Motivational Interviewing and Social Work (MISW)

Skills Coding Handbook

Incorporating core elements of Motivational Interviewing Treatment Integrity (MITI) coding

September 2019

A Note on Referencing

This coding scheme incorporates large elements of the MITI. In academic writing we therefore request that the coding scheme is referred to and referenced as:

Social Work and Interviewing Motivationally (SWIM) coding handbook (Forrester et al, 2019[1]; Moyers et al, 2014[2])

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[1] Forrester, D., Whittaker, C. and Wilkins, D. (2019) *Social Work and Interviewing Motivationally (SWIM) coding handbook*, CASCADE Centre, Cardiff University – unpublished manual

[2] Moyers, T.B., Manuel, J.K., & Ernst, D. (2014). *Motivational Interviewing Treatment Integrity Coding Manual 4.1*. Unpublished manual. Downloaded from: https://casaa.unm.edu/download/miti4_2.pdf

Introduction and Overview

This coding handbook attempts to capture key elements of Motivational Interviewing (MI) as applied to child and family social work, and in particular the complicated conversations involved in child protection. It is based on a programme of research carried out over 15 years in the United Kingdom.

At the heart of the coding scheme are four dimensions of skill taken directly from the Motivational Interviewing Treatment Integrity (MITI, version 3.1.1) coding scheme. These are:

- Evocation,
- Collaboration,
- Autonomy and
- Empathy.

With the kind permission of Terri Moyers and William R. Miller we have incorporated these into this coding scheme.

We have made two significant changes compared to the MITI. First, through an extensive process of trial and error, consultation with skilled practitioners and research we developed three new dimensions of skill that were particularly important for child and family work:

- Purposefulness
- Focus on child and
- Clarity about concerns

As outlined in the following pages we developed ways of operationalizing these that seemed consistent with the principles of MI, and that mirrored the way in which the MITI coded for MI skills.

The second change is that when we examined the relationships between skills[3] we identified groupings that made conceptual sense as well as being statistically linked these are:

Care and engagement	Good authority	Behaviour change support
Collaboration	Purposefulness	Evocation
Autonomy	Clarity about risk and need	
Empathy	Child-focus	

This differs from the usual way in which the MITI combines skills, which is to combine collaboration, autonomy and evocation into an overall level of MI skill. We are grateful to

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[3] Forrester, D., Killian, M., Westlake, D., & Sheehan, L. (2019). Patterns of practice: An exploratory factor analysis of child and family social worker skills. *Child & Family Social Work*.

Professor Harry Ferguson for articulating the concept of "good authority" in his detailed ethnographic work, which seemed a good fit for our group of skills.

In developing this scheme we have been able to "stand on the shoulders of giants". In particular, the work of Miller, Moyers and Rollnick has provided us with an approach to understanding and coding for worker skill that has been enormously helpful.

We offer this coding scheme freely in the hope that others – both researchers and practitioners – may be able to use and adapt it as they find helpful. However, in doing so it is important to note a couple of caveats.

First, in our experience it takes a long time – many hours of coding and discussing practice – before people can code reliably[4]. If you are using this for either research or to support practice in your organisation this poses a serious challenge, which we would be happy to puzzle through with you if you contact us.

Second, this coding scheme is a starting point for thinking about good practice in child and family social work. It is very far from a definitive description of good practice – indeed, such a thing is not possible. In particular, while we hope that it does relatively well in capturing care and engagement and good authority skills, we feel there are elements of supporting behaviour change that we need to develop. And there are certainly other dimensions of good practice that we may or may not wish to capture in a coding scale – from genuineness to sense of humour.

While these are limitations, it has proven possible to code reliably using this scheme. We have identified important links between key skills and outcomes for children and families[5]. Our studies have also found that training, supervision or organisational change can impact positively on practice. However, far more research needs to be undertaken in order to investigate the validity and reliability of these dimensions. We hope that making this coding handbook freely available may support that.

This coding scheme is therefore offered in the same spirit as the MITI which it is based upon – as a stimulus and support for thinking about and developing good practice. We hope that you find it useful for this purpose.

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[4] Whittaker, C., Forrester, D., Killian, M., & Jones, R. (2016). Can we reliably measure social work communication skills. *International Journal of Child and Family Welfare*, *17*(1/2), 47-63.

[5] Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., ... & Hutchison, D. (2019). What is the relationship between worker skills and outcomes for families in child and family social work?. *The British Journal of Social Work*.

Evocation (*behaviour change*)

Low   **High**

1	2	3	4	5
Social worker actively provides reasons for change, or education about change, in the absence of exploring parent / carer's knowledge, efforts or motivation	Social work relies on education and information-giving at the expense of exploring parent / carer's personal motivations and ideas	Social worker shows no particular interest in or awareness of parent / carer's own reasons for change, and how change should occur. May provide information or education without tailoring to parent / carer's circumstances	Social worker is accepting of parent / carer's own reasons and ideas about how change should happen when they are offered. Does not attempt to educate or direct if parent / carer resists	Social worker works proactively to evoke parent / carer's own reasons for change and ideas about how change should happen

This scale is intended to measure the extent to which the social worker conveys an understanding that motivation for change, and ability to move towards that change, resides mostly within the parent / carer and therefore focuses efforts to elicit and expand it within the discussion. In our research to date, approximately one-third of the encounters we observed involved a clearly discernible behaviour-change issue (e.g. substance misuse). For situations in which there is no clear behaviour change issue (i.e. the remaining two-thirds), we would not use this code (scoring 'n/a' rather than one of the numbers).

Low on scale description
Social workers low on this scale have only superficial interest in the parent / carer's ambivalence or reasons for change, and regularly misses opportunities to explore these in detail. They may make assumptions about the parent / carer's intent to change (or not change) without exploring this in detail, or may ignore the parent / carer's ideas when they are offered. Social workers low in *evocation* may rely on persistent fact gathering or information-giving as a means of facilitating change, and often convey a distrust of the parent / carer's current knowledge base about the problem under consideration. Social workers on the low end of this scale do not respond to change talk when it is offered, or do so in a perfunctory manner. They are likely to *provide* the parent / carer with reasons to change, rather than *eliciting* them.

High on scale description
Social workers high on this scale are curious about their parent / carer's personal and unique ideas about why change is a good idea or might not be. They not only follow up on

these ideas when the parent / carer offers them, but also actively seek to explore them when the parent / carer does not. Although they might provide information or education, social workers high in evocation do not rely on it as a means of helping parent / carer's to change. Instead, they prioritize exploration of the parent / carer's personal reasons for change and the means to go about it, and do not allow this exploration to be neglected amid other content or information in the session. Social workers high on the *evocation* scale understand the value of hearing the parent / carer's own language in favour of change, and actively create opportunities for that language to occur.

Verbal Anchors

1. **Social worker actively provides reasons for change, or education about change, in the absence of exploring parent / carer's knowledge, efforts or motivation**
   - Ignores or misunderstands parent / carer's statements about target behaviour
   - Rigidly provides education even when parent / carer indicates prior knowledge
   - Uses list of questions that do not account for uniqueness of parent / carer's response
   - Dismisses or ignores parent / carer's contributions
   - Lack of curiosity about parent / carer's circumstances
   - Attempts to talk, persuade or force the parent / carer change

2. **Social worker relies on education and information giving at the expense of exploring parent / carer's personal motivations and ideas**
   - Does not incorporate parent / carer's contributions into discussions about change
   - Vague or incomplete efforts to respond to parent / carer change talk
   - Mild or superficial interest in parent / carer's views and circumstances

3. **Social worker shows no particular interest in or awareness of parent / carer's own reasons for change and how change should occur. May provide some information or education without tailoring to parent / carer's circumstances**
   - Misses opportunities to investigate parent / carer motivation for change (for example, by discussing past successes when mentioned)
   - Neutral regarding parent / carer's views and circumstances
   - Occasional responses to parent / carer's change talk

4. **Social worker is accepting of parent / carer's own reasons for change and ideas about how change should happen when they are offered in interaction. Does not attempt to educate or direct if parent / carer resists**
   - Permits parent / carer's ideas about change and motivation to provide direction for discussion
   - Acknowledges parent / carer's reasons for change at face value when offered, but does not elicit or elaborate Consistently responds to change talk when it occurs with reflections, elaborating questions or other signs of interest

5. **Social worker works proactively to evoke parent / carer's own reasons for change and ideas about how change should happen**
    o Curious about parent / carer's ideas and experiences, especially regarding target behaviour
    o Helps parent / carer talk self into changing
    o Uses structured approach to reinforce and elicit change talk
    o Does not miss opportunities to explore more deeply when parent / carer offers reasons for change
    o Seeks parent / carer's ideas about change and motivation to provide direction to interview
    o Strategically elicits change talk and consistently responds to it when offered

Collaboration (*care and engagement*)

Low				High
1	2	3	4	5
Social worker actively assumes the expert role for the majority of the discussion. Collaboration is absent	Social worker responds to opportunities to collaborate superficially	Social worker incorporates parent / carer's goals, ideas and values but in a lukewarm or erratic fashion. May not perceive or may ignore opportunities to deepen parent / carer's contribution to the discussion	Social worker fosters collaboration and power sharing so that parent / carer's ideas impact the discussion in ways they otherwise would not	Social worker actively fosters collaboration and power sharing so that the parent / carer's ideas substantially impact the nature of the discussion

This scale measures the extent to which the social worker behaves as if the interview is occurring between two equal partners, both of whom have knowledge that might be useful in the problem or situation under consideration.

Low on scale description

Social workers low in *collaboration* do not work towards a mutual understanding during the session. They rely on one-way communication based on the social worker's authority and expertise for progress. They may be dismissive, overly passive or so acquiescent that they do not make a genuine contribution to the interaction. These social workers rely on their knowledge to respond to the parent / carer's problem or situation and do not appear to value the parent / carer's knowledge. They are often ahead of the parent / carer in prescribing both the need for change and the means to achieve it.

High on scale description

Social workers high in *collaboration* work cooperatively with the parent / carer toward the goals of the interview. They do not rely on dominance, expertise or authority to achieve progress. They are curious about parent / carer ideas and are willing to be influenced by them. These social workers can hold the reins on their own expertise, using it strategically and not before the parent / carer is ready to receive it.

Verbal Anchors

1. **Social worker actively assumes the expert role for the majority of the interactions with the parent / carer. Collaboration is absent**
   o Explicitly takes expert role
   o Denies or minimises the parent / carer's ideas

- o Dominates conversation
- o Argues when parent / carer offers alternative approach
- o Is passive, disconnected or dismissive

2. **Social worker discourages collaboration or responds superficially to opportunities to collaborate**
   - o Difficulty surrendering expert role
   - o Superficial querying of parent / carer input
   - o Often sacrifices opportunities for mutual problem solving in favour of supplying knowledge or expertise
   - o Minimal response to parent / carer input
   - o Distracted or impatient with parent / carer

3. **Social worker shows no particular interest in or awareness of parent / carer's own reasons for change and how change should occur. May provide some information or education without tailoring to parent / carer's circumstances.**
   - o Misses opportunities to investigate parent / carer motivation for change (for example, by discussing past successes when mentioned)
   - o Neutral regarding parent / carer's views and circumstances
   - o Occasional responses to parent / carer's change talk

4. **Social worker foster collaboration and power sharing so that parent / carer's ideas impact the session in ways they would otherwise not**
   - o Some structuring of session to ensure parent / carer input
   - o Solicits parent / carer views
   - o Engages parent / carer in joint problem-solving
   - o Does not insist on resolution unless parent / carer is ready

5. **Social worker actively fosters and encourages power sharing in such a way that the parent / carer's ideas influence substantially the direction and outcome of the discussion**
   - o Actively structures sessions to facilitate parent / carer input
   - o Listens to and queries parent / carer's ideas
   - o Incorporates parent / carer's suggestions into own ideas
   - o Actively looks for parent / carer's input
   - o Explicitly identifies parent / carer as the expert
   - o Tempers advice-giving and expertise depending on parent / carer input

Autonomy (*care and engagement*)

Low				High
1	2	3	4	5
Social worker actively detracts from or denies parent / carer's perception or reality of choice and control	Social worker discourages parent / carer's perceptions of choice or responds superficially to it	Social worker is neutral relative to parent / carer's autonomy and choice	Social worker is accepting and supportive of parent / carer autonomy and choice	Social worker adds significantly to the feeling and meaning of parent / carer's expression of autonomy such that parent / carer is given a markedly expanded experience of choice and control

This scale measures the extent to which the social worker supports and fosters the parent / carer's perception of choice, as opposed to attempting to control the parent / carer's behaviour or choices. This involves the avoidance of particular behaviours *and* proactively pursuing strategies to enhance autonomy.

Low on scale description

Social workers low in *autonomy* behave as if the parent / carer is incapable of making positive changes in behaviour without input and direction from the social worker. They may assume the parent / carer will change their behaviour because the worker thinks this is for the best. The social worker may explicitly tell the parent / carer they have no choice. In addition, the worker may seek to apply external consequences to limit choice. Social workers may insist there is only one way to achieve positive changes or they may be pessimistic or even cynical about the parent / carer's ability to change. Note, this does not include the social worker empathising with the parent / carer's perceived or actual lack of options and meaningful choices, or with a parent / carer who feels hopeless or resentful about their circumstances.

High on scale description

Social workers high on *autonomy* ensure, either directly or indirectly, that the topic of choice and control is raised in the discussion. They view the parent / carer as having the potential to make positive changes. Social workers high on this scale will work to help the parent / carer recognise the choices they can make in relation to their own behaviour and circumstances (while not failing to recognise that for many parents / carers, their choices will be limited for reasons beyond their control). The social worker will express optimism

about the parent / carer's ability to change while also accepting that one of the choices available is to maintain the status quo.

<u>Verbal Anchors</u>

1. **Social worker actively detracts from or denies parent / carer's perception of choice or control**
   o Explicitly states that the parent / carer does not have a choice
   o Implies that external consequences remove choice
   o Is pessimistic, cynical or even sarcastic when talking about choices
   o Rigid about choice options

2. **Social worker discourages parent / carer's perception of choice or responds only superficially**
   o Does not elaborate or attend to topic of choice when raised by parent / carer
   o Minimises parent / carer's choice or attends superficially to it
   o Dismisses topic of choice after acknowledging it
   o Absence of genuineness when discussing parent / carer's choices
   o Actively ignores parent / carer's choices when parent / carer brings it up

3. **Social worker neutral about choice**
   o Does not deny choice but makes little effort to actively talk about it
   o Does not raise topic of choice in the discussion

4. **Social worker is accepting and supporting of parent / carer autonomy**
   o Explores parent / carer's options genuinely
   o Agrees if parent / carer says they do not have to change / cannot be made to change

5. **Social worker adds significantly to the feeling and meaning of parent / carer's own expressions of autonomy, markedly expanding parent / carer's perception of choice and control**
   o Social worker is proactive in eliciting comments from the parent / carer that lead to greater sense of perceived autonomy
   o Explores options in deeply genuine and non-possessive manner
   o Explicitly acknowledges parent / carer option not to change
   o Provides multiple opportunities to discuss options and choices if parent / carer does not respond to first attempt
   o Gives credence to parent / carer's ideas about change and motivation

Empathy (*care and engagement*)

Low				High
1	2	3	4	5
Social worker has no apparent interest in parent / carer's worldview. Gives little or no attention to parent / carer's perspective	Social worker makes sporadic efforts to explore parent / carer's perspective. Social worker's understanding may be inaccurate or detract from parent / carer's intended meaning	Social worker is actively trying to understand parent / carer's perspective, with modest success	Social worker shows evidence of accurate understanding of parent / carer's worldview. Makes active and repeated efforts to understand parent / carer's view. Understanding mostly limited to explicit content	Social worker shows evidence of deep understanding of parent / carer's worldview, not just information explicitly stated

This scale measures the extent to which the social worker understands or tries to grasp the parent / carer's perspective and feelings: how much the social worker attempts to "try on" what the parent / carer feels or thinks. Empathy should not be confused with warmth, acceptance, genuineness, or advocacy; these are independent of the empathy rating. Reflective listening is an important part of this characteristic, but this rating is intended to capture all efforts that the social worker makes to understand the parent / carer's perspective and convey that understanding to the parent / carer.

<u>Low on scale description</u>
Social workers low in *empathy* show indifference or active dismissal of the parent / carer's perspective and experiences. They may probe for factual information or to pursue an agenda, but they do so to "build a case" for their point of view, rather than for the sole purpose of understanding the parent / carer's perspective. There is little effort to gain a deeper understanding of complex events and emotions, and questions asked reflect shallowness or impatience. They might express hostility toward the parent / carer's viewpoint or directly blame the parent / carer for negative outcomes.

<u>High on scale description</u>
Social workers high in *empathy* approach the session as an opportunity to learn about the parent / carer. They are curious. They spend time exploring the parent / carer's opinions and ideas about what needs to change especially. Empathy is evident when workers show an active interest in understanding what the parent / carer is saying. It can also be apparent when the social worker accurately follows or perceives a complex story or statement by the parent / carer and / or probes gently to gain clarity.

1. **Social worker has no apparent interest in client's worldview. Gives little or no attention to the parent / carer's perspective.**
   o Asking only information-seeking questions (often with an ulterior motive)
   o Probing for factual information with no attempt to understand the parent / carer's perspective

2. **Social worker makes sporadic efforts to explore the parent / carer's perspective. Social workers' understanding may be inaccurate or may detract from the parent / carer's true meaning.**
   o Social worker displays shallow attempts to understand the parent / carer
   o Social worker offers reflections, but they misinterpret what the parent / carer has said

3. **Social worker is actively trying to understand the parent / carer's perspective, with modest success**
   o Social worker displays average empathy to parent / carer
   o Social worker may offer a few accurate reflections but may miss the parent / carer's point
   o Social worker tries to grasp the parent / carer's meaning throughout the session, but does so with only mild success

4. **Social worker shows evidence of accurate understanding of parent / carer's worldview. Understanding mostly limited to explicit content**
   o Social worker makes active and repeated efforts to understand the parent / carer's point of view
   o Understanding mostly limited to explicit content
   o Social worker conveys interest in the parent / carer's perspective or situation
   o Social worker offers accurate reflections of what the *parent / carer has said*
   o Social worker effectively communicates understanding of the parent / carer's viewpoint

5. **Social worker shows evidence of deep understanding of parent / carer's point of view, not just for what has been explicitly stated but what the parent / carer means and has not said**
   o Social worker effectively communicates an understanding of the parent / carer *beyond* what the parent / carer says
   o Showing great interest in parent / carer's perspective or situation
   o Attempting to "put self in parent / carer's shoes"
   o Often encouraging parent / carer to elaborate, beyond what is necessary to merely follow the story
   o Using many accurate complex reflections

Purposefulness (*good authority*)

Low				**High**
1	2	3	4	5
There is no clear aim to the discussion and it is not obvious what the social worker is trying to achieve	There is some sense of purpose, but the discussion has substantial chunks where the purpose is unclear or where the discussion is formulaic	The discussion has an overall sense of purpose. However, this is imposed by the social worker without significant negotiation	The discussion has a clear sense of purpose, evident throughout, yet the social worker remains flexible in response to the parent / carer	The discussion has a clear sense of purpose, negotiation and understood by everyone involved. Social worker shows evidence of planning yet also flexibility in response to the parent / carer

This scale measures the extent to which the social worker maintains a clear focus for the discussion. Purpose is a complex concept, necessary to good practice but needing to be negotiated. In most discussions a shared negotiation of purpose is ideal, but it can be appropriate to impose a clear agenda (for instance, if there are important concerns that need to be discussed) or to follow the parent / carer's agenda (for instance, if they want to make important disclosures).

Low on scale description
Social workers low on *purposefulness* fail to provide structure or clarity to the session and the reason for the discussion may remain unclear throughout. The conversation may sound like an informal chat between peers rather than a professional session. Discussions low on *purposefulness* are likely to have an aimless quality and the listener / observer will be unable to identify what the social worker is trying to achieve. Alternatively, the social worker may make some attempt to state a purpose but fails to retain a focus on this.

High on scale description
Social workers high on *purposefulness* know from the outset what they are trying to achieve and are transparent in their focus on this. They also recognise the need to create a shared agenda which incorporates the parent / carer's needs. Workers high on *purposefulness* view the discussion as a professional intervention (or part of one) and are working towards a specific (preferably shared) aim. They are able to respond flexibly to the parent / carer's contributions whilst maintaining a clear focus throughout.

Verbal Anchors

1. **There is no clear aim to the discussion and it is not obvious what the social worker is trying to achieve.**
   o Social worker fails to provide structure for the discussion

- o The conversation wanders and can sound like an informal chat between peers
- o A sense of purpose cannot be inferred from the discussion
- o Nothing or very little is achieved as a result of the discussion

2. **There is some sense of purpose, but the discussion has substantial chunks where the purpose is unclear, or where the discussion is formulaic.**
   - Social worker provides some clarity and structure but frequently wanders from stated intent
   - At times, a vague sense of purpose can be inferred from the discussion
   - Minimal response to parent / carer queries or confusion about the purpose of the discussion
   - The discussion does not achieve what the social worker intended

3. **The discussion has a clear sense of purpose. However, this is imposed without significant negotiation**
   - Sense of purpose driven by agency agenda without sufficient attempts to identify or respond to the parent / carer's agenda
   - Worker has a sense of purpose, but this is not clearly communicated to the parent / carer
   - The social worker achieves most of their stated aims

4. **The interview has a clear sense of discussion that is evident throughout and is flexible in response to the parent / carer's agenda**
   - Clear sense of purpose with sufficient attempts to respond to the parent / carer's agenda
   - Everyone involved is clear about the purpose of the discussion though this may not be explicitly stated
   - The aim of the discussion is met but not at the expense of the parent / carer's agenda

5. **The discussion has a clear sense of purpose that is negotiated and understood by everyone involved. Social worker shows evidence of planning and there is flexibility in response to the parent / carer's agenda.**
   - Clear and explicit sense of purpose with proactive attempts to identify and respond to the parent / carer's agenda
   - The purpose of the discussion is understood by everyone throughout
   - Discussion is structured to reflect the aim of social work involvement
   - The aim of the discussion is met and fully incorporates the parent / carer's agenda

Clarity about risk and need (*good authority*)

Low				High
1	2	3	4	5
Social worker fails to cover significant issues or concerns, or to respond to relevant disclosures made by the parent / carer during the discussion	Social worker fails to provide sufficient focus or clarity around issues or concerns. May refer to them indirectly	Issues or concerns are raised as appropriate but with limited opportunity for exploration or proper discussion	Social worker raises issues and concerns during discussion and attempts to explore parent / carer's perspective	Social worker ensures that issues and concerns are raised during the discussion and the parent / carer is meaningfully engaged throughout

The scale measures the extent to which the social worker is clear about the reasons for social work involvement and able to engage in meaningful dialogue with the parent / carer about issues or concerns. This measure identifies the worker's ability to raise such issues and have them incorporated into helpful discussions. Low scores would indicate discussions where it was difficult or impossible to be clear what concerns or problems led to the social worker's involvement. High scores would see concerns integrated into helpful conversations without discussions becoming inappropriately problem-saturated. It is possible that there will be some discussions where it is not possible to code for clarity about risk and need, depending on the family situation and worker role.

<u>Low on scale description</u>
Social workers low on *clarity about risk and need* fail to make the reasons for social work involvement explicit. This might include not raising issues or concerns or failing to respond to significant disclosures during the discussions. Workers low on *clarity about risk and need* may appear to lack confidence in raising difficult subjects.

<u>High on scale description</u>
Social workers high on *clarity about risk and need* ensure that issues or concerns are made explicit during the discussion. They are comfortable with their professional role and are able to raise issues confidently or respond appropriately to disclosures. Workers high on *clarity about risk and need* recognise the need to engage parents / carers meaningfully in the discussion and are interested in their perspective of the issues or concerns. They are able to challenge appropriately whilst acknowledging an alternative point of view.

<u>Verbal Anchors</u>

1. **Worker fails to cover significant issues or concerns, or to respond to relevant disclosures made during the discussion.**
   - Worker does not raise any significant issues or concerns during the discussion
   - Fails to respond to disclosures

- Avoids difficult subjects throughout the session
- The reason for professional involvement is unclear

2. **Worker fails to provide sufficient focus or clarity around issues or concerns. May refer to them indirectly**
   - Issues or concerns are only discussed when raised by the parent / carer
   - Issues or concerns are inferred but not made explicit
   - Discussion around significant issues and concerns is vague and lacking in depth
   - Fails to explore the parent / carer's perspective
   - Some sense of the reason for professional involvement

3. **Issues or concerns are raised as appropriate, but with limited opportunities for exploration or discussion**
   - Issues and concerns are raised but discussion focuses on the worker's/agency perspective
   - Responds appropriately to disclosures made during the discussion
   - Not listening to the parent / carer's account or taking it at face value
   - Many missed opportunities for further exploration of the issues or concerns
   - Worker is dismissive or dominates conversation

4. **Worker raises issues and concerns during the discussion and attempts to explore the parent / carer's perspective**
   - Issues and concerns are made explicit and disclosures are consistently responded to
   - Some attempts to explore the parent / carer's perspective of the concerns
   - Some missed opportunities for further exploration of the issues or concerns

5. **Worker ensures that issues and concerns are raised during the discussion and the parent / carer is meaningfully engaged throughout**
   - Actively structures the session to address issues and concerns
   - Actively mines for the parent / carer's views about the concerns
   - Explores issues in depth and from multiple perspectives
   - Accepting of alternative perspectives whilst able to challenge appropriately
   - Reason for professional involvement is clear throughout

Child-focus (*good authority*)

Low				High
1	2	3	4	5
Fails to consider the child or issues related to them. May be focused on the needs of the parent / carer *at the expense of* the child's	Issues related to the child are raised briefly or superficially	Social worker incorporates the child into discussions but does so generically, with missed opportunities to explore further with the parent / carer	Child is meaningfully integrated into the discussion with some attempts to draw on the parent / carer's perspective	Child is meaningfully and consistently integrated into the discussion to enhance the parent / carer's understanding of child's needs

This scale is intended to measure the extent to which the social worker ensures the child is 'present' in the conversation.

<u>Low on scale description</u>
Social workers low on *child focus* fail to consider the child or issues relating to the child throughout the session. They may become drawn into discussing parental issues or concerns without relating these to the needs of the child. Workers low on *child focus* will fail to identify the child as one motivation for parental change, focusing on *what* needs to change rather than *why*. Alternatively, discussions about the child may focus solely on the worker's perspective of what is in their best interests. The social worker may impose a simplistic formulation of what is in the best interests of the child, without incorporating parental / carer contributions. This may involve compartmentalised or tokenistic identification of issues for the child.

<u>High on scale description</u>
Social workers high on *child focus* ensure that the child is appropriately integrated into the discussion. They recognise that addressing issues and concerns relating to the parent / carer is to meet the needs of the child. They are curious about the parent / carer's views of the child's situation. Workers high on *child focus* identify the child as a source of motivation for change and do not miss opportunities to explore this in depth.

<u>Verbal Anchors</u>

1. **Fails to consider the child or issues relating to them. May be focused on the parent / carer's needs at the expense of the child's**
   o The child is absent from the conversation
   o Discussion focuses on parent / carer's needs without any reference to the child
   o Discussions about change do not incorporate the child

2. **Issues relating to the child are raised superficially or briefly**
   - There is some mention of the child, but their needs are not discussed in-depth
   - Discussions about the child are irrelevant to social work involvement
   - Parent / carer's needs are considered *at the expense of* the child's

3. **Worker incorporates the child into discussions but does so in a generic fashion with missed opportunities for exploration with the parent / carer**
   - Discussions about the child are generic
   - May sound like a 'tick box' approach to discussing the child's needs (e.g. how they are doing at school, how is their health etc.) without further exploration or sense that the questions are individual to the child
   - The child's needs are raised but discussion focuses on the agency's perspective
   - Worker misses most opportunities to explore the parent / carer's perspective of the child

4. **Child is meaningfully integrated into the discussion with some attempts to draw on the parent / carer's perspective**
   - Some attempts to draw on the parent / carer's perspective of the child's needs
   - Able to gain some sense of *the individual* child's perspective or worldview
   - Takes advantage of some opportunities to draw the child into discussions and deepen understanding of the child's needs
   - Child's needs are considered in relation to the reasons for social work involvement

5. **Child is meaningfully and consistently integrated into the discussion in order to enhance the parent / carer's understanding of the child's needs**
   - Actively mines for and creates opportunities for discussion about the child
   - Able to gain a rich picture of *the individual* child's needs or worldview from multiple perspectives
   - The child is considered in depth from the parent / carer's perspective
   - Does not miss opportunities to discuss the child's needs e.g. by responding to the parent / carer's own concerns about the child