

Scaling a Family's Readiness to Change

Professionals should be trained and supported to assess parents' capacity to sustain change (NSPCC, Assessments: learning from case reviews, March 2024). One of the most powerful factors when working with families to improve outcomes for their children is understanding their perception of the issue and how prepared they are to make substantial sustainable changes. Motivation is a key factor in successful behaviour change but we need to understand that behaviour change is rarely a single event. In recent years there's been much research to understand the drivers behind behaviour change and models depicting the stages of change now have a solid evidence base (DiClemente and Prochaska, 1998; Zimmerman et al., 2000). For most people change occurs gradually over time from them becoming unaware or unwilling to make a change through consideration, preparation, action and maintenance.

We need to be aware that it is important to evaluate readiness to change before we start any proposed interventions as research tells us that interventions that are implemented without regard for the readiness of the individual will be less likely to succeed. We also know that interventions that try to move a person too quickly through the stages of change are more likely to create resistance rather than develop a sustainable improved outcome. Anything that moves a person along that continuum towards making positive change and sustaining this should be viewed as a success. When thinking about parental capacity to change, it is important to understand the difference between parenting capacity, parental engagement and capacity to change.

Parenting capacity can be defined as '*the ability to parent in a 'good enough' manner*' Conley, C. (2003), whereas parental engagement can be seen as a sustained and purposeful interaction between parents and services with the aim of achieving positive outcomes for their family. When considering parental capacity to change, it is crucial to evaluate the parental ability and motivation to change. Based on the work of James Prochaska and Carlo DiClemente, the scaling model describes five stages of readiness - precontemplation, contemplation, preparation, action, and maintenance - and provides a framework for understanding behaviour change. DiClemente and Prochaska, (1998)

Simple questions can be used to help evaluate readiness to change, things like 'Are you ready to contact the GP around the concerns you shared with me?' to help measure this we have developed a ten step scale which will help us all understand whether or not the individual is in a position to engage with an intervention stages one and two cover the precontemplation phase, stages 3 and 4 cover the contemplation phase, stages 5 and 6 cover the preparation phase, stages 7 and 8 cover the action phase and stages 9 and 10 cover the maintenance and relapse phase. It is important to remember that behaviour change is difficult for us all and sometimes people have to go through this cycle on more than one occasion before they can maintain and sustain positive change.

We consider a successful outcome to be achieved when people have reached stage 7 or above.

PHASE	What you might see	What you can do	STAGE	
Precontemplation	Not even considering changing. They may be "in denial" about the issue, or not consider it serious. They may have tried unsuccessfully to change so many times that they have given up.	Raise awareness of the issue. Discuss risks versus benefits and positive outcomes related to change. Encourage self evaluation.	1	Family are at crisis point, immediate support required in order to prevent crisis intervention. Not engaged with services.
			2	Immediate concerns still present but family beginning to engage with support.
Contemplation	Ambivalent about changing. During this stage, the person weighs benefits versus costs or barriers (e.g., time, expense, bother, fear).	Identify and promote new, positive outcome expectations and acknowledge barriers and misconceptions. Address concerns. Identify support systems.	3	Immediate concerns may still be present, but family are engaging and starting to recognise the need for improvement.
			4	Family are working well to resolve the issues, though some concerns are still present.
Preparation	Willing to experiment with small changes.	Focus on small steps. Develop realistic goals and timeline for change. Provide positive reinforcement	5	Family have engaged with services in a meaningful way, improvements are being made.
			6	Family have made significant improvements with ongoing support from services.
Action	Taking definitive action to change behaviour.	Provide positive reinforcement.	7	Issues may still be occurring, but family are able to recognise and resolve as they arise with reduced support from services.
			8	Family needs are met and may need low level support.
Maintenance and Relapse Prevention	Working to maintain the new behaviour over the long term.	Provide encouragement and support.	9	Family are able to resolve issues on their own via signposting and accessing universal services where appropriate.
			10	Family needs are met, there are no current concerns. Family able to identify their own issues and resolve or seek help (universal services).

References

- Conley, C. (2003). A review of parenting capacity assessment reports. *Ontario Association of Children's Aid Societies (OACAS) Journal*, 47(3): 16–22.
- DiClemente, C. C., & Prochaska, J. O. (1998). Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviors. In W. R. Miller & N. Heather (Eds.), *Treating addictive behaviors* (2nd ed., pp. 3–24). Plenum Press. https://doi.org/10.1007/978-1-4899-1934-2_1

Conley, C. (2003). A review of parenting capacity assessment reports. Ontario Association of Children's Aid Societies (OACAS) Journal, 47(3): 16– 22.

DiClemente, C. C., & Prochaska, J. O. (1998). Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviors. In W. R. Miller & N. Heather (Eds.), *Treating addictive behaviors* (2nd ed., pp. 3–24). Plenum Press.