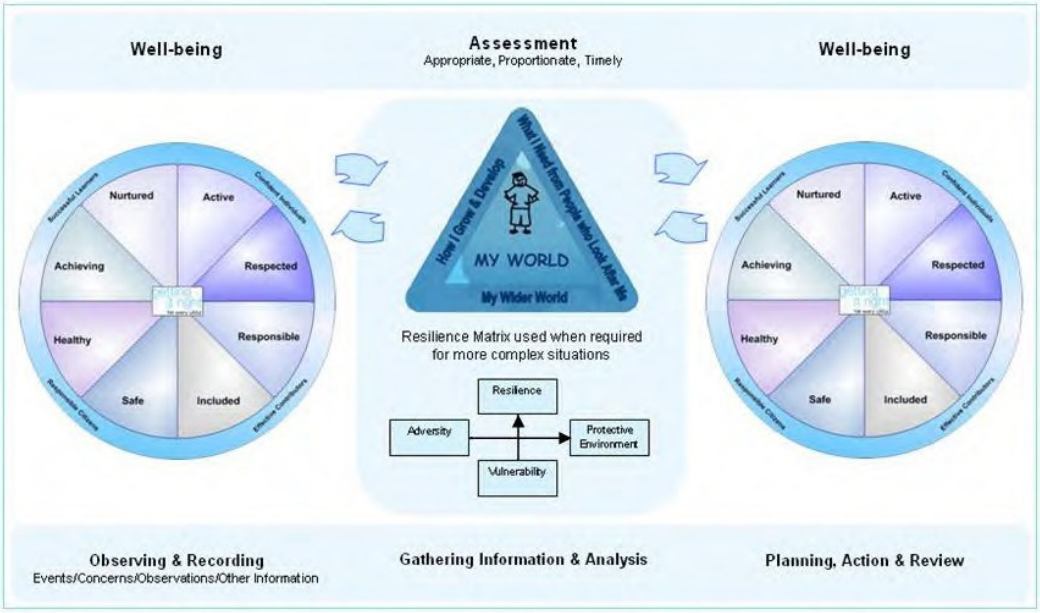
The Guidance will not prescribe how to undertake the analysis but provide advice as to the areas that need addressed within the Child's Assessment and Plan and of organising and reflecting on the information with the aim of the assessor coming to a recommendation based on professional judgement.

The Guidance provides a number of references to evidenced based approaches to assessment and research to support understanding of a child's circumstances. It will also provide references to areas that research indicates should be addressed when assessing specific issues that impact on parenting capacity, for example alcohol and substance use. The principle is that references to other sources should be easily accessible for practitioners to use.

There is some research that points to indicators of successful rehabilitation and these will be referred to, such as the degree of harm experienced by the child, the capacity of the parent to take responsibility for their parenting and attribution of blame to the child.

The principles of GIRFEC in setting out a shared language and common approach to working with families underpin the process. At the heart of GIRFEC is the National Practice Model for identifying concerns and assessing needs and making plans for children in all situations (Calder, 2012) and this should be used in the analysis of the evidence. The Guidance combines the wellbeing wheel with the 'my world triangle' and these, together with the 'resilience' matrix, allow practitioners to understand a child or young person's 'whole world'. Calder et al (2012) set out a succinct summary of how to use the Practice Mode

National Practice Model



When should the assessment guidance be used?

When a comprehensive parenting assessment is requested, the aim is to provide an enhanced assessment of a parent's ability to meet, and understand their child's specific needs. This is a dynamic process in which strengths and pressures are identified, analysed and progress monitored over a specific time frame. (Between 4 – 16 weeks).

The Guidance provides a consistent approach to assessing parenting capacity that can be presented to LAAC Reviews, Hearings, Permanence Panels and Court. It should therefore be used in all cases of looked after and accommodated children to assess whether a child's parents can meet his or her longer term needs through rehabilitation. It should also be used in pre-birth assessments.

For the purposes of evidencing the Local Authority plans for a child in court, it may still be necessary for an assessment to be undertaken from another discipline, such as a psychologist. Involved social workers and practitioners will be witnesses to the case and it may also be necessary for an assessment to be commissioned from an' expert' witness. However, other assessments do not replace the validity of the Child Assessment and Plan and other assessments should only be commissioned where they will contribute added value to the plans to promote the welfare of the child. It should be noted that Brown et al (2012) find that the proliferation of expert assessments is a significant factor in delaying planning for children and this Guidance is designed to give social work professionals the means to present their assessment and evidence at an early stage for timely decision making.

Who should undertake the assessment?

The assessment is designed to be used by social workers and other practitioners within Children's Services. It is also being made available to all partner agencies who work either directly or indirectly with children. No additional training is required as a prerequisite to use the Guidance; rather it brings together research and tools already embedded in social work practice to assist in the assessment of parenting capacity.

The Social Worker, as Lead Professional, should normally undertake the assessment. However, research and procedure are clear that longer term outcomes for children are considerably improved where the Team Around the Child undertake the task of analysis together (Calder et al, 2012).

Therefore social workers, as in current practice, will seek the input of other professionals for specific assessment in areas such as drug use, mental health or learning disability. Additionally, particular parts of the assessment may be undertaken by a particular professional. Where a particular worker is observing and assessing contact, they will be key to providing the information on parenting skills.

Principles of assessment

While this assessment is focussed on the parent's capacity and skills, the child remains at the centre. Calder et al (2012) set out the following key assessment principles in undertaking any assessment which is useful to consider:

1. ***Gather and read*** the available records and information – In there entirety
2. ***Identify and gather information*** that is referenced but not at hand
3. ***Build as full a history as possible*** relating to the child, parent/carer and child's wider world
4. ***Check this history*** for corroboration and/or disagreement with the various parties involved - child, family and other professionals
5. ***Build the chronology*** of significant events (multi-agency)
6. **Consider the 4 C's - Cause, Character, Context and Consequence** - of any significant event for all involved
   - ***Cause*** - What is stated or noted to be triggering the event
   - ***Character*** - Describe the concerns/abuse - be specific on the detail not just the generalities (e.g. "assault to the body" - assault by punches targeting the chest and arms, causing fracture, bruising and lacerations, intent or accidental)
   - ***Context*** - What was happening at the time - actual circumstances of the event/s (eg. timing, location, presence of others, etc)
   - ***Consequence*** - What is the impact and outcome of the event or circumstances - individual and/or cumulative? Again note the detail and specifics, identify individual or collective vulnerabilities, risks and harm/s
7. **Examine the evidence base** - Identify where circumstances and events are corroborated,challenged or contradicted by information from other sources. Note the different sources, how long concerns have existed and/or if prevalent across generations. Identify the significance of the concerns for individual and family functioning, for the particular child/young person, for effecting potential change, for efforts to be made at addressing needs and reducing risks
8. **Build the visual reference material to support your analysis** and help convey understandings with the family and other colleagues through the use of Chronologies, EcoMaps, Genograms - ensure copies are retained within the server
9. **Balance informed reasoned analysis with practitioner intuition** - practitioner intuition is an inherent part of assessment and should be acknowledged within the analysis process
10. **Revisit and reconsider the initial analysis and conclusions** reached through single/multi-agency case planning and review processes.

When undertaking a parenting assessment, the interplay between evidence gathered under the domains of the My World Triangle inform the assessment and analysis. For the purposes of this Guidance, there is a focus on the parenting capacity domain 'What I need From People Who Look After Me'.

Bentovim (2009) notes the usefulness of this domain in defining the range of parental strengths and difficulties and the potential resulting effects on children's functioning and the potential harm which may result.

In many cases in which there are concerns about a child's welfare, parents will be facing at least one of the following issues:

- Parents with a Learning Disability
- Parents with substance misuse difficulties
- Parents with Mental Health Difficulties
- Domestic Abuse

Cleaver and Walker (2004) found that three-quarters of the 866 initial assessments they audited in 24 local authorities in England identified one or more of these problems.

Practitioners must be mindful of the fact that parents often struggle with more than one of these problems and should factor this in to their assessment. Furthermore, risks to the child's welfare increase significantly if the parents themselves were raised by carers experiencing any of these issues (Cleaver, Unell and Aldgate, 2011).

Such cases will always require specific in-depth assessment of the impact of these issues on parenting capacity.

Domestic violence and abuse
Domestic abuse has a serious impact on parenting capacity. It creates an inconsistent and unpredictable environment for children. Carers affected by domestic abuse usually exhibit a lack of emotional warmth and higher levels of aggression and rejection (Calder et al, 2004). Even if they try to create a nurturing environment, these attempts can be undermined by the child sensing the fear and anxiety of the person being abused (Buchanan et al, 2001). Children are harmed by hearing or witnessing violent incidents (Calder et al, 2004). Children can be manipulated by a perpetrator and used against the victim. They are also at risk of abuse and assault themselves (Kurz, 1996).

The best way to keep children and non-abusing parents safe from domestic abuse is to focus on early identification, assessment and intervention from specially-trained staff in universal services (for example, health care and education) (Scottish Government, 2010).

Practitioners should enquire about domestic abuse as a routine part of any assessment (Hester, 2006). However, they must raise the issue in a safe setting which does not expose the victim to further violence. In order to do this, it is advisable to consult with community safety officers or staff working in domestic violence and abuse organisations (Stanley, Cleaver and Hart, 2010).

Stanley and Humphreys (2006) suggest that two professionals be present at assessments involving both parents so that there is less chance of the perpetrator intimidating the practitioners or manipulating them in to a collusive relationship.

It is unhelpful to place all responsibility for a child's protection on the non- abusive parent without addressing the problem of the abusive partner. It is therefore important to engage both parents in the assessment (Farmer and Owen, 1995; Stanley, 1997).

Asking the following questions may provide insight when assessing risks posed by domestic abuse:

- How are arguments settled?
- What happens when you agree or disagree?
- What happens when your partner gets angry?
- Have you ever felt frightened or threatened by your partner?

Practitioners must be cautious in threatening care proceedings if a parent does not leave an abusive partner. This fails to recognise the complexity of an abusive relationship and the dangers inherent in leaving. Practitioners must therefore identify ways in which the abuser can be engaged in assessment and treatment programmes (Radford, Blacklock and Iwi, 2006). Practitioners should remember that men can be victims and women can be perpetrators of domestic abuse.

Substance misuse
Substance abuse does not inevitably affect parenting capacity. However the social, legal and financial pressures associated with substance misuse make it more difficult to parent adequately (Stanley, Cleaver and Hart, 2010).

Analysis of serious case reviews since 2001 has shown that parental substance misuse is a significant factor in child deaths and serious injuries (Brandon et al, 2008, 2009; Rose and Barnes 2008). Children of substance misusers are more likely to experience physical and emotional neglect, they are less likely to be immunised and may be injured due to lack of parental supervision (AMCD, 2003). They are also more likely to be physically abused by substance misusing parents (Royal College of Psychiatrists, 2012).

There are a number of barriers to carrying out effective parenting assessments including the denial and stigma of addiction. This can also influence practitioners. A study carried out by Hart and Powell found that social workers, under pressure to protect limited resources, only offered the necessary support to those who actively sought help for their addictions. As a consequence, they were reluctant to 'lift the lid' on how parental addictions affect children (Hart and Powell, 2006).

Assessments must focus on children's needs and ways in which parents are unable to meet these needs due to their addiction. Practitioners should use the NATIONAL Practice Model to understand the child's needs and areas where help is needed. They should also liaise with adult substance misuse workers (Stanley, Cleaver and Hart, 2010). The 'risk and resilience' approach involves identifying and reducing risks posed by substance misuse and promoting protective factors. For example, practitioners work to reduce family conflict whilst at the same time building family and social support networks. Practitioners should also seek to connect families with specialist services providing intensive practical support (Forrester, 2004; Velleman and Templeton, 2006).

There are tools available to help practitioners assess the extent of alcohol use and how big a risk it poses to the child's welfare. These include: the Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000) or the screening questionnaires T-ACE and TWEAK (BMA, 2007) can be helpful in assessing the risk.

Mental health problems
Reviews of serious case reviews have noted an association between mental health problems and the risk of serious harm for children (Brandon et al, 2008; Falkov, 1996; Reder and Duncan, 1999). However, factors linked to mental health problems such as poverty and social exclusion can also adversely affect outcomes for the child (Social Exclusion Unit, 2004).

Mental health problems such as depression can inhibit parents' ability to respond to their children's emotional cues and offer consistent care (Falkov, Mayes and Diggins, 1998; Gorin, 2004). Maternal insensitivity, commonly caused by depression, can either be 'intrusive and hostile' or 'withdrawn and disengaged.' This can cause children distress and damage their social and emotional development (Murray et al, 2010).

The stigma attached to mental health problems can lead to delays in disclosure. Practitioners and parents can also struggle to recognise and understand mental health symptoms (Stanley, Cleaver and Hart, 2010).

During the assessment, practitioners need to focus on how mental health issues are affecting day-to-day parenting capacity. They also need to remember that mental health problems can fluctuate over time - sometimes over the course of a day. For example, a depressed mother may function better in the evening than in the morning. For this reason, they should visit more than once, at different times of the day. It is important to note that due to the remitting and relapsing nature of some mental illness, parents will require more support at some times than at others (Stanley, Cleaver and Hart, 2010).

Cassell and Coleman (1995) have suggested considering the following during a parenting capacity assessment of people with mental health problems:

- The warmth of the parent-child relationship
- The parent's ability to respond to the child's needs
- Delusional thinking
- The parent's anger management
- The availability of another responsible adult.

Learning disabilities
McGaw and Newman (2005) identified parental learning disabilities as a risk factor in child neglect. They concluded that "neglect appears to occur as a result of acts of omission rather than commission". For this reason parent education and skills teaching must be an integral part of any intervention. However, professionals must guard against what Booth and Booth (1993) have termed the 'presumption of incompetence' which leads them to assume that parents cannot cope solely because they have learning difficulties. This leads to skills and strengths being overlooked and parents denied the opportunity to build on existing strengths. It is unlawful to remove a child from his or her family solely on the grounds of a parental learning disability.

As always, the focus of the assessment is on whether the parent can meet the needs of the child. The parent's intellectual impairments should be identified and assessed and support put in place as early as possible. The following factors should be assessed:

- the parent's own early childhood experiences (for example, their parenting deficits may be due to a lack of adequate care when they were children)
- the parent's ability to learn or acquire new information and retain this over time
- the parent's ability to assess and respond to changing situations
- the parent's ability to prioritise appropriately the needs of self and others (DfE, 2010c).

Communication must be clear and simple at all times, with adequate opportunities for repetition. Instructions need to be concrete rather than abstract and it is important to check comprehension frequently. A positive, empathic and patient approach is encouraged (Department for Education, 2010c).

There are additional elements of Guidance that should be referred to when dealing with the following issues or identified concerns. These are:

- Parents with a Learning Disability - Guidelines for Supporting Parents with a Learning Disability
- Parents with substance misuse difficulties - Getting Our Priorities Right
- Parents with Mental Health Difficulties - The Mind Guide to Parenting with a Mental Health Problem
- Domestic Abuse - Scottish Woman's Aid Impact of Domestic Abuse on Children and Young People

Integrating the Comprehensive Parenting Assessment Guidance with the Child Assessment and Plan - Why does this child need an assessment and plan?

In the section '*Why does this child need an assessment and plan'* briefly, describe why the assessment is required and how its recommendation will inform decision making processes. Mention where the decision was made to undertake the Comprehensive Parenting Assessment, by whom, on what date, requested completion date and where there was a delay in completion, the reason for the delay. State the position of the assessor relative to the child or if the assessor is independent in the sense of having had no previous casework or case management involvement with this case.

Assessment process

Note the duration of the assessment and any limitations to the assessment in terms of people not seen, investigations or activities that could not be completed or may still be in process. If there has been specialist elements integrated within the assessment e.g. around some aspect of risk assessment conducted by a specialist worker, then flag this content. In the section '*Who has contributed to the assessment and how'*, please list records & reports consulted, dates of interviews, consultations and dates of checks undertaken.

Family background

It is also always important to consider the impact of family history and family functioning on the development of parenting capacities (Bentovim, 2009). What has affected the parenting capacity and how has this impacted on the parent's relationship with the child? Exploring patterns of behaviours, strengths and difficulties is crucial to the assessment as this is the best indicator we have as to future patterns:

"The best guide of future behaviour is past behaviour and the family's way of behaving to date is the strongest evidence of how they are likely to behave in the future" (Munro, 2012) Some issues to consider are:

- Pattern of adult relationships and any history of abuse and vulnerability in this pattern. Ward et al (2010) found that parents who succeeded in making the substantial changes necessary to safeguard their children were less likely to have experienced abuse in childhood
- Pre-Parenting Experience
- Parents behaviours, attitudes and responses to needs of child in the antenatal period
- Exploration of strengths and tensions within immediate and extended family
- Is there evidence of loss of control or repeated problem behaviours?
- Previous parenting experiences with other children
- Criminal history
- Antisocial behaviour
- Social isolation
- Rigid or chaotic family life
- Considerable difficulties in managing conflict, decision making

In this section the issues that impact on parenting capacity should be explored. Problems which can impair capacity include mental illness, drug use, domestic abuse and learning disability. Brown (2012) et al note that the co-existence of two or more of these factors substantially increases the likelihood that a child's future life chances will be jeopardised growing up in this environment. In terms of assessing these areas, please refer to the above guidance documents for more detailed messages from research.

In assessing the parents' capacity to be emotionally available and responsive to their child, it is important to explore their own history in terms of both childhood and adult relationships. The Attachment Style interview has been identified as a good model through interviews and observations to undertake this work. While specific training is required to use the model, we have adapted some useful prompting questions adapted from the approach which may be helpful here (Appendix 1).

Practitioners may also find it helpful to use the prompts within the National Risk Framework to gather this information (Calder, 2012). Some of the solution orientated questions intrinsic to the Signs of Safety approach may assist in engaging the parents on these issues and reflecting on the impact on their children (appendix 2).

The environmental factors contained within the My World triangle should be considered. Patterns of concern relating to failure to maintain housing, support, provide for family life, resist community based supports would increase the risk of rehabilitation not being successful. Consideration of employment history could offer a variety of evidence to do with both strengths and concerns e.g. with skills, reliability, commitments, flexibility/inflexibility.

How I grow and develop – strengths and pressures

This section is a summary of the child's needs in terms of setting out what capacity the parent will need to evidence to meet the child's specific needs.

It is likely the child will have experienced some degree of abuse and neglect as well as the losses inherent in being accommodated. The cumulative impact of multiple forms of harm have the most significant impact on a child's current needs both now and in the longer term (Bentovim, 2009). Therefore the child will require some reparative parenting, if he or she is to return home safely. The level of change required will be directly linked to the needs of the child.

Bentovim (2009) notes that a foster placement (although Kinship placements could also apply) provides the opportunity for observing the state of the child immediately after being in parental care, establishing needs and assessing the child's response to a context of more adequate care. It will therefore be important to incorporate the observations of current carers in relation to what the child needs in terms of day to day care as a reference point for what needs to be assessed in terms of parenting capacity. Consideration should also be given to what resources are required to meet the needs of the child and specific attention needs to be paid to any disability.

Brown (2012) et al also note that while there may be repeated parenting assessments undertaken, there are far fewer paediatric assessments to ascertain the impact of maltreatment and neglect on a child's development. Consideration should be given to obtaining this to determine a child's needs and what capacity and qualities any carer will be required to achieve to meet such needs.

The Well-being Indicators offer a way of organising a summary of the child's present and future needs. The indicators promote holistic consideration of what outcomes have been identified for a child that parents will need to be assessed as able to meet with or without support.

It may be useful to describe the impact of the child's relationship with their parent and how it reflects their current needs and functioning. Brain and stress response systems develop in early childhood and are shaped by the relationship with the primary care giver. Poor experiences in infancy have lifelong affects as subsequent development builds on previous milestones being achieved.

Within the Guidance of the parenting assessment we must remember the importance of being able to spend time observing children; not only within contact but at home with their carer. It is necessary to observe the children and their interaction with the parent of whom an assessment is being carried out. But the practitioner should have a full understanding of the child and how they operate in the world around them. By observing children in their environment we can gain an understanding how they operate within their relationships and how they can view their world. This can be particularly important when working with pre-school children, or children delayed in speech and language. Children's play, when non-directed can inform us about how children are dealing with the traumas they may have faced or how they view their world / significant relationships. Having time to observe children and reflect on this with others is important.

Child's views

The views of the child will be recorded in the Child's Assessment and Plan. For the purposes of this assessment it is important to capture the child's views about their experience of being parented and possible plans for them, relative to their age and stage of development.

The assessor may consider some of the following issues.

- Child's understanding of why are we doing this? What are we seeking to achieve?
- Who else has been asking similar questions recently? (social worker, safeguarders, advocates and others?)
- What is in it for the child? What are the risks for the child? (in sharing)
- What does the child understand about options, changes, plans?
- What are the best circumstances for the child to talk or express their feelings about what is going on (in terms of place, person and timing)?
- How have the child's feelings, hopes or fears been seen, heard and understood?
- How can the child be supported in expressing his/her views?
- In what way can the child's views be taken in to account? (verbally, written form, non verbally, use of advocates, trusted persons etc)
- In what way could the child be involved in actual decision making processes?
- Is it in this child's interests, in this situation, to share in and take some responsibility for decision making?

Parental Views

The section should note the parents' views about the process of assessment as well as in relation to the recommendations of the assessment.

The parent's views about potential options or alternatives for the permanent care giving of their child should be included, if rehabilitation is not indicated.

Parent's health

Consent may be required from parents to obtain comment and assessment from GP/medical practitioners on capacity to parent. This will be dependant on whether there is statutory involvement with the child or not (see *GIRFEC Practitioners Guide to Information Sharing, Confidentiality & Consent* for further information) Health related issue should be fully explored here in terms of impact on parenting with specific input form other agencies where available.

Framework for engagement with parents

This section should assist with the completion of the section '*What I need from those who look after me – strengths and pressures'.* The following are suggestions of themes based on the Fowler Model, which you may consider to help frame your focus of work with parents. This will help inform the overall analysis of the parent's ability to meet the individual child's needs. This will also complement the My World Triangle section in the CAP – What I need from the people who look after me'.

Perception of the child

- Detailed time looking at how the parent describes the child
- Strengths and challenges the child brings
- What makes them happy
- When was the last time they were happy
- When were they happiest
- How often and how do they show this
- How long does this happiness last
- How do they exhibit other emotions

Parenting

- What do they most enjoy about being a parent
- What do they least enjoy
- What creates stress for you as a parent and how do you deal with it
- What does your child need in respect of their care, safety and emotionally
- How does/do the child(ren) respond
- What games and fun activities do you do
- What do you think you are good at as a parent
- What do you think your child enjoys about your time together
- What would you like to improve upon
- How will your child's needs change overtime and what kind of things will affect this

Perceptions of self

- How would you want to describe your ideal self and what would you like to change?
- Have you ever tried to effect change? How did you find this and what worked well and what did not.
- Have you experienced any issues with alcohol/ substance misuse, anger/violence either by you or to you; is there any criminal history
- Have you undertaken work in respect of these issues?
- What do you feel your strengths are; what areas of weakness do you have
- What are your skills and abilities?

Health and Finances

- Parental Health history to be explored. Contributing factors and the parents perspective of how these impact on the child.
- Types of support the parent found helpful and any understanding of supports they now require to manage health needs.
- Parental finances – How these are managed; any difficulties they may have and what are contributing factors to this and how this could be managed to meet the needs of the child. It is important to differentiate between structural inequalities and poor capacity to manage.
- Involvement of agencies such as Addictions, Mental Health and Counselling.

Attitude to the task of Parenting

- Parenting relationship and style (capacity for empathy and understanding from child's perspective should also be commented upon as well as actual style of parenting. Whether the parents work together or oppositional. Protective and risk factors in style of parenting should be commented upon drawing on feedback from contact sessions etc.)
- Engagement (attendance and contribution at sessions; capacity to engage in feedback and insight as to impact of self on the child)
- Potential for change (e.g. Ability to accept responsibility; previous patterns; engagement with supports; impact of negative/ positive factors)

Regardless of the age of the child, the key components of such assessments and interventions should include increasing the sensitivity, responsiveness and reliability of parents and their capacity to think about the feelings and thoughts of their children rather than just their behaviour. To this end it is important to consider the parents' adaptability and empathy. Azar and Cote suggest 3 areas for consideration:

- Perceptiveness - the carer's awareness of their child and what is happening around them and the effects of their own behaviour on a situation.
- Responsiveness – the extent to which a carer connects with their child.
- Flexibility – the ability of the carer to respond in different ways according to the needs or demands of specific situations' (Azar & Cote, 2002).

For all children it is important to assess that caregivers can respond to them at their developmental stage rather than their chronological age.

Capacity to Develop and Change

Ward (2010) et al note that parents who show some insight into the part played by their own adverse behaviours; and to make use of professional support in overcoming their problems are most likely to be able to resume care of the child. This is a crucial aspect of the assessment. It is important to consider whether there is an acknowledgement of parenting difficulties as a basis for change. Is there acknowledgement of

- Level of parenting difficulties and impact on child
- Individual and family factors
- Motivation to change
- Openness to interventions within the child's developmental time frame

If rehabilitation is being considered it is important to consider how resistant or committed a parent is to using support and interventions to implement change. The National Risk Framework sets out a model for considering this.

GENUINE COMMITMENT Parents recognise the need to change and makes real efforts to bring about these changes	TOKENISM Parent will agree with professionals regarding the required changes but will put little effort into making changes work. While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions.
COMPLIANCE/ APPROVAL SEEKING Parents will do what is expected of them because they have been told to 'do it' Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to need for change.	DISSENT/ AVOIDANCE Dissent can range from proactively sabotaging efforts to bring about change to passively disengage from the process. The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness).

When working with families consider if there is compliance (superficial engagement if a children's hearing or case conference is coming up, for example, parent suddenly attending an appointment with a drug agency, cleaning the house, getting a child to nursery/school) or true co-operation. It can be very challenging trying to work out if you have compliance or cooperation. However, some child death inquiries have highlighted:

"how under the guise of cooperation, parents have deliberately stage managed the contact with the social worker, while the child has continued to be neglected and/or abused (e.g. Haringey Local Safeguarding Board 2009; London Borough of Brent 1985; London Borough of Greenwich 1987)."

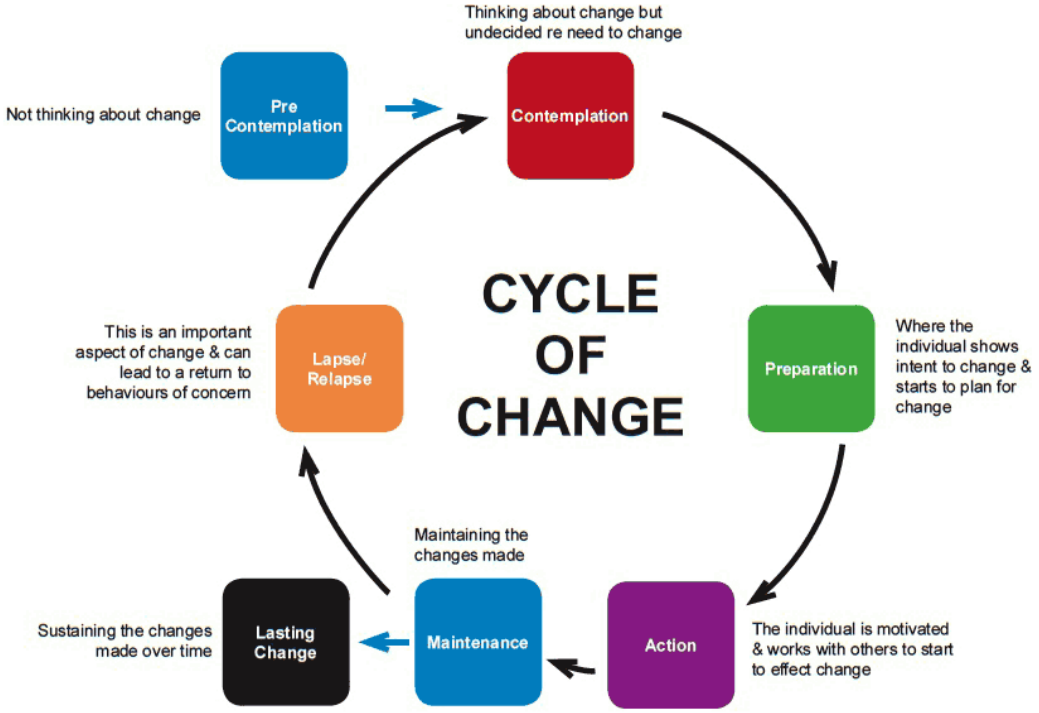
Ruch (2010) highlights cooperation as:

"Co-operation involves a genuine collaboration between the social worker and service user, a dynamic that characterises their interaction. In the safeguarding context, co-operation has been identified as involving parental acceptance of the professional concerns, an acceptance of responsibility and willingness to address the concerns to bring about change (Platt 2007, Reder and Duncan 1995)."

She goes on to say that if there is ..."denial or overt cooperation" then at least you know what you are dealing with.

Practitioners may find it helpful to use the Cycle of Change in assessing capacity to develop and change. Linked to motivational interviewing and relapse prevention work in addictions services the Cycle of Change is a helpful tool in understanding and plotting a parent/carers potential for engagement with the risk identification, assessment and management processes. It encourages consideration of particular aspects of resistance in parents/carers and assists understandings of issues such as those reflected where there is:

- Denial that a problem exists
- Resistance to change
- A lack of commitment to making the agreed changes happen
- The parent/ carers slip back into their old behaviours when changes have previously been implemented



The cycle of change is explained in detail in the National Risk Framework p81-86.

In order to gauge where someone is in terms of the Cycle of Change, practitioners should monitor progress through an outcome measurement tool such as Outcome Star. The Family Star allows practitioners to monitor progress on the following dimensions:

- Physical health
- Emotional well-being
- Keeping your children safe
- Social networks
- Education and learning
- Boundaries ad behaviour
- Family routine
- Home and money

Analysis and Recommendations

The section will draw together the evidence gathered in order to make a recommendation in relation to parent's capacity to meet the needs of their child on a sustained basis.

Analysis involves the process of breaking down what is known about the complexities of the family's circumstances into smaller parts, so as to acquire a better overall understanding of what is or maybe going on. Analysis is information (underpinned by current research) that assist you to make a prediction about the long term impact on the child should the situation/circumstances remain the same. In summary analysis should thus provide practitioners with a clearer picture of circumstances and inform future interventions that address need and manage/reduce risk for children and families.

There is ongoing concern about poor analysis of information and the absence of theoretical application in assessments. For example in child protection assessments the focus is often on describing incidents of abuse and neglect with concerns accumulating but with little evidence as to the dynamics of the family situation or the social context having been analysed, in relation either to causation, or the making of a protection plan (Bell, p290).

The single most important factor in minimising errors is to admit that you are wrong! Research has shown time and again how resistant people are to changing their mind. Once they have formed a judgement they become very attached to it and avoid seeing or accepting any evidence that challenges it (Munro: 2002).

Social work research has repeatedly cautioned against the use of models of intervention and assessment which are not grounded in professional engagement and professional judgement is crucial here. Smith (2005, p.8) highlights the need for professional skills and knowledge:

"It is not possible...to achieve successful interventions simply by following standardised lists or codes of practice. The help that these offer is limited in the context of challenging dilemmas or conflicting interests; it is at this point that professional skills and judgement must be applied."

Judgement should be applied to balance of risk and protective factors. However, our values, beliefs, anxieties are likely to influence our approach to assessment. This can distort our approach to analysis and inform our judgement making, resulting in a loss of focus on the child. Research highlights the following points to be aware of:

- Being selective about information
- Raising or lowering the thresholds to meet the needs of the parent rather than the child
- Failing to change opinion in light of additional information
- Being over optimistic or over pessimistic about a child and their family situation
- Minimising concerns
- Failing to focus on the child through over identification with the parent or focusing on instances of abuse rather than the effects.

It is in this section that you must also explain the findings/ scores of any outcomes tool utilised, such as Outcome Star. This allows for monitoring of progress against set timescales and assists with the analysis of capacity to change.

Recommendations

The purpose of this phase of the assessment process is to use evidence based practice to inform decisions and formulate a plan that will safeguard and promote the welfare of the child. This includes the likelihood of parental change within and acceptable time period for rehabilitation to be considered.

What does current Research tell us about the prognosis for rehabilitation?

In a small study of infants, Ward et (2010) identified a number of factors likely to increase the capacity of parents to make the substantial changes required to successfully care for their children:

- No experience of abuse/adaptation to their experience;
- Able to come to terms with the removal of older children where this applies;
- To show some insight into the part played by their own adverse behaviours; and
- Able to make use of professional support in overcoming their problems.

Assessment of the antenatal period is crucial as Ward (2010) et al found successful rehabilitation outcomes for drug misusing parents were indicated when a parent addressed their addiction problems before the baby was born. There is also growing body of evidence to suggest that if parents have not made substantial progress in overcoming adverse behaviours within the first 6 months of a baby's life, the baby is likely to experience maltreatment for lengthy periods if in the care of the parent.

Consideration should also be given to the protective factors in promoting positive outcomes for children. Brown et al (2010) highlight that the following are pertinent:

the presence of a non-abusive partner; the presence of a supportive extended family; parents' adaptation to their own experience of childhood abuse; parents' recognition that there is a problem and their willingness to take responsibility for it; and parents' willingness to engage with services.

Evidence of the damaging impact of childhood neglect and abuse throughout adolescence and into adulthood provides a compelling case for taking early decisive action to prevent its occurrence and recurrence and to mitigate its consequences (p70).

If rehabilitation is assessed as being in the child's best long term interests, recommendations with regard to future supports should be stated in order to inform the Child's Plan. These need to be achievable and realistic.

Appendix 1

getting it right in the western isles

Attachment Style Interview

The ASI relevance to the Comprehensive Parenting Assessment Guidance:

- It assesses strengths, resilience and risks in individuals, the couple relationship and the support system of families of children who have been significantly harmed or who are in need. As is the case with any assessment it should always be used alongside other measures and not as a stand-alone.
- It also contributes to determining the impact of these individual and family factors (which relate to the Family and Environmental Factors domain of the Assessment Framework).

What is the Attachment Style Interview (ASI)?
The Attachment Style Interview is a conversational style interview with two main sections. The first is about support and questions will cover current relationships and family origin. The second section will then ask about general style of relating to other adults including things like how self-reliant parents are, whether they like people around them a lot of the time and how easy they find it to ask for help. To be sure that we really understand things from their point of view, practitioners should always ask for examples of the particular topic we are talking about.

How long does the ASI take?
The interview usually takes around an hour.

Can you give more detail about the areas which are covered in the ASI interview?
The support section of the ASI provides a way of assessing how supportive partner's and other close figures are in times of stress. As part of the ASI interview, practitioners should ask questions about parent's ways of confiding in people who are close to them about important topics, how they ask for help, how other people support them emotionally, feelings of closeness and other aspects of their close relationships. What we find out about is the way that these relationships are for parents and this is then combined into an assessment of their ability to relate to others who are close to them. We then ask about general attitudes in relation to asking for help and some of the things that can get in the way. We will talk to parent's about the extent to which they feel it is easy to get close to others, enjoy a high level of company and need others to help them make decisions or the extent to which they are self-reliant, cautious about getting close and enjoy their privacy. When looking at how sociable or self-reliant they are, we also look at whether they get angry with other people easily or are easily hurt by other people's criticisms or harsh remarks.

We then put everything together and work out what is their overall attachment style, in other words, how they tend to relate to most people. For example, some people are cautious about getting close to others because they feel they may be let down, others are more independent-minded and like to manage without other people's help. Others enjoy having people around them most of the time and find it reasonably easy to trust others. Therefore, deciding on their (and their partner's) style will help us to see whether they are the type of person who easily asks for help or prefers to be self-reliant and cope on their own.

Why is it useful to find out about attachment styles and ways of relating using the ASI? The information from the ASI will help us to think about the type of support most suitable for parents if they need it in the future. Also, knowing their style may help us to match their characteristics with that of the child. In addition, it helps to identify any areas of strength and any areas of difficulty which we may need to talk further about, as part of their assessment.

Is the ASI assessment reliable?

The research studies using the ASI find that it is reliable both in UK studies and in those used abroad. This is tested by seeing whether two different assessors can make the same categorisation.

Can attachment style change?

Attachment style as assessed by the ASI can change when circumstances change, for example, if parents have major changes in relationships, become more isolated or are under a lot of stress. Also, parents may retain the same basic style but feel it more intensely and /or react differently to those around them at different times. However studies show that styles are fairly stable over the period of a year and that for the majority of people attachment style does stay relatively stable.

Sheet 1: A further summary on what the ASI Assesses

The ASI-AF assesses a person's levels of support from close others (including their partner if they have one), their ability to make and maintain relationships, the presence of any negative attitudes held about closeness and their overall attachment style.

Support from close others The first part of the ASI-AF interview explores in detail the quality of support a person receives through their relationship with partner, with other close support figures and family of origin at the time of the assessment. Good support is identified as a high level of confiding or sharing of personal information on important issues including emotions and worries, with active emotional and practical support offered. It also assesses the extent to which the relationships are smooth or involve discord and the degree of attachment and closeness in the relationship. Actual examples of confiding are required.	**Ability to make and maintain relationships** In summarising the number of close supportive relationships a scoring is made of how good the individual is at making supportive relationships. Those objectively rated 'Marked' or 'Moderate' have very good or good levels of support and are considered to be secure in their relating style. Those with 'Some' or 'Little/no' support in relationships are considered to be less good at making relationships and are scored as insecure in their interpersonal style.
Negative attitudes about closeness The second part of the interview asks questions to ascertain the reasons for attitudes which a person can have that form blockages in obtaining support from close others. This includes those attitudes that create distance from others e.g. high mistrust, psychological barriers to getting close to people, fear of rejection or anger. It also includes attitudes that create over-dependence on others e.g. high need for the company of others, low self-reliance in decision making and high fear of separation from loved ones.	**Overall attachment style** This is then derived according to an established procedure. Those with good support and positive attitudes to others are rated as 'Clearly Secure' and those with good support and some negative attitudes are scored as Mildly Insecure. However those with poor support, inability to make relationships and a series of negative attitudes are scored as Markedly or Moderately insecure in their attachment style. Insecure attachment styles: are either of an anxiously attached nature (Enmeshed or Fearful) or are of an avoidant nature (Angry-dismissive or Withdrawn).

Sheet 2: A Summary Diagram showing what the ASI Measures
Support Section of ASI

PARTNER (or VCO3) Please circle:- Evidence of Good support and interaction or Evidence of Poor support and interaction	VERY CLOSE OTHER 1 Please circle:- Evidence of Good support and interaction or Evidence of Poor support and interaction	VERY CLOSE OTHER 2 Please circle:- Evidence of Good support and interaction or Evidence of Poor support and interaction

Ability to Make Relationships section of ASI

CLEARLY SECURE STYLE:	MILDLY INSECURE STYLE:	MARKED INSECURE STYLE or MODERATELY INSECURE STYLE:
With good relating ability and positive attitudes to others	**With good enough relating ability but some negative attitudes** **Mildly ENMESHED style** with a high need for company, low self-reliance, high fear of separation **Mildly FEARFUL style** with mistrust and fear of rejection **Mildly ANGRY-DISMISSVE style** with mistrust, and anger **Mildly WITHDRAWN style** with overly high self- reliance	With negative attitudes around closeness, asking for help, autonomy, trust etc. **Markedly ENMESHED style** or **Moderately ENMESHED style** with a high need for company, low self-reliance, high fear of separation **Markedly FEARFUL style** **Moderately FEARFUL style** with mistrust and fear of rejection **Markedly ANGRY-DISMISSVE style** **Moderately ANGRY-DISMISSVE style** with mistrust, and anger **Markedly WITHDRAWN style** **Moderately WITHDRAWN style** with overly high self-reliance

ASSOCIATED WITH:	ASSOCIATED WITH:
Resilience when combating stress Lower rates of emotional disorder Better partner relationships historically Good self-esteem Good childhood experience	Higher emotional disorder Problematic partner relationships Lower self-esteem More adverse childhood experience Some parenting problems

Sheet 3: Attachment Styles determined in more detail (these can be at different levels – markedly, moderately or mildly insecure):-

Anxious Enmeshed Style	This is a sociable style. People with this style like company, and enjoy having others around them much of the time and are generally quite trusting. Other people's opinions are very important to them in making up their mind. However they can get anxious when those close to them are away and they have to spend time alone.
Anxious Fearful Style	This is a sensitive and perceptive style. People with this style are cautious about getting close to others because they tend to feel they may be let down. They value closeness and want close relationships. However they feel apprehensive about some aspects of close relationships such as when others are away and what others may think of them.
Avoidant Angry- Dismissive Style	This is an assertive style. People with this style are very independent-minded and like to manage without other people's help. They see themselves as being able to manage well on their own and can assert themselves in arguments or disputes. However they tend to be cautious about getting close to others because they find other people can be unreliable and get annoyed when they get let down. They often think that other people can't always be trusted and that they are often just out for themselves.
Avoidant Withdrawn Style	This is an independent style and people with this style value their privacy and need time alone. They do not easily get angry or upset about others letting them down, however they are cautious about getting close to other people and like to rely on their own judgement in making decisions.

Sheet 4: Describing Clearly Secure and Mildly Insecure Styles

Clearly Secure styles as scored on the ASI:

Have close support from at least two of the close people around them and a range of good relationships to help in future crises.

- They have positive attitudes to other people, which will help them to trust others and seek help when needed. Their levels of anger and fear of rejection in relationships will be low.
- Are comfortable getting close to others and are able to rely on others for help and advice. They are also able to make up their own minds about important decisions. They like company but also don't mind spending time alone. They trust others easily and do not get readily angry or upset at being let down.
- Those with a clearly secure attachment style are much less likely to have risk of emotional health problems under stress. Such styles are associated with good social support, high self-esteem and lack of neglect or abuse in childhood.

Mildly Insecure styles as scored on the ASI:

Mildly insecure styles are characterised by the ASI as Mildly Fearful (anxious), Mildly Enmeshed (anxious), Mildly Angry-dismissive (avoidant) or Mildly Withdrawn (avoidant) styles.

- People with mildly insecure styles, still have good enough support from close figures around them. This is from at least two of the close people around them and a range of good relationships to help in future crises.
- They have some negative attitudes about closeness, such as mistrust, which may cause some blockage to getting help when they need it, perhaps when there is a crisis. But generally they will have learned to overcome this and are able to ask for support when needed.
- A mildly insecure attachment style does not increase risk of mental health problems under stress. Such styles are associated with good social support, self-esteem and lack of neglect or abuse in childhood.

Sheet 5: Describing Markedly or Moderately insecure styles as scored on the ASI

Highly insecure styles are characterised by the ASI as Markedly or Moderately Fearful (anxious), Markedly or Moderately Enmeshed (anxious), Markedly or Moderately Angry-dismissive (avoidant) or Markedly or Moderately Withdrawn (avoidant) styles.

- People with Markedly or Moderately Insecure styles have insufficient support from the adults around them in terms of full and open confiding and positive supportive response. Therefore those with insecure styles are less resilient when dealing with stressful situations because they have less support and are less likely to approach services for help.
- Their current relationships are characterised either by distance, or by a lot of argument. Markedly Insecure styles in particular are able to access very little support form those around them.
- They have negative attitudes about closeness, such as mistrust or fear, which will impede their ability to make supportive relationships.
- Those with insecure attachment styles are more prone to emotional problems (depression or anxiety) and are more likely to have had an abusive or neglectful childhood which is still affecting them. Also many have a history of poor marital and adult relationships.
- Those with insecure attachment style tend to me more affected by life stressors, such as problems with family or in other areas.
- Insecure styles can be associated with more problematic parenting and those with insecure styles are less likely to have homes with the best emotional atmosphere for their children.

Helping people with Markedly or Moderately insecure styles:

- If the ASI indicates that a person has a Markedly or Moderately insecure attachment style then they will need to talk to their social worker about how they can address this. This will be helpful for their own resilience and psychological wellbeing as well as for those around them. It may also affect their ability to provide the care or parenting that fostered or adopted children need.
- The social worker may suggest that they attend a self-help group to increase their range of social contacts and ability to share with others. They may be recommended for some sessions of psychotherapy to allow them to explore their feelings about other people and how these might have emerged from childhood, or some Cognitive Behavioural Therapy (CBT) which might help them to rehearse how they interact with others to improve their communication and interaction styles.
- Any ways to improve a person's interactions with close others will help them to have the resilience to be a good carer for children with emotional or behaviour problems themselves.

Attachment style change

- It is established that insecurity of attachment style can change over time, for example, becoming more insecure if a person experiences a major loss or negative change in a close relationship, becoming more isolated or under a lot of stress. Also, people may retain the same basic style but feel it more intensely under stress.
- Studies of women in the community showed that up to a quarter of women change their style over the period of a year to three years. Those with insecure styles are more likely to change in a positive way. Positive change is dictated by the quality of the partner relationship becoming more positive and increased support from very close others.