

What is the relationship between social worker motivational interviewing skills and in-session indicators of parent/carer motivation in child and family social work conversations?

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Summary

This thesis explores the relationship between social worker skills in motivational interviewing (MI) and in-session indicators of parent/carer motivation to change. An extensive body of research suggests that MI skills are associated with client “change talk” which is in turn associated with behavioural outcomes. However, this research has predominantly been undertaken with voluntary participants and practitioners who do not hold statutory powers. No research has explored the relationship between practitioner skill and client responses in child and family social work practice.

The current study employed an exploratory sequential mixed-methods design and involved three interrelated stages of research. It utilised a dataset of recordings of conversations between social workers and parents/carers, collected as part of a large-scale randomized controlled trial (RCT) (Forrester et al. 2018; 2019). The first stage involved thematically analysing a subset of recordings in order to develop a context specific definition of “change talk” and identify other potential indicators of parent/carer motivation. This fed into the development of an observational behaviour coding tool which was used in the second phase of the study to collect data on three in-session parent/carer indicators of motivation. Data were statistically analysed for correlations between social worker MI skills and parent/carer responses. Finally, an emergent strand was added which involved categorising the focus of conversations in order to offer a description of the wider dataset and provide context for the findings of the main analysis.

The findings indicate that there is an association between social worker MI skills and parent/carer motivation for change. However, the skills that proved most important were not “traditional” MI skills but those associated with the use of “good authority” which were MI informed but specific to statutory child and family social work.

Furthermore, analysis of the wider dataset indicates that a high proportion of social work conversations do not focus on change, and that there were missed opportunities to do so. The findings draw attention to important differences between change processes in therapeutic contexts and that of statutory social work. It is hoped that these findings will influence social work education and training, both in terms of how MI training is delivered but also in relation to the communication skills that are taught and privileged more broadly.

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Author Declaration

The idea for this thesis has arisen out of the author's involvement in several research studies led by Professor Donald Forrester (Cardiff University). These studies explored the use of motivational interviewing in child and family social work (Forrester et al. 2018; 2019; Whittaker et al. 2016; Wilkins and Whittaker, 2018). The current study involves a secondary analysis of the dataset for a large randomised controlled trial exploring the relationship between MI skills and family outcomes (Forrester et al. 2018; 2019) and builds specifically on this research. The original contribution it makes arises from the analyses undertaken on that dataset, work which was conceived and carried out by the author.

At the same time this thesis was being written, the author co-wrote a book: *Motivational Interviewing for Working with Children and Families* (Forrester et al. 2021), with my supervisors. There is inevitably some overlap in terms of the description of MI outlined in the book and the description of MI offered in this thesis. However, the original contribution of the book is in its practical application of MI to child and family social work. By contrast, this thesis focuses on a research study and the findings were not available at the time the book was published. Where ideas were first reported in the book they are referenced as such.

Chapter 1: Introduction

Introduction

Supporting parents and carers to address issues which are causing, or have the potential to cause significant harm to their children is a core part of statutory child and family social work practice. Every day, social workers have challenging conversations with families in which they must raise concerns and discuss the need for change. Despite the significance of such encounters, very little research has been dedicated to understanding which of the practice skills of the worker are more or less likely to enhance parent/carer motivation for change in this context.

It has been suggested that motivational interviewing (MI) can help social workers undertake the challenging task of having conversations about change (Forrester et al. 2021). MI is a strengths-based intervention which is designed to resolve ambivalence and strengthen a person's intrinsic motivation and commitment to change (Miller and Rollnick, 2013). An extensive body of research has been undertaken to explore change processes in MI, but to-date no studies have explored change processes when MI is used in the context of child and family social work. The overarching aim of this thesis is to explore the relationship between social worker MI skills and in-session indicators of parent/carer motivation to change in this context.

This chapter will begin by outlining the rationale for the research, including the author's personal and professional interest in the topic. It will offer a broad overview of the research topic, including where the current study sits in relation to existing research and how it aims to contribute original knowledge. The chapter will also address the underpinning assumptions that have shaped the research questions, and situate the study within a broader political and practice context. Finally, the aims and research questions will be introduced, along with the epistemological position taken.

Rationale

Since the publication of the Munro Review of Child Protection (2011), the practice landscape in child and family social work has changed considerably. The report,

which highlighted the pitfalls of an over-bureaucratised system, was a major catalyst for change in children's social care. Munro called for a renewed focus on direct work with children and families, underpinned by evidence-based knowledge and skills. The government response to the recommendations was to establish the Children's Social Care Innovation Programme which made £200 million of funding available for local authorities to undertake projects which attempted to 'rethink' how Children's Social Care was being delivered. The emphasis was on achieving "*higher quality, improved outcomes and better value for money*" (DfE, 2014, p.4). Around the same time, the 'What Works' initiative was launched, which similarly invested heavily in developing research evidence to inform the design and delivery of policies in children's social care (What Works Network, 2014). This resulted in an eruption of interest from local authorities in evidence-based interventions and "practice frameworks" (Baginsky et al. 2021). Partnerships were established between universities and service providers and numerous studies set out to explore the efficacy of practice models such as systemic family therapy (Bostock et al. 2017), motivational interviewing (Luckock et al. 2018) and restorative justice (Panayiotou et al. 2017) when used in the context of child and family social work. In the decade or so that followed the Munro review, practice models have become the norm in children's social care with evidence-based interventions being widely adopted by social work organisations across the UK (Molloy et al. 2017).

Motivational Interviewing (MI) is one practice model which has attracted growing interest in social work (Forrester et al. 2008; Forrester et al. 2012; Hohman, 2012, 2021; Wahab, 2005; Watson, 2011; Forrester et al. 2021). At the time of writing, over 500 randomised controlled trials have explored the efficacy of MI in a diverse range of practice settings with studies consistently indicating significant but variable effects (Miller and Moyers, 2017). Its central focus on understanding and working with client resistance as part of the change process has been of particular interest in the field of child protection where engagement with services is often non-voluntary (Forrester et al. 2012).

In social work, interest in MI is such that two books have been dedicated to using it specifically in this context (Hohman, 2021; Forrester et al. 2021) and it is increasingly featuring in UK-based social work education programmes. Frontline, for example is a postgraduate training programme that offers social work students in-depth training in

Motivational Interviewing (Maxwell et al. 2016). Furthermore, numerous local authorities have invested in, or at the very least piloted MI training for their social workers (Forrester et al. 2018; Westlake et al. 2014; Whittaker et al. 2015), with some redesigning entire service delivery to reflect the model or a version of it (Luckock et al. 2017). MI is also a core aspect of the Family Safeguarding model which originated in Hertfordshire in the United Kingdom, but following two largely positive evaluations (Forrester et al. 2017; Rodger et al. 2020) has since been adopted by a further 23 UK-based local authorities (Hertfordshire County Council, 2023).

Despite the growing popularity of MI in social work, research exploring the approach in this context is still in its infancy (Boyle et al. 2019; Hall et al. 2020). To date, only one study has explored the efficacy of MI in relation to statutory child and family social work (Forrester et al. 2018; 2019). This study will be outlined further in Chapter 2 but in brief, it indicated that MI skills were associated with parental engagement and some family outcomes. However, for several decades MI scholars have been concerned not just with the relationship between intervention and outcome, but the more complex question of “*what is it about practice that promotes change*”? (Miller and Moyers, 2017, p. 762). Intervention research that focuses exclusively on outcome has been critiqued for failing to account for the complex factors that underpin such relationships (Pawson and Tilley, 1997). A large body of research has thus been dedicated to understanding change processes in MI and the ominous “black box” (Elliott, 2010, p. 124) that exists between intervention and outcome. This body of research has indicated that the client’s verbal expression of intrinsic motivation (referred to as change talk in MI) is a key mechanism of change that links practitioner MI skills to client outcome (Magill et al. 2014; Romano and Peters, 2016). In other words, it is the experience of hearing oneself articulate intrinsic reasons for change that appears to activate a subsequent commitment to carrying it through. Conversely, clients’ verbal expression of counter change arguments (referred to as sustain talk in MI) is strongly associated with poor outcomes (Magill et al. 2014). These have been important findings in shaping MI theory and practice. MI practitioners therefore focus their efforts on selectively eliciting and reinforcing change talk and minimising sustain talk in conversations with clients.

In the context of child and family social work, we know very little about the role of parent/carer responses in the change process. Whilst Forrester's research (2018; 2019) indicates that MI skills might be related to some outcomes in the context of child and family social work, we know very little about how and why these skills influence change. If, as MI theory suggests, the verbal expression of intrinsic motivation is closely related to real-world behaviour change then it is important to understand more about the role of parent/carer change language in this context and how it might be enhanced in interactions between social workers and families.

To date, there has been no empirical exploration of change language in child and family social work conversations. In particular, we know very little about the nature and quality of change talk in this context. There are important reasons for thinking that change language might have unique characteristics in social work. For example, change talk is typically understood to be related to a specific change goal (e.g. substance misuse). However, in the field of social work change talk is likely to be more variable due to the broad range of change topics that are discussed between social workers and parents/carers (Whittaker et al. 2016). Furthermore, where change talk is typically related to the self as the primary focus for change, in child and family social work the need for change is related primarily to the well-being of the child or young person. Understanding the nature and quality of change talk in this context is therefore an important step if practitioners are to be able to recognise and harness it in practice.

MI theory and research also suggests that change talk, as an expression of motivation, is an important predictor of subsequent outcome (Magill et al. 2014; Romano and Peters, 2016). Research in other disciplines has indicated that certain practitioner behaviours are more or less likely to influence the expression of client change talk. However, in the field of social work, no research has systematically explored the relationship between social worker skills in direct practice and the way that parents/carers respond. A key aim of this research is therefore to understand whether there is a relationship between social worker skills and parent/carer change language, and if so, what social workers can do to enhance motivation for change.

The vast majority of MI process research originated in other settings. Social workers have been encouraged to exercise caution in assuming the transferability of

knowledge from one discipline to another (Axford and Morpeth, 2013; Munro, 2011). Some scholars have raised important questions about the applicability of theory derived from therapeutic disciplines to social work given important differences in practice context (Healy, 2005; Murphy et al. 2013). Unlike other settings where MI is routinely used, such as substance misuse and healthcare, child and family social workers are agents of the state and yield an enormous amount of power over families (Dumbrill, 2006; Ghaffar et al. 2012). Furthermore, families rarely seek help voluntarily (Forrester et al. 2012). Such differences may have important implications relating to the applicability of MI theory and practice in social work. A key driver for this study is therefore addressing a gap in the professional literature concerning the application of interventions which originated in therapeutic contexts, in statutory child and family social work.

Supporting parents and carers to change behaviours which have the potential to cause harm to their children is a core element of statutory social work. It is therefore essential that we understand more about the process of change in this context and the practice skills which are more or less likely to enhance motivation. Social work education has been critiqued for its inconsistency in equipping practitioners with the skills and knowledge to effect change with families (Munro, 2011). This study aims to address an important gap in the literature regarding change processes in social work - to address the important question of "*what is it about practice that promotes change*"? (Miller and Moyers, 2017, p. 762). A long tradition of MI research offers a helpful starting point by highlighting the possible role that client change language plays in understanding the relationship between practice and outcome. This study seeks to contribute to the literature on helping in social work by deepening our understanding of change processes in this context. It is hoped that the findings of this research will inform social work education and training by deepening our understanding of practitioner behaviours that enhance or reduce parent/carer motivation for change.

Personal motivations

My personal interest in motivational interviewing as an approach for child and family social work, stems from my professional experience as a qualified social worker. I

spent the early years of my career based in a local authority family support and child protection team where I primarily worked with families in which children had been identified as being “in need” or “at risk of significant harm” (Children Act, 1989). On a day-to-day basis, the focus of my work was to identify, manage and reduce risk to children. Conversations with parents and carers typically involved raising concerns and encouraging/supporting them to make changes to their behaviour.

At the time of qualifying (2012), the notion of “practice models” was not commonplace in child and family social work and research suggests that top-down and confrontational approaches to effecting change with families were fairly typical (Forrester et al. 2008; 2018). In the local authority where I worked, this was certainly my experience. In a context which privileged key performance indicators over the quality of practice (Ayre and Calder, 2010; Munro, 2011), little attention was paid to the quality of the parent-worker relationship. Perhaps unsurprisingly, conversations tended to be fraught with tension and any changes made by families, at best seemed to be short-lived. I was introduced to motivational interviewing shortly after qualifying and found it immensely helpful in my practice. It proposed a more collaborative way of talking about change, which appeared to elicit less “resistance” from families and was based on their own values, rather than what I, as a professional, believed to be important. MI quickly developed my awareness of the ways in which families supposed lack of engagement could be as much to do with my approach as a social worker, as a lack of willingness on their part (Miller, 1983).

My interest in motivational interviewing developed further when I joined a research team led by Professor Donald Forrester who was undertaking several studies exploring the approach in the context of child and family social work. This body of work explored the impact of MI training (Forrester et al. 2018), the relationship between MI skills and family outcomes (Forrester et al. 2019) and the perspectives of child and family social workers using the approach (Whittaker et al. 2016). As part of this programme of work I coached social workers to apply MI skills in their work with families. Currently, I teach on a qualifying social work programme which features MI as a core practice model (see Scourfield et al. 2019 for a description of the programme) and puts me in regular contact with students who are attempting to implement it in their work with families. As my professional interest in MI developed, it came as a surprise that not all social workers share my enthusiasm for the

approach. A common critique relates to the perceived fit between an approach which is therapeutic in origin and the realities of statutory social work. Many social workers have questioned whether it is possible to adhere to the underlying 'spirit' of the approach which emphasises principles such as collaboration and autonomy (Miller and Rollnick, 2013), whilst being clear about concerns and potential consequences. Some social workers have suggested that MI is only appropriate when working with low risk cases and that MI should be abandoned in favour of a more directive approach when the risk is high (Wilkins and Whittaker, 2018).

Whilst on a personal level I felt able to incorporate MI into my role as a child and family social worker, the concerns raised by other social workers throughout the course of my career have in part inspired the research questions addressed in this thesis. In particular, they have shaped my interest in exploring the applicability of MI theory in a statutory setting. MI has a well-developed theory of change and I am keen to explore its applicability in a child and family social work context. Whilst I aim to contribute original knowledge in relation to the use of MI in child and family social work, the findings have implications for social work theory and practice more broadly. Beyond MI, the study seeks to address a key gap in the professional literature concerning the application of approaches which are therapeutic in origin, in the context of statutory social work.

Political context

As discussed, this thesis arose in part as a result of the recommendations from the government commissioned Munro review of child protection (2011) and subsequent surge in political support for the use of evidence-based interventions such as MI in child and family social work. As such, the research focus has been borne out of a broader political agenda and reflects a contemporary definition of what it means to be a statutory child and family social worker. The following section aims to situate the current study in its wider context. It will consider the evolving political context of child and family social work in England, how this has shaped practice over the past sixty years and where this study sits within current ideological debates about the nature and purpose of social work practice.

For the best part of the twentieth century, child and family social work in England has been a political activity. Social workers have been, and continue to be, employed by the state to implement legislative frameworks regarding the care and protection of children. Numerous commentators have outlined the ways in which varying government agendas have shaped social work practice, reflecting broader ideological positions about the role and function of the state (Fox-Harding, 1997; Parton, 2014; Jones 2020). The past 60-70 years has seen significant shifts in political perceptions regarding the role of child and family social workers. These will be summarised below.

The Seebohm committee was commissioned in the late 1960s by the Labour Government “*to review the organisation and responsibilities of the local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service*” (Seebohm report 1968, cited in Jones, 2020, p. 32). According to Jones (2020), the report was in part driven by a shift in the role of child care officers. Children were increasingly being supported to remain with their families rather than being placed away from home, as well as offering greater support for young offenders. The report made several key recommendations including the abolition of specialist workers in favour of a unified profession, and an increased focus on community development. In doing so it appeared to take a holistic view of people’s problems, seeing the needs of children and adults as interlinked. Jones (2020) suggests that the report and its implementation ultimately shaped social work practice by embedding a narrative of family support and prevention into policy.

Jones (2020) argues that the Maria Colwell inquiry in 1974 prompted a sudden shift from the family support orientation which followed the Seebohm report to a focus on child protection. The inquiry was in response to the murder of Maria by her stepfather and the public narrative that followed focus almost exclusively on the failings of the social worker. The political response was to increase procedures and bureaucracy as well as the placement of children in local authority care. The inquiry paved the way for the changes to public services that followed the appointment of Margaret Thatcher in 1979. The Thatcher era saw a dramatic shift away from state involvement in family life. Amidst the backdrop of a national economic crisis, the emphasis in the public sector was on efficiency and value for money (Jones, 2020).

This resulted in a move towards greater bureaucracy and a re-visioning of the role of social workers as “case managers”. Ferguson (2009) suggests that the collective approaches that had previously been favoured were criticised for encouraging dependency on the state. The dramatic shifts that took place in Thatcher era highlight the profound impact that political ideology can have on the social work role and delivery of services. It has been argued that the legacy of the political climate in the late 1970s and 1980s continues to shape services today (Parton and Williams, 2017).

There have been two further major political shifts during the past few decades following the appointment of the New Labour government in 1997 and the Coalition government in 2010. These shifts will be outlined briefly, before discussing the current political climate and the influence that this has had on child and family social work practice.

The New Labour agenda prompted a re-emphasis on the role of central government in promoting the welfare of children (Jones, 2020). The focus was on addressing social exclusion, reducing child poverty and improving outcomes for all children through the provision of targeted services such as the Sure Start programme, and later universal children’s centres, which would offer childcare, parental support and address local need (Bouchal and Norris, 2014). New Labour policies had a significant influence on social work practice by re-emphasising the role of prevention and early intervention, as opposed to child protection (Parton, 2011; Parton and Williams, 2017). According to Jones (2020), the New Labour “modernisation agenda” also sought to increase professional accountability by introducing a professional qualification and establishing the Social Care Institute of Evidence (SCIE). The latter prompted a focus on evidence-based practice in social work which arguably persisted with the appointment of the Coalition government in 2010.

Parton (2011) suggests that the Coalition government gave social work a renewed priority status, albeit one that was narrowly focused on child protection and improving the professional system. The drivers for this appeared to be twofold; firstly, as a response to the 2008 financial crisis, and secondly in response to the death of Baby Peter in 2007, which resulted in a greater demand for services amidst a backdrop of dramatic cuts to public expenditure (Jones, 2020). Evidence of the

narrow focus on child protection can be seen in several areas of policy. First, the government commissioned the Munro review and keenly adopted recommendations focused on delivering higher quality interventions (targeted primarily at parents), improved outcomes and better value for money. Second, the introduction of The Children and Families Act 2014 encapsulated the government's desire to act quickly and more punitively where there were concerns about child welfare (Parton, 2014). Thirdly, there was a keen push towards the specialisation of services, reflected in the government's investment in the Frontline programme (a specialist qualifying programme for child and family social work), and the later development of a knowledge and skills statement for children's social work (Jones, 2020). It has been argued that these policies were all underpinned by a narrative of "rescuing children" from problematic families (Featherstone et al. 2014; Parton and Williams, 2017)

The legacy of the Coalition government and its creation of what Parton (2014) describes as an "authoritarian neo-liberal state", arguably persisted following the appointment of a Conservative government in 2015. It has been suggested that current child and family social work practice has become synonymous with the task of "child protection" and a narrow focus on safeguarding, with more authoritative forms of intervention becoming the norm (Higgins, 2017; Parton and Williams, 2017). A freedom of information request made by Bilson and Martin (2017) revealed that almost half of children reaching the point of a strategy discussion were not placed on a child protection plan, which the authors interpreted as evidence of high levels of unnecessary intervention in family life. Parton and Williams (2017) argue that a narrative in which the rights of children and parents have been pitched in opposition to one another permeates statutory guidance and that references to "family support" or preventative intervention have disappeared altogether.

The current government has continued to invest heavily in social work research. This can be seen via their ongoing funding for the What Works Centre for Children and Families. The practice landscape is one in which "practice frameworks" have become the norm in children's services in England (Molloy et al. 2017; Baginsky et al. 2021). Whilst some commentators have welcomed the focus on evidence-based practice (Forrester 2013), others have been more critical. It has been suggested that the focus on upskilling workers to deliver specialist interventions implies that doing social work the "right way" will solve complex societal problems (Higgins, 2017).

Bywaters et al. (2022, p. 8) argue that the continued focus on individuals in child protection social work “*deflects attention from social structures and the responsibility of the state for - and its potential for preventing - child abuse and neglect*”. It is of note that Bywaters’ compelling research demonstrating a clear link between child abuse and poverty has been actively overlooked by the current government (Jones, 2020).

Ultimately, the changing political ideologies outlined above reflect broader debates regarding the nature of child abuse and neglect and how best to address it. Whilst left leaning parties tend to locate child abuse within a broader social context and recognise its relationship with social disadvantage, right leaning parties tend to locate responsibility with families or individuals. These debates are not confined to politics. As stated by Ferguson (2009, p. 83) “*Since its earliest beginnings... social work has mirrored wider ideological conflicts and debates within society regarding the roots of social problems and how to best address them*”. Whilst social work practice has been heavily influenced by politics, it has similarly been influenced by the societal backdrop and prevalent forms knowledge at the time. The following section will summarise key trends in UK social work practice before reflecting on the relevance of the broader political and practice context to the current study.

Practice context

In the post-war era, psychoanalytic approaches were prevalent in UK social work (Ferguson, 2009; Reid, 2002). Such approaches tended to focus on addressing problems at an individual level. However, several commentators have argued that such approaches were pathologising, positioned social workers as experts and overlooked the ways in which structural inequality contributed to people’s problems (Reid, 2002; Wooton, 1959 cited in Jones, 2020). In the 1960s and 70s, these approaches were superseded by the radical social work movement. Ferguson (2009) suggests that this shift can be attributed to several factors including research findings which highlighted the impact of poverty, the emergence of unified teams and a greater sense of collectivism in social work, as well as an increase in social movements globally. He also suggests that Sociology as an academic discipline was growing in popularity and drew attention towards structural causes of oppression, in

particular the impact of class inequality. The result was an increase in collective approaches and group work in social work education and practice (Ferguson, 2009; Jones, 2020). The 1970s also saw the emergence of participatory approaches in social work. Jones (2020) suggests that this was in large part as a response to the publication of *The Client Speaks* by Mayer and Timms (1970) which was ground breaking at the time in terms of giving voice to service user perspectives. In the 1980s, the notion of anti-oppressive practice began to replace that of radical social work in social work education. This was in response to various social movements which highlighted the breadth and diversity of oppression beyond class and economic injustices (Ferguson, 2009; Jones, 2020).

In the late 1990s and early 2000s, the notion of evidence-based practice was beginning to enter social work. Writing in 2002, Reid (2002, p. 25) suggested that it was “*still in an early stage of development*”. There were several factors influencing the evidence-based practice movement in social work. In the UK, New Labour introduced the Social Care Institute of Excellence (SCIE) to commission knowledge and evidence reviews to inform social work practice (Jones, 2020). Several social work academics were also advocating for its use in the sector (Gambrill, 1999; Macdonald, 1999; Sheldon, 2001). As discussed, the evidence-based practice movement later received significant policy backing by way of the Children’s Social Care Innovation Fund and ‘What Works’ initiative following the publication of the Munro review of child protection (2011). Whilst this was a key turning point in terms of evidence-based interventions becoming more widespread in social work education and practice, it also signalled a move towards approaches which prioritised the client-practitioner relationship. The need for interventions which were both evidence-based and recognised the centrality of relationships to positive outcomes was a central message from the review. Munro drew on the Reclaiming Social Work (RSW) model as an example of an evidence-based intervention which utilised the client-worker relationship in order to effect change. The model involved training social workers in systemic family therapy as well as restructuring services in order to prioritise direct work with families (Cross et al. 2010; Forrester et al. 2013). Whilst there was evidence of more strengths-based approaches emerging prior to the Munro review (Ferguson, 2009), the report appeared to prompt a wider shift in the

sector towards relationship-based approaches in social work. These approaches continue to permeate UK social work practice today.

Both shifting political ideologies and trends in social work practice encapsulate ongoing debates about the role and purpose of social work. Whilst some commentators argue that the focus of child and family social work should be on addressing the societal causes of child abuse and neglect (Featherstone et al. 2018; Rogowski, 2021), others argue that value-based perspectives such as these tend to be idealistic (Dickens, 2012) or are at odds with the realities and constrictions of the statutory role (Forrester, 2024). The purpose of this discussion is not to resolve these tensions, but rather to situate this research project within wider debates about the nature and purpose of social work practice.

As outlined earlier, this project exists in part because of the current political interest in “what works” and is therefore associated with a broader neo-liberal agenda and increasingly narrow focus on what it means to be a child and family social worker (Parton, 2014). It might be argued that exploring MI, which is an evidence-based intervention and seeks to effect individual behaviour change, feeds into an unhelpful political narrative which deflects from the broader causes of social issues and instead places responsibility for change on “problematic families” and with social workers (for not doing the job well enough). These critiques will be addressed further in Chapter 2 however it is important to acknowledge their potential relevance for the findings of this thesis.

The rationale for the current study was to explore how social workers can enhance parents and carers motivation and thus support them to change behaviours which have the potential to cause harm to their children. The research questions are not intended to imply that parents/carers are solely to blame for issues or concerns affecting their family, but rather to support practitioners with the holistic task of social work practice which includes (but is not limited to) direct work with parents/carers. Whilst the issues faced by families are undoubtedly multi-faceted and unlikely to be resolved by addressing individual behaviour alone, statutory social workers are legislatively required to “*protect children by intervening decisively when they are at risk of harm*” (DfE, 2023, p. 14). Often that means working with parents/carers to make changes to their behaviour within limited timescales. It is therefore important

to think about ways to do that ethically and which minimise the likelihood of more punitive intervention, rather than ignoring the realities of practice (Forrester, 2024). Radical and individual approaches to social work are often pitched in opposition to one another but this thesis takes the position that “*in a climate of managerialism and technocratic approaches, humane and holistic value-based approaches can also be radical*” (Ferguson, 2009, p. 94).

Whilst this thesis aims to contribute to knowledge regarding the ways in which social workers can support parents/carers to change, this is not to overlook the glaring evidence surrounding the impact of poverty on families (Bywaters et al. 2022), or to suggest that social workers should intervene solely at the level of the individual. Instead, it acknowledges that part of the social work task involves intervening in the short term to create change and keep children safe and that currently, this is not consistently being done in ways that are ethical or aligned with social work values (Forrester, 2008; 2018, Ferguson et al. 2021).

In summary, this section has set the context for the current study by highlighting historical trends in politics and social work education over the past 60-70 years, the ways in which these have shaped child and family social work practice and their relevance to this research project. The sections that follow will introduce the overall aims of the study, along with the research questions and the epistemological position taken. It will conclude by outlining the overarching structure of the thesis.

Aims and outline of the research

The overarching aim of this thesis is:

To explore the relationship between social worker MI skills and indicators of parent/carer motivation for change in child and family social work conversations.

In order to address this aim, the study involved two interrelated stages of research. The first stage involved analysing a sub-sample of recordings from the dataset in order to identify possible indicators of parent/carer motivation for change, as well as to develop a working definition of change talk (the key indicator of client motivation in

MI) in the context of child and family social work. The research questions which were addressed in stage one were:

1. What is parent/carer change talk and sustain talk in the context of child and family social work conversations?
2. What other indicators of parent/carer motivation for change are not captured using the operational definition of change talk that is used in motivational interviewing?

The first stage informed the development of a behavioural coding tool which was used in the second stage of the study to gather quantitative data relating to parent/carer in-session responses. This data was statistically analysed to explore possible correlations with social worker MI skill. The research question which was addressed in stage two (and is the primary question being addressed in the project) was:

1. What is the relationship between social worker MI skills and in-session verbal indicators of parent/carer motivation for change in child and family social work conversations?

In order to provide additional context for the findings of the main analysis, a further strand of analysis was undertaken which involved describing the dataset in greater detail. Two supplementary research questions were developed:

1. What is the focus of social work conversations in the dataset?
2. How do social care issues/concerns feature within them?

Epistemological position

This study is heavily influenced by the scientific tradition of MI research which subscribes to a belief “*that psychotherapy processes are reliably observable and therapeutic assertions should be tested and replicable*” (Miller and Moyers, 2017, p. 762). In this respect, MI research leans towards the realist end of the ontological spectrum. It is underpinned by an assumption that patterns exist in the social world and can be uncovered using objective, systematic methods. The current study utilises such methods and subscribes to the same underpinning assumptions

regarding the predictability of human behaviour. The theoretical underpinnings of the current study will be discussed further in Chapter 4 but in brief, decisions about the most suitable methods to use were shaped primarily by the nature of the research questions.

Following the tradition of MI research, this project utilises quantitative observational methods which are common in the field of behavioural psychology but relatively rare in social work research. Unlike qualitative observational methods such as ethnography which produce narrative accounts of behaviour, quantitative observational methods involve the systematic coding of human behaviour in order to generate numeric data (Bakeman and Quera, 2011). This data can subsequently be statistically analysed to explore relationships between variables. These methods will be outlined further in Chapter 4 but a key strength is that they enable researchers to identify patterns in human behaviour and see the impact of behaviours on a much larger scale than qualitative approaches.

In the field of social work, Professor Donald Forrester has been influential in using quantitative observational methods to explore the relationship between social worker skills and family outcomes (Forrester et al. 2019). The methods used in this research project build on the work of Forrester. It is hoped that the current study will add to a small but growing body of research utilising systematic observational methods in social work in order to better understand the relationship between practitioner behaviour, parent/carer responses and outcomes in social work.

Conclusion

In summary, this chapter has outlined the rationale for the research and how it aims to contribute original knowledge. The wider political and practice context has also been discussed. The primary aim of this thesis is to explore the relationship between social worker skills in motivational interviewing and parent/carer indicators of motivation to change. Whilst there is a large body of research dedicated to exploring change processes in MI, no studies have explored the relationship between practitioner MI skills and client responses in the context of child and family social work. It is hoped that this thesis will contribute original knowledge by identifying

which practice skills are more or less likely to enhance parent/carer motivation for change in social work conversations.

The rest of this thesis will be structured as follows. Chapter two will outline motivational interviewing as an approach and summarise the existing body of literature. It will also consider the relevance of MI to child and family social work. Chapter three reviews the literature on MI process research, specifically the relationship between practitioner MI skills and in-session client behaviours. Chapter four outlines the research design, methodology and methods used in the current study. Chapters five, six and seven report the findings of each stage of the research. In chapters eight, nine and ten the findings will be discussed in relation to existing theory and research and the significance of the findings for social work theory and practice will be considered. Chapter eleven will outline the study's key strengths and limitations as well as the implications for research and practice. Finally, chapter twelve will conclude the thesis and outline the original contribution that it makes to social work knowledge.

Chapter 2: Motivational interviewing and child and family social work: summary of key literature

This chapter starts with a broad introduction to motivational interviewing including the origins and theoretical foundation of the approach, a description of the underpinning skills and a brief summary of the existing body of research literature. The second part of the chapter outlines the theoretical relevance of MI to child and family social work including critiques of relationship and strengths-based practice in this context. The final part of the chapter summarises the small body of empirical literature examining MI in relation to statutory social work. The purpose of this chapter is to set the context for this research project by highlighting key gaps in the literature on MI and social work which inform the focus for this thesis.

The origins of MI

MI is a strengths-based communication style which aims to help resolve ambivalence and strengthen a person's intrinsic motivation and commitment to change (Miller and Rollnick, 2013). Underpinning MI is the notion that verbalising intrinsic motivation for change within an empathic and collaborative relationship, triggers a therapeutic process that translates into real-world behavioural change (Miller and Rose, 2009). MI practitioners therefore focus their efforts on recognising and reinforcing client language in favour of change.

MI originated in the United States in the 1980s and was developed by William Miller, a psychologist working in the field of substance misuse. In stark contrast to the confrontational approach which was dominant in the field of addictions at the time (Miller and Moyers, 2017), Miller was finding success in taking an empathic approach to work with clients. Heavily influenced by the work of Carl Rogers (1965), Miller's style was underpinned by the notion of accurate empathy – conveying understanding and prompting self-exploration through the use of reflective statements, and a “way of being” with people – an emphasis on acceptance, compassion and optimism in the therapeutic encounter (Moyers, 2004).

Miller was also influenced by Rogers' commitment to the empirical study of therapeutic processes and outcomes (Moyers, 2004; Miller and Rollnick, 2013; Miller

and Moyers, 2017) and led a series of studies which set out to test interventions with alcohol addicted clients. Miller's clinical experience was later empirically supported by a foundational study which indicated that counsellor empathy was an important predictor of client drinking outcomes (Miller, Taylor and West, 1980). Interestingly, this was an unexpected finding as Miller had not set out to explore this relationship. Rather, the study started as a randomised controlled trial to explore the effectiveness of interventions targeted specifically at drinking behaviour versus interventions targeted at addressing broader life problems related to substance misuse. Whilst all groups demonstrated a significant improvement on outcome measures, there were no significant between-group differences. However, a subsequent analysis of therapist empathy and drinking outcomes across all groups revealed a strong positive association between the two. These findings soon sparked interest in the addictions field and the study was followed shortly after with a seminal paper, *Motivational Interviewing with Problem Drinkers* (Miller, 1983).

In this paper, Miller (1983) first articulated the defining characteristics of MI theory; namely that it should be the client rather than the counsellor who should voice the arguments for change, and that denial is understood to be a product of the interaction and not a personality trait. The practice implications were that counsellors should avoid behaviours that evoke resistance (such as confronting a particular behaviour or persuading) and pay particular attention to eliciting and reinforcing clients' self-motivational statements. Miller located MI in relation to the stages of change model which had been proposed by Prochaska and DiClemente (1984) at around the same time. The model outlines a series of stages that people progress through in their journey towards behaviour change: precontemplation, contemplation, preparation, action and maintenance. Miller critiqued existing approaches for focusing predominantly on the action stage and for ignoring the role of motivation in alcohol treatment. He theorised that MI was particularly effective in helping people move from the precontemplation and contemplation stages of change, through to action by drawing attention towards their potential motivations (Miller, 1983).

In a later collaboration with his colleague Stephen Rollnick, and as MI theory continued to develop, the notion of ambivalence and the internal struggle associated with it, became a central concept in MI (Moyers, 2004; Miller and Moyers, 2017). It has been suggested that as an issue common to many helping professions, the

focus on resolving ambivalence about change has led to the adoption of MI across a broad range of professional settings including healthcare, probation, social work, dentistry, coaching and education (Miller and Moyers, 2017).

Miller and Rose (2009) later attempted to further conceptualise the active ingredients of MI. The authors proposed that MI has two active components; a relational component that emphasises the importance of empathy, collaboration and interpersonal skills, and a technical component that involves the selective reinforcement of change talk (the client's own arguments for change). Both components are seen as integral to MI; without the relational spirit, the technical strategies amount to little more than a manipulative technique (Miller and Rollnick, 2013). As MI has continued to grow in popularity, multiple attempts have been made to further test and explore these hypotheses in practice. Findings from these studies are summarised later in this chapter.

Processes and skills involved in a MI conversation

MI conversations involve four key processes; engagement, focusing, evoking and planning (Miller and Rollnick, 2013), which are outlined below. Underpinning each of these processes are a core set of communication skills, commonly known in MI as OARS skills; open questions, affirmations, reflections and summaries. These skills are fundamental to the practice of MI.

The engagement process is the foundational stage of MI in which the practitioner attempts to come alongside the client by actively trying to understand their perspective of the problem behaviour (Miller and Rollnick, 2013). Guided by person-centred principles such as acceptance and unconditional positive-regard (Rogers, 1951), practitioners are encouraged to set aside any preconceptions and to engage in non-judgmental listening in order to step inside the client's shoes and engage with their inner conflict. In the process of engaging, the practitioner does not seek any resolution; their aim is simply to understand. Reflective listening skills are fundamental to this process.

The process of focusing is where MI begins to diverge from person-centred counselling. The practitioner begins to seek direction in the conversation by

collaboratively identifying an issue to discuss in greater depth. In some settings, the focus of the conversation is largely shaped by the professional context. In an alcohol treatment centre for example, the focus of the conversation is likely to be a reduction in alcohol use. In a weight-management clinic it is likely to be weight-loss. In other settings such as social work where concerns may relate to a broad range of issues (e.g. substance misuse, parenting styles, domestic abuse etc.), focusing might involve a process of agenda-mapping (Miller and Rollnick, 2013) in which different options are presented and a focus agreed on. In this process the practitioner brings a target behaviour into consciousness (Moyers et al. 2010). This is the change goal that they seek to guide the conversation towards.

Once a focus has been identified, the evocation process begins. It is through the process of evocation that the conversation becomes unique to MI (Miller and Rollnick, 2013). Here, the practitioner focuses their efforts on supporting the client to voice their intrinsic motivations for change (change talk). Unlike the engagement process where the practitioner is led by the client, when evoking, they gently steer the conversation in the direction of the change goal. This requires the practitioner to pay particular attention to the client's own arguments for change (change talk) and once identified, to encourage further elaboration. In the absence of change talk, practitioners might seek to evoke client motivation by exploring discrepancies between current behaviour and future hopes and values (Miller and Rollnick, 2002). The ultimate aim of the evocation is to help the client hear their own reasons for change.

If the practitioner senses that sufficient motivation is present, they might discuss the possibility of developing a change plan with the client. This involves drawing on client strengths, ideas and resources to consider what would be most helpful in supporting change. An important part of the planning process is supporting self-efficacy and developing client confidence. It might also involve troubleshooting and anticipating any potential challenges. Whilst planning is the desired outcome of an MI conversation, unlike the other processes, it is not essential; the conversation can still be considered MI without a change plan.

Whilst there is undoubtedly a technical element to MI, Miller and Rollnick (2013) emphasise the importance of the underpinning spirit. Defined as the demonstration

of compassion, acceptance, collaboration and evocation, the spirit of MI draws heavily on Rogerian principles. The spirit is arguably the heart and soul of MI; a way of being. Miller and Rollnick argue that without this, it is like “*hearing the words of a song without the music*” (p. 14).

Summary of MI research literature

MI has an extensive research tradition dating back over thirty years (Miller and Moyers, 2017). Key trends and research findings are summarised below in order to provide context.

Early MI research was concerned with the efficacy of the approach and focused predominantly on MI as a brief intervention in relation to problematic drinking. Findings indicated that when used as a prelude to more structured substance abuse treatment, MI significantly increased retention and abstinence rates (Miller and Rose, 2009). The reach of MI soon extended far beyond its origins in the field of addiction (Miller and Moyers, 2017). By 2009 over 200 clinical trials had been undertaken exploring the effectiveness of MI in relation to a range of problem behaviours including gambling, smoking, dietary change, medication adherence and weight loss (Miller and Rose, 2009; Miller and Moyers, 2017). The vast body of research also meant that multiple meta-analyses soon emerged, attempting to synthesise the findings of trials being undertaken across multiple disciplines and in relation to multiple problem behaviours (Burke et al. 2003; Hettema et al. 2005; Rubak et al; 2005; Vasilaki et al; 2006; Lundahl et al. 2009).

A review of four meta-analyses (Lundahl and Burke, 2009) helpfully summarised the vast body of research in relation to the efficacy of MI. The findings were promising, although they varied considerably between studies. When compared against a weak comparison group (i.e. a waiting list group or no treatment), MI was significantly more effective. However, when compared against another treatment (e.g. CBT), the findings were more mixed with outcomes equal to, or only occasionally better than the comparison group. Across studies effect sizes were typically small. The review also indicated further variability in efficacy dependent on the type of problem behaviour, with stronger evidence in support of its effectiveness in relation to alcohol and marijuana misuse and mixed evidence in relation to harder drugs, client

engagement and other behaviours including parenting practices, health behaviours and gambling. A particularly important finding, which potentially accounts for MI's popularity across disciplines, was the absence of a significant relationship between the profession of the practitioner and client outcomes. Here, it seemed, was an intervention that could be of use to a broad range of helping professionals and not limited to psychologists or medical doctors.

Over the past decade, the growing body of MI research has become so extensive that meta-analyses have become problem and population specific. A brief search of the Cardiff University SCOPE database in September 2018 using the search terms "motivational interviewing" and "meta-analysis" and the Cochrane Database of Systematic Reviews using the term "motivational interviewing" yielded 25 and 5 hits respectively relating to studies of efficacy in the past decade. The vast majority of these meta-analyses (19) relate to applications in health care settings including medication adherence (Palacio et al. 2016; Zomahoun et al. 2017), the management of chronic illness such as diabetes (e.g. Ekong and Kavookjian, 2016) and pain (Alperstein and Sharpe, 2016), smoking cessation (e.g. Lindson-Hawley et al. 2015) and weight loss (Armstrong et al. 2011). A smaller number of meta-analyses (2) have explored MI in relation to mental health including anxiety disorders (Marker and Norton, 2018) and adherence to therapy (Lawrence et al; 2017). In the field of substance misuse where the evidence base is already well-established, researchers have turned their attention to the use of MI in relation to specific populations such as adolescents (e.g. Foxcroft et al. 2014; Li et al. 2016).

Findings from these population and problem-specific meta-analyses paint a similar picture to earlier reviews. Effect sizes remain in the small-moderate range but highly variable across studies (Miller and Moyers, 2017). MI appears to demonstrate efficacy across a range of problem areas with findings indicating that it is certainly more effective than no treatment but has comparatively little advantage over alternative approaches (e.g. Lundahl et al. 2013; Smedslund et al. 2011). Evidence is stronger in relation to the effect of MI on short term outcomes compared to longer term outcomes (e.g. Smedslund et al. 2011). Across studies, publication bias (disadvantaging null findings) and poor evidence of fidelity to MI have been highlighted as key limitations in the evidence base.

Some scholars have argued that this body of research points towards the longstanding 'dodo bird effect' (Lundahl et al. 2009) or common-factors debate in psychotherapy (Miller and Moyers, 2017). The dodo bird effect refers to the character in Alice in Wonderland who declared "Everybody has won and all must have prizes". The implication being that various forms of psychological therapies are as effective as one another, possibly because they share some key underpinning components such as the client-therapist alliance which is of greater significance than the differences between interventions (Lubrosky et al. 2002; Messer and Wampold, 2002).

In the MI community, this has prompted greater exploration of the underpinning mechanisms of change (Miller and Moyers, 2017). In recent years, a large body of research has shifted its attention from intervention efficacy to the underpinning processes of MI. Of particular interest has been what Miller and Rose (2009) deemed the relational and technical hypothesis. This refers to two key components of MI which are hypothesised as being the underpinning mechanisms of change. The relational component refers to practitioner empathy and interpersonal skills and is aligned with the notion of the working alliance which is common across different therapeutic approaches. The relational hypothesis proposes that a practitioner style high on MI spirit and empathy will be related to client outcome. The technical component refers to the elicitation and strategic reinforcement of clients' articulated reasons for (rather than against) change and is more distinct to an MI approach. The technical hypothesis proposes that change talk is the mediating variable between practitioner MI skill and outcome.

Two meta-analyses of MI process research have reviewed the existing evidence on the relational and technical hypothesis (Pace et al. 2017; Magill et al. 2018). Both studies indicate limited support for the relational hypothesis. However, the authors draw attention to important limitations in the sample. In particular, a lack of variability amongst practitioner skills (most are highly empathic) which may limit the ability to detect an effect. Both meta-analyses indicate that support for the technical hypothesis is stronger. Both studies demonstrated a significant association between MI-consistent practice and both change talk and sustain talk, indicating that MI supports the articulation of ambivalence. In addition, Magill et al (2018) found that MI inconsistent practice was associated with increased sustain talk. With regards to the

relationship between client change language and outcomes, the picture was mixed. Both studies found that change talk was not significantly associated with client outcomes. However, sustain talk was associated with poor client outcomes. A particular strength of the study by Magill et al (2018) was that it examined the impact of contextual factors on the relational and technical hypothesis including whether the client was actively seeking treatment or not. Interestingly, this did not explain variability in effect sizes amongst studies suggesting that clients do not need to be actively seeking treatment for certain aspects of MI theory to hold true. This is of particular interest in the field of social work where the vast majority of parents/carers are non-voluntary and unlikely to be actively seeking support.

In summary, the existing body of MI research indicates that the approach is helpful in relation to a range of problematic behaviours and is more effective than no intervention and equally as effective as other interventions. Whilst the possibility of a dodo bird effect has been cited to explain these findings, research looking at the underpinning mechanisms of MI indicates that some of the effect might be explained by factors that are unique to MI. For example, it appears that some client language is predictive of outcome and that this can be influenced by the practitioner adopting an MI style. Unsurprisingly, given its origins in the addictions field, the evidence base is stronger in relation to the efficacy of MI for treating substance misuse. Meta-analyses in relation to both efficacy and process highlight some important limitations in existing research. In particular, studies of efficacy have been inconsistent in evidencing fidelity to MI and process research has been subject to range restriction in practitioner skill level (Pace et al. 2017; Magill et al. 2018).

An important gap which has implications for this study relates to the use of MI in non-voluntary populations. It is of note that despite the vast body of MI research, no meta-analyses have explored MI with this population specifically. A systematic review of MI with offenders suggested that wide variations in the population studied (e.g. domestic abuse perpetrators, substance users etc.) and treatment outcome targets meant that it was not possible to conduct a meta-analysis of treatment effect (McMurrin, 2009). Similarly, whilst Magill et al. (2018) examined studies in which people were not actively seeking treatment, this group was highly varied, comprising of people opportunistically recruited (for example, from A and E departments) as well as those mandated to attend (e.g. due to breaking university rules around alcohol

use). It would seem that further research is needed in relation to specific non-voluntary populations before any conclusions can be drawn in this area.

Theoretical relevance to social work

This thesis is concerned specifically with the use of MI by child and family social workers. The next section outlines the theoretical relevance of MI to social work before considering the empirical evidence relating to MI in this context.

Social work academics have long recognised the potential of MI for social work practice. Writing over two decades ago, Hohman (1998) argued that MI could be a helpful tool for child welfare workers looking to support substance abusing parents. MI was offered as an empathic yet structured way of having conversations about change that acknowledged the professional requirement to be clear about potential harm whilst emphasising client autonomy. Since then, others have continued to advocate for MI as an intervention with specific relevance to social work practice (Forrester et al. 2021; Forrester et al. 2008; Wahab, 2005; Watson, 2011). It has been argued that MI might prove helpful in relation to a wide range of issues related to child welfare including parental substance misuse (Hohman, 1998; Forrester et al. 2008; Watson, 2011) engagement with specialist services (Watson, 2011), domestic violence (Wahab, 2005) or in the case of adolescents, engagement with education (Hohman, 2012). Furthermore, in her book *Motivational Interviewing in Social Work Practice* (2012), Hohman creatively outlines ways in which MI can be used support the entire social work process from assessment through to planning.

One of the key arguments has been that the core values of MI - client-self-determination, partnership and empathy – bear striking similarities to the professional value base of social work (Forrester et al. 2008; Hohman, 1998, 2012; Wahab, 2005, Watson, 2011). Furthermore, MI has demonstrated greater efficacy in studies with racialised minority populations. In a meta-analysis that reviewed the effectiveness of MI across a range of problematic behaviours, Hettema et al. (2005) found that MI was significantly more effective in studies where samples included people predominantly from ethnic minority populations. A later meta-analysis similarly found that MI achieved better outcomes with studies involving a higher proportion of people from ethnic minorities, although interestingly this did not include

African Americans (Lundahl et al. 2010). The suggestion that MI may be of particular benefit to some marginalised groups has been of particular interest to social work scholars (Hohman, 2012; Forrester et al. 2012). Given that racialised minority clients continue to be disproportionately represented in state care (Owen and Statham, 2009) and subject to involuntary detentions under the Mental Health Act 1983 (Singh et al. 2007; Gajwani, 2016), the need for culturally sensitive interventions seems more pressing than ever. Whilst it is not understood exactly why MI efficacy is greater in minority populations, one might speculate that its emphasis on accurate empathy (Rogers, 1965) and commitment to understanding the internal frame of reference of others, helps offset perceived cultural differences between client and practitioner. Miller (2007), suggests that it might be understood in terms of a 'contrast effect', where the helping style of the practitioner is experienced as significantly different to what is expected or has been experienced before.

It is in the arena of child protection that MI has been most comprehensively, if not fully, theorised in relation to social work thus far. Forrester et al. (2012) offer a compelling argument for the relevance of MI to child and family social work, and in particular work with non-voluntary clients. The authors draw attention to the notable absence of social work literature on how to work with resistance, given that the vast majority of parents who come into contact with child protective services are rarely receptive to social work involvement (Ferguson, 2011; Trotter, 1999). Drawing on MI theory and research, the authors argue that:

“The most important single insight that social work can gain from MI is that client resistance is not something that solely exists within the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and quality of the interaction between client and social worker.” (p. 123)

MI is thus seen as offering a framework for understanding and working with parent/carer resistance by highlighting practitioner behaviours that exacerbate it, and those that are more likely to reduce it. Understood in this way, it could be argued that MI goes some way to redressing the power imbalance that shapes social work interactions by placing responsibility for securing engagement on the worker and not on the parent/carer. Resistance is therefore seen as something to be expected in the

context of child protection (Ferguson, 2011; Mirick, 2013) and not as an inherent character flaw. Ward et al. (2014) argue that such an understanding is essential in order to assess parental capacity to change. As the authors point out “*resistance to the involvement of social workers is not the same as resistance to change, though the two are often confused*” (p. 73). If workers are unable to distinguish between resistance as a product of the interaction or resistance to change, this may impede their ability to make balanced assessments and at worst, lead to parents being unfairly judged on the basis of their relationship with a social worker. In this respect MI offers a framework for helping social workers distinguish between the two.

As well as demonstrating potential for improving assessments, it has also been argued that MI can support child and family social workers in having difficult conversations (Forrester et al. 2012; Forrester et al. 2021). The authors argue that MI skills, and in particular the emphasis on empathic listening, can be helpful in facilitating discussion about difficult topics in a way that preserves the relationship between social worker and parent. This seems particularly important given the argument that the worker-parent relationship is a key factor in keeping at-risk children safe from harm (Howe, 2010). Sadly, current evidence suggests that relationships of this sort are not commonplace in social work. Across multiple studies, parents report experiencing the child protection process as authoritarian and punitive (Dale, 2004; Dumbrill, 2006; Ghaffar, 2012). Furthermore, research exploring direct practice has also shed light on the previously hidden practices of social workers in the private sphere of the family home (Ferguson, 2011). Findings consistently point towards a worrying trend of child and family social workers engaging in confrontational approaches, lacking in empathy (Forrester et al. 2008a; 2008b; Westlake et al. 2014; Whittaker et al. 2015). Whilst this is potentially a systemic issue (Forrester et al. 2008a), it does highlight a need for ways of working that reconnect social workers, and their wider organisations, to their professional value base.

On a practical level, it has been proposed that MI offers a skill set for operationalising the profession’s underpinning values (Forrester, 2024). It has also been argued that it is not enough to simply believe in values such as empathy and collaboration; translating them into direct work requires a particular set of skills (Wilkins and Whittaker, 2018). Historically, social work education has faced critique

for its emphasis on theory over practice, leaving newly qualified social workers ill equipped for the realities of everyday practice (Payne, 2011). It has been argued that MI offers trainee social workers a comprehensively articulated set of skills which will, at the very least, help them to understand what these principles might look and sound like in direct work with families (Forrester et al. 2021; Whittaker et al. 2016). Drawing on George Miller's pyramid of clinical competence (1990), MI arguably supports social workers to move from 'knowing' through to 'doing'; or in other words, from theory through to practice.

Critiques of MI

Given the paucity of literature on MI and social work, it is difficult to identify explicit critiques of MI in this context. However, this is not to suggest that the approach is without limitations. When considering these, it is worth turning our attention towards critiques of relationship and strengths-based practices in social work more generally.

Relationship based approaches have seen a recent resurgence in child and family social work, arguably in response to an increasingly over-bureaucratised system (Ayre and Calder, 2010; Munro, 2011; Ruch et al. 2018). Whilst such approaches have been lauded by many as being integral to effective child and family social work practice (Howe, 2010; Munro, 2011; Ruch et al. 2018), others have suggested that they risk focusing too narrowly on individuals at the expense of wider structural inequalities (Healy, 2005). Howe (1998) suggests that whilst relationship-based practice was particularly prevalent in early casework, it "*came under fierce attack*" (p. 47) in the 1960s and 70s from Marxist social workers who saw it as pathologising and supportive of a broader capitalist agenda. Similar critiques still reverberate in modern social work literature. Gray (2011), for example, has been particularly critical of the humanist tradition from which MI originates, suggesting that its emphasis on self-determination and individual responsibility echoes a neoliberal political agenda that places responsibility for change on those who are most oppressed. Other scholars have adopted a more neutral position, arguing that polarising debates about psychological versus social perspectives are unhelpful and that there is clearly a place for both in social work practice (Hingley-Jones and Ruch, 2016; Payne, 2011; Ruch, 2018). Featherstone et al. (2014) suggest that approaches such as MI might

prove helpful in social work, provided they are used cautiously alongside a broader engagement with issues of structural inequality and how these play out in the current child protection system. Such a view sits comfortably with what Payne (2011) terms humanistic social work, which he distinguishes in this respect from humanistic psychology.

Other debates have focused on the theoretical relevance of relationship-based practice to contemporary social work. Murphy et al. (2013) are particularly critical of the claim that it is possible to adhere to person-centred principles in the context of statutory social work. At the crux of the authors' argument is the notion that in statutory social work the helping relationship is used to serve the needs of the agency rather than the client's best interests and is therefore at odds with the philosophical foundations of the approach. By contrast, the authors suggest that psychodynamic approaches are a better conceptual fit with statutory social work as they overtly position the practitioner as the expert, which is more in keeping with the realities of a task-driven professional context. However, others have argued that any approaches which utilise the therapeutic relationship as the primary vehicle for change are problematic in statutory social work; firstly, due to their potential to mislead service users and secondly, because they limit workers' capacity to make decisions in high-risk situations (Healy, 2005).

Similar concerns have been raised in relation to strengths-based practices in social work more generally. Serious Case Reviews have highlighted the way in which such approaches have the potential to obscure significant risks in child protection work. The Serious Case Review into the death of Baby Peter Connelly concluded that Solution Focused Brief Therapy (an approach that emphasises strengths over problems) was a contributing factor in drawing professionals' attention away from harm to the child and is incompatible with the requirement to be authoritative in high-risk situations (Haringey Local Safeguarding Children Board, 2009).

Given this context, it is perhaps unsurprising that practitioners report significant challenges in applying strengths-based approaches in the arena of child protection (Mirick, 2013; Oliver and Charles, 2015; Wilkins and Whittaker, 2018). Findings from a study that examined how social workers understand and apply strengths-based ideas in this context, suggested that the majority conceptualised strengths-based

practice in such a way that conflicted with the statutory aspects of their role. This meant that in cases of high-risk, practitioners effectively abandoned the approach in favour of a more authoritarian style (Oliver and Charles, 2015). Similarly, reporting on a programme in which social workers received training and coaching in an MI-based practice model, Wilkins and Whittaker (2018) reported that practitioners expressed difficulty in reconciling the underpinning principles of MI with their statutory duty to keep children safe from harm.

Given MI's position as a strengths-based approach (Manthey et al. 2011) underpinned by the centrality of the helping relationship and person-centred principles, these arguments raise some important questions about its applicability in the context of child protection social work. Is an approach such as MI at odds with the professional requirement to "*promote social justice, helping to confront and resolve issues of inequality and inclusion*" (Social Work England, 2019)? Is it possible for practitioners to honour the person-centred tradition of MI when they simultaneously hold the power to remove children against a parent's wishes? To what extent might the approach detract social workers from their statutory responsibilities? Given the paucity of research and literature in this area, these questions remain largely unanswered. However, MI does have some important theoretical distinctions from other strengths-based approaches which go some way towards addressing the concerns outlined above.

Firstly, MI has always been keen to distinguish itself from person-centred counselling, which is typically neutral in relation to client decision-making. In MI, the practitioner starts "*with a conscious goal of steering toward a particular outcome and is therefore best described as a guiding style*" (Miller and Rollnick, 2013, p. 241). Whilst person-centred principles undoubtedly inform the approach, MI recognises that the goals of the client and practitioner may differ. One hopes that during the course of an MI conversation, client-practitioner goals will align with the client's own hopes, but equally accepts that this won't always be the case. MI stays true to person centred principles in so far as it questions "*whether one can ever, even in the most extreme circumstances, truly remove a person's wilful self-direction*" (Miller, 1994, p. 119).

Secondly, in relation to the concern that MI might detract social workers from their core responsibilities, it could be argued that in allowing the practitioner to take a clear position on the issue of change, MI offers a relationship-based approach that simultaneously facilitates the application of authority. Social workers are able to pursue a particular change goal through a conversational style that might unearth the person's own desires for change. Of course, it cannot force them to change, but nevertheless offers the opportunity to explore it as a genuine possibility. In this respect, MI arguably offers an intervention which enables professionals to carry out their duties within a relational framework. It is perhaps this directional element that accounts for MI's use across such a diverse range of disciplines including those that bear statutory responsibilities such as probation, social work or court-ordered rehabilitation facilities (Miller and Moyers, 2017).

MI, like many other strengths-based approaches, highlights some important tensions between different aspects of the social work task. The tension between care and control is certainly not unique to MI and can be traced back to the roots of the profession (Cree and Myers, 2008). Whilst MI is unlikely to resolve these tensions any more successfully than other strengths-based approaches, as outlined above, it does have some important distinctions which arguably make it more aligned with the goals of statutory social work. Its goal-orientated focus and practical emphasis on working with client resistance make it particularly appealing to those working in the field of child protection (Forrester et al. 2012). Furthermore, MI offers a conceptual framework for understanding resistance that can inform assessment and intervention (Ward et al. 2014), promoting the rights of service users to a fair assessment by recognising the role that the social worker has in facilitating a collaborative relationship (Mirick, 2013). As a profession committed to 'identifying and developing strengths' (BASW, 2021), the question, it seems, is less should we use strengths-based approaches in child protection work, but rather how do we use them or what facilitates them in this context? Whilst MI is undoubtedly limited in its ability to address structural inequalities, as many scholars have aptly noted – it is the ability to work with the individual within their broader social context and hold these tensions in balance which makes social work so unique (Payne, 2011; Ruch et al. 2018; Forrester, 2024). In summary, it has been proposed that MI is a strengths-based approach that goes some way towards addressing the statutory requirement to effect

change for the safety of children in such a way that recognises the centrality of the client-worker relationship and remains consistent with social work values.

Empirical evidence - MI in child and family social work

Despite a substantial and ever-growing body of MI research, comparatively very little has been dedicated to exploring the applicability and efficacy of MI in a child and family social work context. Qualified social workers have featured in trials, however this has tended to be as volunteer participants alongside other professionals (e.g. Moyers et al. 2008), and typically in relation to substance use (e.g. Project MATCH Research Group, 1998). The majority of MI research that has been undertaken in relation to social work has focused on the impact and experiences of practitioners or students who have been trained in the approach. A smaller body of research has explored the use of MI with parents who have been referred to external services by child welfare agencies. Only one study to date has explored the efficacy of MI when delivered by statutory social workers in a child welfare agency. These studies are outlined thematically below.

The largest body of evidence exploring MI in social work has examined the impact of MI training on the skills of both qualified child and family social workers and social work students. This research has been undertaken in a variety of settings including statutory child welfare organisations in the United Kingdom (Forrester et al. 2008; Westlake et al. 2014; Whittaker et al. 2016) and the United States (Snyder et al. 2012) as well educational settings (Hohman et al. 2015; Greeno et al. 2017; Pecukonis et al. 2016). Two studies utilised case vignettes as the main outcome measure (Forrester et al. 2008; Hohman et al, 2015), whilst other studies have employed the more advanced methodology of using simulated client interviews as the primary measure of training impact (Westlake et al. 2014; Whittaker et al. 2016; Greeno et al. 2017; Pecukonis et al. 2016).

Findings from these studies, regardless of the methodology used, have consistently demonstrated significant improvements in participants skills following training, particularly in relation to empathy (Forrester et al. 2008; Greeno et al. 2017; Westlake et al. 2014; Whittaker et al. 2016). However, across studies very few workers demonstrated clinical competence in MI (Forrester et al. 2008; Westlake et

al. 2014; Whittaker et al. 2016). The study by Hohman et al. (2015) is an exception, with students demonstrating MI competence post training. However, there were some key methodological differences that should be taken into account when interpreting the findings. For example, instead of using simulated interviews, participants in this study composed written responses to video vignettes. It is likely that using MI skills in real time is much harder than having time to formulate a written response.

The challenge of achieving clinical competence in MI is not unique to social work (Hall et al. 2020). Anecdotal reports from a study evaluating methods to help substance abuse clinicians learn MI, suggested that skill acquisition may be more challenging when practitioners work in organisations where the culture of practice is at odds with the spirit of MI (Miller et al. 2004). The study undertaken by Whittaker et al. (2015), adds weight to this argument. The authors noted interesting differences in skill development between teams, with some making notably bigger shifts than others. Whilst acknowledging the limitations of a very small sample, the authors suggest that the data points towards the influence of team culture in shaping practice. For example, 83% of workers in the team that made the greatest leap in terms of skill development reported discussing MI informally with colleagues often or always compared to 25% and 0% in the other teams.

A particularly interesting finding in relation to the impact of MI training on social workers' skills is the absence of correlation between practitioners' assessment of their own MI skill, and their level of skill as demonstrated in practice (Forrester et al. 2008; Whittaker et al. 2015; Greeno et al. 2017). This echoes findings from MI research in the field of substance misuse (Miller et al. 2004; Miller and Moyers, 2017). Taken together, these studies suggest that practitioner self-report is a very poor indicator of clinical skills. This has significant methodological implications for further research undertaken in this area; most notably the need for outcome measures that examine direct practice. Furthermore, these findings cast doubt on the validity of studies which have relied on practitioner self-report as the primary measure of training impact (for example, Snyder et al. 2012).

Studies exploring practitioner perspectives on MI as a possible approach for child and family social work, have also identified consistent themes. Both in the UK and

internationally, feedback has been largely positive with practitioners suggesting that MI skills are beneficial in work with families, particularly around engagement (Forrester et al. 2008; Whittaker et al. 2015; Snyder et al. 2015). In addition, participants in these studies reported increased job satisfaction following training. Few social workers offered negative feedback although time constraints were reported to be the greatest barrier to implementing MI in practice (Forrester et al. 2008; Whittaker et al. 2015). This is an important consideration for organisations considering training their staff in MI.

Several studies have examined whether MI, when used as a precursor to specialist interventions, improved the retention (Mullins et al. 2004; Chaffin et al. 2009) or treatment initiation (Carroll et al. 2001) of parents referred by child welfare agencies. An interesting feature of these studies is that they included samples of participants who had potentially been coerced into attending services as a result of child welfare involvement, rather than attending of their own free will - an issue of particular relevance to child and family social work. Each study utilised RCT methodology to randomise participants to either an MI or control condition prior to treatment. These studies present mixed findings. Two studies suggest that MI as a precursor to specialist intervention improved initial attendance (Carroll et al. 2001) and retention (Chaffin et al. 2009) but one study found no between group differences (Mullins et al. 2004). In interpreting these findings, it is important to note potential methodological limitations. Unlike Chaffin et al. (2009), Mullins et al. (2004) did not explore moderating factors. The influence of initial motivation turned out to be of particular importance in understanding the impact of MI on retention. Chaffin et al. (2009) discovered that MI as a precursor to treatment was only effective in improving retention when the client's initial motivation was low or moderate. By contrast, where it was high, clients had a higher dropout rate in the MI group. The authors hypothesised that MI may be unhelpful when people are ready to take action. Given that the majority of parents in the Mullins et al. (2004) study had a child recently removed from their custody, it is possible that they too may have been more motivated to change and thus less likely to benefit from MI as a precursor to a parenting programme.

One study explored the efficacy of a child abuse prevention programme that was supplemented with MI, in relation to child welfare outcomes (Silovsky et al. 2011).

Parents were randomised to either the MI supplemented prevention programme or standard home-based mental health services (service as usual). The study found that parents in the MI-supplemented group were significantly more likely to enrol and remain in services and were more satisfied than the control condition. Future child welfare referrals were few in number in the sample overall but there were notably less in the MI group. In addition, the MI group had longer between the intervention and first report of abuse or neglect and no domestic abuse referrals, compared to the control group. However, there was no significant programme effect for the risk factors of domestic abuse, substance misuse or mental health difficulties. Whilst parents in this study did not have current cases open to child welfare services, they were experiencing at least one child maltreatment risk factor; domestic abuse, substance misuse or mental health difficulties and thus represent a population who have had previous involvement or at risk of future referral. The study suggests that a parenting intervention supplemented with MI may have some impact on child welfare outcomes. However, a significant limitation of this study is that it doesn't control for the impact of MI as an addition to the prevention programme (i.e. there was no control group with the parenting programme minus the addition of MI). It is therefore not possible to ascertain whether the effect was as a result of the programme or the addition of MI.

The growing body of empirical literature exploring MI in social work is such that three reviews have now been undertaken. First, a narrative review undertaken by Shah et al. (2019) explored the evidence for MI in child welfare. A systematic review undertaken by Boyle et al. (2019) looked specifically at the impact of MI on service user outcomes but was not specific to child welfare. Finally, Hall et al. (2020) undertook a systematic review exploring MI when used with families in the child welfare system. Each review found mixed evidence in relation to outcomes when MI was used in child welfare populations. It appeared most effective when combined with another treatment. However, across reviews, very few studies reported on interventions delivered exclusively by child welfare workers (more often they were delivered by other workers in the community). Furthermore, samples were typically small. As a result, it was not possible to draw conclusions about the efficacy of MI in child and family social work. Each review concluded that MI shows promise for social work and has theoretical significance, but further evidence is needed regarding the

use of MI by social workers. Boyle et al. (2019) also noted the absence of research exploring *how* MI works in a social work context, which has relevance for the current study.

In summary, the studies outlined above suggest that MI might be a helpful approach for child and family social workers. There is strong evidence that MI training has a positive impact on social worker communication skills, albeit not enough for most practitioners to reach a level of clinical competence. In addition, the majority of social workers perceived that MI had helped them in their work and improved job satisfaction. There is also some evidence to suggest that MI can improve parental retention in specialist treatment programmes when a referral has been made by child welfare agencies and that it seems like a helpful adjunct to other treatments. However, very little research has explored the efficacy of MI when delivered by child and family social workers in the context of statutory intervention. One exception to this, was a study undertaken by Forrester et al. (2018) and will be outlined in detail below.

The Engaging Parents and Protecting Children study

Forrester and colleagues (2018; 2019) carried out a Randomised Controlled Trial in a UK children's services department, exploring the impact of MI training on child and family social worker skills, parental engagement and family outcomes. As the only study to date utilising experimental methods to explore MI delivered by social workers in relation to families whose case is open to child protective services, it is particularly relevant to this thesis and is therefore discussed in detail below.

Social workers were randomised to either the intervention group who received a comprehensive MI skills development package or the control group who received MI training at the end of the study. In addition, families coming into the service past the point of referral were randomly allocated a social worker in one of the two conditions. Practitioner skills were assessed using a recording of direct practice which was rated using an integrity measure called the Motivational Interviewing Treatment Integrity code (MITI; Moyers et al. 2010) plus some bespoke observational measures which explored the use of authority (purposefulness, clarity about concerns and child focus). In addition, several standardised measures were utilised including the

Working Alliance Inventory (WAI) to explore parental engagement, the Goal Attainment Scale (GAS), to measure change, and the General Health Questionnaire (GHQ) to measure emotional distress.

In relation to the impact of training on practitioner skills, the findings are consistent with those of earlier studies (Forrester et al. 2008; Westlake et al. 2014; Whittaker et al. 2015). The authors found that there was a significant increase in MI skills, with the biggest impact being on worker empathy, but the majority failed to achieve clinical competence. However, the authors also found that the greatest variation in MI skill was between cases rather than between workers, suggesting that context is likely to be an important factor in shaping the application of MI skills. In addition, the study explored whether the acquisition of MI skills had any impact on other important social work skills; in particular, those associated with the use of authority. The findings suggest that MI training did not lead to a reduction in skills associated with use of authority. As discussed earlier, the appropriateness of strengths-based approaches for child protection have been subject to some debate due to concerns that they may undermine the requirement to be authoritative where a child is at risk (LSCB Haringey, 2009). These findings suggest that it may be possible to strike a balance between being strengths-based and authoritative.

Undoubtedly the most pioneering aspect of this study is the exploration of the relationship between MI skills and child welfare outcomes including parental engagement and mental wellbeing, achievement of behavioural goals and quality of family life. Contrary to their hypothesis, the authors found that there were no significant between-group differences on the WAI, indicating that training had no impact on parental engagement. However, when the authors conducted a subsequent analysis on the whole sample, the findings presented a more nuanced picture.

For this, the authors first conducted a factor analysis which allowed for a simpler presentation of the skills that were explored (Forrester et al. 2019; Forrester et al. 2020). MI skills of empathy, collaboration and autonomy were grouped to form a category of 'care and engagement skills', whilst evocation was explored independently. With this sample, care and engagement skills were strongly and significantly associated with parental engagement. They were also close to reaching

statistical significance in relation to GHQ scores (reduced stress and anxiety). The authors also explored these skills in a smaller sub-sample of cases in which the social worker had visited 8 or more times over the course of the study. This was seen as an indication that the risk was likely to be higher and therefore parental behavioural change was more likely to be a focus for intervention. In this sub-sample, both care and engagement and evocation skills were strongly related to the family life rating at T2. In addition, there was a strong relationship between evocation and parental achievement of goals. However, this narrowly missed reaching statistical significance which the authors suggest may be due to the smaller sample size.

To some extent the findings from this study present a conundrum. On the one hand they suggest that MI skills may be important in engaging parents in the social work process, improving family life and creating meaningful change where there is a clear issue to be addressed. On the other, they indicate that these skills are particularly hard to acquire in the context of child and family social work. If, as the authors suggest, this is an issue of fit between MI, the core duties of child and family social workers and the wider systems by which they are held accountable, then the findings from this study highlight important issues which have wider implications for the current trend of basing child and family social work services around practice models. MI, like many practice models, places the quality of the relationship at the heart of practice (Forrester, 2010) but the wider systems that guide practice arguably still have some way to go (Wilkins and Whittaker, 2018). As well as taking important steps towards understanding 'what works' in social work, the authors have raised equally important questions about what is needed to enable social workers to implement such practices. As this study demonstrated, efficacy is one thing but becoming skilled enough to deliver interventions that are effective is another.

As well as highlighting the challenge of becoming skilled in delivering an evidence-based intervention such as MI, the study also draws attention to the need for greater conceptualisation in relation to using relationship-based approaches in the context of child protection. The authors raise important questions about the extent to which such approaches fit with the core business of contemporary child and family social work. Such concerns echo the findings of other studies which suggest that in situations of risk, strengths-based approaches are shunned in favour of more

authoritarian ones which “get the job done” (Oliver and Charles, 2015; Wilkins and Whittaker, 2018). If social workers are to invest considerable time and energy in developing their skills, then there needs to be greater discussion about how different approaches feed into the core duties they are ultimately measured against. How, for example, do MI skills contribute to the assessment and management of risk?

In terms of the MI literature, this study addresses an important gap; the efficacy of MI when delivered by qualified social workers in the context of their statutory duties. The findings provide some evidence of efficacy in the context of child and family social work. MI skills were associated with better parental engagement and improved family life, particularly when concerns were greater and visits more frequent. However, the relationship between MI skills and other outcomes such as the achievement of goals did not reach significance.

It is helpful to consider these findings in light of MI theory and existing research. Firstly, MI is understood to be most effective with people who are ambivalent about behaviour change (Miller and Moyers, 2017). In this study, Forrester and colleagues examined MI skills in relation to *all* families entering the service, not just families in which parental behaviour change was required. It is possible that if MI were explored in relation to the cases where it is understood to be most helpful, the findings may have identified more significant relationships. Secondly, MI research suggests that there is insufficient evidence to support a direct relationship between practitioner skills and client outcomes, with evidence pointing towards client change talk as the key mediating variable (Magill, 2018; Romano and Peters, 2016). Whilst this study did not explore change talk as a variable, the fact that evocation (the practitioner’s efforts to elicit the client’s own arguments for change) was the skill most strongly (albeit not always significantly) related to client outcomes, warrants further exploration. It is possible that further research considering the role of client change language in social work conversations, may shed further light on the findings.

This study provides the most rigorous evidence to date in relation to the use of MI in the context of statutory child and family social work. It is the first study of its kind to identify a relationship between social worker skills and client outcomes and has taken important steps towards understanding ‘what works’ in the context of social

work. This has paved the way for future research to explore whether the findings are replicable and to understand more about the underpinning mechanisms of change.

Conclusion

The empirical literature on MI in child and family social work indicates that MI training improves social worker skills and that these skills are related to parental engagement and some family outcomes. However, whilst practitioners report that MI is beneficial in work with families, multiple studies suggest that MI competency is difficult to acquire. It has been suggested that the challenges of skill acquisition may be related to a gap between MI theory and the realities of everyday practice (Forrester et al. 2018). There is clearly a need for further exploration of how the approach fits with the core duties of child and family social work.

Methodological gaps in existing research limit our ability to draw conclusions about efficacy, although the findings are promising. There is a clear need for further research exploring MI when used exclusively by social workers. Furthermore, it is possible that research utilising a sample of cases where a clear parental change goal has been stipulated, might detect a greater effect. There are also gaps in our theoretical understanding of how and why MI demonstrates some efficacy in this context. This was highlighted by Boyle et al. (2019) as a key limitation of research exploring MI in social work. As outlined earlier in this chapter, research in other settings provides only partial support for the relational hypothesis of MI (the direct link between MI practice and outcomes). As yet, the technical hypothesis (Miller and Rose, 2009), which provides a more nuanced picture of how MI works to effect change, has not been explored in this context. In particular, the role that client language might play in change processes.

The Engaging Parents and Protecting Children study has made an important first step in developing our understanding of the relationship between practitioner MI skills and outcomes. However, further research is needed to develop our understanding of MI theory and in particular, how MI works in the unique context of child and family social work. If as Forrester et al. (2018) suggest, a key issue for child and family social workers is a lack of conceptualisation around the fit between MI and their core responsibilities then a more nuanced understanding of the

application of MI in social work conversations might help to bridge the gap between theory and practice.

The current study is focused on exploring the application of MI theory in child and family social work by examining the mechanisms that underpin the relationship between social worker MI skills and family outcomes. It seeks to build on previous research in three key ways. First, by utilising a sample of practice recordings where a clear parental change goal has been stipulated. Second, by examining the technical hypothesis which might shed light on how and why MI has demonstrated some efficacy in this context. Finally, by exploring new variables related to parent/carer responses that will enable a further analysis of existing data and may shed light on the findings of the Engaging Parents and Protecting Children study.

The study of mechanisms of change in MI has been of benefit to practitioners in other disciplines by highlighting the role that client language plays in change processes. As outlined in the introductory chapter of this thesis, this body of research has helped shape MI training and practice by drawing attention to the relationship between client language and real-world behaviour change and what practitioners can do to enhance it. The next chapter will outline a review of the existing literature in this area.

Chapter 3 - Literature review: motivational interviewing process research

Introduction

Motivational Interviewing (MI) is underpinned by the notion that the client verbally articulating motivation for change within an empathic and collaborative relationship, is part of a therapeutic process that translates into real-world behavioral change. Miller and Rose (2009) propose that MI has two active components; a relational component that emphasises the importance of empathy and interpersonal skills, and a technical component that involves the selective reinforcement of change talk (the client's own arguments for change). As such, MI practitioners seek to utilise behaviours that are hypothesised to promote change talk and to avoid those that are thought to promote sustain talk (the client's arguments against change).

Drawing on existing research, Miller and Rose (2009) developed a causal chain model (figure 1), proposing that practitioner MI skill would lead to increased change talk (paths 1 and 2), which would in turn lead to positive behavioural outcomes (path 5). Within this model, change talk is understood to be the mediating variable. This literature review focuses on paths 1 and 2. In particular, research that has set out to test the hypothesis that certain practitioner skills and behaviours are more likely to promote change talk than others. More broadly, this review explores the relationship between practitioner MI skill and in-session client behaviours. A large body of research has also explored the relationship between client language and outcome, however these findings are not reported here.

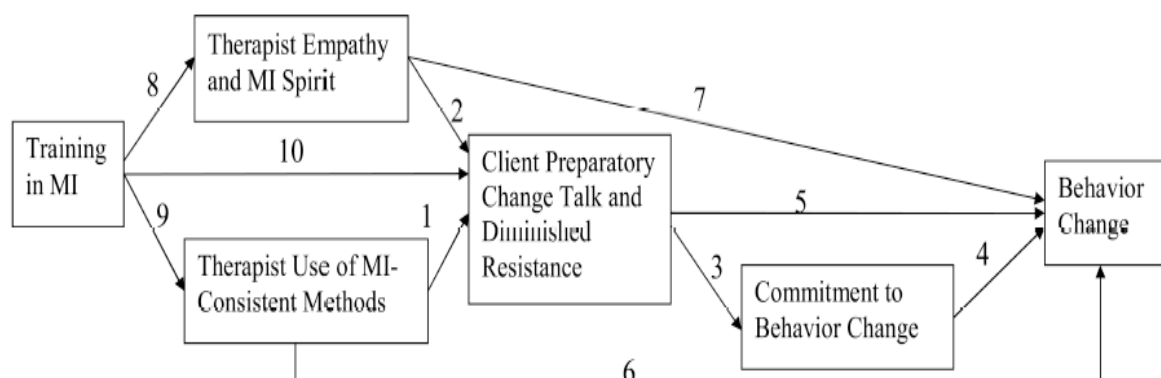


Figure 1: Miller and Rose's (2009) model of hypothesized relationships among process and outcome variables in motivational interviewing

This chapter starts by outlining the methodology used to identify the literature. It will then provide an overview of the different tools used to measure practitioner and client behaviours in the studies, as well as the analytical approaches taken. It will then move on to summarise the key findings before considering gaps in the literature and the relevance to social work practice. The term practitioner has been used to depict any person delivering the MI intervention because it captures the broad range of professional contexts MI is used in.

Methodology

In order to ensure transparency and replicability, a systematic approach to reviewing the literature was taken (Aveyard, 2007). This involved defining key search terms and explicit inclusion and exclusion criteria from the outset. Search terms included 'motivational interviewing' *and* 'mechanisms of action' *or* 'therapy process' *or* 'mediator' *or* 'change talk' *or* 'sustain talk' *or* 'resistance'. These were entered into the following databases in April 2018: PsycINFO, SocINDEX, Scopus and PubMed. A snowball sampling technique (Aveyard, 2007) was also utilised which involved reviewing the reference lists of relevant articles to capture any further studies that hadn't been identified through the initial database search. Studies were included if they met the following criteria; a) the study measured the paths 1 and 2 of Miller and Rose's (2009) causal chain, b) practitioner motivational interviewing skill was measured using an observational coding tool, and c) studies were reported in English language.

The search identified 45 articles of potential relevance. Of these, 3 were duplicates and a further 3 were not available in full-text. Of the 39 articles that remained, 10 were excluded for the following reasons: a) the studies reported on the relationship between client change language and outcome, not practitioner skill and client change language (5), b) there was insufficient detail relating to the results of paths 1 and 2 of the MI causal chain (2), c) they were unpublished doctoral dissertations (2) and d), one reported on a conference symposium talk. It possible that the findings from the five articles that were unpublished or not available as full text may have

impacted on the overall findings of this literature review. Figure 2 offers a visual outline of the search process.

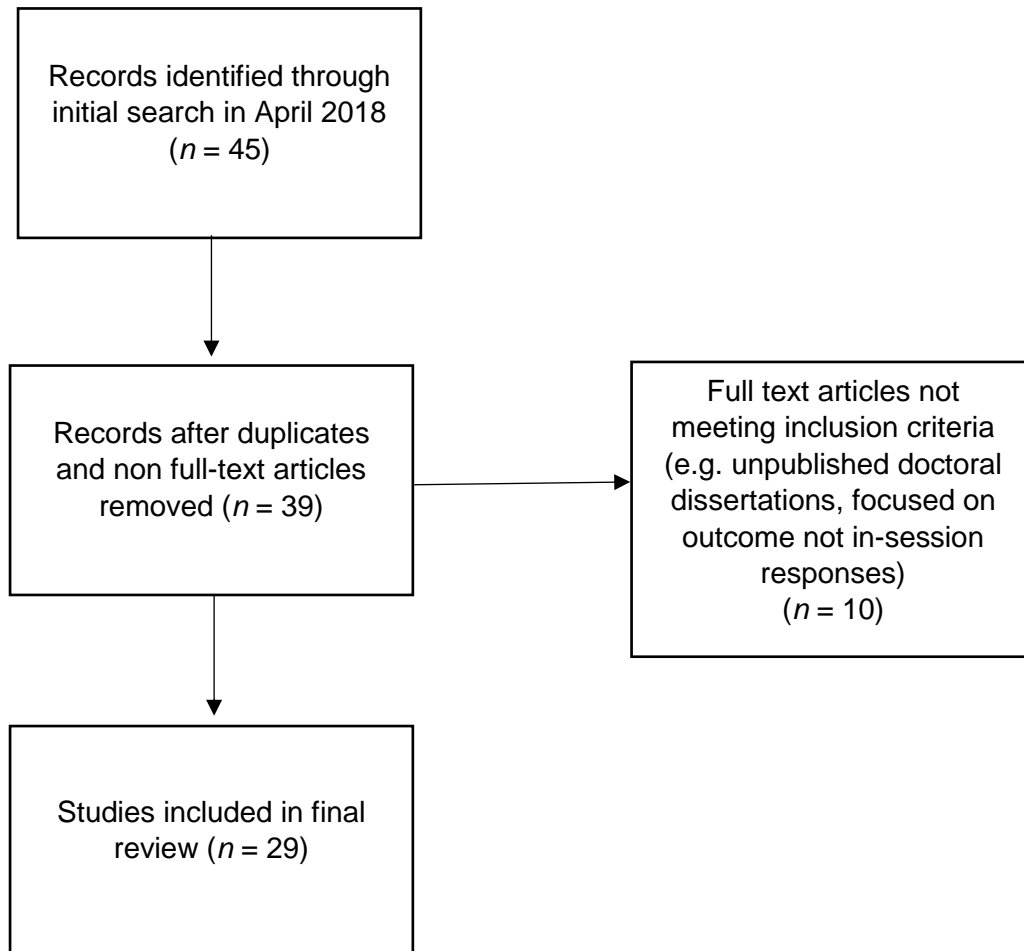


Figure 2: Outline of search process and studies included in the final review

All studies in the review, with the exception of one, were observational and used (non RCT) experimental methods. It was not possible to identify a quality appraisal tool for this type of research. Therefore, the quality of these studies was assessed by establishing the key features relating to this type of research design and using these as a benchmark to compare studies, as suggested by Aveyard et al. (2021). Key determinants of quality included: attempts to minimise bias in the sample, utilising validated observational measures, tests for inter rater reliability where multiple coders were used, and using appropriate statistical methods.

Descriptive data

Table 1 below outlines the studies that met the inclusion criteria. The most common target problem was problematic alcohol or substance use (17), followed by smoking (3), weight loss (2), variable (2), sexual risk taking (1), medication adherence (1), environmental behaviour (1), self-care in patients with heart failure (1) and fruit and vegetable intake (1).

Table 1: Studies which met the inclusion criteria for the review

Author (date)	Sample (n)	Target problem	Method of analysis	Measure
Apodaca et al. (2013)	157	Alcohol use	Sequential analysis Regression analysis	MISC 2.0
Apodaca et al. (2016)	92	Alcohol use	Sequential analysis	MISC 2.0
Barnett et al. (2014)	223	Substance use	Sequential analysis	MISC 2.5
Boardman et al. (2006)	46	Smoking	Bivariate analysis	MISC (?)
Borsari et al. (2015)	249	Alcohol use	Correlational	MISC 2.0
Carcone et al. (2013)	37	Weight loss	Sequential analysis	MY-SCOPE
Catley et al. (2006)	86	Smoking	Regression analysis	MISC (?)
Daepfen et al. (2007)	97	Alcohol use	Wilcoxon test	MISC 2.0
Fischer and Moyers. (2014)	150	Substance use	Bivariate analysis	MISC 2.5
Flickinger et al. (2013)	27	Sexual risk taking	T-tests Regression analysis	MITI 3.1 CLAMI
Gaume et al. 2008	97	Alcohol use	Sequential analysis	MISC 2.0
Gaume et al. 2010	149	Alcohol use	Sequential analysis	MISC 2.1
Gaume et al. 2016	174	Alcohol use	Regression analyses?	MISC 2.1
Glynn and Moyers, 2010	47	Alcohol use	ABAB design T-test	MISC 1.1
Jacques et al. 2017	37	Weight loss	Sequential analysis	MY SCOPE
Kaplan et al. 2013	63	Medication adherence	Correlational	MITI 3.1 MISC 2.1
Klonek et al. 2015	68	Environmental behaviours	T-test	MITI-d
Lindqvist et al. 2017	106	Smoking	Sequential analysis	MI-SCOPE MITI 3.1

Miller et al. 1993	42	Alcohol use	Correlational	Patterson's code
Morgenstern et al. 2012	89	Alcohol use	T-test	N/A
Moyers et al. 2005	103	Substance use	Regression analysis	MISC 1.0
Moyers and Martin, 2006	38	Alcohol use	Sequential analysis	MI-SCOPE
Moyers et al. 2009	118	Alcohol use	Sequential analysis Regression analysis	MI-SCOPE
Moyers et al. 2017	190	Substance use	Mediation analysis	MISC 2.5
Ostlund et al. 2016	50	Multiple	Sequential analysis	MI-SCOPE
Pirlott et al. 2012	43	Fruit and vegetable intake	Correlational	MISC 2.1
Riegel et al. 2017	8	Self-care behaviours (heart failure)	Qualitative	N/A
Romano et al. 2017	79	Multiple	Sequential analysis	MISC 2.5
Vader et al. 2010	143	Alcohol use	Regression analyses	MISC 2.1

Process Measures

Three measures were used most commonly in the studies to gather data on practitioner skill and/or client responses; the Motivational Interviewing Treatment Integrity code (MITI 3.1), the Motivational Interviewing Skills Code (MISC) and the MI Sequential Code for Observing Process Exchanges (MI-SCOPE), which are outlined below.

The MITI 3.1 (Moyers et al. 2010) is the most straightforward MI behavioural coding system and is typically used as an integrity measure for research purposes and as a clinical feedback tool. It includes individual behaviour counts and global scores. Unlike the MISC and SCOPE, the MITI only measures practitioner behaviours. Coding involves two parses. In the first parse, coders allocate scores on a 1(low) to 5(high) Likert scale for five global MI principles; evocation, collaboration, empathy, direction and autonomy. These are intended to capture the practitioner's adherence to overall MI principles rather than specific skills. In the second parse, coders tally up

behaviour counts for MI-adherent and non-adherent behaviours, simple and complex reflections, open and closed questions and giving information.

The MISC 2.1 (Miller et al. 2008) is a more complex behavioural coding system that measures both practitioner and client global and individual behaviours. It has a number of uses including as a tool for detailed clinical feedback and therapy process research. Practitioner global indicators are rated on a 1(low) to 7(high) Likert scale and are intended to capture the overall extent to which they adhere to relational MI principles of acceptance, empathy and overall MI spirit. Practitioners are also measured against 19 behaviour counts which can be collapsed into groups of MI-consistent behaviour (MICO) and MI-inconsistent behaviour (MIIN). There is only one client global rating of self-exploration and seven behaviour counts including follow/neutral language, which includes any discussion that is not about the change topic and asking questions, as well as counts which capture change talk (desire, ability, need, taking steps, commitment and other). Each of the change talk categories are rated as + or – depending on whether it supports a move for or against change.

The most recent and advanced coding tool is the MI-SCOPE which combines elements of the MISC outlined above with a system for coding sequential client and practitioner behaviour exchanges. The distinct advantage of the SCOPE is that it maintains the order of utterances and thus allows for generating transition probabilities which calculate the likelihood that one behaviour will be followed by another behaviour. The MI-SCOPE also captures the practitioner's directional use of reflections and questions, towards or against change.

The SCOPE was adapted for use in two of the studies included in this literature review to form the MY-SCOPE (Carcone et al. 2013; Jacques et al. 2017). In these studies, the MY-SCOPE was used to analyse sessions between weight-loss counsellors and African-American adolescents with obesity. It was amended to include culturally relevant change talk and commitment language, change talk and commitment language specific to target behaviours relevant to the study (e.g. weight loss, exercise, healthy eating), and added new codes for practitioner behaviours including emphasising autonomy and eliciting feedback.

Analytical approach

Researchers have taken various analytical approaches to understanding the relationship between practitioner skills and in-session client behaviour and language. Some studies have favoured correlational designs (Boardman et al. 2006; Borsari et al. 2015; Fisher and Moyers, 2014; Kaplan et al. 2013; Klonek et al. 2015; Miller et al. 1993 and Pirlott et al. 2012) which examine the association between frequency of practitioner and client behaviour counts at the session level. Correlational designs are frequently used in research exploring the relationship between practitioner skills, client language and behavioural outcomes. Whilst correlational designs determine whether there is a relationship between variables, more robust methods are required to establish whether these relationships are causal (Moyers and Martin, 2006). To this end, some studies have used regression analysis to determine the extent to which a change in practitioner behaviour can predict a change in client language (Catley et al. 2006; Flickinger et al. 2013; Moyers et al. 2005; Moyers et al. 2009; Vader et al. 2010).

Whilst regression analysis moves a step closer to establishing whether there is a causal relationship between practitioner skills and client language there are a number of limitations to the approach. In particular, both regression analysis and correlational designs tend to examine relationships at the session level and as such limit our ability to understand patterns of speech at the level of utterance. In response to this, sequential analysis has been proposed as the preferred method of analysing within-session relationships between practitioner behaviours and client language (Moyers et al. 2009). Sequential analysis is used to assess the relationship between an initial event and a following event (Lindqvist et al. 2017). Studies utilising this approach typically report transition probabilities, (i.e. the likelihood that a particular behaviour will be immediately followed by another behaviour) and odds ratios which tell us whether these transitions are significantly more or less likely to occur than by chance.

Some studies have taken a more unusual route to exploring the technical hypothesis (selective reinforcement of change talk) by testing the impact of enhanced training which emphasises techniques to evoke change talk (Morgenstern et al. 2012; Moyers et al. 2017). Other studies have explored between groups differences to

establish whether certain practitioner behaviours are more evident where clients expressed a greater intention (Daepfen et al. 2008) or commitment (Flickinger et al. 2013) to change. However, such approaches are less common in the MI literature.

Only one study took a qualitative approach to examining the impact of practitioner MI skills on client language (Riegel et al. 2017). In this study transcripts were coded to identify MI techniques used by nurses and the subsequent effect on in-session client behaviours in relation to self-care behaviours following heart-failure. Whilst limited in generalisability, qualitative studies have the advantage of providing a rich picture of in-session processes as well as enabling a more inductive approach which has the potential to uncover skills beyond MI that may promote positive client talk.

A further consideration in exploring the relationship between practitioner behaviours and client response is whether practitioner behaviours should be measured as composite categories or individual skills. Composite categories typically comprise of a number of behaviours grouped together. For example, the MICO category includes skills such as reflecting, affirming, asking open questions, emphasising control and advising with permission to name but a few. Grouping skills together in this way has been critiqued for limiting our understanding of which behaviours are most influential in shaping client responses (Lindqvist et al. 2017). In response, several studies have also analysed individual practitioner skill (Apodaca et al. 2016; Boardman et al. 2006; Catley et al. 2006; Flickinger et al. 2013) with several more also looking at the direction of practitioner behaviours (Barnett et al. 2014; Carcone et al. 2013; Gaume et al. 2010; Jacques et al. 2017; Lindqvist et al. 2017; Moyers et al. 2009; Ostlund et al. 2016; Romano et al. 2017), for example, will a reflection of change talk elicit more change talk vs a reflection of sustain talk? Exploring the direction of practitioner responses has the advantage testing the technical hypothesis that differential reinforcement of change talk should elicit more client language in favour of change.

Findings

The section below outlines a summary of key findings from the literature regarding the relationship between practitioner skills and in-session client language/behaviours. Findings are grouped into sections dependent on whether the study examined global skills, composite skills, individual skills, directional skills

(typically referred to as valenced in the literature) or bi-directional skills. Please note that some studies fall into more than one category.

Global indicators

Some studies explored the relationship between global indicators, which are intended to capture the coders overall perception of the practitioner's adherence to a particular principle (as opposed to a specific skill), and client language. MI theory proposes that practitioner adherence to MI principles will be more likely to promote client change talk and diminish sustain talk (Miller and Rollnick, 2013). Global measures explored in the studies include empathy, acceptance and MI Spirit.

In general, most studies provided evidence in support of MI theory. One study found that the global measure of acceptance was associated with less sustain talk (Apodaca et al. 2013). Three studies found that empathy was positively associated with change talk (Borsari et al. 2015; Kaplan et al. 2013; Pirlott et al. 2012). MI spirit was also positively associated with change talk and client self-exploration (Pirlott et al. 2012), working alliance and engagement (Boardman et al. 2006) and negatively associated with sustain talk (Apodaca et al. 2013). Furthermore, one study found that where patients expressed a commitment to change (versus no commitment to change), providers demonstrated significantly more empathy and MI spirit (Flickinger et al. 2013). Only one study had more mixed results, finding that acceptance and empathy were positively associated with more change talk *and* sustain talk (Borsari et al. 2015).

Composite behaviours

MICO

MI theory proposes that MI-consistent (MICO) behaviours (emphasising control, open questions, advising with permission, raising concerns with permission, simple reflections, complex reflections and reframing) will be more likely to promote change talk and that MI-inconsistent (MIIN) behaviours (advising without permission, raising concern without permission, confronting, directing and warning) will be more likely to

promote sustain talk. In many studies MICO and MIIN behaviours were explored as a composite group of skills.

Seven studies explored relationships between MICO behaviours and client language at the session level (Apodaca et al. 2013; Borsari et al. 2015; Catley et al. 2006; Gaume et al. 2016; Moyers et al. 2009; Pirlott et al. 2012, Vader et al. 2010). All but one of them (Gaume et al. 2016) found a positive association between MICO and change talk. Of the studies that reported effect sizes, these ranged from moderate (Borsari et al. 2015; Vader et al. 2010) to strong (Pirlott et al. 2012). However, of the six studies, two also identified a positive relationship between MICO and sustain talk (Borsari et al. 2015; Vader et al. 2010). Catley et al (2006) also looked at the relationship between MICO and client global functioning (expressing affect, cooperating, self-disclosing, and being engaged) and client-counsellor interaction (collaboration and client moves towards change), finding a positive association with both in-session client behaviours.

A study by Daeppen et al. (2008) also explored between group differences to establish whether MICO behaviours were higher where clients expressed a greater intention to change vs no intention to change at the end of a brief MI session. The authors found that frequency MICO skills were significantly higher in the group with the intention to change. Gaume et al. (2016) utilised a mediational model to explore the factors that influence the effect of MICO behaviours on change talk. The authors found that MICO behaviour did not predict the strength of client change talk unless practitioners had more than three-years' experience and problem severity was higher.

Six studies looking at sequential patterns of speech supported the hypothesis that composite MICO behaviours are more likely than chance to be followed by change talk (Apodaca et al. 2016; Gaume et al. 2008; Gaume et al. 2010; Lindqvist et al. 2017; Moyers and Martin, 2006; Romano and Peters, 2016), with effect sizes ranging from weak (Gaume et al. 2008; Gaume et al. 2010; Lindqvist et al. 2017; Romano et al. 2017) to moderate (Apodaca et al. 2016). Three of these studies also indicated that MICO behaviours are less likely to be followed by follow/neutral language (Apodaca et al. 2016; Gaume et al. 2010; Romano and Peters, 2016), which is discussion that is not focused on the change topic. Effect sizes ranged from

moderate (Gaume et al. 2010) to strong (Apodaca et al. 2016). One study also indicated that MICO behaviour is less likely to lead to sustain talk (Moyers et al. 2009). However, of the six studies indicating that MICO behaviours are more likely than chance to be followed by change talk, four found that MICO behaviours *also* led to more sustain talk (Apodaca et al. 2016; Gaume et al. 2008; Gaume et al. 2010; Romano and Peters, 2016) and not less sustain talk as hypothesised in the MI literature. Effect sizes ranged from weak (Gaume et al. 2008) to moderate (Apodaca et al. 2016; Gaume et al. 2010; Romano et al. 2017). Authors interpreted these findings positively, with the suggestion being that MICO skills led to an exploration of ambivalence and focus on the change topic rather than off-topic discussion.

Only one study contradicted the hypothesis that MICO behaviours lead to more change talk, instead indicating that MICO compared to MIIN behaviours were significantly *less* likely to be followed by change talk (Ostlund et al. 2016), although effect size indicated a weak relationship. The authors suggest that the fact that open questions and reflections were removed from the MICO category and analysed separately might account for this discrepancy.

In summary, the majority of studies supported a positive relationship between MICO behaviours and change talk, however some evidence also supported a relationship between MICO and increased sustain talk.

MIIN:

In relation to the hypothesis that MIIN behaviours will lead to less change talk and more sustain talk, findings were mixed. The majority of studies examining the relationship between MIIN behaviours and change language at the session level, found no association between MIIN and sustain talk (Apodaca et al. 2016; Catley et al. 2006; Klonek et al. 2015) or change talk (Apodaca et al. 2016; Pirlott et al. 2012). One study which coded sessions from two separate studies presented mixed findings. In study 1, MIIN was positively but weakly associated with change talk and sustain talk and in study 2 MIIN was negatively but weakly associated with change talk and sustain talk (Borsari et al. 2015). Four studies offered some support for MI theory with two finding that MIIN behaviours predict lower levels of change talk (Apodaca et al. 2013; Klonek et al. 2015), one that they predict higher levels of

sustain talk (Moyers et al. 2009) and another study identifying a weak negative association between MIIN behaviours and working alliance and engagement (Boardman et al. 2006).

Of eight studies examining MIIN behaviours at the level of client utterance, the majority tended to support MI theory. Four studies found that MIIN behaviours were less likely than chance to be followed by change talk (Gaume et al. 2008; Gaume et al. 2010; Moyers et al. 2009; Romano et al. 2017). Effect sizes were variable, ranging from weak (Gaume et al. 2008) through to moderate (Romano and Peters, 2016) and strong (Gaume et al. 2010). Three studies found that MIIN behaviours were more likely than chance to be followed by sustain talk (Gaume et al. 2010; Moyers and Martin, 2006; Ostlund et al. 2016), with moderate effect sizes. Only one study found that no speech transitions involving MIIN behaviours reached significance (Apodaca et al. 2016).

In summary, studies exploring the relationship between composite MIIN behaviours and client response, present a mixed picture. At the session level there is less evidence to support a relationship between MIIN and increased sustain talk and decreased change talk. However, at the level of client utterances the evidence points towards a pattern in which MIIN behaviours were less likely to be followed by change talk and more likely to be followed by sustain talk.

Individual behaviours:

MICO (affirmation, emphasise autonomy, simple reflections, complex reflections and open questions)

Several studies explored the relationship between one or more individual MI consistent behaviours and client change language. Reflections were most commonly explored and the majority of studies supported a positive relationship between reflections and change talk at the session level (Miller et al. 1993; Catley et al. 2006; Flickinger et al. 2013; Kaplan et al. 2013; Riegel et al. 2017). Studies reporting effect sizes suggested relationships were both weak (Kaplan et al. 2013) and strong (Miller et al. 2013). Studies also found a positive relationship between other individual skills and change talk including, emphasising autonomy (Jacques et al. 2017), reframing (Miller et al. 1993; Catley et al. 2006; Riegel et al. 2017) and questions (Flickinger et

al. 2013). In addition, one study also found a negative relationship between emphasising autonomy and sustain talk (Catley et al. 2006). Catley et al. (2006) also explored the relationship between MI consistent skills and positive client behaviours more broadly. The authors found that open questions, reflections and support were positively associated with client global functioning and that affirmations were positively associated with both client global functioning and client-counsellor interaction.

Similar to the pattern found between composite MICO behaviours and client change language, some individual skills were also positively related to both change talk *and* sustain talk, including simple and complex reflections (Gaume et al. 2010; Apodaca et al. 2016) and open questions (Apodaca et al. 2016; Romano et al. 2017).

Only one study examining individual MI consistent skills did not support MI theory, finding that reframing was positively associated with more sustain talk (Catley et al. 2006). However, the authors draw attention to the fact that inter-rater-reliability was only 'fair' in relation to coders ratings of sustain talk.

MIIN (confrontation, advice without permission, confront, direct)

Far fewer studies found any significant relationships between individual MIIN behaviours and client language. It is possible that is attributable to the fact that there were very few individual MIIN behaviours included in the analysis across studies. However, of those that did, all of them supported MI theory. In relation to confrontation, Miller et al. (1993) identified a strong positive relationship with client resistance and Boardman et al. (2006) found a moderate negative relationship with working alliance. Catley et al. (2006) also found that giving advice or raising concerns without permission was also negatively associated with change talk.

Valenced practitioner responses

MI theory proposes that practitioners should strategically respond to client language in favour of change (change talk) and pay less attention to language in favour of maintaining the status quo (sustain talk), suggesting that more of the same language will follow (Miller and Rollnick, 2013). In order to test this theory, a number of studies

have taken the analysis of practitioner and client behaviour a step further by exploring the relationship between practitioners' directional use of questions and reflections and client language for or against change. The vast majority of these studies have favoured sequential analysis as the preferred method.

Findings from these studies were overwhelmingly in support of MI theory. Of seven studies utilising sequential analysis to explore the relationship between the direction of reflections and client language, all but one of them supported a pattern of speech whereby client language followed the direction of practitioner language. Reflections of change talk were significantly more likely than chance to be followed by more change talk (Barnett et al. 2014; Carcone et al. 2013; Jacques et al. 2017; Lindqvist et al. 2017; Moyers et al. 2009; Ostlund et al. 2016; Romano et al. 2017) and less likely to be followed by sustain talk (Carcone et al. 2013; Lindqvist et al. 2017; Romano et al. 2017). Questions favouring change talk were also significantly more likely than chance to be followed by client change talk (Carcone et al. 2013; Jacques et al. 2017; Lindqvist et al. 2017; Moyers et al. 2009; Ostlund et al. 2016). In addition, positive reframing of sustain talk was also more likely to lead to change talk (Barnett et al. 2014).

Similarly, reflections of sustain talk were more likely to be followed by more client sustain talk (Barnett et al. 2014; Carcone et al. 2013; Lindqvist et al. 2017; Moyers et al. 2009; Ostlund et al. 2016; Romano et al. 2017) and less likely to be followed by change talk (Carcone et al. 2013; Lindqvist et al. 2017; Moyers et al. 2009; Romano et al. 2017). Questions favouring sustain talk were also more likely to be followed by client sustain talk (Carcone et al. 2013; Lindqvist et al. 2017; Moyers et al. 2009; Ostlund et al. 2016). Only one study failed to fully support MI theory, finding that questions intended to elicit change talk were more likely than chance to elicit change talk and sustain talk and that questions thought to be more likely to elicit sustain talk were also more likely than chance to elicit change talk and sustain talk (Moyers et al. 2009).

One study used a mediational model to explore the relationship between practitioner empathy and client language (Fischer and Moyers, 2014). In this study the frequency of practitioners' empathic speech was positively correlated with both change talk and sustain talk. However, reflections of change talk were a significant mediating variable

for the relationship between frequency of empathic speech and change talk and reflections of sustain talk were a mediating variable between frequency of empathic speech and sustain talk, adding further support to the theory that directional reflections increase the likelihood of a specific client response either towards or against change.

In summary, all of the studies examining the relationship between valenced questions and reflections lend support to MI theory. In particular, the importance of selective reinforcement of change language by the practitioner. Furthermore, in relation to all of the transitions reported above, effect sizes were consistently strong-very strong.

Bi-directional relationships

Five studies also explored multi-directional relationships between practitioner and client behaviours. Similar to the pattern found between practitioners' directional use of questions and reflections, some of these studies found that both practitioner and client speech tends to follow the direction of the language that came before it. In terms of client-to-practitioner interaction, client change talk was more likely than chance to be followed by a practitioner reflection of change talk and client sustain talk was more likely than chance to be followed by a practitioner reflection of sustain talk (Barnett et al. 2014; Romano et al. 2017). Effect sizes indicated strong relationships. Change talk and sustain talk were also more likely than chance to be followed by MICO practitioner behaviours (Gaume et al. 2008; Romano et al. 2017), although these relationships were weaker.

In relation to client-client 'auto-transitions', change talk was more likely than chance to follow change talk (Gaume et al. 2008; Romano et al. 2017) and sustain talk more likely to be followed by more sustain talk (Gaume et al. 2008; Romano et al. 2017), with relationships ranging from weak (Romano et al. 2017) to strong (Gaume et al. 2008). Two studies offered mixed findings suggesting that sustain talk was more likely to follow both change talk and sustain talk (Moyers et al. 2009) and that if clients responded with change talk or sustain talk, they were significantly more likely to continue discussing the target behaviour than neutral topics. However, this could be towards or against change (Moyers and Martin, 2006).

Miscellaneous:

A minority of studies used more experimental methods to test the relationship between practitioner skills and client behaviour/language. One study set out to test whether practitioners can manipulate change talk (Glynn and Moyers, 2010). Using an ABAB design, clinicians switched every 12 minutes between an MI style that emphasised evocation (eliciting change talk) and functional analysis. The MI condition resulted in a significantly greater percentage change talk, with a large effect size. Two studies explored the impact of enhanced training which emphasises techniques to evoke change talk versus spirit only MI (Morgenstern et al. 2012) or MI as usual (Moyers et al. 2017). Morgenstern et al. (2012) found that the MI condition compared to spirit only condition, predicted significantly greater change talk. Moyers et al. (2017) found that whilst frequency of change talk did not differ between groups at the 3-month follow up, frequency sustain talk was significantly lower for clients of participants in enhanced evocation group. These studies lend support to the technical hypothesis that a greater focus on evoking change talk will result in greater change talk or at the least, reduced sustain talk.

Only one study utilised qualitative methods (Riegel et al. 2017) to explore the way in which practitioner behaviours influence client responses in relation to self-care behaviours following heart failure. The authors found that empathy, affirmation and humour promoted patients perceived ability to overcome barriers and that a personalised problem solving approach resulted in greater openness to goal setting.

Discussion

The majority of the literature lends support to MI theory that some practitioner behaviours are more likely than others to lead to client change talk or other positive in-session client behaviours.

Overall, practitioner adherence to global MI principles was associated with greater client change talk or other positive client behaviours. There was also strong support for a relationship between both composite and individual MICO behaviours and

change talk, with different study designs yielding similar results. However, effect sizes varied considerably.

Interestingly, MICO behaviours were often positively associated with sustain talk as well as change talk. Whilst this does not support MI theory in the obvious sense, the findings were interpreted positively in the literature with the majority of authors suggesting that this was indicative of change exploration. It is also important to view these findings in light of methodological limitations. For example, in MI, practitioners are encouraged to explore both change talk and sustain talk as part of the engagement process. These studies don't tell us whether client responses varied dependent of the stage of session. Furthermore, MI's technical hypothesis suggests that the differential reinforcement of change talk will lead to more change talk but the coding tools used in these studies do not take into account the direction of MI skills such as questions or reflections.

There was less evidence to support a relationship between MIIN behaviours and increased sustain talk or diminished change talk, particularly at session level. The majority of studies looking at individual MIIN behaviours found no significant relationships but where they did, they supported MI theory. It is possible that the mixed findings in relation to MIIN behaviours are also due to methodological limitations. For example, studies using correlational designs found less evidence in support of MI theory whereas studies looking at sequential patterns of speech were largely in support of the hypothesis that MIIN behaviours impede client language in favour of change. It is also important to note that the majority of studies stated that there were very few MIIN behaviours included in the analysis in comparison to MICO behaviours due to a lack of variation in skill which may have affected the likelihood of detecting significant relationships.

The strongest and most consistent evidence in support of MI theory came from studies using sequential analysis which explored the direction of individual practitioner skills. These studies all supported the technical hypothesis that selective reinforcement of change language by the practitioner is likely to result in more change talk and less sustain talk. Essentially, what practitioners reflect, they will hear more of. Furthermore, effect sizes were consistently strong to very strong. The advantage of this method of analysis is that it takes into account the sequential order

of the session and discriminates between reflections and questions that move the client towards or against change. This suggests that some of the more contradictory findings may be as a result of less advanced methods rather than a limitation in MI theory.

The vast majority of research exploring the relationship between practitioner and client behaviours comes from the field of substance misuse, although research in more diverse settings is beginning to emerge. Interestingly, findings from these studies echo those from the field of substance misuse suggesting that MI is potentially equally effective in other settings. It was not possible to identify any studies where participants were recipients of social work intervention and very few studies included mandated clients. Morgenstern et al. (2012) suggest that clients coerced into treatment may respond differently to MI and as such more research is needed in this area.

It was interesting to see that some studies explored MI in relation to more than one target behaviour, as this is a potential methodological challenge in relation to researching MI in social work where client goals vary significantly. One study (Ostlund et al. 2016) analysed sessions with nurses who address a range of problematic health behaviours. Similarly, Romano et al. (2017) explored MI in relation to the treatment of generalised anxiety disorder where goals differ from person to person. Only one study explored under what circumstances MI theory is supported, finding that practitioner experience, client age and problem severity were all mediating variables (Gaume et al. 2016). Therefore, whilst a growing body of research supports MI theory in relation to paths 1 and 2 of Miller and Rose's causal chain model, more research is needed to establish whether these assumptions still apply in other professional contexts and when clients are mandated rather than voluntary.

It was also interesting to note that in the one study utilising more exploratory methods (Riegel et al. 2017), skills other than those routinely associated with MI – such as humour - were observed to be effective in promoting change behaviours.

A much smaller body of research has explored bidirectional relationships and the way in which client behaviour can influence practitioner behaviour.

Implications for the current study

The current study is situated within this extensive body of literature exploring change processes in motivational interviewing. As noted, there is a distinct gap in the literature regarding the application of MI theory (specifically the relational and technical hypothesis; Miller and Rose, 2009) in contexts where workers hold statutory powers and clients are non-voluntary such as child and family social work. Whilst Forrester et al. (2018; 2019) identified an association between practitioner MI skills and outcomes in a child welfare population, there has been no attempt to explore the possible mechanisms of change underpinning these relationships. That is, what exactly is it about practice that effects change?

Beyond MI, there is a notable absence of research exploring change processes in child and family social work and remarkably few studies that make any attempt to explore change processes by utilising the types of systematic observational methods outlined in this chapter. There are several potential benefits of doing so. First, despite being a helping profession, social work is decades behind fields such as Psychology in understanding the relationship between practitioner skills and client responses. One study which attempted to address this gap was undertaken by Forrester et al. (2008) which explored the relationship between social worker skills and parental responses using recorded conversations with simulated clients. This study indicated that the skills of the social worker were associated with statements of resistance and disclosure, and thus had important implications regarding the role that social workers play in cases where there is seemingly poor engagement. However, whilst the study used observational methods, it was undertaken with actors playing the role of parents. Therefore, a gap remains in the social work literature regarding the relationship between practitioner skills and parent/carer responses in direct practice.

A further benefit of exploring change processes in this way is that it helps us develop a context-specific understanding of the practice skills which are most likely to enhance parent/carer behaviours that are understood to be important to change processes. As such it addresses the critique that “*social work has no coherent evidence base of its own, drawing on other professions and disciplines in an eclectic and disordered fashion*” (Maylea, 2021, p. 777). Understanding whether there is in

fact a relationship between social worker skill and parent/carer responses in direct practice is an important step towards understanding the factors that link skill to outcome. If, for example, a relationship between social worker skill and parent/carer responses is identified, this could be statistically explored as a mediating variable through future research.

The findings of this chapter have implications for the study design. In summary, a review of the literature identified that the strongest relationships between practitioner MI skill and client responses were detected when studies utilised measures that captured individual practitioner behaviours and analysed their relationship with individual client responses using sequential analysis. Whilst correlational designs were sometimes used and indicated relationships between client-practitioner variables, this was at the session level rather than the level of utterance. A limitation of these designs is that they were limited in their ability to identify causal relationships.

Notwithstanding the limitations noted above, the current study utilises a correlational design to explore relationships at the session level. The primary reason for this is that the current study includes an exploratory element which involved examining client and practitioner variables which haven't been studied previously. Therefore, whilst the study design was influenced by existing MI theory, it also set out to explore other factors that might be related to change. It was therefore important in the first instance to establish whether there were any session level relationships, before considering a more fine-grained analysis of individual skills using methods such as sequential analysis. This would also involve the use of a much larger sample. MI research, by contrast has been exploring such relationships for decades and has therefore evolved from using correlational designs to more granular examination of skills at the level of utterance.

In summary, the current study draws on a large body of MI research exploring the relationship between practitioner MI skills and client responses which are understood to be important to change processes. This has been influential in the design of the current study, both in terms of the variables of interest and the research instruments used. MI theory has also been influential in shaping the research questions asked and the study hypotheses. However, the current study seeks to address a key gap in

the existing literature regarding the application of MI theory in a statutory child and family social work context. As such, an exploratory element and the use of mixed methods (as outlined in the following chapter) deviates slightly from the research designs that are typically used within the tradition of MI research. The next chapter outlines the study's theoretical orientation, methodology and methods in greater depth.

Chapter 4 – Research design, methodology and methods

Introduction

This research project explores the relationship between motivational interviewing skills and parent/carer responses in conversations about change. The primary aim was to understand whether social workers could influence change talk – a type of language that is related to behavioural outcomes, as well as other verbal indicators of motivation. A mixed-methods approach was adopted, utilising both quantitative and qualitative methods to address the research questions. The study was initially designed to include two interrelated stages of research. The initial exploratory stage involved developing a context specific definition of change talk as well as identifying other possible indicators of parent/carer motivation. This informed the development of a behavioural coding tool which was used in the second stage of the study to gather quantitative data on in-session parent/carer responses. These were analysed to explore statistical relationships between worker-parent behaviours. A third emergent strand was added to the study in order to contextualise the findings of the main analysis. This involved describing the focus of all conversations in the dataset. This chapter begins with an introduction to the research paradigm that guides this study before outlining the methodology and rationale for selecting a mixed-methods approach. The research design will then be outlined in detail, using a framework suggested by Schoonenboom and Johnson (2017). Next, the methods of data analysis and collection will be described. The chapter will end with a statement regarding reflexivity.

Theoretical underpinning

All research, whether made explicit or not, rests on assumptions about the fundamental nature of reality (ontology) and the best ways of producing and using knowledge (epistemology). Neuman (2014) argues that ontological assumptions are best viewed on a continuum from realist at one end, to nominalist at the other. Realists argue that an objective world exists independently of humans. By contrast, nominalists question the existence of a 'real world', arguing instead that it is shaped by subjective interpretations which alter the ways in which reality is experienced

across individuals, culture and time. From a nominalist perspective, any research attempting to capture 'reality' is inherently flawed as all it can ever do is offer interpretations of people's actions in specific contexts.

In the social sciences, the term paradigm wars has been used to describe the fierce debates about the ontological and epistemological assumptions that underpin quantitative and qualitative research (Bryman, 2008). A paradigm is most commonly understood as being a set of beliefs about what 'good' research should look like (Bryman, 2008; Neuman, 2014). The two paradigms most commonly referred to in the research literature are positivism and interpretivism (Bryman, 2008; Neuman, 2014), which sit at opposite ends of a spectrum. Positivism is the approach most commonly associated with the natural sciences and subscribes to a realist ontology that a world exists independently of humans (Neuman, 2014). At the extreme end of that spectrum is a view that there is a singular objective truth waiting to be discovered. Research should seek to uncover observable 'facts' which are held as true until unproven (Robson, 2011). Such a view lends itself to quantitative methods which are seen to eliminate bias and can be replicated and subject to scrutiny by others. At the other end of the spectrum, is the interpretivist paradigm. Interpretivists are more closely aligned with nominalist ontology and a view that reality is shaped through multiple lenses, is context dependent, constantly changing and can thus never be measured in the ways prescribed by positivist researchers. An interpretivist perspective calls for research which seeks to highlight and understand these different lenses. It is accepted that research can never be truly objective because the lens of the researcher will affect the way that data is interpreted. Data in the interpretivist sense tends to refer to language or words as the primary vehicle through which meaning is created and is collected using qualitative methods.

In reality, few researchers sit at extreme ends of the spectrum, although many are likely to lean more towards one end or the other. In social work, interpretivism is arguably the predominant research paradigm. A quick glance in academic journals, particularly those from the UK, highlights a notable absence of quantitative research although in recent years this trend has begun to shift. Positivism has been subject to critique in the field of social work due to a perceived misfit with the complexity and messiness of the social world (e.g. Smith, 1987).

In the field of psychology from which MI originates, philosophical debates are often referred to as distinct from the practice of clinical research. In their introductory text *Research Methods in Clinical Psychology*, Barker et al. (2016, p.17) suggest that in fact “*it is not necessary to follow them in detail in order to conduct or critique research*”. Other texts bypass philosophical debates entirely. Goodwin and Goodwin (2014, p. 1) state unequivocally that “*psychologists rely on scientific thinking as a way to discover truth*”. Whilst it seems that few psychology researchers explicitly engage in such debates, there is undoubtedly a predominant paradigm of psychological research rooted in realist ontology and positivist forms of enquiry. A brief review of popular psychology texts quickly reveals such assumptions by emphasising the ‘regularity’ and ‘predictability’ of the social world (e.g. Barker et al. 2016; Goodwin and Goodwin, 2014). ‘Gold standard’ research is described as that which is objective, systematic and replicable. Whilst inductive methods are not discounted, they are offered up as an adjunct to deductive methods, rather than deserving of the centre stage.

The vast majority of MI research sits within this tradition. Miller and Moyers (2017, p. 762) state that “*Motivational interviewing has continued the clinical science tradition pioneered over 70 years go by Carl Rogers, that psychotherapy processes are reliably observable and therapeutic assertions should be tested and replicable*”. It is perhaps unsurprising then, that qualitative studies rarely feature in seminal papers or reviews from key authors in the field. It is clear that MI scholars subscribe to a belief in the predictability of psychological processes and the deductive methods used to uncover them.

This study is heavily influenced by the tradition of MI research. It has shaped the nature of the questions asked and variables of interest (Creswell and Plano Clark, 2018). In searching for possible relationships between variables, this research leans towards the realist end of the ontological spectrum and utilises methods commonly associated with the positivist tradition of research. It is underpinned by a belief that patterns exist in the social world and uncovering them is both possible and helpful.

It has been argued that the positivist tradition of research privileges certain forms of knowledge over others (Adams, 2009; Webb, 2001; Glasby and Beresford, 2006). Despite such critiques, positivism has been hugely influential in shaping social work

theory and practice (Thyer, 2010). For example, our understanding of the helping relationship and the skills needed to effect change in people's lives was borne largely out of the work of Carl Rogers who believed that "*psychotherapy can be studied systematically and its processes and outcomes should be subject to empirical verification and replication by others*" (Miller and Moyers, 2017, p. 758).

Whilst elements of this study subscribe to many realist assumptions and draw on methods most commonly associated with the positivist tradition, the research design has been shaped primarily by the research question. It has been argued that research approaches driven primarily by the research question in this way, fit with a pragmatist position (Bryman, 2008; Burke and Onwuegbuzie, 2004 Creswell and Plano Clark, 2018). Pragmatism has been put forward as an alternative research paradigm; one which "*sidesteps the contentious issues of truth and reality, accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry*" (Feilzer, 2010, p. 8). Burke and Onwuegbuzie (2004) offer a helpful summary of the key characteristics of pragmatism including the rejection of polarising debates, a belief that any claims to truth are tentative and a position from which theories are viewed in relation to how well they currently work.

These characteristics are evident in this study. The primary aim of the research was to explore existing hypotheses (concerning the relationship between practitioner MI skills and in-session client responses) in the context of child and family social work. This was underpinned by the assumption that any claims to truth are tentative and that a theory of MI for child and family social work may require revision. This position informed the core study design, namely the qual-QUANT sequence (outlined in detail below). The decision to include the qualitative component was made in recognition of the possibility that existing measures used in motivational interviewing may not capture other important indicators of motivation that are specific to the social work context. Ultimately, the study design acknowledges that theories can be context specific and that the best way to address the research question is to employ a combination of methods, rather than subscribe exclusively to the "scientific method" commonly used in MI research.

Methodology

Mixed methods research has been established as the ‘third methodological movement’ (Hall, 2013; Burke and Onwuegbuzie, 2004). Instead of engaging in divisive either-or debates about the relative merits of quantitative or qualitative research, mixed method researchers utilise both approaches in the same study in order to provide deeper insights in relation to a specific research question (Creswell and Plano-Clark, 2018).

As outlined above, the vast majority of motivational interviewing research subscribes to realist ontology, is underpinned by positivist assumptions about what constitutes ‘good’ research and utilises predominantly quantitative methods. Therapeutic processes in MI are understood to be observable, measurable and therefore subject to the same cause and effect laws as the natural sciences. However, this tradition of psychological research and similar forms of enquiry has been criticised for reducing complex processes to simple cause-and-effect rules (Elliott, 2010). In relation to change process research (which explores *how* change happens in therapy), Elliot (2010, p. 124) suggests that in quantitative studies “*the change process is treated as a black box where only input and output are looked at, thus ignoring everything in the middle*”. Furthermore, quantitative methods often ignore the influence of context (Bryman, 2016). As outlined in Chapter 2, MI research suggests that cause-and-effect rules are rarely straightforward. Whilst many studies do indicate a relationship between hypothesised causal variables and outcomes, others highlight inconsistencies (Magill et al. 2014; Romano and Peters, 2016).

In the field of psychology and psychotherapy research, it has been argued that mixed methods research or methodological pluralism offers an opportunity to add context and depth to our understanding of the topic under investigation (Tashakkori et al. 2013; Elliott, 2010). Whilst quantitative or qualitative methods alone each have significant limitations, when combined they offer the researcher a chance to offset such weaknesses and enhance our understanding (Creswell and Plano Clark, 2018; Bryman, 2016).

Whilst the research was quantitatively driven and aimed to test existing hypotheses, a mixed methods approach allowed for a more nuanced exploration of change processes in child and family social work, than taking a solely quantitative approach.

The qualitative component in the first stage of the research enabled the exploration of further variables of interest, in addition to those already captured by existing MI research tools. This allowed for the testing of existing hypotheses as well as the opportunity to develop new theories, if appropriate. Additionally, the emergent qualitative strand (described below) helped contextualise the findings of the main analysis by offering a detailed description of how conversations about change fit within the wider landscape of direct social work practice. Ultimately, the ability of mixed methods research “*to simultaneously capture measurable outcomes, context... and process underscores its value to social work research*” (Chaumba, 2013, p. 327). Thus, whilst this project is undoubtedly influenced by the positivist tradition of MI research, the limitations of this tradition influenced the research design and decision to adopt a mixed methods approach.

Research design

In their core text on mixed-methods research, Creswell and Plano Clark (2018) refer to the notion of a core-design. They describe this as the elements of the design that best address the research problem and capture the main intent for gathering mixed methods data. Whilst this study involves three phases, the following section refers predominantly to the core-design. That is, phases one and two of the study. The emergent phase that followed was developed in order to contextualise the findings of the main analysis.

The core research employed an exploratory sequential design. According to Creswell and Plano Clark (2018) these designs start with a qualitative exploratory component on which a subsequent quantitative component is built. Typically, the findings of the qualitative stage inform the development of new variables and/or research instruments. These are then implemented in the quantitative stage of the research. Schoonenboom and Johnson (2017) outline seven key dimensions that should be considered when constructing a mixed-methods research design: purpose, theoretical drive, timing, point of integration, typology, planned versus emergent design, and design complexity. These will be explored in greater detail below.

Purpose

The overall purpose of utilising a mixed methods approach in this study is to strengthen conclusions regarding the relationship between practitioner MI skills and parent/carer responses in the context of social work conversations about change. Given that little is known about MI change processes in this context, an exploratory sequential design was utilised in order to explore parent/carer change talk and sustain talk as well as other potential in-session indicators of motivation for change. This design enabled the testing of hypotheses based on existing MI theory, as well as allowing for the development of a new theory of MI/change processes for child and family social work should other variables prove to be important. Creswell and Plano Clark (2018) suggest that grounding the quantitative component in qualitative data which is based on a specific setting increases its relevance to that context. Unlike quantitative methods alone, a mixed method approach also offered the flexibility to be responsive to uncertainty (Feilzer, 2010). The provision for an emergent element (based on the findings of the main analysis) meant that qualitative data could be gathered to help contextualise the findings of the quantitative analysis.

Theoretical drive

Schoonenboom and Johnson (2017) suggest that the notion of a theoretical drive in mixed methods research has tended to mean that the whole study is either deductively or inductively driven. The authors are critical of this approach, arguing that a key benefit of mixed methods research is the flexibility to combine both inductive and deductive elements in one study. In this study, MI theory has explicitly influenced the nature of the questions asked and variables of interest (Creswell and Plano Clark, 2017) and therefore the theoretical drive is deductive. Whilst the core research design includes an exploratory qualitative element, the findings supplement (rather than replace) existing MI theory. This is not to disagree with Schoonenboom and Johnson's (2017) assertion that mixed methods research offers the flexibility of different theoretical drives to exist simultaneously in one study, but rather to acknowledge the impossibility of employing a truly inductive approach in the exploratory phase of *this* study, given that the research questions have been shaped by MI theory. Whilst qualitative research tends to be associated with inductive

approaches, it is possible to take a deductive approach to the analysis of qualitative data (Braun and Clarke, 2006; Bryman, 2016).

Timing

The timing of a mixed methods design refers to what Schoonenboom and Johnson (2017) describe as the simultaneity and dependence; that is, whether data collection occurs concurrently or sequentially, and whether the implementation of one component relies on the analysis of data from the other component. This study was designed to include an initial qualitative component that informed the development of a quantitative behavioural coding tool which was used to measure in-session parent/carer responses. In this sense, the design is both sequential and dependent in that the quantitative element and variables of interest are entirely dependent on the analysis of the preceding qualitative data. Creswell and Plano-Clark (2018) suggest that exploratory sequential designs of this sort are particularly helpful when the research instrument is being explored in a specific context.

Point of integration

The integration of qualitative and quantitative data is the distinguishing feature and most fundamental aspect of mixed methods research (Bryman, 2016; Creswell and Plano-Clark, 2017; Schoonenboom and Johnson, 2017; Tashakkori and Teddlie, 2010). Creswell and Plano-Clark (2018) suggest that researchers should offer a clear statement of intent regarding integration. In this study, the overall intent is to integrate the qualitative and quantitative components so that the results from the qualitative component are used to identify additional variables of interest that are specific to change processes in child and family social work and to inform the development of a behavioural coding tool which will generate data that can be quantitatively analysed. The strength of the study lies specifically in the integration of a qualitative element to deepen understanding of potential verbal indicators of motivation in child and family social work. Whilst it would have been possible to undertake a stand-alone quantitative analysis using existing MI measures in order to explore the relationship between social worker MI skills and parent/carer responses,

this may have overlooked other key mechanisms of change that are relevant to the social work context. The integration of findings from the qualitative component allows for the development of new theory by exploring mechanisms of change that extend beyond those captured through existing MI theory. Furthermore, Creswell and Plano-Clark (2018, p. 220) argue that “*the true value of mixed methods... arises when additional insight emerges beyond that gleaned from the separate quantitative and qualitative results*”. This study included an emergent strand of data collection in response to the finding that far fewer conversations than anticipated were focused on change. The findings from this analysis provide important context for the main analysis, by situating the results in a deeper understanding of the nature and purpose of social work practice.

Design typology

Various authors have proposed different typologies to capture variations on mixed-method research designs. These typologies typically give an indication of the timing of each component (e.g. sequential or concurrent) and indicate whether it is quantitatively or qualitatively driven. It has been argued that an agreed set of mixed-method typologies would help distinguish the approach from other methods and increase recognition of mixed methods research amongst scholars (Teddlie and Tashakkori, 2012). Furthermore, for researchers new to mixed method approaches, selecting a design based on existing typologies provides a clearly defined research strategy (Creswell and Plano Clark, 2018). However, Schoonenboom and Johnson (2017, p. 120) suggest that existing typologies have so far failed to capture the breadth of mixed methods designs and as such researchers should have the freedom “*to build on simple designs and construct one’s own design for one’s research questions*”. Such an argument offers researchers the necessary flexibility to be driven primarily by the needs of the research and is not without merit.

For the purpose of this study, it has been helpful to think about typologies in terms of what Creswell and Plano Clark (2017) describe as a core design. The core design of this study will be exploratory sequential, as outlined earlier in this chapter. Whilst the study includes an emergent element, the exploratory sequential design best captures

the primary intent for choosing mixed methods and highlights the data which will best address the research question.

Several authors on mixed-methods research have suggested that in addition to describing the design typology, researchers should also utilise shorthand notation systems in order to provide an easy-to-depict label for mixed methods studies (Creswell and Plano-Clark, 2018; Morse and Niehaus, 2009; Schoonenboom and Johnson, 2017). These notation systems vary but tend to be based on one outlined by Morse and Niehaus (2009). Capital letters are used to depict the primary methods and lowercase letters to depict the supplementary methods. In addition, arrows (→) indicate that methods are sequential, whereas a plus (+) indicates that it was undertaken at the same time. Using this notation system, the current study would be depicted as follows: qual → QUAN + quan.

This notation indicates that the primary method was quantitative. Both the initial exploratory analysis and the emergent component were supplementary to this. The arrow indicates that the first part of the study was sequential, with data collection and analysis leading to the core (quantitative) component. The emergent component was added later and the plus symbol indicates that data collection happened concurrently with the core component.

Planned versus emergent designs

This dimension requires the researcher to specify whether each component of the research is planned or emerges as the research progresses. In the current study, the core exploratory sequential design was planned in advance. The purpose of the qualitative component was to inform the development of a behavioural coding tool that could be used to gather and analyse data in order to explore the relationship between social worker behaviour and parent/carer responses. Whilst the variables to be explored could not be determined until the collection and analysis of data in the exploratory stage, the methods for each stage were largely determined in advance. The only exception to this was the piloting of the behavioural coding tool (described in Chapter 6).

One of the key benefits of a mixed method study is the ability to be responsive to unexpected results (Morse and Niehaus, 2009; Creswell and Plano Clark, 2018). In

the current study, it quickly became clear at the quantitative stage that it would be harder than anticipated to identify recordings that met the inclusion criteria. This challenged one of the key assumptions underpinning the study regarding the nature of social work conversations and the centrality of change. An emergent component was therefore added so that additional data relating to the focus of conversations could be collected concurrently in relation to all recordings in the dataset. This flexibility meant that findings from the quantitative component could be properly contextualised. Creswell and Plano Clark (2018) suggest that whilst emergent designs can be challenging to capture in writing, they add great value to many mixed method studies.

Design complexity

Design complexity touches on the debates outlined in the section on design typology. Whilst some authors, such as Creswell and Plano-Clark (2018) have attempted to categorise complex mixed method designs, others have suggested that researchers should be able to develop new designs that meet the needs of their research question (Burke and Onwuegbuzie , 2004; Schoonenboom and Johnson, 2017). This study is complex in so much that the addition of an emergent qualitative component deviates from traditional design typologies. However, even with this addition, the core design typology of exploratory sequential as described by Creswell and Plano-Clark (2018) best captures the research procedures and data which is most influential in answering the research question.

Methods

Context

This research project involves secondary analysis of data gathered as part of a randomised controlled trial (RCT) called 'Engaging Parents and Protecting Children' (Forrester et al. 2018). This RCT (hereafter, the parent study) explored the relationship between MI training, social worker skills and family outcomes in child and family social work. Social work conversations with parents/carers were observed and audio recorded by a researcher, evaluated for social worker skill using the Motivational Interviewing Treatment Integrity (MITI) code and analysed against

family data gathered using research interviews. Over a period of 12-18 months, 135 recordings were collected and 124 interviews completed with family members (mostly mothers).

Bryman (2016) argues that there are numerous benefits of undertaking secondary data analysis, not least time and cost savings. He suggests that such studies tend to result in high quality data as well as large representative samples that might be otherwise beyond the scope of a PhD project. In addition, such datasets offer the opportunity for further analysis which may lead to new insights. These benefits undoubtedly apply to the data gathered in the parent study. Re-analysing the audio recordings for parent/carer responses generated new data that allowed additional analyses to be conducted on new variables of interest, in relation to a population that has not been studied in this way before.

Ethics

As the study involved a secondary analysis of data, it was necessary to consider two key issues relating to ethics. First, whether ethical procedures were followed appropriately in the parent study, including how informed consent was obtained, and second, whether consent given by parents/carers covered use of the data for further analysis.

The parent study was approved by the University of Bedfordshire ethics panel and the results have since been published in two peer reviewed journals. Furthermore, as a researcher involved in the parent study, I was very familiar with the ethical procedures that were followed and was directly involved with obtaining informed consent from participants. Each parent/carer who was eligible to take part was asked by their social worker whether they consented to a researcher observing a meeting between them. Social workers emphasised that this was voluntary and they did not need to agree to the observation. If the parent/carer consented to an observation then the research was explained to them in more detail by the researcher and the parent/carer was asked whether they agreed to the session being audio recorded for research purposes. The conversation was supported by a written information sheet. Participants were informed of the overall focus of the research, how data would be stored and for how long, and how it would be used.

They were given the space to ask questions and provided with a number and e-mail address in case any arose following the visit. Participants were informed that they would not be identified in any subsequent reports or publications, and were given a date by which they could withdraw their consent. The parent/carer's right to decline participation was emphasised, and it was stressed that declining to take part would have no bearing on the service they received from their social worker. Some parents/carers declined to participate at this point which was accepted without hesitation.

In relation to the nature of the consent, participants consented to recordings and interview data being used for the purpose of exploring the relationship between social worker skills and family outcomes. The current study is an original piece of work within the same overall project as it seeks to answer questions arising from the primary analysis relating to possible mechanisms of change. Client responses are understood to be a key aspect of the causal model in MI, linking practice to outcome (Miller and Rose, 2009) but this was not explored in the parent study. In this respect, consent for the current study was covered under the remit of the original study. Ethical approval was provided by Cardiff University ethics committee and agreement to reuse the dataset was also given by the University of Bedfordshire.

A further ethical consideration was whether there were any potential risks to participants as a result of further analysis. The key risks identified related to potential breaches of anonymity as a result of sensitive data (e.g. recorded conversations or transcripts) being accessed by unauthorised parties, for example in the event of theft. This risk was mitigated in several ways. Recordings from the parent study were only accessed from the University of Bedfordshire using a virtual desktop which required secure login details, and never downloaded. They were listened to using headphones and never in a public space. In addition, any new data such as transcripts or research notes were stored on an encrypted, password protected computer and any identifying details (e.g. names and locations) were removed. A unique identifying number was allocated to this data which ensured that families were identifiable only by number. Information regarding which data related to which number was stored separately on the University of Bedfordshire's secure network.

Ultimately, the rationale for the current study is to add to a small body of research on how best to improve social work practice and outcomes for families. Such research is rare because it is difficult to gather audio recorded data on direct practice. Given the value of the current dataset and potential for it to improve the experiences and outcomes for families who come into contact with social workers, the benefits of further analysis appear to far outweigh any potential risks to participants arising from a secondary analysis.

Phase one: exploratory qualitative component

Aim

The aim of this phase was to develop a working definition of change talk and sustain talk in the context of child and family social work conversations so that this could be used to code parent/carer responses in the second phase of the study. Whilst MI has well-established research tools that define different categories of change talk and sustain talk (e.g. Miller et al. 2008; Glynn and Moyers, 2012), these were developed specifically in the field of substance misuse. There were important reasons for thinking that parent/carer change language might have unique characteristics in a social work context. For example, a key difference between child and family social work and other settings such as substance misuse, is that the need for change is related primarily to the well-being of the child or young person rather than the person making the changes. Furthermore, the need for change is typically introduced by the service setting rather than a person voluntarily seeking advice or support. Change language is also likely to be more variable in social work due the broad range of issues that are discussed between social workers and family members (Whittaker et al. 2016), which in turn might make it more complex to identify. These factors (amongst others) have the potential to shape the way we understand change language in social work.

Research Questions

1. What is parent/carer change talk and sustain talk in the context of child and family social work conversations?

2. What other indicators of parent/carer motivation for change are not captured using the operational definition of change talk that is used in motivational interviewing?

As outlined earlier in this chapter, these research questions were developed as part of a broader mixed-methods study. As such, the findings were intended to inform the quantitative component that follows rather than to exist as a standalone piece of research. This analysis served two important functions in the context of the wider study. Firstly, it helped determine whether existing MI research tools were sufficient for use in a child and family social work context, or whether adaptations needed to be made to capture other variables of interest relating to parent/carer language. This was important given that the primary aim of the research was to explore relationships between social worker skills and parent/carer responses in discussions about change. Secondly, it familiarised the author with the nuances of change language in a social work context, which supported the process of coding parent/carer talk in the second phase of the study.

Approach

Thematic analysis is a systematic process that involves reviewing a data set for repeated patterns of meaning (Braun and Clarke, 2006). It was chosen as a method as it “*organises and describes... data in (rich) detail*” (Braun and Clarke, 2006, p. 6) and therefore represented a good fit with the aims of this phase. The organisation of data enabled different facets of change talk and sustain talk to be identified which could then be compared with the categories used in MI research. Additionally, the descriptive element contributed to a more comprehensive understanding of the nuances of change language in social work.

Thematic analysis has the additional benefit of not being associated with any epistemological tradition which means that it can be used within many theoretical frameworks including those which take a deductive approach to the analysis of data (Braun and Clarke, 2006; Coolican, 2014). This is a particular benefit given the realist tradition of MI research from which this study originates and the way in which MI theory has shaped the questions asked and variables of interest (Creswell and Plano Clark, 2018). This thematic analysis is by definition ‘theoretical’ (Braun and

Clarke, 2006) meaning that the coding of data was loosely organised around key MI concepts (change talk and sustain talk) rather than being driven entirely by the data itself. The aim of this research is not to develop an entirely new theory (as in a grounded theory approach, for example) but to examine, and if appropriate revise, existing theory to make it applicable to a different context.

Thematic analysis also allows for analysis at a semantic level whereby "*themes are identified within the explicit or surface meanings of data*" and related to existing theory (Braun and Clarke, 2006, p.13). Again, this is well suited to a study informed by MI theory and research which assumes a relatively straightforward relationship between language and meaning whereby "*the strength of the client's perception of the importance of change and confidence in achieving it is presumed to underlie his or her commitment to change and to be evident in speech during an MI session*" (Amrhein et al. 2003, p. 862).

Morse (2008) suggests that the terms categories and themes are often confused and used interchangeably in research. It is therefore important to clarify that in the current study, the aim of the initial phase was to identify *themes* in the data, not categories. Morse (2008, p. 727) suggests that "*categories are developed using content analysis, in which similar chunks of text are ordered or placed proximally.*" Content analysis involves systematically identifying the presence of predefined content in the material (Neuendorf, 2017; Swann, 2020). Neuendorf (2017) describes it as an objective and replicable process. In this respect, the initial phase of the study does not fit with the definition of categorisation outlined by Morse (2008). The aim was to explore possible verbal indicators of movement towards and against change (change talk and sustain talk). Whilst MI has pre-determined categories of change language and provided the theoretical framework for the study, the intent here was to take a more exploratory approach in order to identify other types of language which might signal motivation for change (including but not limited to existing MI definitions). This was not an objective process. Rather, it involved reviewing transcripts interpretively in order to explore patterns in the data which might be indicative of parent/carer motivation. Whilst these themes were later used to develop more objective categories to allow for parent/carer behaviours to be coded, the early part of the research involved a more open exploration of themes in the data.

Sample

The sample for this phase of the research was drawn from the parent study (Forrester et al. 2018). Selecting the sample first involved identifying recordings that involved a conversation about change. This was possible by determining whether they had been coded for the MI skill of evocation in the parent study. This skill captures the extent to which the practitioner elicits the client's own arguments for change. Of the recordings which had been coded for evocation, a random sample of 10 were selected for this analysis. Bryman (2016) argues that the sample size in qualitative research needs justification but there is a lack of consensus amongst academics about what an adequate sample size is. A sample of 10 recordings seemed appropriate as this phase of the study was intended to lay the foundations for the quantitative component that followed. It was not intended to capture all possible variations on change talk and sustain talk in social work, but rather to identify nuances in change language in a social work context as well as additional variables that could be further analysed in the next stage of the research. For the same reasons, a random (as opposed to a representative) sample seemed adequate.

Data Analysis

Data analysis was guided by the thematic analysis framework outlined by Braun and Clarke (2006). This involved first transcribing the ten audio recordings and becoming familiar with the data by reading and re-reading transcripts. The next stage involved highlighting any parent/carer language that might indicate movement towards or against change on the transcript itself. This part of the process was shaped by several factors. First, due to the theoretical nature of the project and the authors familiarity with MI, it was in-part informed by pre-existing definitions of change talk and sustain talk (Miller and Rollnick, 2013). Second, it was informed by a brief review of the social work literature on predictors of case outcome. Finally, a key part of the process was shaped by the authors experience as a qualified social worker and their professional interpretation of what might constitute possible indicators of movement towards or against change, based on their direct work with parents/carers. In

qualitative research it is accepted that the researcher's identity and experience cannot be separated from any analysis of the data (Mays and Pope, 2000) and in this instance it was arguably an essential part of the analytic process.

The next step involved assigning codes to each of the data extracts which were written alongside the transcript. These codes sought to capture something interesting about the data as it related to the research questions (Braun and Clarke, 2006) and were summarised using a few words. All of the codes were then reviewed and grouped together based on their similarities and conceptual fit with one another to form themes within the broader headings of 'movement towards' and 'movement against' change (an example of this process is provided in Appendix 1). This initial analysis identified seventeen themes which fit under the former heading and eleven that fit under the latter.

After a further review of the preliminary themes, it was decided that some could be incorporated into broader themes with sub-themes nestled within them. This was done for three key reasons. First, some of them did not have enough data to support a distinct theme. Second, many of the themes appeared conceptually very similar to one another. For example, taking ownership, awareness of risk, recognising abuse and acknowledging impact on child all seemed to represent different dimensions of a broader concept relating to parent/carer problem recognition. Third, some of the individual themes appeared closely related to behaviours captured through existing MI measures in which they are clustered together. For example, the initial analysis identified insight, recognising patterns and storytelling as three possible themes. However, in MI, these concepts all appear to be captured within the measure for self-exploration (Houck et al. 2010). Before the final themes were decided, the original data extracts supporting each theme were also reviewed several times to ensure internal consistency.

Braun and Clarke (2006) suggest there are no hard and fast rules for determining the prevalence of a theme but consistency is key. Prevalence in this study was based on the frequency of occurrence throughout the data set, as well as the hypothesised significance of language as it related to the research question. The latter point proved to be particularly important in relation to statements indicating movement

away from change (sustain talk) as this type of language occurred far less frequently in this sample but was still highly significant.

The findings of phase one of the research were used to inform the development of a behavioural coding tool that was used to gather quantitative data in relation to parent/carer responses in the phase that followed. As the tool was a direct result of these findings, it is presented in detail in Chapter 6 (results). In brief, the development of the tool involved reviewing and comparing the key indicators of parent/carer movement towards change to existing measures of in-session client behaviours outlined in the Motivational Interviewing Skills Code (MISC 2.5; Houck et al. 2010). The MISC 2.5 outlines several categories of client change language, which are understood to indicate movement towards (change talk) or against (sustain talk) change, as well a measure of client self-exploration. Bakeman and Quera (2011) suggest that where possible, and providing they share similar theoretical orientations, existing coding schemes should be utilised as a starting point and then adapted. Therefore, where indicators of parent/carer movement towards change were captured using existing MI measures, these formed the basis for the coding tool. Where indicators of parent/carer movement towards change were not captured using existing MI measures of client behaviour, a bespoke measure of that particular behaviour was developed.

Phase two: core quantitative component

Aim

The aim of the second phase of the research was to explore the statistical relationship between social worker MI skills and parent/carer verbal indicators of motivation for change. This was the core component of the study.

Whilst change talk and sustain talk are the key variables which MI practitioners seek to influence due to their relationship with behavioural outcomes (Miller and Rose, 2009), phase one of the study identified some additional parent/carer responses (variables) which were hypothesised indicators of movement towards (motivation) change in a child and family social work context. These were problem recognition and self-exploration (see Chapter 6 for further details).

Research question and hypotheses

This phase of the research addressed the primary research question:

1. What is the relationship between social worker MI skills and verbal indicators of parent/carer motivation for change in child and family social work conversations?

The following hypotheses were developed, informed by existing MI theory and research:

Higher levels of social worker MI skills (evocation, collaboration, autonomy, empathy, purposefulness, clarity about concerns, child focus) are associated with increased:

1. parent/carer change talk
2. parent/carer self-exploration
3. parent/carer problem recognition

Note: the first four MI skills listed above are taken from the internationally recognised measure of MI competency: The Motivational Interviewing Treatment Integrity code (MITI; Moyers et al. 2010). The latter three were measures of MI informed social work specific skills developed as part of the parent study (reported in Whittaker et al. 2016).

Sample

The sample for this phase of the research was selected from the dataset of the parent study (Forrester et al. 2018). The original dataset consisted of 136 audio recordings of conversations between social workers and family members. One of these recordings was later excluded as it had been collected prior to randomisation (families in the parent study were randomised to a worker who had been trained in MI or one that had not). The final sample for the parent study therefore included 135 recordings. The excluded recording was included in the current study as the analysis did not explore differences between trained and untrained workers.

The sample in the parent study included workers who were trained in MI and workers who were not (descriptive statistics are reported in Chapter 6). As the current study is looking at the impact of MI skills more generally, as opposed to between group differences, the variation in trained/untrained workers is not of relevance.

Furthermore, a lack of variability in skill level has been highlighted as a key limitation of existing MI process research, as it makes it harder to detect an effect (see Chapter 3). Therefore, a sample that includes both trained and untrained workers is likely to have greater variability in skill level.

Two key factors needed to be considered when selecting the sample for the quantitative analysis; the first was the size of the sample and whether it would be large enough to detect an effect, and the second was how representative the sample is of the wider population from which it is drawn (Bryman, 2016; Teater et al. 2017).

A power calculation was undertaken to determine the necessary sample size. Numerous sample size calculators are freely available on the internet. For this study, a sample size calculator from the University of California San Francisco was used (UCSF, 2017). Power calculations require information about the estimated effect size that is expected (in this case the correlation coefficient), the probability of rejecting a true null hypothesis (*alpha* Type I error rate) and the probability of failing to reject a null hypothesis (*beta* Type II error rate; Teater et al. 2017). For the calculation of sample size relating to this study, the *alpha* value was set to < 0.05 and the *beta* value was set to 0.2.

To determine the estimated effect size, existing studies exploring correlations between practitioner MI skills and client change language were reviewed. These studies reported variable effect sizes which are outlined in table 2 below (it is generally agreed that a correlation coefficient of .1 represents a small effect size, .3 represents a medium effect size and .5 represents a large effect size (Cohen, 1992).

Table 2: Effect sizes in comparable research

Variables explored	Borsari et al. 2015	Kaplan et al. 2013	Pirlott et al. 2012	Average	Sample size required

MI spirit and CT	$r_s = .26 / .36$		$r_s = .42$	.35	62
MI spirit and ST	$r_s = .21 / .26$			.24	134
MI spirit and SE	$r_s = .57 / .64$		$r_s = .61$	.60	19
Empathy and CT	$r_s = .32 / .42$	$r_s = .28$	$r_s = .40$	.36	58
Empathy and ST	$r_s = .22 / .27$			.25	123
Empathy and SE	$r_s = .57 / .64$		$r_s = .66$	.62	18

Note: variables reported are those with significant effects. CT = change talk, ST = sustain talk, SE = client self-exploration.

The effect sizes above were used to undertake a power calculation in order to indicate the sample size required to explore different variables. Two sets of variables outlined in the table above would have required samples of over 100 recordings which was beyond the scope of this thesis. However, these related to sustain talk which was not explored as a variable in its own right in the current study. Whilst sustain talk was measured, this was for the purpose of generating a percentage change talk score as suggested in the CLEAR coding scheme (Glynn and Moyers, 2012). The remaining studies indicated that a sample size between 18 and 62 would be adequate. This was used as a guide for the current study.

The second factor that was considered was the representativeness of the sample. This was largely dependent on the sampling strategy employed in the parent study, in which all families who were referred into a local authority Child in Need service were randomly assigned a social worker from either the intervention or control group. Of the families that entered the service (610), 324 were excluded based on pre-defined criteria. Of the remaining families (286), 62 were not asked by their social worker to take part and 59 did not want to participate. A between group analysis ruled out any differences in number of children, proportion of cases that were child protection and ethnicity between those who were and were not included in the final sample (Forrester et al. 2018).

For the current study, recordings in the sample needed to meet the following inclusion criteria:

- Includes a substantial discussion about change
- Clearly identifiable change goal (target behaviour)
- Conversation led exclusively by social worker (not another professional)
- Discussion with one parent/carer only
- No interpreter used

Further details relating to the inclusion criteria, including the rationale for each, is outlined below.

Substantial discussion about change – the purpose of this study was to explore the relationship between social worker skills and parent/carer behaviours which are theorised to be indicators of motivation for change. In order to behaviourally code parent/carer behaviours, it was therefore essential that the conversation was change focused. It was also necessary for change to be spoken about in depth, rather than in passing, as the parent/carer variables cannot be meaningfully coded for with few speech acts. Further discussion relating to how decisions were made about what constitutes “in depth” are discussed in Chapter 11.

Clearly identifiable change goal – the parent/carer variables of change talk and problem recognition represent the person’s views about a specific issue or concern. For example, change talk refers to any speech which indicates that the person is thinking about the benefits of change in relation to that specific issue or concern. As a result, conversations could only be included if a clear change goal was specified by the social worker.

Conversation led exclusively by social worker – in order to explore possible relationships between the skill of the social worker and parent/carer behaviours, it was necessary to exclude any audio recordings where another worker was involved in the conversation. This is because third parties could be considered a confounding variable which may influence the relationship between the dependent (parent/carer behaviour) and independent (social worker skill) variables. Controlling for the possible influence of a confounding variable requires a regression model which was

beyond the scope of this study due to the sample size required. It was therefore decided that only discussions led exclusively by the social worker would be included.

Discussion with single parent/carer only – similarly, if another parent/carer was involved in the discussion, it is possible that any relationship between the skill of the social worker and parent/carer responses may have been affected by the influence of a third party. This has been explored by Apodaca et al. (2012) who found that the level of support demonstrated by a significant other affected the client's expression of change talk and sustain talk. For this reason, only discussions between a social worker and one parent/carer were included.

It is important to note that cases were included where other people were present in the room but did not contribute to discussions related to the target behaviour. This included both significant others and children. Typically, recordings where another person was present involved children playing or watching television in the background or entering and leaving the room momentarily. In these cases, there was often a short exchange about an unrelated issue such as dinner. Given the nature of home visits, this occurred so frequently that it was decided that such cases should be included in the sample.

No interpreter used – Interpreters may also be considered a confounding variable. This is because MI is reliant on the practitioner's responsiveness to client language and vice versa. When an interpreter is used, translation is not always verbatim which may mean that the meaning of the social worker's speech is altered in translation. For this reason, any conversations involving an interpreter were excluded.

In order to determine whether recordings met the inclusion criteria, each recording in the dataset was listened to by the author and a written record completed. The written record detailed whether the recording met the inclusion criteria or not, and the reasons for this. If it did meet the inclusion criteria, the change goal (target behaviour) was also specified. This was used for the purpose of coding (see below for more information). In addition, a record was kept of who was involved in the conversation and where it took place. Refer to Appendix 2 for an example of the record sheet.

From a possible 136 audio recordings, 26 met the inclusion criteria and were included in the final sample for the quantitative analysis. This was a smaller sample than anticipated and meant that it may have been underpowered to detect a significant effect in relation to some variables. This limitation is discussed in more detail in Chapter 11, however several significant relationships were identified (see Chapter 7) indicating that the sample size was sufficient. Further details regarding cases that were included and excluded, as well as descriptive statistics comparing the final sample to the original dataset are reported in detail in Chapter 7, along with the results of the quantitative analysis.

Data collection

This study draws on existing data on social worker behaviour from the parent study. In the parent study, social workers were rated for their level of skill in evocation, collaboration, autonomy, and empathy using the MITI, which measures practitioner adherence to MI (Moyers et al. 2010). They were also rated on three MI informed social worker skills (purposefulness, clarity about concerns and child focus) which were developed as part of the parent study. Each recording was given a score between 1 (low) and 5 (high) for each of the above skills.

New data was collected in relation to the following parent/carer in-session behaviours using a bespoke coding tool that was developed in phase one of this study:

- Percentage change talk
- Self-exploration
- Problem recognition

This coding tool and information regarding its development is presented in Chapter 6, as it was informed by the results of phase one of the study. The tool was heavily influenced by the research tradition of motivational interviewing and combines elements of existing behavioural coding schemes with a bespoke measure of problem recognition. The definition of change talk and sustain talk as well as the method of coding for it was taken directly from the Client Language Easy Rating (CLEAR) system (Glynn and Moyers, 2012). This system allows for in-the-moment

coding of change talk and sustain talk using tallies, without the need for transcription. The client-self exploration scale was taken directly from the Motivational Interviewing Skills Code 2.5 (MISC 2.5; Houck et al. 2010), which uses the most up-to-date iteration of the scale. Problem recognition was identified in phase one of this study as being a further variable of interest. As problem recognition is not captured sufficiently using existing coding instruments, a bespoke measure was developed.

The bespoke tool was used to code parent/carer responses directly from audio recordings without the need for a transcript. The procedure for coding involved two passes. During the first pass, the author assigned two global ratings (on a 1-5 Likert scale) using the self-exploration and problem recognition scales. On the second pass, the author tallied the frequency of change talk and sustain talk utterances. This resulted in a percentage change talk variable which is defined as change talk frequency over the sum of change talk frequency plus counter-change talk (sustain talk) frequency ($\% CT = CT / [CT + CCT]$), as well as two global ratings for parent/carer self-exploration and problem recognition. All coding was done blindly, without knowledge of the social worker scores given in the parent study.

Data analysis

Data was entered into SPSS by assigning numeric values to different behavioural codes. Data was then analysed to identify possible correlations between social worker behaviours (evocation, collaboration, autonomy, empathy, purposefulness, clarity about concerns and child focus) and parent/carer in session responses: change talk, self-exploration and problem recognition. When analysing correlational data, a decision must be made about whether to use a parametric or non-parametric test. This is dependent on the type of variables being analysed. For a parametric test to be used the following assumptions must be met:

- 1) The level of measurement of the variables should be at least interval level (the distance between categories are equal)
- 2) The sample should be from a population that is normally distributed
- 3) The variances of the samples should be approximately equal
- 4) No extreme outliers

In the current study, the variables do not meet the above assumptions as they are not interval level. Therefore, the non-parametric test Spearman's rank correlation (r_s) was used. This test indicates the direction and strength of the relationship. The correlation coefficient ranges from -1 (perfect negative relationship), through 0 (perfect positive relationship) (Teater et al. 2017).

The strength of the correlations was assessed using the criteria outlined by Cohen (1992). A correlation coefficient of .1 represents a small effect size, .3 represents a medium effect size and .5 represents a large effect size (Cohen, 1992).

Reliability

Inter-rater reliability is the degree to which different observers coding the same behaviour would obtain the same results (Bakeman and Quera, 2011). Securing a high level of inter-rater reliability is considered integral to observational research, firstly to demonstrate that the construct being measured is tangible, and secondly that any conclusions drawn in a particular study are not simply a matter of individual judgement (Bakeman and Quera, 2011; Girard and Cohn, 2016).

The coding tool that was used in this study included measures taken from MISC 2.5 (Houck et al. 2010). This included the self-exploration scale as well as the measure of change talk and sustain talk used in the CLEAR coding system (the latter was adapted from an earlier version of the MISC; Glynn and Moyers, 2012). Studies evaluating the MISC have demonstrated excellent inter-rater reliability estimates in relation to self-exploration (Lee et al. 2021), as well as change talk (Moyers et al. 2003) and sustain talk (Borsari et al. 2015).

A separate test for inter-rater reliability was deemed unnecessary in the current study as it did not involve the use of multiple coders, which is typical in larger observational research studies. Furthermore, reliability of the coding instrument in the current study could be determined through its criterion validity; that is, the extent to which the variables correlate with similar constructs (Kimberlain and Winterstein, 2008; in this case, social worker behaviours). This was especially important in relation to the problem recognition scale which was newly developed. If the coding instrument developed as part of the current study were to be used as part of future

research or by other researchers then it would be important to demonstrate consistency between coders.

Phase three: emergent component

Aim and research questions

The final phase of the study was emergent and supplementary to the core component, meaning that it was developed in response to unexpected findings in phase two of the research. It became apparent early on that fewer recordings than expected were meeting the inclusion criteria, in particular the requirement that conversations needed to feature a clearly identifiable change goal and a substantial discussion about change. This was an important finding in itself which challenged a key assumption underpinning the study; namely that the majority of conversations that take place with parents/carers in child and family social work would address specific issues and concerns and the need for change (these findings are discussed further in Chapter 5). A decision was made to add a supplementary phase of data collection and analysis in order to make the study more complete (Morse and Niehaus, 2009). The following supplementary research questions were developed:

1. What is the focus of social work conversations in the dataset?
2. How do social care issues/concerns feature within them?

The aim of the supplementary phase was to contextualise the findings of the primary analysis by describing the nature of conversations in the dataset and in particular the cases that were excluded. Fundamentally the goal was to better understand what social workers were talking about when the focus of the conversation wasn't change. In order to address the research questions, a coding scheme was developed in an attempt to categorise each recording. It was anticipated that the findings would also generate further discussion relating to the assumptions underpinning this research and in particular the notion that supporting parents/carers to make changes to their behaviour is a fundamental feature of child and family social work. This seemed particularly pertinent given that a key aim of this thesis was to explore how social workers can enhance parent/carer motivation for change.

Morse and Niehaus (2009) suggest that the supplementary component of a mixed methods study is undertaken primarily to enhance the findings of the core component and would not necessarily be published as a stand-alone piece of research. It is important to note that the phase of the study outlined below was intended first and foremost to provide context for the main analysis. The method outlines the process which was undertaken in order to try and describe the focus of social work conversations in this dataset and the way that social care issues/concerns feature within them. This phase of the research was not designed to make claims beyond the scope of this project. The method outlined below was systematic and is intended to be as transparent as possible, however it does not adhere strictly to any particular approach. As the aim of developing the categorisation scheme was primarily to offer context for *this* study. The reliability and validity of the instrument were not explored and the findings are not necessarily generalisable beyond the dataset.

Sample

The sample for this phase of the research consisted of all recordings in the dataset from the parent study (Forrester et al. 2018). This comprised of 136 audio recordings in total. The vast majority of recordings primarily captured conversations between social workers and family members but a small number included conversations with other workers (n= 6) and interpreters (n= 6). The majority of social workers were female (82%). Most families had met their social worker on three or fewer occasions (66%) and the majority of cases were not deemed high risk, with social workers rating their level of concern medium or below, 82% of the time. Descriptive statistics are presented in more detail in Chapter 7.

Approach

As mentioned earlier, in order to determine whether recordings met the inclusion criteria for the main analysis, each recording in the dataset was listened to and a written record completed. When it was decided that a supplementary phase would be added to the study, a decision was made to take additional notes when listening

to the recordings. Comprehensive notes were taken in relation to the two supplementary research questions outlined above. The aim of this phase was to categorise recordings in the dataset in order to describe the focus of conversations and how change featured within them. In order to do this, a coding scheme was developed.

The first step involved qualitatively reviewing the notes taken as part of the written record relating to the supplementary research questions, for a subsample of 40 recordings. Recordings in the parent study were numerically ordered, so the first 40 were selected.

For each recording, notes were reviewed and further summarised in relation to: a) the focus of the discussion and b) how social care issues or concerns featured within it. For example, in relation to one of the recordings which involved a discussion between a social worker and a father, the following summaries were made (the full written record is provided in Appendix 3 as an example):

- a) The focus of the discussion – “revisiting the terms of a non-molestation order and outlining expectations regarding the father’s contact with his ex-partner and child”.
- b) How social care issues or concerns feature – “social worker is explicit about concerns and expectations surrounding contact”

In many cases, conversations did not have a single focus. The written record captured several key things that were explored and it was not possible to determine which was the most significant. Therefore, the summary notes did not necessarily capture a main focus, but rather key topics of conversation.

The next step involved assigning codes based on these summary notes. Codes were a few words that captured the focus of the discussion and how social care concerns featured, more succinctly than the longer summary. For example, in relation to the example above, the following codes were assigned:

- a) Discuss terms of court order
- b) Concerns made explicit

Codes that appeared conceptually similar were then grouped together and given broad headings that captured each code within it. For example, the code above

(discuss terms of court order) was grouped together with similar codes from other recordings such as: “discuss concerns raised by health visitor” and “discussing concerns about domestic violence incident”. They were all grouped under the heading of “discuss issue or concerns”.

This process of grouping codes together in this way, resulted in five categories relating to the focus of the discussion and a further five categories relating to how social care issues or concerns featured within it. In relation to the focus of the discussion, several codes appeared to stand alone and could not be grouped together. Therefore, an “other” category was added. These categories formed the basis of a coding framework that was developed using Microsoft Excel and subsequently used to categorise each recording in the dataset (see Appendix 4). These are presented in tables 3 and 4 below.

Table 3: categories developed to code dataset (focus)

Focus of discussion
Information gathering
General check in
Information sharing
Discuss issue/concerns
Planning
Other

Table 4: categories developed to code dataset (concerns)

How do social care issues/concerns feature?
Not specified
Mentioned but not explicit or discussed in depth
Explicit and a significant part of discussion
Concern relates to another person
Unsubstantiated

Data collection and analysis

Once the coding scheme had been developed it was used to categorise every recording in the sample (n= 136). The written record for each recording was reviewed methodically with a view to coding: a) the focus of the discussion and b) how social care issues/concerns featured in it. This meant selecting the relevant category in Excel (from those outlined in the tables above). As mentioned, many conversations did not have a single focus. This meant that in relation to the focus of the discussion, several categories could be selected and they were not mutually exclusive. By contrast, in relation to how social care issues/concerns featured in the conversation, these categories were mutually exclusive so only one was selected for each recording. A column was also included in the Excel spreadsheet to capture a brief description of each conversation to provide additional context for the categorisation which could be used to support the presentation of findings. For example, where a category such as “information gathering” was selected, a note was made about what information was being sought by the social worker.

The coding scheme captured numeric data relating to the frequency of recordings in each category. This resulted in descriptive statistics relating to conversations in the dataset from which the sample for the core component was taken. These offered a broad description of what social workers spoke about with families (the focus of conversations) as well as the way in which issues/concerns featured (or not) as part of the discussion.

Reflexivity

All research is to some degree subjective, in that it is shaped by the identity and experiences of the researcher. As such, it is essential that the researcher acknowledges and makes their positionality explicit (Holmes, 2020). This involves careful examination by the researcher of their values, theoretical beliefs and personal/professional experiences and the ways in which this may have shaped their approach to the research and interpretation of the data. In the final section of this chapter, I will discuss how my personal and professional identity may have influenced both the research design and process, and the attempts I made to mitigate against bias resulting from my positioning as a researcher.

As outlined earlier in this chapter, the study is heavily influenced by the tradition of MI research which is underpinned by realist assumptions. In particular, the notion that change processes are both observable and measurable. Epistemologically, MI research privileges methods which are seen as objective and replicable. Whilst my decision to adopt a mixed methods approach was in part an attempt to address the limitations of such a position, the study is underpinned by similar assumptions about the nature of reality and arguably privileges the quantitative component in the exploratory sequential design (in that the qualitative component primarily serves to enhance the quantitative component).

The decision to approach the exploration of change processes in this way was influenced by my professional experiences as a researcher. As a researcher I became familiar with experimental methods such as RCT's and was able to see first-hand the appeal they had to policy makers. Palaganas et al. (2017) suggest that both the researcher's positionality and the political context can play a key role in the research process. In this respect my professional experiences intersected with my political environment to shape the study design. Furthermore, as a social worker I recognise that at times of uncertainty I valued the sense of predictability and order that certain processes and procedures offered, even if they did little to address risk. The likely result of these experiences is that I chose to privilege methods which adhere to a notion of objectivity. In doing so, I chose primarily to explore existing hypotheses rather than adopt a truly inductive approach which may have resulted in the generation of new theory regarding change processes in social work. Whilst there are advantages and disadvantages to each approach, it is nonetheless important to acknowledge the factors that shaped my decision to adopt one approach over another, as it affects the type of professional knowledge that is generated.

Consideration of positionality also requires the researcher to examine the influence of values and experiences on the research process itself (Holmes, 2020). This is particularly important when using qualitative forms of enquiry which rely more inherently on the interpretation of the researcher (Shaw and Holland, 2014). There are several factors which are likely to have shaped my approach to thematic analysis in the first phase of the study. As discussed earlier in this chapter, my familiarity with MI meant that my interpretation of possible indicators of movement towards/against

change was in part informed by pre-existing definitions of change talk and sustain talk. This may have limited my ability to think more freely and creatively about change language.

The research process is also likely to have been influenced by my experiences as a social worker. My perception of what indicated movement towards/against change was shaped through tacit knowledge developed through years of supporting parents/carers to make changes. Whilst there are clear benefits to this - for example my experience meant I may have attended to indicators of motivation that a non-social worker may have overlooked - there are also potential disadvantages. For example, as a social worker (and now as a parent) I found it particularly challenging to hear parents attribute blame to their child for particular issues being experienced within the family. These types of conversations were not uncommon in the dataset and evoked a particularly emotive response. Attributing blame became a subcategory of the theme "problem minimisation" as it featured heavily in the dataset. However, it is possible that my professional experiences resulted in me overemphasising the significance of statements where parents attributed blame to their children over other indicators of movement away from change. Transcription partially mitigated against this as the written word tends to lessen the emotional impact compared to listening to audio recordings, but nonetheless it is one way in which my positioning and professional experience may have influenced the research process. The indicators of movement towards/against change I identified shaped the variables I subsequently explored and thus the overall findings of the study.

Whilst it was not possible, or even desirable, for me to achieve objectivity when undertaking the qualitative component of the research, there were steps I took to try and mitigate against possible bias as a result of prior personal and professional experiences. Firstly, I kept a research journal in which I recorded anything that evoked a particularly strong response, so that I could revisit it and consider the potential implications on how I was interpreting the data. Second, I utilised supervision as a space to invite alternative perspectives. I shared excerpts and discussed the development of themes with my supervisors to invite challenge and critique. Third, prior to undertaking the analysis I explored the literature on potential indicators of readiness and motivation to change in the context of social work. This meant that my approach to interpreting the data was informed by more than my

personal and professional experiences. Finally, when determining whether a statement indicated movement towards/against change I also factored in the social worker's response and the broader context of the conversation.

In summary, my positionality on a personal and professional level has shaped my approach to the research design, the questions asked and my interpretation of the data. In the case of the thematic analysis, it is highly likely that my professional experiences influenced the indicators of movement towards and against change that I was drawn to. Whilst I employed a reflexive approach and took several steps to mitigate against potential bias, it is important to acknowledge that it is never possible to eliminate bias altogether. It is possible that other indicators of movement towards/against change were overlooked.

Chapter 5: Findings - How did change feature in conversations and what did social workers talk about when change wasn't discussed?

Introduction

As outlined in Chapter 4, the study involved three inter-related phases of research. To present a clearer description of the findings, the results will not be presented in the order in which they were carried out. In this chapter, findings relating to the emergent phase will be presented. This offers a description of the dataset from which the sample for the main analysis was drawn. It therefore provides broader context for the study and in particular the findings of the main analysis. Next, findings from the core research will be presented. This will begin in Chapter 6 with the results of phase one of the study which aimed to develop a working definition of change talk in the context of child and family social work, as well as identify other potential indicators of parent/carer motivation for change. This fed into the development of a behavioural coding tool which was used in the final phase of the research. Finally, in Chapter 7 the findings of the main analysis will be presented. This will outline the relationships that were identified regarding social worker MI skills and parent/carer verbal indicators of motivation for change.

Findings

This section will present findings relating to the categorisation of all recordings in the dataset from which the sample for the main analysis was drawn. Each recording was categorised in relation to the two supplementary research questions that this phase addressed:

1. What is the focus of social work conversations in the dataset?
2. How do social care issues/concerns feature within the conversations?

Tables 5 and 6 detail how all recordings in the dataset (n= 136) were categorised.

Focus of discussion

The purpose of trying to describe the focus of conversations was to better understand what social workers were doing when issues/concerns did not feature

significantly in the conversation. On reflection, the notion of a focus was a somewhat misguided starting point as it implied that conversations would be shaped by an overarching goal. In reality, few conversations were shaped in this way. To the contrary, the majority of social workers appeared to have several things they wanted to discuss throughout the course of the conversation and any attempt to identify a main focus would, in most cases, have overlooked such complexities in an attempt to make the conversation fit into a single, neat category. The implication of this is that it was simply not possible to outline the main focus of conversations in the dataset. Instead, the description presented below is an attempt to capture, in very broad terms, the types of things that child and family social workers do when they talk to families. Whilst conversations could fit into several categories, there will inevitably be things that social workers did that weren't captured, particularly if they did not seem significant to the author. Whilst the loose categorisation of recordings was an attempt to acknowledge the multifaceted nature of conversations in child and family social work, the very nature of categorisation will only ever provide a broad overview of practice.

Table 5 outlines how recordings were initially categorised in relation to the focus of the discussion. These categories were not mutually exclusive and more than one could be selected.

Table 5: initial categorisation of recordings (focus)

Category	Number	Percentage
Discuss issue/concerns	77	57%
Information gathering	56	41%
Information sharing	51	38%
Planning	40	29%
Other	28	21%
General check in	22	16%

After all recordings had been coded, it was apparent that the “other” box had been selected in over a fifth of cases. It was therefore reviewed in order to see whether further categories could be developed. Codes were generated based on the notes taken in the Excel spreadsheet (see Chapter 4 for more information) and grouped

together where appropriate. As a result, two further categories were developed. Table 6 depicts the final categorisation of recordings. The remaining “other” category includes miscellaneous items that could not be grouped.

Table 6: final categorisation of recordings (focus)

Category	Number	Percentage
Discuss issue/concerns	77	57%
Information gathering	56	41%
Information sharing	51	38%
Planning	40	29%
General check in	22	16%
Issue/concern raised by parent	10	7%
Support/advocacy	10	7%
Other	8	6%

Each category will now be described in more detail. Descriptive statistics are supported with additional information (taken from the written record or notes in the Excel spreadsheet), and in some cases excerpts from recordings in order to offer a more detailed illustration of each category. Please note that all names used in excerpts are pseudonyms.

It is important to note that there is some degree of overlap between categories due to the nature of social work conversations. For example, in relation to the focus of the discussion, the following were classed as distinct categories: discuss issues and concerns, information gathering and planning. However, where a conversation was classed as “discuss issue/concern”, it inevitably involved elements of information gathering and planning. Social workers would gather information about the concern and circumstances surrounding it, and would invite families to think about what it means for the future and the safety of their child, which might be interpreted as planning. In order to manage these complexities, decision rules were developed. For example, it was decided that the information gathering category would only be selected when the questions asked did not relate specifically to a concern and were more general in nature. Similarly, planning was only selected when the discussion

focused on what future support/intervention might look like, as opposed to exploring what a parent might do differently in response to a particular issue or concern.

The example above highlights the complexities involved in developing any type of categorisation scheme. Whilst decision rules were employed to ensure internal consistency, developing categories is a highly subjective task. It is therefore important to hold in mind that the description of the dataset outlined below is based on categories which may be conceptualised differently by another person. However, as mentioned, the scheme was not an attempt to develop a definitive typology of child and family social work conversations, but rather to offer a description of this dataset in order to provide context for the main analysis.

Discuss issue/concerns

The category that was selected most often was “discuss issue/concerns”. For the vast majority of recordings in this category (86%), this was not the only focus for the conversation and at least one other box was also selected. Notably, as depicted in Table 7 below, whilst 57% of recordings featured a discussion about issues or concerns, only 37% were categorised as having social care issues/concerns that were “explicit and discussed in depth”, which was a key inclusion criterion for the main analysis. The main reasons for this discrepancy were either because the discussion of a particular issue/concern related to a different person such as a non-resident parent and was therefore categorised as “concern relates to another person”, or because the concern was spoken about in vague terms and without being made explicit. For example, in one conversation (Recording 169) the social worker repeatedly refers to “things that need to change” before the parent’s child can return to their care without ever clearly specifying what they were. The nature of the issues and concerns discussed are outlined in more detail in the section on “social care issues/concerns” below.

Information gathering

Information gathering was the second most common focus for conversations, featuring in 41% of recordings. This typically involved the social worker asking the

person questions which were not explicitly related to a specific issue or concern. Most often, the questions appeared to be geared towards gathering information for an assessment. Some social workers stated this explicitly, e.g.:

“I’ve been trying to complete the assessment. We’ve missed a few appointments because I’ve been away. I’m nearly finished but there’s a few points I want to clarify” (Recording 25)

In other cases, the questions asked appeared to relate to the assessment framework (Department of Health, 2000). For example, social workers typically asked questions relating to the child’s behaviour and family relationships (child’s developmental needs), routines and boundaries (parenting capacity) and social support, income and housing needs (family and environmental factors). The area that social workers tended to explore in most depth related to family history and relationships.

Another strand of information gathering involved the social worker seeking an update in relation to a specific issue such as how contact between a non-resident parent and child was going, or how things were progressing in relation to housing or school applications. Occasionally, it involved undertaking a standardised risk assessment questionnaire related to domestic violence. The reason this wasn’t captured as “discuss issue/concern” was because the social worker did not invite further dialogue on the topic.

Information sharing

Information sharing was a key focus in 38% of recordings. Most often, this involved the social worker sharing the outcome of their assessment; be that case closure or ongoing involvement. In several recordings this also involved the social worker telling the parent that they would be referred to another service such as Women’s Aid or a Family Support service. Where assessments were ongoing, information sharing also involved updating the parent on the progress of the assessment. This included sharing the outcome of agency checks and information provided by other professionals, or discussions that the social worker had been having with other family members. In these conversations there appeared to be a focus on

transparency and keeping the family 'in the loop'. In several cases information sharing involved outlining the assessment process and what it involved.

In relation to some recordings it was not clear to the author whether the case was in assessment but the social worker updated the person on discussions they had been having with other professionals, or on the progress of referrals that had been made to other services. In one recording a social worker shared information with a parent that had come to light on another case. It had implications for the parent (Recording 94).

In several cases information sharing involved providing information about local activities, benefit and housing options, court processes, and in one case, the eviction process. These recordings were not included in the "support and advocacy" category (see below) as the social worker did not recommend a particular course of action that was perceived to be in the family's best interests and did not help them navigate these systems.

Planning

Almost a third of recordings featured an element of planning. This tended to involve a discussion between the social worker and family member about next steps and other services. The most common reason for planning was due to a significant change in family circumstances such as a change in residency for the child to another parent or grandparent, children who were due to return to the care of their parent(s) after a period in local authority care, or where a parent had suddenly become the sole carer after their partner had been detained under the Mental Health Act 1983.

Many recordings in this category were also included in the "information gathering" category. In these cases, social workers appeared to approach assessment conversations as a simultaneous process of identifying needs and considering how they might be met. In six recordings, plans featured as part of discussions where families were informed that the case would be closing to Children's Services. There was a sense that social workers wanted to ensure that families received ongoing support or intervention even if it was not on a statutory basis. In these discussions,

families were informed of their options. In a few instances there appeared to be ongoing issues which did not warrant social care involvement but where the social worker thought support would be beneficial. For example, in one case the parent had successfully addressed their substance misuse but the social worker wanted to ensure that the parent would receive ongoing support with an outstanding debt issue, which they perceived could cause them stress and lead to relapse (Recording 177). A small number of visits focused specifically on safety planning as a result of a recent domestic violence incident. Only one social worker developed a plan for a future visit with a family.

Most recordings in this category were collaborative in nature, with social workers inviting family members to share what support they thought would be helpful, and sharing information about services that were available.

General check in

In 16% of recordings a key focus appeared to be a general check in. This category was selected instead of the “information gathering” category when the questions asked by the social worker were general in nature and came across as more informal. Typically, they included a question along the lines of “how are things going?” or they covered a broad array of topics without going into depth. In a small number of recordings, a general check in seemed to be the only focus of the visit. However, in the majority of recordings, whilst it was a significant part of the discussion, other things were also covered. For example, in some recordings a general check in featured alongside a more in-depth discussion about issues or concerns and appeared to contribute to a sense of rapport building. In other recordings, a general check in featured along with informing the parent that the case would be closing to Children’s Services or that an onward referral would be made. In some recordings the check in involved an observation of the home environment, either ahead of a new baby’s arrival or due to a change in circumstance such as a house move. In a few recordings the check in seemed to relate to whether specific actions on a plan had been completed (one was a child protection case) but the plan itself and concerns were not discussed.

Issue or concern raised by parent

In 7% of recordings, a key focus was on issues raised by the parent rather than the social worker. Most often this was due to grievances parents had about social care involvement. Sometimes there was a disagreement about the nature of the concerns, or about the assessment process itself and on one occasion because a parent felt there were factual inaccuracies on case files that hadn't been addressed. In these cases, the social worker often tried to steer the conversation back towards their own agenda, with varying degrees of success. Other issues related to frustrations with different professionals and general fears about social care involvement. In one case a parent wanted the social worker's advice about pursuing an injunction against their ex-partner. The social worker did not think this was a priority but the parent persisted in revisiting the same topic.

Support and advocacy

Recordings that featured in this category (7%) involved helping parents in a practical sense. In a few cases this involved offering parents who were struggling with their mental health practical support with opening letters that had been piling up. In other instances, social workers made calls to the housing department and advocated for parents regarding outstanding repair work. In one case a social worker spent the visit helping a family whose first language was not English, to fill in some forms to apply for benefits. Other recordings in this category involved social workers helping parents navigate processes and systems relating to housing, benefits and the Court. In one case a social worker offered a young person some advice about navigating a transition to a new school.

Other

A minority of recordings (6%) included a focus which did not fit comfortably into any of the categories outlined above. This included getting a parent to sign a written agreement or consent form, getting a parent to take a breathalyser test, meeting a child for the first time and exploring a parent's low mood.

Findings - social care issues or concerns

Table 7 outlines how recordings were categorised in relation to how social care issues or concerns featured in the conversation. These categories were mutually exclusive so only one was selected for each recording.

The purpose of this strand of analysis was to better understand how social care issues or concerns featured in the recordings that were excluded from the main analysis, as so few included an issue or concern that was spoken about in depth and had a clear change goal.

Table 7: categorisation of recordings (concerns)

Category	Number	Percentage
Concern made explicit and significant part of discussion	54	40%
Concern mentioned but not explicit or discussed in depth	36	26%
Concern relates to another person	19	14%
Concern not specified	16	12%
Concern unsubstantiated / no concern	11	8%

Explicit and significant part of discussion

Social care issues or concerns were categorised as being explicit and a significant part of the discussion in 40% of recordings, which was a key aspect of the inclusion criteria for the main analysis. This was the most frequently selected category.

To be included in this category, the issue or concern spoken about needed to be of concern to the social worker (as opposed to something raised only by the family

member). This was not necessarily the main concern, or related to the reason for involvement but the social worker had indicated that it was a concern to them. It also needed to seem “significant”. Significant is a subjective term but in this regard meant that the issue or concern was not just mentioned in passing and there was substantial dialogue between the family member and social worker relating to it, although the conversation as a whole may have focused on several things. It also meant that the social worker was explicit about what the concern was and what was expected of the parent (what needed to change).

By far the most common type of discussion in this category was with women who had experienced domestic abuse and related to how they could protect their children from risks posed by a perpetrator (exclusively men, in this dataset). Typically, this meant ensuring that they didn’t resume the relationship, asking them what safety measures they could put in place around contact, or how they could avoid being in a position where children could be exposed to violence or abusive behaviours. On two occasions women were asked what they could do to avoid provoking an attack.

The excerpt below (Recording 89) offers a typical example of how female survivors of domestic abuse were positioned in these conversations. In this conversation the mother had been seriously injured by the child’s father and ended up in A&E. At the point where the script begins, the parent has just explained that they did not call the police during the attack as they were fearful that the violence would escalate and that they have no intention of resuming the relationship:

Social worker: *I’m just really concerned that if you resume the relationship, you know, you’re going to be putting yourself at serious risk and you’re going to be putting your child at serious risk as well because it’s not something you’re able to predict really, you understand?*

Parent: *You can’t predict how somebody is when they’re drunk... at all... I have ended it. I don’t want to go back there*

Social worker: *I’m very sure, you say you are not scared of him but you made mention that he threatened to kill you... if someone threatened to kill you*

Parent: *So why would you want to go back*

Social worker: *Why you want to go back, you understand*

Parent: *I don't*

Social worker: *Because, from the information shared by the GP... I just find it concerning, you understand, given that... given that you've ended the relationship before and you have to resume it again, you understand. So, what has changed now, because if he should come back next week, next month, when we close this case. Then if he come back and say to you—*

Parent: *I understand what you're saying*

Social worker: *What you have to bear in mind is, you know, I've told you, if you put yourself and the child at risk again, you understand, if we're not able to ... what has happened now has demonstrated that you are not able to protect yourself and [child], you understand because you didn't call the police when you're supposed to. You even went as far as not telling the professionals at A&E the truth when you were at the emergency service*

Parent: *I don't want to go back there though. Never again. That's why I'm selling and moving on. I haven't told him I'm moving, I haven't told him where... It's just easier... not to have any involvement any more. He wasn't a good dad to Josh anyway, so... I'm not losing out on anything for him. I'm too interested in starting my own career to bother about relationships*

Social worker: *So what I expect you to do is contact Women's Aid. They offer counselling, they offer legal advice as well. So whatever support you feel, they can always advise on how to go about it and also, they will help you process the*

injunction and... you have to report it to the police and they will give you criminal reference you understand.

As illustrated in the example above, in these conversations the mother was held, at least in part, accountable for the safety of the child and work with the perpetrator was rarely mentioned. Only a small minority of conversations were directly with perpetrators about changes they needed to make to their own behaviour, or with both parents. In relation to the latter, this was not referred to as domestic abuse but rather reducing parental conflict more generally.

Other issues that were discussed included boundary setting and behaviour management (7), substance misuse (4), school attendance (3), concerns about the child being exposed to adults who were deemed unsafe (3), concerns about home conditions (2) or how the parent could make progress with housing (2; where they were seen as responsible for doing so), engaging with a family support service (1) and formalising contact arrangements (1). Two conversations were with young people and their parents and the focus was on how they could keep themselves safe, either in relation to risk in the community or due to their mental health.

In two recordings there was a clear discussion about a concern but the parent was not held responsible for change and it did not relate to another person. This was either a discussion about the parent's mental illness, or where there was a concern about a child's behaviour and the social worker believed it may be due to an undiagnosed issue (such as Autism Spectrum Disorder), rather than being attributable to the parent's behaviour.

Most often these conversations were with a single person but many involved multiple family members. This could be two parents, but often it was another family member such as a grandparent. These cases were excluded from the main analysis as they did not meet the inclusion criteria (see Chapter 4).

Mentioned but not explicit or discussed in depth

In 26% of recordings, an issue or concern was mentioned by the social worker but not discussed in depth, or it could be inferred but was not made explicit. Recordings in this category could not be included in the sample for the quantitative analysis as it was not possible to identify a tangible target behaviour. Conversations in this category often involved the social worker mentioning an issue or concern but doing so in passing or not discussing it for more than a few minutes. Alternatively, issues or concerns were mentioned but it was not clear what was expected of the person being spoken to.

For example, in one case (Recording 100) the social worker tells a mother that someone she is working with on another case has informed her that the mother has resumed her relationship with the child's father. There is a history of domestic abuse. The mother says that it is untrue and explains why she thinks the person has said lied. In response, the social worker states:

“The problem for us is if you are in a relationship with Adam and you know his history... you might feel it's difficult to tell us. Looking at his history and your history.... If you were in a relationship it doesn't automatically mean that something is not right with your parenting”

In this case, the social worker indicates that if the parent resumes her relationship with the child's father it would be problematic from a social care perspective. However, they then go on to suggest that this wouldn't necessarily reflect badly on them as a parent. In this instance the social worker has indicated that there is a concern but it is not clear what is expected of the parent. For example, is the social worker suggesting that the parent should not resume her relationship? Or that social care would expect to be informed if she did? The exact nature of the concerns and why resuming the relationship would be problematic for the child can be inferred but is never made explicit. This was in contrast to recordings in the category above, where the social worker was explicit that the concern related to a child being exposed to domestic abuse. Beyond the excerpt outlined above, there was no further discussion on the topic during the recording.

In another recording, the social worker says they want to ensure the parent understands the risk related to alcohol use but doesn't clarify what the risk is (Recording 101):

- Social worker: *I spoke to my manager and she said as we haven't been involved before and this is the first referral where alcohol has been mentioned-*
- Parent: *I'm not a drunk*
- Social worker: *But I do need to make sure you appreciate the risk. You responded well last meeting but I'd like to explore your drinking habits further*
- Parent: *What I'm not allowed to drink?*
- Social worker: *That's what I'd like to explore*
- Parent: *I went out today but I probably won't go for another few weeks but someone might call me and I might go*
- Social worker: *The concern from the incident is being in the care of the children*
- Parent: *I don't drink in front of the kids, that was the one-off. She should have gone with Jenni but I let her stay*

The social worker goes on to ask the parent whether there is anything else they can support the family with and the issue of alcohol isn't spoken about again until the end of the recording when the social worker states:

"I just want to be reassured that you have strategies so if you were going to go out and drink".

In this example, the parent's alcohol use is spoken about for a very short period of time given the context of the whole recording. Again, it is unclear what is expected of the parent; whether they are expected to remain abstinent, are permitted to consume alcohol but not in front of the children, or whether there are specific issues that occurred as a result of the parent drinking in front of the children. The social worker mentions wanting the parent to implement "strategies" but does not explain what they are.

Other recordings in this category included some in which the social worker names the reason for the referral (e.g. a domestic abuse incident) but the focus of the

discussion is on gathering more general information for the assessment, and recordings where the social worker states that the issues of concern are being addressed by another service/professional. For example, in one recording (Recording 5) the social worker states that a family support worker will help the parent with attending a substance misuse service, managing their time better, and their relationship with their son. However, beyond labelling the issues to be addressed, they are not discussed further.

In other recordings social workers appear to be following up on plans and specific tasks that have been assigned to the parent. For example, in one visit the social worker asks to look at the parent's attempts to clear up the home but does not discuss this beyond offering a "well done". In another the social worker stresses that the parent must adhere to the child protection plan but never specifies what the actions or concerns are.

Concern relates to another person

This category was selected (in 16% of cases) when the social worker made it explicit that the issue or concern being spoken about related to someone else. Most often, this involved conversations with women who had experienced domestic abuse. In these conversations (unlike those in the "explicit and significant part of discussion" category), social workers adopted a position of support and ensuring safety, as opposed to holding the woman in any way responsible for the behaviour of the perpetrator. In the example below (Recording 122), the social worker adopts a position of curiosity with regards to the parent's relationship but the onus for change is placed on the perpetrator:

Social worker: *How are things between you?*

Parent: *We've had no arguments. To be honest we've been better. We've been doing more stuff together. We'll go down to [name of place] and different parks and that.*

Social worker: *That's good. Have you heard from the women's safety officer?*

Parent: No

Social worker: *She'll make contact with you and has asked that she gets invited to future child in need meetings. In terms of where things stand at the moment with us... from what the probation officer says, it's really positive, Jackson is working well with the [perpetrator] programme. I might invite him to the office so I can find out what he's learning from the process, how he's developing in terms of his understanding of why DV is not acceptable. There has to be different ways of settling arguments*

Parent: Yeah

Other conversations in this category related to concerns (such as substance misuse or physical chastisement) about a non-resident parent where children were, or had been, having contact with that person. Sometimes the conversation was with a family member (other than a parent) who was caring for the child such as a grandparent. Finally, some conversations related to concerns about another parent's mental ill health. In this category, social workers often seemed interested in exploring the other person's perspective on the issue or relaying information or updates to the other person.

Not specified

In 12% of recordings there was no mention at all of a specific issue or concern, even in passing. In the majority of conversations in this category, the emphasis appeared to be on information gathering and there was a sense (due to the nature of questions asked) that the case was in assessment, although this wasn't always made explicit. In some cases, the social worker focused on what support the family felt they needed themselves. The reason for referral was not mentioned.

Several discussions in this category sounded like a general check in, meaning that the conversations were very informal in nature, with no specific focus. There were

also several recordings that involved the social worker undertaking a practical task with the parent such as completing a form. In one recording, the conversation was dominated by the parent sharing their grievances about social care involvement.

Unsubstantiated / no concern

In a small number of recordings (8%), the social worker explicitly states that a concern has been investigated and is unsubstantiated, that there are no concerns, or that the outcome of the assessment is that there is no ongoing role for Children's Services. In one case, the reason for involvement related to a placement breakdown and a child moving into a different family member's care. There were no concerns and the focus was on supporting the family member and child.

Conclusion

In summary, an attempt was made to categorise all recordings from the dataset in relation to: a) the focus of the discussion and b) how social care issues or concerns featured within it. This analysis was undertaken in response to the unexpected finding that only a small number of recordings met the inclusion criteria for the main analysis due to the conversation lacking a clear change focus. The rationale for categorising recordings was to be able to describe the dataset as a whole and in particular to get a better picture of the cases that were excluded.

The categorisation of recordings proved challenging because it was rare for conversations to have a single focus. More often than not, the discussion focused on several things and it was hard to determine what was the main focus. Therefore, categories relating to the focus of the conversation were not mutually exclusive. Whilst the most common feature of social work conversations was discussion of issues or concerns, there remained a large proportion of recordings (43%) where this was not the case. When social workers did discuss issues or concerns, they tended to do so alongside other things. In this dataset, discussions often featured a significant element of information gathering, information sharing, as well as planning. In a smaller number of cases, social workers took a more practical role or the family members agenda dominated the discussion.

Most often, social workers were explicit about the concerns held by Children's Services and they were spoken about in depth with the person who was held accountable for the change. By far the most common type of concern spoken about in this dataset was domestic abuse, and these conversations were typically held with the person who had experienced the abuse and not the perpetrator.

Sometimes social workers offered a reason as to why a concern was not spoken about; either because the assessment had concluded that there wasn't one or it related to a different person. However, in well over a third of recordings, a concern was mentioned only briefly, not made explicit, or never mentioned at all. It was common for concerns to be poorly articulated by the social worker and lacking a clear explanation of what is expected of the parent and how this relates to risks posed to the child.

In summary, this analysis highlights the complexity and variety of child and family social work practice. This thesis focuses on understanding how social workers can enhance parent/carer motivation for change but analysis of the wider dataset suggests that change focused conversations are only a small part of what social workers talk about with families. Furthermore, there appeared to be a significant proportion of conversations which featured an issue or concern but this was not addressed in depth, indicating possible missed opportunities to engage parents/carers in meaningful discussions about change. This broader context has implications when interpreting the findings of the main analysis and will be discussed further in Chapter 8.

Chapter 6: Findings - Indicators of parent/carer motivation for change

Introduction

This chapter presents the results of the first phase of the study. The primary aim of this phase of the research was to determine whether existing MI measures of client change language were fit for purpose in the current study or whether adaptations needed to be made for use in a child and family social work context. As discussed in Chapter 4, there were several reasons to think that change language may have unique characteristics in child and family social work. A thematic analysis was undertaken using a subsample of recordings from the dataset in order to identify potential verbal indicators of parent/carer movement towards and against change in social work conversations. The findings informed the development of a behavioural coding tool to measure parent/carer responses in the second phase of the study. The chapter will begin by presenting the results of the thematic analysis. The process through which these themes were used to inform the development of the coding tool will then be described, and the final tool that was used for the core phase of the research will be presented.

Findings

In motivational interviewing, client change language can be seen as either positive or negative (Houck et al. 2010). That is, it can be seen as indicating movement towards or against change. In MI, this is labelled as change talk or sustain talk, respectively. Therefore, the themes identified in this analysis were similarly grouped together as either positive (indicating movement towards change) or negative (indicating movement against change). The thematic analysis resulted in seven themes relating to indicators of parent/carer movement towards change, and six themes which indicated movement against change (the process for arriving at these final themes is described in Chapter 4). These are outlined in brief in tables 8 and 9. Each theme will then be presented in more detail below, along with illustrative examples.

Table 8: Indicators of movement towards change identified in the thematic analysis

Problem recognition	Statement that acknowledges some or all of the concerns held by the social worker and/or the potential impact on the child
Commitment	Statement indicating the person will take action towards changing a behaviour
Action	Statement that indicates the person has already started taking steps to address a specific issue or concern
Self-exploration	Statements evidencing inter-personal exploration and self-reflection.
Expressed motivation	Statements that indicate a reason to change, a perceived benefit of change or downside of maintaining the status quo.
Openness to support	Statements indicating recognition of the need for, or possible benefits of, professional intervention.
Disclosure	Statements which rendered the parent/carer vulnerable or could be damaging due to the statutory nature of the conversation.

Table 9: Indicators of movement away from change identified in the thematic analysis

Lack of self-efficacy	Statements indicating a perceived lack of belief in their ability to change a particular behaviour
Problem minimisation	Statements where the parent/carer appeared dismissive of the concerns raised by the social worker and/or the potential impact on the child.
Discord	Statements indicating an issue in the parent/carer-worker relationship
Reason not to change	Statements indicating a reason not to change or perceived benefit of maintaining the status quo.
Intention to not act	Statements indicating that the person does not intend to take action in the immediate future
Other	Miscellaneous indicators of movement against change

Indicators of movement towards change

Problem recognition

A prevalent theme which was identified in the majority recordings was problem recognition. This is a broad category that captures any statements from the parent or carer that indicates they are able to acknowledge some or all of the concerns held by the social worker and/or the potential impact on the child. This includes recognition of harm posed by another person, acknowledgment of risk to the child or the impact of current circumstances on the child's wellbeing, and in cases of domestic abuse, recognition of patterns of abusive behaviour.

In this sample, problem recognition was often characterised by statements from mothers in which they acknowledged the risk posed to the child by another person (typically the child's father). Most often, this was related to issues around contact such as concerns about the child's potential exposure to future domestic violence incidents, or in one case, the risk of sexual abuse. In the short extract below, the social worker and parent are discussing contact following the disclosure of information surrounding previous sexual offences committed by the father relating to a minor. All names used throughout the discussion are pseudonyms.

[Recording 7]

Social worker: *You know I can't stop you from having a relationship with Michael*

Parent (mother): *What I've heard, I still wouldn't trust him without my mum, my brother or my dad there or one of my family members, I couldn't... because of what I heard*

Social worker: *No, so I think you've got a protective attitude and that bodes well. That bodes very well, so I'm impressed.*

Here, problem recognition is indicated through the mother's statement that based on the information she has heard from the social worker, she intends to put plans in place to ensure safe contact. This suggests that there is a shared understanding of

the risk posed to the child and recognition from the parent that the child's safety is (at least in part) their responsibility.

Similarly, in the extract below the social worker has just informed the parent about an incident that happened whilst the child was in the care of their father which resulted in his arrest. Again, problem recognition is indicated by the parent's acknowledgement that she cannot ensure the child's safety whilst with his father.

[Recording 5]

Parent (mother): *Now that I'm hearing that Charlie was there with the whole... incident, that's making me think, okay so what else have you exposed him to that I haven't seen, do you know what I mean?*

In cases of domestic abuse, problem recognition also involved acknowledgement of a partner's behaviour as abusive. In the extract below, the social worker had been trying to alert the parent to the fact that her husband's behaviour (threats of harm, following her in secret, and taking control of her phone) was unacceptable.

[Recording 3]

Social worker: *But you're not living are you Sarah? You're like, on guard, you're wary. It's unsafe. How I see it, it's unsafe. You might not see it that way*

Mother: *I did feel like he was controlling me, I didn't like that. I said to him, look, I can't live like that because you're controlling me. I can't live like that because I'm not that person who you can control...*

Social worker: *Nobody, nobody should be controlled*

In this extract the parent acknowledges her husband's behaviour as controlling. This was the first time she had done so in the conversation and it appeared to signal some movement towards a shared understanding between social worker and parent. Whilst acknowledgement of a partner's behaviour as abusive might not in itself signal positive change for the child, understanding the dynamics of abuse is arguably a small but important step towards change in work with survivors of domestic violence.

The power and control wheel (Pence and Paymar, 1993) for example, is often used by social workers as a way of helping women identify patterns of abusive behaviour that are intended to control women and limit their power.

The examples above draw attention to two important issues which relate to themes throughout the dataset. The first is the extent to which parent/carer responses are a true reflection of their thoughts and feelings as opposed to an articulation of what they think the social worker wants to hear. For the purpose of this analysis, as in motivational interviewing more widely, it is assumed that language is a true representation of a person's intrinsic motivation. This is discussed further in Chapter 9. The second issue relates to the way in which mothers are held, at least in part, responsible for the actions of fathers. This was evident in this sample, as well as in the wider dataset (see Chapter 5) and has been highlighted as a longstanding issue in social work practice with children and families (Ferguson et al. 2020). Whilst it is outside the remit of this thesis to explore this area of social work practice in depth, it will be discussed in Chapter 10 due to the implications it has for the ethical use of interventions such as MI in child and family social work.

Commitment

Another key theme which indicated parent/carer movement towards change was commitment. Amrhein et al. (2003, p. 863) describe commitment as "*some proposition or set of propositions that, when uttered, is understood by the speaker and listener(s) to obligate the speaker to perform some action in the future*". This included statements in which parents/carers indicated that they were developing a plan.

Statements of commitment tended to convey a sense of immediacy in relation to future actions. At times it sounded as though the parent/carer would take action as soon as the social worker left the room. For example, the following statement was offered as part of a discussion about the family's living arrangements and the negative impact it was having on family dynamics:

Well do you know, I'll get going on that straight away. I'll get going on getting the housing application form straight away. [Recording 4]

Whilst all commitment statements conveyed a sense of intent, the strength of this varied considerably. For example, some statements were quite vague:

I'll just make a report... I think I know most about what an injunction is about, I'm happy to do that [Recording 5]

Other statements conveyed a greater sense of thought and reasoning. The following parent was developing a plan for contact:

He's the dad, like I wouldn't want my child to be like my friend where my friend's son and daughter don't see the father. I wouldn't want that, 'cause in my eyes, my baby's got a father but he will only see the baby when my mum's with me. Not on my own. And he wouldn't have the baby on his own any time, I couldn't trust him now [Recording 7]

The strength of commitment also seemed to be indicated by the specificity of the actions proposed. In the following extract, the parent has thought through the logistics of contact in great detail in order to consider how she can protect both herself and her child from her ex-partner's abusive behaviour:

I think what I'll do... I'll change my number but obviously 'cause I'll be the one dropping Charlie off on the Saturday, all I'll do, I'll just message my mate Lisa and I'll get her to do the text messages, do you know what I mean, so there's no messages from him coming to my phone, they'll all go through Lisa. Obviously we'll see each other face to face but nothing will be said but all the messages go through Lisa 'cause if he was to be abusive he'd have to send it all to Lisa's phone, do you know what I mean? [Recording 6]

Action

This theme captures statements which suggest the parent/carer has already started taking steps to address a particular issue or concern. These statements are closely aligned with the definition of 'action' in the transtheoretical stages of change model. Prochaska et al. (2008, p.100) suggest that those in the action stage of change have made "specific, overt modifications in their lifestyles within the past six months".

As mentioned, the majority of conversations in this sample were with women who had experienced (or were still experiencing) domestic abuse. Statements of action frequently included preventative steps taken to minimise the risk of future abuse. This included employing strategies to stop the perpetrator making contact, moving address and calling the police:

Well I blocked his number on my phone... he tried to give me a call with different numbers so I block all of them [Recording 9]

I haven't told him I'm moving. I haven't told him where... It's just easier... not to have any involvement any more [Recording 5]

I've called 101 and I said look, I just want you guys— the policeman come out to me today, I said I don't want to start all this stuff, 'cause me and Aaron has a lot of history with all this rubbish. I said look, can you just explain to him that it's not right [Recording 6]

Given that children's safety and wellbeing is at the heart of child and family social work practice, it was of particular significance when parents said that they had taken explicit steps to protect the child including seeking legal advice and taking steps to ensure safer contact:

He turned up at the school yesterday morning. He saw Danny at the gate. And I didn't know nothing about it. I think he's well out of order for that... so I did go to a solicitor [Recording 2]

As ex partners do, sometimes we both have a different view on parenting, do you know what I mean, and it started getting to a bit when we was having a disagreement and it got a little bit heated and I was like nah, this is enough now, okay. We're going back to square one, you meet me downstairs, pick Charlie up, that's it okay, do you know what I mean? [Recording 6]

In other types of cases, statements of action included a parent taking steps to manage their addiction:

I said Mark you know what, I'm having these thoughts, he said well have you been to meetings and I said nah, I haven't been for nearly a week plus, two weeks, you know what I mean, he encouraged me that I need to get back to

meetings, get back in, so I did immediately, that same day I just started going back to meetings and I have been going to meetings and everything's been cool but it's a day at a time, it's a day at a time thing, you know what I mean
[Recording 10]

Statements also included accounts that the parent was applying a new behaviour and putting learning into action:

[Recording 1]

So if it's dangerous like that then she won't get what she wants... I'll... I will like hold her so she can't hurt herself and things like that.... It's what I've done at parenting course... I've learnt ways... sometimes I know what to say, I know how to talk to her and I can calm her down by talking to her

I know how to deal with her— I can talk to her. Like if I'm in Morrison's and she starts flipping out, I say to her Chloe, use your words... you know like, you don't need to scream... things like that and she calms down. I say to her use your words, speak to me...

Many of the action statements in the sample refer to steps taken independently by parents (rather than steps taken at the behest of the social worker). In many of the recordings, there was no indication from the social worker that the actions taken by the parent were part of a specific plan or that they had told the parent to take these specific steps. Prochaska et al. (2008) suggest that autonomous acts of 'self-liberation' are fundamental to the action stage of change. Therefore, statements that indicate self-driven actions may be of particular significance in understanding indicators of change.

Self-exploration

A further theme indicating movement towards change was related to parent/carer self-exploration. This captured any statements which indicated that the parent/carer was beginning to make sense of events in their lives and to understand themselves better as a person. These statements were not necessarily related to a specific change goal but to any issues affecting them including relationships, historical

events and patterns of behaviour. Generally speaking, self-exploration indicated a greater level of depth to the conversation and openness with the social worker.

Quite often, self-exploration involved parents beginning to make sense of life events and to attach a narrative explanation to them. This sometimes had a story-telling quality to it. In the following example a parent is beginning to make sense of the breakdown of family relationships and what is contributing to the current problem:

I can't say it's all his fault to be honest with you. I'm not blaming David for everything. We both went our separate ways to be honest with you. I started staying out at night, staying at a friend's house, you know, and I think it was more and more the children were here... and David's just got worse and worse with his drinking because of the fact of knowing that we've split up and you know, the whole family unit is just completely just erupted... It's just, you know, we need space, that's what it is, it's just complete space. We literally live on top of each other and any bit of argument that goes on, none of us have got anywhere to run to, anything else [Recording 4]

Self-exploration sometimes conveyed a sense of parents beginning to 'connect the dots'. At times this involved making links between their own behaviour and their childhood experiences. The following extract follows a discussion about how hard the parent finds it to be affectionate with their daughter:

When I spoke with Isla I told her that when I was growing up, my mum wasn't really there for us... As you grow up, you learn from your parents... how life is, about what you have to do... we just didn't have that so... we come away knowing next to nothing really... you try and bring up your children the best you can... through love and understanding... and that's something I really have to work at because I never really had that when I was growing up... so yeah, it's hard [Recording 8]

At times, self-exploration also conveyed a 'lightbulb moment' in which a parent identified an explanation for what was happening to them. In the following extract, this parent is talking about the fact that they had a strong urge to use drugs after a long period of abstinence:

I came to Mark and I told him, I mentioned it to him and he made an observation, he says that have I been going to the meetings and I remembered that I haven't actually, because I actually was getting some work here and there, and I put the work first, you know what I mean, I kind of lost focus on what, you know what I mean, like, meetings yeah and um, then I realised, I thought to myself I haven't actually been to a meeting in two weeks, I couldn't believe it. I just kept making excuses, you know [Recording 10]

Openness to support

A further theme relates to the parent's openness to support. Most often this involved parents recognising a need for, or possible benefits of support. Sometimes this related specifically to social work intervention:

Yeah, you know what, there's nothing to hide. At the end of the day you know, we just need help [Recording 4]

At other times, this related to external agencies, as identified by the social worker:

So I would like that thing [counselling], so I understand. I'm probably not doing myself any favours... I've stacked the brick wall up, don't let no one in. No one knows nothing about me [Recording 2]

These statements seemed like a particularly good indication of movement towards change when parents were able to articulate the benefit of accessing support themselves:

From that first meeting, which was only about like, not even ten minutes because they were finishing but I just, I really felt, you know and for weeks I been saying what is it but it's the group thing, you understand me, it's the power of the group getting together, not wanting, everyone not wanting to use, you understand me, like just helping each other to stay clean, you understand, you know what I mean [Recording 10]

Expressed motivation

A further theme which captures parent/carer language that indicated movement towards change, was expressed motivation. Statements of this type were evident in five of the recordings. Motivation, whilst widely accepted as an integral feature of change processes, has been described as an ambiguous and poorly defined concept (Drieschner et al. 2004). For the purpose of this analysis, motivation was defined as any statement that indicated a reason to change, a perceived benefit of change or downside of maintaining the status quo.

Some parents described clear reasons for change, such as a fear of what might happen otherwise:

I've lost interest in drink... I saw this poor woman at the school, and you could see drink had got hold of her, she was a young mum, she looked yellow one time I see her... you could see, that's your liver. And I know she's a drinker.... I just thought, what if something like that happened to me, just 'cause I wanna have a laugh [Recording 3]

Other reasons included a sense of frustration with the lack of change in a relationship that had been abusive:

He doesn't change, he's lying again. So, I don't know. I'm afraid... to happen, everything again. This is why I want to keep him out [Recording 9]

Another parent who was in debt but had so far avoided addressing it, described a desire to feel at ease in their own home:

[Recording 10]

Parent: *But the thing about it yeah, I should be able to open my door freely, you understand me. I ain't no gangster, that I'm scared that someone's gonna spray my house, you know what I mean. I'm not in that life*

Social worker: *So your worry is because some debt collectors will come*

Parent: *Will come and take what I don't even have anyway, you understand, right? So yeah, I do need to face it, so it's true, you know what I mean*

Interestingly, given the statutory context in which these conversations took place, none of these data reflect extrinsic motivators to change. Rather, all of the motivations articulated by parents/carers in this sample appeared to be intrinsically driven. It was also of interest that statements of motivation rarely related to the children. Of the five parents who articulated motivation for change, only one related it specifically to their child.

Disclosure

Finally, the disclosure of personal information was a further indicator of movement in the direction of change. This included statements that could in theory be damaging to the parent given the statutory context of the conversation. For example, one parent who was in recovery from opioid use disclosed that they recently relapsed:

Yeah, yeah, yeah, 'cause it's true I did um, slip [relapse], you know what I mean [Recording 10]

In cases of domestic abuse where the survivor was still in a relationship with the perpetrator, this meant the disclosure of information that could provide evidence of continuing abuse:

Social worker: If I was here, what would I see?

Parent: He will say... uh... if you don't show me the phone, I'm gonna break the phone. Or he will say... okay, you want to see the last thing, and that's — he want to kill himself. So that really frightens me. I had to give him the phone [Recording 3]

Alternatively, disclosures could relate to historical events with personal significance to the parent/carer. The following parent was talking about a previous relationship she had that was abusive. The following information was volunteered by the parent as part of a wider conversation about relationships:

I went to my mum's and he hit me in my face. He stopped me seeing my friend across the road. He would try and stop me seeing my— coming here and where I was listening to him, sometimes I weren't listening to him, he used to get violent [Recording 7]

Whilst disclosures were not always directly related to the current issue or concern, it signified a level of trust in the social worker and suggested that there was a positive alliance between them. The therapeutic alliance, also known as the quality of the relationship between the practitioner and client, is understood to be a significant part of the change process (Hovarth and Luborsky, 1993).

Indicators of movement away from change

Statements indicating movement away from change occurred less frequently in this sample than statements indicating movement towards change. It is important to note that in relation to statements of this type, frequency was not the only determinant of significance. There are important contextual issues that may account for why positive statements of change occurred more frequently than negative statements. This will be discussed in Chapter 9. Relevance to the research question was therefore an important factor in determining the significance of the theme. In this category, any statements that might raise concerns to a social worker in terms of case progress were included. As mentioned in Chapter 4, identifying such statements was not an objective process but rather one that drew on the professional experience of the author as a child and family social worker.

Lack of self-efficacy

A prominent theme in relation to indicators of movement away from change was a lack of self-efficacy. Self-efficacy can be defined as “*people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives*” (Bandura, 1994, p. 2). Theories of self-efficacy propose that belief in one’s ability to succeed drives action (or inaction where people fear personal failure or an inability to cope; Bandura, 1977).

For some parents/carers, lack of self-efficacy was evidenced through statements which suggested that they anticipated failure. These statements had a ‘what’s the point?’ undertone to them.

[Recording 8]

Social worker: *Is that something that you would like to change... a bit more help around?*

Parent: *Oh, I would but I don't think it's gonna make any difference*

As illustrated in the statement above, anticipated failure was different to a lack of motivation. Quite often, these parents wanted change but did not believe that it was possible. This sense of anticipated failure was compounded by examples of parents having tried and failed to make changes in the past:

[Recording 8]

Parent: *I went to... earlier this year I think it was, one of the Strengthening Families courses... I went for a few weeks. I didn't do the whole course, I just didn't feel it was helping me. They used to tell us what you should do, certain kids, certain ages. All the things they was talking about, Kate just laughed at me*

Social worker: *What kind of things are they?*

Parent: *Set boundaries... do something by certain times of the day... She would just laugh at me. I couldn't get her to do that at all*

At other times, lack of self-efficacy was identifiable in statements which conveyed a sense of feeling stuck and unable to utilise personal resources to problem solve:

Now I'm stuck in a position, I'm like what do I do now, you know... It's horrible

[Recording 5]

At other times, parents expressed a sense that the ability to succeed was out of their control:

I just had these thoughts of, it just, you know what I mean, it just come to my mind, you know, of maybe like using and it frightened me, you understand because I know that when I get that urge, yeah, you know what I mean, it's just, you know what I mean, I just can't, you know what I mean, even though

they say like you can fight it yeah, I've not tried to fight it, I don't know, maybe I have, I don't know [Recording 10]

Problem minimisation

Problem minimisation was a further indicator of movement against change. It was indicated when a parent appeared dismissive of the concerns raised by the social worker and/or the potential impact on the child. In this sample, problem minimisation typically took the form of parents externalising the issue by locating blame for the problem in another person, quite often the child. For example, in the extract below, the social worker had just shared concerns raised by the health visitor about the parent's management of their toddler's behaviour:

That ain't normal. And I've been telling them that since she's like one and they don't wanna help. They wanna send me on a parenting course but I've done it, that's not me, my other kids ain't doing that... I've never seen other kids do that... [Recording 1]

The example above is complex in that it raises questions about whether the parent or social worker's judgement is the 'correct' one. Perhaps for example, the child has undiagnosed needs. In relation to the current analysis, author judgement played a large part in determining whether a statement indicated lack of recognition in relation to a particular issue and factored in the wider context of the conversation. For example, in the recording above the health visitor had observed several interactions between parent and child which had raised concerns. Additionally, later in the conversation the parent acknowledged that they sometimes respond to their child in ways that might make the behaviour worse (e.g. giving sweets in response to a tantrum). Furthermore, the purpose of the analysis was not to identify isolated statements but broader patterns in the data which might indicate parent/carer movement towards or against change.

Statements which indicated that a particular child was problematic were also not uncommon:

The others are alright, I have no worries, it's just Raheela, sometimes she can be very stubborn [Recording 3]

He [son] won't go at me like Kate does... He will do something if asked and... he keeps his clothes tidy in his room and that... but he wouldn't go off on me like Kate does [Recording 8]

Externalising the problem could also involve locating the blame in another adult (when indicated by the social worker that the parent being spoken to should assume some responsibility). In the extract below, the parent suggests that the child's father (now separated from the mother) may be to blame for her toddler's challenging behaviour:

He's got a horrible temper on him and sometimes I think she might take after him ... mental illness can run in the family 'cause his mum's a nutter as well [Recording 1]

Problem minimisation was also indicated by statements that demonstrated a lack of awareness of the children's needs or minimisation of the impact of a situation on their wellbeing. The following extract was taken from a discussion regarding domestic abuse that had been witnessed by the children. In this case, one child was currently refusing to live at home and the social worker had earlier shared with the parent that the other children reported that they felt fearful of their father:

[Recording 3]

Social worker: At the end of the day he can decide to stay or you can decide to stay with him but for me, it's about how does that impact on the children

Parent: In terms of children, I'm not concerned or worried about anything because I've been looking after them all these years, all by myself ... so there is nothing that you know, made me worried or think that there is problems between me, him and the children

Discord

A further theme which indicated movement away from change was discord. This was characterised by statements or passages of dialogue that indicated an issue in the

parent/carer-worker relationship. Discord manifested in a variety of ways including statements of defensiveness, minimisation, justification of actions/behaviours, talking over and arguing back. There was also some overlap with problem minimisation as it tended to arise in relation to discussion of an issue or concern. Unlike other themes, discord was hard to capture in isolated statements, instead being most noticeable as part of unfolding dialogue between the social worker and parent/carer. It was also indicated largely through tone (the author had listened to the recordings as part of the transcription process). For these reasons, it is challenging to capture the nature of discord using written extracts of data. Therefore, whilst some examples are presented below, other examples of discord have been described.

In the following extract, the parent is quick to defend herself with regards to concerns raised by the health visitor about her ability to set boundaries with her child (an incident had been observed on a home visit).

[Recording 1]

Social worker: *Why do you think she [the health visitor] would say....?*

Parent: *I don't know. 'cause Chloe was going a bit mad in here and obviously I'm not gonna scream at my two year old so I don't know what she expected—*

Social worker: *And why was Chloe—*

Parent: *She was in a bad mood. It happens! Terrible twos*

Social worker: *Terrible twos—*

Parent: *She's not gonna be perfect is she?*

Social worker: *Yes—*

Parent: *No one's behaved the whole time. Chloe— My mum was there and Chloe just— she was in a bad mood and she just...*

Discord was partly represented through statements of defensiveness. What is not obviously evident in the written transcript is the way in which the parent spoke over

the social worker, cut off their sentences, increased their volume and changed their tone.

At times, discord seemed to signal problems in the relationship between the social worker and parent/carer, rather than a disagreement about the nature of the concerns. In one recording the social worker raised concerns about the possible impact on the child should the parent resume her relationship with her ex-partner who had been violent. The parent agreed with the social worker and shared their reasons for ending the relationship. However, discord was evident in the way that the parent disengages from the conversation as it progresses. They increasingly provide one-word answers to the social worker's questions, become more defensive in tone, talk at cross purposes and talk over the social worker.

Other examples of discord included parents appearing to appease the social worker. Appeasing was characterised by statements that shut down a social worker's concern by responding with what the parent/carer seemingly presumed they wanted to hear. Whilst on paper, these isolated statements might be interpreted as problem recognition, the wider context of the conversation indicated otherwise. For example, in the following extract, appeasing (as opposed to genuine acknowledgement) was indicated because the parent had been arguing with the social worker about the same issue at length beforehand. The parent's altered response was very sudden and brought an abrupt end to what had been a heated conversation.

It's not happen any more like this... I'm not gonna do anything like this anymore... because now you've said it's not good for kids... so it's not gonna happen [Recording 3]

Reasons not to change

This theme includes statements in which a parent expressed a reason not to change or perceived benefit of maintaining the status quo. In one recording, this related to a parent's ambivalence around ending an abusive relationship. The parent raises concern about the possible implications of change:

Where at the moment, he doesn't even have a pound on him. If I tell him to go, he will be on the street. Or maybe, he will go and kill himself, which I don't wanna see [Recording 3]

She also expresses a sense of loyalty towards her husband:

I feel at the end of the day, he's my husband, he's the father of my children and I feel sorry for him as well

I don't wanna give up because I can see how much he wants us. He loves his kids, Especially Aarul. He loves him

Whilst these types of statements signaled possible movement away from change as they offered a clear reason not to, in the context social work this type of language might also signify something positive about the nature of the parent-worker relationship and perceived safety to be honest. This will be discussed further in Chapter 9.

Intention to not act

A further indicator of movement against change were statements that indicated that the parent did not intend to commit to change or take action in the immediate future. This was most often expressed as a reason why a step proposed by the social worker could not be enacted by the parent. The following extracts are taken from a discussion in which the social worker was trying to urge the parent to access a domestic abuse support service:

[Recording 5]

It's actually a matter of time at the moment... getting round to things

They did call me. I just said I'd get back in contact with them but we've had such a busy two weeks

'Cause I don't know at the moment... I've been so busy hunting houses

In another recording, lack of commitment was indicated by the parent missing an important appointment

I had an appointment and I missed it, you know like because I just couldn't get the form [Recording 10]

Other

Analysis of the data identified some other potential indicators of movement against change, however they were not prevalent enough to constitute a single theme. They have been included here under the category of 'other'. Although they were not prevalent in this sample, they may still be of significance when thinking about variables to explore in the next stage of the research.

One of these indicators related to statements in which parents/carers indicated practical obstacles to change. Unlike statements indicating a lack of self-efficacy, this related to factors outside of oneself and a belief in one's ability. For example, in one recording the parent felt strongly that the family's housing situation was a key barrier to change in relation to other issues affecting the family:

Whatever kind of intervention, outside agency come in, I can a hundred percent tell you now, we cannot move on in this kind of environment, it's impossible because Aiden won't want to participate, he wants his space and at the end of the day, Aiden doesn't wanna see me getting rid of David and him having nowhere to go so that has to be a priority, we have to get housing [Recording 4]

Another possible indicator of movement against change related to a negative perception of help or support services:

Yeah, I turned it down [therapeutic support] a lot because I don't feel... I don't think talking about it helps your problem though really. It don't do nothing does it [Recording 2]

Development of the coding tool

The primary aim of undertaking this phase of the research was to determine whether the operational definition of client change language (change talk and sustain talk) in MI could be used in the current study and whether other variables of interest relating

to parent/carer motivation should be explored. This analysis was not intended to result in a comprehensive description of all parent/carer change language, but rather to enable a working definition to be developed which could then be used as a springboard for further analysis. It was therefore an important step towards the overall aim of the research which is to explore the relationship between MI skills and parent/carer indicators of motivation in conversations between child and family social workers and parents. The following sections will describe the process through which the coding tool was developed. A broader discussion regarding the nature of change language in child and family social work can be found in Chapter 9.

Comparison to measures of parent/carer responses in motivational interviewing

Bakeman and Quera (2011) suggest that where possible, and providing they share similar theoretical orientations, existing coding schemes should be utilised as a starting point and adapted. Therefore, once the thematic analysis had been undertaken, indicators of parent/carer movement towards and against change identified in phase one, were compared to existing measures of in-session client behaviours outlined in the Motivational Interviewing Skills Code (MISC 2.5; Houck et al. 2010). The purpose of this was to decide whether existing measures could be used for phase two of the study or whether any adaptations or bespoke measures needed to be developed to capture other variables of interest. The MISC 2.5 outlines several categories of client change language, which are understood to indicate movement towards (change talk) or against (sustain talk) change, as well a measure of client self-exploration. These MI measures of client behaviour will be outlined in more detail below, along with a broader discussion about their relevance to the current study and the theoretical considerations that informed the decision about which variables to explore in the next phase of the research.

In MI, change language is categorised using the headings: desire, ability, reason, need, commitment, taking steps or other. This can either be positive, indicating movement towards change (change talk) or negative indicating movement against change (sustain talk; Houck et al. 2010). See Table 10 below for a full description.

Table 10: MI categories of change language

	Change talk	Sustain talk
Desire	A statement expressing the client's desire or willingness to alter the target behaviour	A statement expressing the client's unwillingness to change or wish to maintain the existing behaviour.
Ability	A statement indicating that the client is able to change. "Ability" here refers to capability, not to choice.	A statement indicating that the client is unable or unconfident about their capacity to change
Reasons	A statement indicating a rationale for changing the target behavior	A statement indicating a rationale for not changing or why change is unnecessary
Need	A statement indicating the client's need to change	A statement indicating the client's need not to change or to stay the same
Commitment	A statement indicating that the client will change, or an idea for how they could change	A statement indicating that the client will not change, or an idea for how not to change/stay the same
Taking steps	A statement that the client has already begun to change; this represents steps taken in the recent past	A statement that the client is already resisting change; this represents steps taken in the recent past
Other	Any other statement about changing the target behaviour. Includes hypothetical situations or circumstances that would convince the client to change, and problem recognition	Any other statement about not changing the target behaviour. This includes minimisation of problems and hypothetical statements about non-change.

In addition, to change language, the MISC also includes a well-established measure of client self-exploration. This attempts to capture client openness and the degree to which they engage in self-reflection and gain new insights into themselves (Houck et

al. 2010). Unlike change language which uses behaviour counts, self-exploration is measured across the duration of a session using a 5-point Likert scale.

To recap, the thematic analysis identified seven themes which capture verbal indicators of movement towards change (problem recognition, commitment, action, self-exploration, expressed motivation, openness to support and disclosure) and six themes which capture verbal indicators of movement against change (problem minimisation, lack of self-efficacy, discord, reason not to change, intention to not act and other).

Broadly speaking, the majority of indicators of movement towards and against change identified in this analysis are captured through the Motivational Interviewing Skills Code 2.5 (MISC). Table 11 outlines how the parent/carer indicators compare with MI measures in the MISC 2.5.

Table 11: comparison between parent/carer indicators of movement towards and against change and existing MI measures of client responses

Parent carer indicators	Corresponding MI measure
Commitment / intent not to act	Commitment category of change language
Action	Taking steps category of change language
Self-exploration	Self-exploration scale
Expressed motivation / reasons not to change	Desire, ability, reason and need categories of change language
Disclosure	Captured as part of the self-exploration scale
Lack of self-efficacy	Ability category of change language
Problem recognition / problem minimisation	Captured through the “other” category of change language but not a category in its own right.

Discord	Captured as part of the self-exploration scale
Openness to support	None

To summarise the table above, the majority of indicators are conceptually similar to categories of change language (change talk and sustain talk) outlined in the MISC 2.5. Commitment, action, expressed motivation, and problem recognition (indicators of movement towards change), as well as intent not to act, reasons not to change, lack of self-efficacy and problem minimisation (indicators of movement away from change) are captured through existing categories of change language. Furthermore, in the same way that MI depicts change talk and sustain talk as being ‘two sides of the same coin’ (Miller and Rollnick, 2013), several of the indicators identified in the current analysis could be seen as conceptual opposites. For example, the themes of problem minimisation, reason not to change and intention to not act, could be seen as the conceptual opposites of the themes problem recognition, expressed motivation and commitment respectively.

Other themes identified in this analysis are not defined as change language in MI but are considered important to change processes. For example, client self-exploration is measured in the MISC 2.5 and research indicates that it predicts better outcomes (Apodaca, 2014) and can be influenced by the practitioner adopting an MI style (Ernst, 2007). Whilst it is not currently considered a category of change language, MI researchers have suggested that self-exploration might be capturing a different dimension of client talk and therefore warrants further attention (Ernst, 2017). This analysis also identified ‘disclosure’ and ‘discord’ as being potential indicators of change. Again, whilst these are not considered to be categories of change language in MI, they relate to the quality of the relationship between client and practitioner which is seen as fundamental to the success of the approach (Miller and Rose, 2009; Miller and Rollnick, 2013). Disclosure is also captured as part of the self-exploration measure which includes the client sharing “*personally private material which when revealed tends to make the client more vulnerable or could be personally damaging*” (Houck et al. 2010). Whilst the self-exploration measure does not measure discord specifically, older versions of the MISC did measure similar

concepts such as client affect, cooperation, disclosure and engagement (Miller, 2000) but were later replaced by the measure of client self-exploration in the MISC 2.0 (Miller et al. 2003).

Some of the themes identified in this analysis may be of particular significance in a social work context but are given considerably less attention in MI. For example, problem recognition and problem minimisation were prevalent themes in this analysis but in MI they are only captured as part of the 'other' category of change language. In social work, problem recognition might be perceived as an important breakthrough moment which paves the way for change (Ward et al. 2010). It is not uncommon for social work cases to lack progress because of a difference of opinion between social workers and parents about what the problem is or indeed whether there is a problem at all (Ward et al. 2014). In child and family social work, problem recognition potentially takes on more significance given that acknowledging the problem may be perceived as having serious repercussions for the parent in terms of decisions made about their capacity to care safely for their child (Ghaffar et al. 2012). In this respect, it could be argued that the MI category of 'other' doesn't quite capture the significance of such language in a social work context. Similarly, 'openness to support' has not been identified in the MI literature as being significant to change processes. However, given the extent to which social work involvement is characterised by parental fear and negative perceptions of child welfare services (Dumbrill, 2006; Buckley et al. 2011), having a positive perception of help seems more conducive to change.

Finally, findings from this analysis suggest that the strength of change language might also be of significance when thinking about parent/carer talk as an indicator of motivation for change. This was most striking in relation to the category of commitment where statements ranged from relatively vague to highly specific in terms of the level of detail provided. The authors impression was that the specificity and depth of change language might signal something about the likelihood of change. Whilst MI process measures such as the MISC do not routinely measure the strength of change talk, this has been an area of research interest within the MI literature with some studies indicating that the strength of change language may as important as the frequency of change language utterances in predicting outcome (Amrhein et al. 2003; Gaume et al. 2013).

Implications for the next phase of the research

The majority of indicators of movement towards and against change identified in the first phase of the study were sufficiently captured through existing MI measures. The only exceptions to this were openness to support, problem recognition/problem minimisation. Overall, there were not sufficient differences to warrant an entirely bespoke behavioural coding tool being developed. There are clear benefits to using MI measures of change language and self-exploration where possible. First, they are validated instruments with established links to behavioural outcomes and second, using them makes the findings directly comparable to existing MI research. This seemed particularly important given that a key aim of this research was to examine the application of MI theory in a unique context.

Some indicators of movement towards and against change warranted further consideration. Problem recognition and minimisation are captured through the MI change language category of 'other', however this analysis suggested that they may be of particular significance in social work conversations. It was therefore decided that a bespoke measure of problem recognition would be developed which could be used alongside existing MI measures taken from the MISC as part of an adapted coding tool. A key benefit of developing a bespoke measure of problem recognition is that it enabled an assessment of the strength of the parent's engagement in the change process (and how this relates to social worker skill) alongside an evaluation of individual utterances of language. It also meant that a scale could be developed which measures change as it relates to the child (a unique feature of social work conversations).

Openness to support was the final indicator that was not captured using existing MI measures. This included statements that indicated a parent/carer recognised a benefit or potential need for support or social work intervention. It was decided that this would not be explored further in the next phase of the study as it was sufficiently captured as part of the problem recognition measure. Typically, the offer of support was tied in to discussions about a particular issue or concern and openness to support therefore indicated some level of problem recognition.

Finally, it was also decided that the strength of change language statements would not be assessed as part of the core research design. This was for two key reasons. Firstly, in MI the strength of change language is hypothesised as being related to outcome rather than practitioner skill which is the focus of this study. Secondly, the strength of change language was eliminated from the most recent version of the MISC, indicating insufficient evidence of its value.

Development of the problem recognition measure

Bakeman and Quera (2011, p.14) suggest that the development of behavioural measure should begin with repeated observation of the behaviour of interest in order to develop an initial description, followed by “*an iterative process...of repeated trial and error and successive refinement*”. Therefore, in order to develop the problem recognition scale, the first step involved listening and re-listening to the ten recordings used in the first phase of the study in order to try and describe varying degrees of problem recognition, from low to high. Next, a draft 5-point Likert scale was developed. For each point on the scale, an overarching description was included, along with further descriptors of what might be included. Some consideration was given as to whether the lowest two points on the scale were too conceptually similar and a four-point scale would be better. The lowest two points were:

1. The parent/carer does not acknowledge or accept the problem
2. The parent/carer acknowledges the problem superficially

These were initially combined and piloted on the same sample of recordings. However, when applied, it was felt that some parents/carers displaying varying degrees of problem recognition were being grouped together. Four descriptors failed to capture the distinction between active dismissal of a problem and partial acknowledgement. Therefore, a decision was made to maintain the five-point scale. As part of the piloting process, revisions were continually made to the descriptors until it was deemed that the differences between different points on the scale were clear. The final scale was as follows:

Problem Recognition				
Low			High	
1	2	3	4	5
The parent/carer does not acknowledge or accept the problem	The parent/carer acknowledges the problem superficially	The parent/carer partially acknowledges the problem	Parent/carer recognises that there is a problem and shows some awareness of the impact (or potential impact) on the child	Parent/carer demonstrates great insight into the problem and impact on the child

This scale measures the extent to which the parent/carer is able to acknowledge some or all of the concerns held by the social worker and/or the potential impact on the child.

1. The parent/carer does not acknowledge or accept the problem
 - Parent/carer actively denies existence of a problem
 - Parent/carer strongly disagrees with professionals' perception of the problem
 - Parent/carer actively minimises concerns and impact on child

2. The parent/carer acknowledges the problem superficially
 - Parent/carer may acknowledge the existence of a problem but does not take ownership for it
 - Parent/carer offers excuses or justifications for the existence of a particular problem
 - Parent/carer only engages in discussion about the problem at a superficial level. Doesn't explore it in any depth

3. The parent/carer partially acknowledges the problem
 - Parent/carer recognises that there is a problem but there may be instances of disagreeing or minimising concerns
 - Partial acknowledgement of own role in resolving the problem

- Acknowledges problem but might fail to consider the impact on the child
4. Parent/carer recognises that there is a problem and shows some awareness of the impact (or potential impact) on the child
- Parent/carer accepts that there is a problem and demonstrates some understanding of why the problem needs to be addressed
 - Parent/carer engages in discussion about the problem, beyond what is directly asked for by the social worker
 - Parent/carer demonstrates some insight into the problem but may focus on the impact of this on self rather than the child
 - Parent/carer acknowledges their own role in addressing the problem
5. Parent/carer demonstrates great insight into the problem and impact on the child
- Parent/carer clearly demonstrates an understanding of why change is required
 - Parent/carer actively engages in discussion about the problem
 - Parent/carer takes ownership and responsibility for addressing the problem
 - Parent/carer is clearly able to recognise the impact of the problem / risk to the child

Piloting the behavioural coding tool

Once the problem recognition measure had been developed, the final step involved piloting the whole tool on the same sample of recordings. The whole tool included the measure of change language used in the MISC 2.5, the self-exploration scale and the problem recognition scale. This highlighted a further issue that needed consideration relating to the measurement of change language.

In the MISC 2.5, each utterance of client speech is coded as change talk, counter change talk (sustain talk) or neutral language. Neutral language is defined as language that “*does not deal with changing the target behavior*” (Houck et al. 2010,

p.38). The measurement of neutral language allows the researcher to explore whether there is a relationship between MI skill and expression of *all* change related language. Whilst the favoured language in MI is change talk, it has been suggested elsewhere that all types of change language can be seen as a positive indicator of change exploration (Borsari et al. 2015; Gaume et al. 2010), whilst neutral language might indicate a less focused discussion. In the context of social work, the expression of all change language (towards or against change) could be viewed as an indicator of parent/carer engagement as it suggests the person feels able to express themselves openly. Coding for neutral language, as well as change talk and sustain talk, would therefore have enabled an analysis of whether the social worker's skill was related to change language more generally, as well change talk specifically. This was explored as an option in the pilot stage of the study. However, coding for the proportion of all change language requires a different approach than coding for the proportion of change talk. Instead of tallying only change talk and sustain talk, it involves coding every client utterance and is typically done by transcribing recordings instead of coding "on the fly" (whilst listening to recordings). In the exploratory stage of the study, this was attempted but the approach yielded poor reliability when compared to coding without transcripts. It was therefore decided that the analysis would focus on the proportion of change talk which is the key indicator of client motivation in MI. A key limitation of this is that it does not indicate whether the skills of the social worker lead to a greater focus on change overall.

As neutral language was no longer being measured, a decision was made to use a different MI measure of change language rather than the one outlined in the MISC 2.5. This was taken from the Client Language Easy Rating (CLEAR) system (Glynn and Moyers, 2012). The definitions of change talk and sustain talk are the same in both measures. However, the CLEAR allows for in-the-moment coding of change talk and sustain talk using tallies, without the need for transcription or the parsing of individual utterances and does not require the measurement of neutral language. The final coding tool can be found in Appendix 5.

Conclusion

The initial phase of this research project set out to explore change language in child and family social work for the purpose of determining whether existing MI measures of client change language were fit for purpose in the current study or whether adaptations needed to be made for use in a child and family social work context. To the author's knowledge, this is the first empirical exploration of verbal indicators of motivation for change in social work conversations, as they are expressed in naturally occurring speech. The thematic analysis identified seven themes capturing patterns of speech which indicated movement towards change and six themes which indicated movement away from change. Many of these behaviours are already defined and measured using validated MI research instruments, suggesting that change language shares many commonalities across different practice contexts.

However, this analysis also identified some unique characteristics of change language in child and family social work conversations. For example, language relating to problem recognition is given little attention in MI, but seems particularly important in a context where most people are involuntarily referred to services and the focus for change is often determined by the professional. Furthermore, change language in this setting often related to protective behaviours in response to harm posed by others, rather than behavioural change relating to the person who actually poses a risk.

The thematic analysis informed the development of the behavioural coding tool used in the next phase of the research. This included MI measures of change language and self-exploration as well as bespoke measure of problem recognition. The next phase of the research involved collecting data on parent/carer responses in order to determine whether there is any relationship between social worker MI skill and the indicators of motivation for change identified in phase one of the study. In relation to the problem recognition scale, any relationships would signify the reliability and predictive validity of the instrument.

Chapter 7: Findings - the relationship between social worker motivational interviewing skills and in-session indicators of parent/carer motivation

Introduction

In this chapter, findings from the quantitative analysis will be presented. It will begin with a description of the process through which the final sample ($n=26$) was selected from the original dataset ($n=136$), before moving on to present findings from the statistical analysis.

The quantitative phase of the study set out to explore the relationship between seven MI-related social worker skills (evocation, collaboration, autonomy, empathy, purposefulness, clarity about concerns and child focus) and three in-session parent/carer behaviours (change talk, self-exploration and problem recognition) which are theorised to represent different dimensions of motivation for change.

As part of the quantitative analysis, the following hypotheses were tested:

Higher levels of social worker MI skill (evocation, collaboration, autonomy, empathy, purposefulness, clarity about concerns and child focus) are associated with:

1. Higher percentage change talk.
2. Greater self-exploration.
3. Greater problem recognition.

Identifying the sample

The final sample for this analysis was selected from the dataset of the parent study (Forrester et al. 2018). The original dataset consisted of 136 recordings. In the parent study, a between group test ruled out any significant differences in key case characteristics such as the number of children in the family, legal status and ethnicity, between those who were and were not included in the final sample (Forrester et al. 2018), suggesting that it was largely representative of the wider population from which it was drawn.

Key characteristics relating to cases in the original dataset are presented in the tables below. They are divided into three overarching categories: social worker

characteristics, case characteristics and practice characteristics. The latter represents information relating to the conversation that was audio recorded.

Social worker characteristics

As part of the parent study, social workers were randomised to receive MI training (MI group) or not (non-MI group). As can be seen in Table 12, the majority (58%) had not undertaken MI training at the time of the recording. The vast majority of social workers (82%) were female (Table 13).

Table 12: proportion of workers in dataset trained in MI

MI or Non-MI Trained		
	n	%
Non MI	79	58.1%
MI	57	41.9%
Total	136	100%

Table 13: Gender of social workers in dataset

Gender of SW			
		n	Percent
	Male	24	17.6
	Female	112	82.4
	Total	136	100.0

Case characteristics

Tables 14 and 15 indicate that the majority of families who agreed to an observation were in the early stages of their involvement with Children’s Services and were deemed low risk. Sixty six percent had met their social worker on 3 or fewer occasions (table 14, below) and in the majority of cases (82%) social workers rated their level of concern as being either no concern, low or medium (table 15, below).

Missing data is reported in the tables. This was either because the family decided not to participate in an interview following the direct observation (but consented to

use of the recording for research purposes), or the social worker did not complete a questionnaire for the family.

Table 14: number of times the social worker had seen the parent/carer in the dataset

Number of times seen parent or carer		
	N	%
1	2	1.5%
2	44	32.4%
3	44	32.4%
4	21	15.4%
5	9	6.6%
6	5	3.7%
7	3	2.2%
8	1	0.7%
12	1	0.7%
Missing	6	4.4%
Total	136	100%

Table 15: social workers rating of overall concern for the family in the dataset

SW rating of overall concern		
	N	%
No concern	10	7.4%
Low level of concern	42	30.9%
Medium level of concern	60	44.1%
High level of concern	16	11.8%
Missing	8	5.9%
Total	136	100%

Practice characteristics

In the parent study, where a recorded observation of practice took place, the social worker was rated for skill level in relation to seven areas of practice (outlined above). Figure 3 and Table 16 show the distribution of social worker scores across the dataset for each skill. The level of social worker MI skill was low across all areas of the MITI+. The majority of social workers scored 3 or below on each MITI+ skill

which is deemed inconsistent with MI (the threshold for beginning competency is 3.5; Moyers et al. 2010). The percentage of social workers scoring three or below ranged from 73% to 88% dependent on the skill. The skills which social workers scored the highest MITI+ scores for were empathy and clarity about concerns where 27% and 26% respectively, scored 4 or 5 on the MITI.

Figure 3: Graph depicting distribution of social worker MITI scores in the dataset

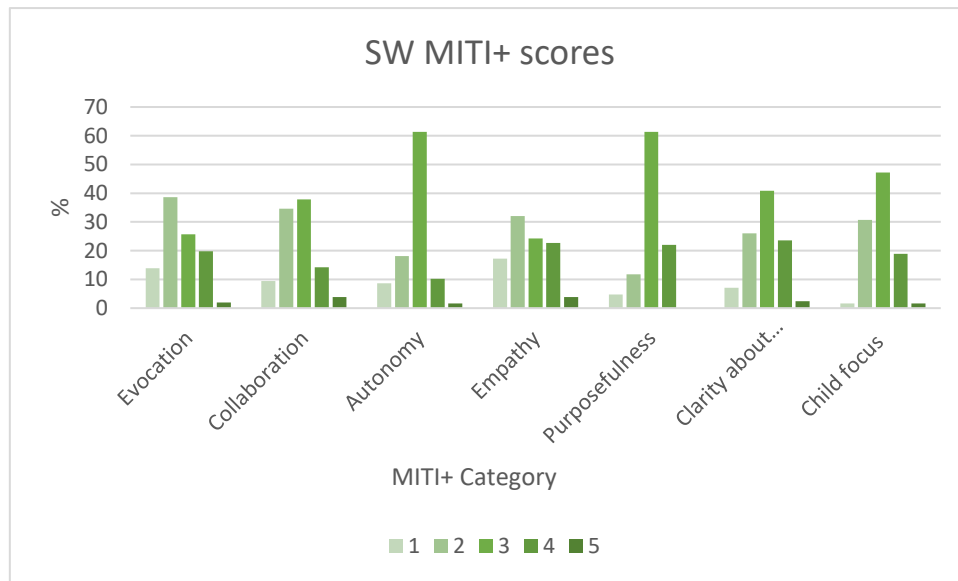


Table 16: percentage distribution of social worker MITI scores in the dataset

		1	2	3	4	5	Total
Evocation	N	14	39	26	20	2	101
	%	13.9%	38.6%	25.7%	19.8%	2%	
Collaboration	N	12	44	48	18	5	127
	%	9.4%	34.6%	37.8%	14.2%	3.9%	
Autonomy	N	11	23	78	13	2	127
	%	8.7%	18.1%	61.4%	10.2%	1.6%	
Empathy	N	22	41	31	29	5	128
	%	17.2%	32%	24.2%	22.7%	3.9%	
Purposefulness	N	6	15	78	28	0	127
	%	4.7%	11.8%	61.4%	22%	0%	
Clarity about concerns	N	9	33	52	30	3	127
	%	7.1%	26%	40.9%	23.6%	2.4%	

Child focus	N	2	39	60	24	2	127
	%	1.6%	30.7%	47.2%	18.9%	1.6%	

Inclusion criteria

In order to be included in the final sample, cases from the original dataset needed to meet the following inclusion criteria:

- Includes a substantial discussion about change
- Clearly identifiable change goal (target behaviour)
- Conversation led exclusively by social worker (not another professional)
- Discussion with one service user only
- No interpreter used

Further details relating to the inclusion criteria, including the rationale for each, are discussed in Chapter 4.

Exclusions

From a possible 136 audio recordings, 106 were excluded and 30 appeared to meet the inclusion criteria. Of these, one case was later excluded because sections of the audio recording were inaudible. A decision was also made to exclude a further three recordings. These recordings featured conversations in two parts. One part met the inclusion criteria. The other part did not, as it included another family member or worker. Whilst it would have been possible to only code parent/carer responses in the part that met the inclusion criteria, this would not have been the case in the parent study (Forrester et al. 2018). In the parent study, the social worker's skill would have been coded on the basis of the whole conversation and not just the section with one parent/carer. This may have affected their MITI scores as social workers sometimes took a different approach with one parent over another, or when a different worker joined the conversation. This resulted in 26 recordings in the final sample and 110 exclusions.

The final sample was far smaller than originally anticipated, with only 19% of recordings meeting the inclusion criteria. Table 17 (below) outlines the basis on

which recordings were excluded. Notably, the most common reason for recordings to be excluded was due to the conversation lacking a clear change focus (target behaviour). In total, 85 recordings (63% of the entire dataset) lacked a change focus, although 24 of these also met additional exclusion criteria such as the involvement of a significant other ($n=18$), another worker ($n=2$), an interpreter ($n=2$) or a combination of these additional factors ($n=2$).

Twenty-five recordings did have a clear change focus but were excluded for other reasons including the involvement of a significant other ($n=16$), multiple workers ($n=3$), the recording being in multiple parts ($n=3$), the use of an interpreter ($n=1$), sections of the recording being inaudible ($n=1$), or a combination of these additional factors ($n=1$).

Table 17: Reason for exclusion from main analysis

Reason for exclusion	n	%
No change focus	61	55.5%
No change focus + significant other	18	16.4%
Significant other	16	14.5%
Multiple workers	3	2.7%
Recording in two parts	3	2.7%
No change focus + multiple workers	2	1.8%
No change focus + interpreter	2	1.8%
Interpreter	1	0.9%
Significant other + interpreter	1	0.9%
No change focus + significant other + interpreter	1	0.9%
No change focus + multiple workers + interpreter	1	0.9%
Sections of recording inaudible	1	0.9%
Total	110	100%

Final sample

Key characteristics relating to cases in the final sample ($n=26$) are presented below. They are divided into three overarching categories: social worker characteristics, case characteristics and practice characteristics.

Social worker characteristics

As shown in Table 18, social workers in the final sample were predominantly female (85%). There was an even number of workers in the MI and non-MI trained groups.

Table 18: gender of social workers in the final sample

Gender of worker			
		n	Percent
	Male	4	15.4
	Female	22	84.6
	Total	26	100.0

Table 19: proportion of workers in the final sample trained in MI

MI or Non-MI Trained			
		n	Percent
	Non MI	13	50.0
	MI	13	50.0
	Total	26	100.0

Case characteristics

Similar to the risk level seen in the original dataset, the majority of social workers (77%) rated their level of concern as low or medium concern (Table 20, below). However, a higher percentage of workers (81%, compared to 66%) were in the early stages of their work with families, having seen the family on three occasions or less (Table 21, below).

Table 20: social workers rating of overall concern for the family in the final sample

SW rating of overall concern			
		n	Percent
	Low level of concern	3	11.5
	Medium level of concern	17	65.4
	High level of concern	6	23.1
	Total	26	100.0

Table 21: number of times the social worker had seen the parent/carer in the final sample

Number of times seen parent/carer			
		n	Percent
	1	1	3.8
	2	10	38.5
	3	10	38.5
	4	4	15.4
	7	1	3.8
	Total	26	100.0

Practice characteristics

The vast majority of conversations in the final sample (96%) took place with mothers. The primary issues of concern spoken about most frequently were domestic violence (54%) and contact (12%). These are reported in Table 22. The process through which the primary issue of concern (target behaviour) was determined is outlined in Chapter 11.

Table 22: primary issue of concern spoken about in the final sample

Issue of concern			
		n	Percent
	DV	14	53.8
	Contact	3	11.5
	Boundary setting	2	7.7
	Home conditions	2	7.7
	Substance misuse	2	7.7
	Housing	1	3.8
	Engagement	1	3.8
	School attendance	1	3.8
	Total	26	100.0

For comparative purposes, Table 23 outlines the primary issues spoken about in the recordings ($n=25$) in which there was a clear change focus but other aspects of the

inclusion criteria were not met. In these recordings, domestic violence was also the issue spoken about most frequently, albeit to a lesser extent than in the final sample (32%, compared to 54%). This was followed by boundary setting (20%) and contact (12%).

Table 23: primary issue of concern spoken about in excluded recordings with clear change focus

Issue of concern			
		n	Percent
	DV	8	32%
	Boundary setting	5	20%
	Contact	3	12%
	Substance misuse	2	8%
	School attendance	2	8%
	Housing	1	4%
	Mental health	1	4%
	Violence (non-familial)	1	4%
	Engagement with service	1	4%
	Personal safety	1	4%
	Total	25	100.0

As in the original dataset, social workers in the final sample demonstrated low levels of MI skill across all areas of the MITI+ with the majority of social workers scoring 3 or below (see Table 24, below). However, whereas the highest MITI+ scores in the original dataset were for empathy and clarity about concerns (with 27% and 26% respectively, scoring 4 or 5 on the MITI+), in the final sample workers were most skilled in the areas of purposefulness and clarity about concerns. Furthermore, a higher proportion of social workers scored 4 or 5 on the MITI+ for these skills (31% and 35% respectively).

Table 24: percentage distribution of social worker MITI scores in the final sample

		1	2	3	4	5	Total
Evocation	N	8	5	9	4	0	26
	%	31%	19%	35%	15%	0%	
Collaboration	N	5	7	10	3	1	26
	%	19%	27%	38.5%	11.5%	4%	
Autonomy	N	4	6	13	2	1	26
	%	15%	23%	50%	8%	4%	
Empathy	N	4	7	10	3	2	26
	%	15%	27%	38.5%	11.5%	8%	
Purposefulness	N	0	0	18	8	0	26
	%	0%	0%	69%	31%	0%	
Clarity about concerns	N	0	1	16	8	1	26
	%	0%	4%	61%	31%	4%	
Child focus	N	0	5	15	5	1	26
	%	0%	19%	58%	19%	4%	

Parent/carer variables

Tables 25-27 (below) outline the distribution of parent/carer variables in the final sample. In relation to the self-exploration scale which attempts to capture the extent to which a person engages in intrapersonal exploration, there was a fairly even distribution of people scoring between points 1 and 4 of the scale (ranging from 6-7), although nobody scored 5. In relation to the problem recognition measure, the full range was used with scores peaking at the mid-point of three. Interestingly, given the low levels of social worker skill in the final sample, the highest frequency of percentage change talk scores fell at the higher end of the scale (81% and above). According to MI theory, you would expect to see lower percentage change talk scores with lower levels of practitioner skill.

Table 25: distribution of parent/carer self-exploration scores

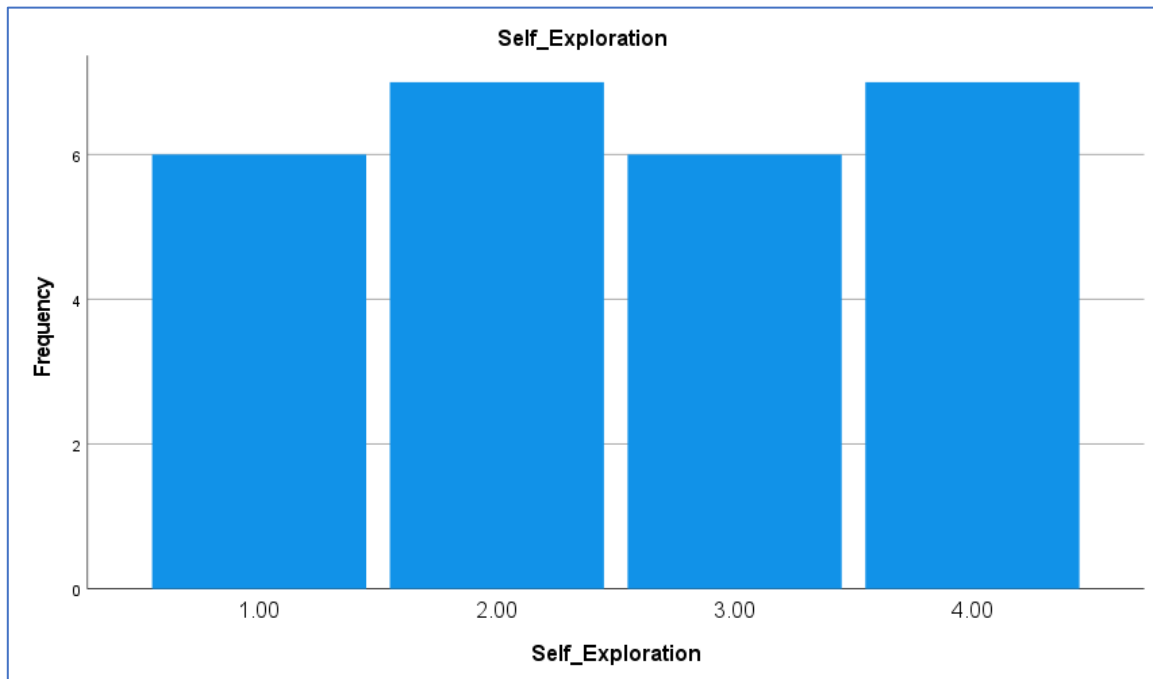


Table 26: distribution of parent/carer problem recognition scores

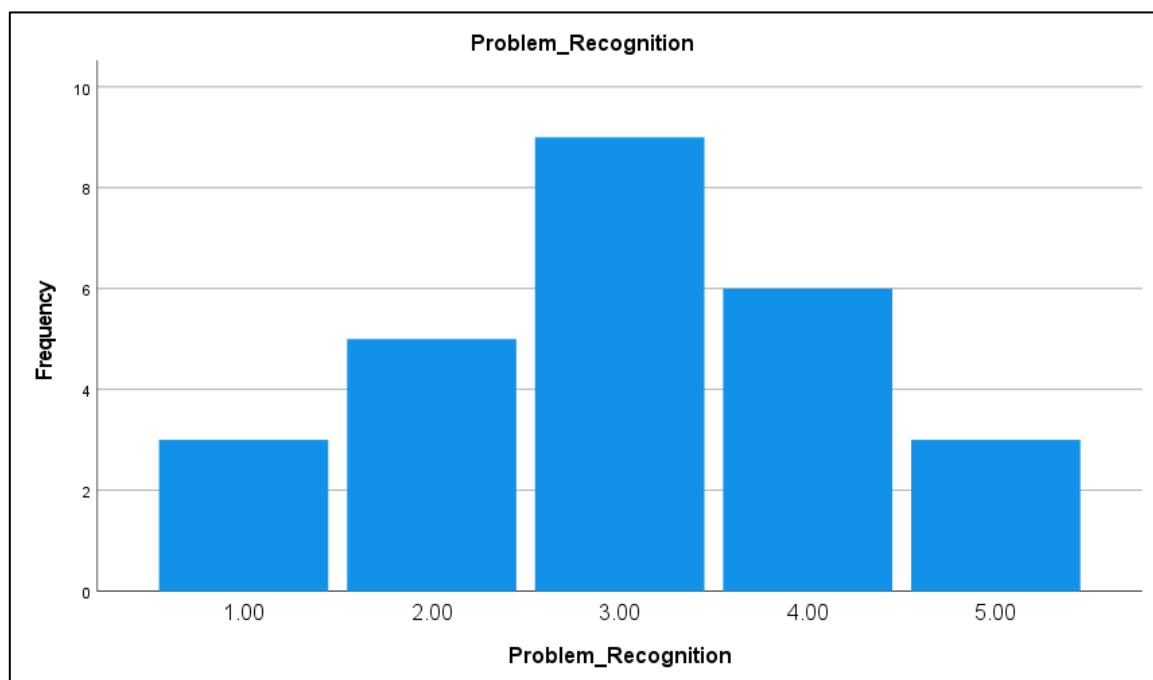
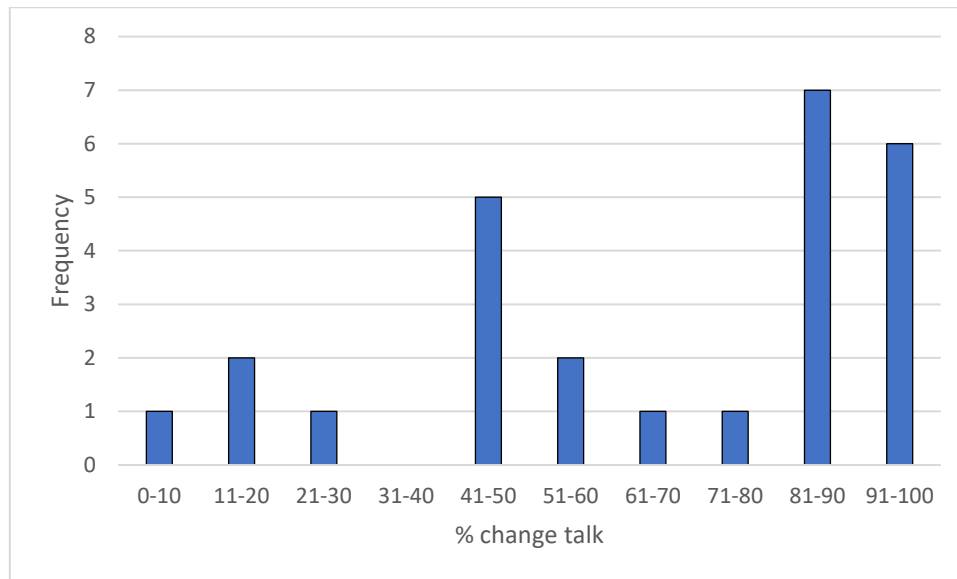


Table 27: distribution of parent/carer percentage change talk scores



Quantitative analysis

Cases in the final sample were statistically analysed using SPSS to explore correlations between the social worker and parent/carer variables using the non-parametric test Spearman's rho (r_s). The results of this analysis are presented in Table 28.

How to interpret the findings

The Spearman's rank correlation (r_s) test indicates the direction and strength of the relationship. The correlation coefficient ranges from -1 (perfect negative relationship), through 0 (perfect positive relationship) (Teater et al. 2017).

The strength of the correlations was assessed using the criteria outlined by Cohen (1992). A correlation coefficient of .1 represents a 'small' effect size, .3 represents a 'medium' effect size and .5 represents a 'large' effect size (Cohen, 1992). SPSS also calculated whether or not each correlation was statistically significant (when the α value was set to < 0.05).

Summary of findings relating to individual variables

As depicted in Table 28 (below), the social worker skills of autonomy, empathy and clarity about concerns and child focus were significantly associated with the parent/carer behaviour of self-exploration. Autonomy, empathy and child focus were significant at the 0.05 level, meaning that that there was less than a 5% chance that these relationships were due to sampling error. The possibility of sampling error was even less for the relationship between clarity about concerns and self-exploration which was significant at the 0.01 level. Effect sizes were in the moderate to high range, with the strongest relationships between autonomy ($rs(26) = .483, <0.05$) and clarity about concerns ($rs(26) = .539, <0.01$) with self-exploration. The social worker skill of clarity about concerns was also significantly associated with percentage change talk, with a moderate effect size ($rs(26) = .430, <0.05$).

It is also of note that several correlation coefficients showed effect sizes in the moderate range but did not reach statistical significance. These were purposefulness and percentage change talk ($rs(26) = .317$), MI spirit total and self-exploration ($rs(26) = .365$), evocation and problem recognition ($rs(26) = .309$) and clarity of concerns and problem recognition ($rs(26) = .382$). The weakest correlation coefficients were between autonomy and problem recognition ($rs(26) = .002$) and purposefulness and self-exploration ($rs(26) = -.023$).

It is of interest that the skill of evocation was not significantly associated with any of the parent/carer behaviours given that this is the skill in MI that is specifically related to eliciting motivation for change. It is also of note that none of the social worker skills were significantly associated with problem recognition, although this may be related to the sample size (this is discussed further in Chapter 10).

Table 28: correlation coefficients for individual social worker MI skills and parent/carer responses

		Percentage change talk	Self Exploration	Problem Recognition	
Spearman's rho	Evocation	Correlation Coefficient	.231	.263	.309
		Sig. (2-tailed)	.257	.194	.124
		N	26	26	26

	Collaboration	Correlation Coefficient	.287	.228	.225
		Sig. (2-tailed)	.156	.263	.270
		N	26	26	26
	Autonomy	Correlation Coefficient	.134	.483*	.002
		Sig. (2-tailed)	.515	.013	.992
		N	26	26	26
	Empathy	Correlation Coefficient	.202	.438*	.191
		Sig. (2-tailed)	.323	.025	.350
		N	26	26	26
	MI Spirit total	Correlation Coefficient	.235	.365	.211
		Sig. (2-tailed)	.249	.067	.300
		N	26	26	26
	Purposefulness	Correlation Coefficient	.317	-.023	.270
		Sig. (2-tailed)	.114	.911	.183
		N	26	26	26
	Clarity of concerns	Correlation Coefficient	.430*	.539**	.382
		Sig. (2-tailed)	.028	.004	.054
		N	26	26	26
	Child focus	Correlation Coefficient	.160	.391*	.158
		Sig. (2-tailed)	.435	.048	.441
		N	26	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Combined social worker variables

Due to the exploratory nature of this study, a decision was made to further explore the social worker variables in combination as used by Forrester et al. (2020). In this study, the authors undertook an exploratory factor analysis of the seven MITI+ variables outlined above. They concluded that high levels of correlations between variables were such that they were best grouped into two broader dimensions of practice: “care and engagement” which consists of collaboration, autonomy and

empathy, and “good authority” which consists of purposefulness, clarity of concerns, and child focus. Evocation remained as a stand-alone skill. A further advantage of combining variables in this way is that it produces more differentiation in the independent variables. In other words, where a social worker would be rated on a 5-point scale using a single variable, when three variables are combined (as in the case of care and engagement or good authority), the range increases to twelve (i.e. 3-15). The combined variables were also explored by Forrester et al. (2019) in the parent study and shown to be related to outcome. Given that one of the drivers for the current study was to better understand possible mechanisms of change which might explain the relationship between social worker MI skill and outcome, it made sense to analyse the variables in a way that offered consistency with the parent study. The results of this further analysis are presented in Table 29.

Table 29: correlation coefficients for combined social worker variables and parent/carer responses

			Percentage change talk	Self Exploration	Problem Recognition
Spearman's rho	Evocation	Correlation Coefficient	.231	.263	.309
		Sig. (2-tailed)	.257	.194	.124
		N	26	26	26
	Care and engagement	Correlation Coefficient	.217	.440*	.160
		Sig. (2-tailed)	.287	.024	.435
		N	26	26	26
	Good authority	Correlation Coefficient	.407*	.471*	.356
		Sig. (2-tailed)	.039	.015	.074
		N	26	26	26

*. Correlation is significant at the 0.05 level (2-tailed).

The correlation coefficients that reached statistical significance in this analysis were representative of those identified in the analysis of the individual variables. For example, “care and engagement” skills were significantly associated with self-exploration ($r_{s(26)} = .440, <0.05$). Similarly, in the initial analysis autonomy and

empathy (both included in the care and engagement variable) were significantly associated with self-exploration. "Good authority" was also significantly associated with self-exploration ($r(26) = .471, <0.05$) and percentage change talk ($r(26) = .407, <0.05$). In the initial analysis, clarity of concerns and child focus which are included in the good authority variable were similarly associated with self-exploration. Clarity of concerns was also associated with percentage change talk.

Effect sizes for the correlation coefficients were similarly within the moderate range. As with the initial analysis, the skill of evocation was not significantly associated with any of the parent/carer behaviours and none of the social worker variables were significantly associated with problem recognition.

When interpreting the clinical significance of the results, it is important to consider the shared variance. In statistical terms this refers to the overlap between two variables and how much a change in one variable can be explained by the other variable (Hanna and Dempster, 2012). This is calculated using the following formula: $r^2 \times 100$. In the case of the current study, the proportion of shared variance relating to each pair of variables with significant correlation coefficients is as follows:

Care and engagement and self exploration = $.44 = 19\%$

Good authority and percentage change talk = $.40 = 16\%$

Good authority and self-exploration = $.47 = 22\%$

The percentage figures represent the proportion of the variance that can be explained by the social worker's skill. In practical terms this means that a high proportion of the variance is not shared and can therefore be explained by other factors. As an example, whilst an increase in self-exploration can be explained in part by the social worker's use of skills related to good authority, 78% of this variance is likely explained by other factors which are not related to the skill of the social worker. Perhaps for example, the parent/carer is a particularly open person, or they have never had a bad experience with a social worker before. It may be that these factors are more important in determining their level of exploration than the social workers skill. This is not to take away from the likelihood that the parent's responses are at least in part associated with the skill of the social worker, but to acknowledge that the parent/carers expression of motivation and openness in social

work conversations is complex and likely affected by a multitude of intrinsic and extrinsic factors.

Research has identified correlations between the three dimensions of skills outlined above and outcomes in child and family social work (Forrester et al. 2019). For this reason, it was decided that further discussion and presentation of the results will focus on this analysis rather than the former.

Scatterplots

Scatterplots are a helpful way of visualising the relationship between two variables. Figures 4 and 5 depict the weakest correlation coefficients. By contrast, figures 6 and 7 depict two of the stronger correlation coefficients. Whereas figures 4 and 5 show no discernible pattern between variables, the relationship between higher levels of good authority and higher levels of percentage change talk and self-exploration are clearly visible in figures 6 and 7.

Please note that a jitter plot was used to enable better visual representation of the data. When scatter plots are used to represent ordinal data, it can be difficult to see the relationship between variables due to overlap between the data points. Creating jitter means that data points appear slightly deviated. In the scatterplots below, this means that data points occasionally appear to fall outside the 1-5 range.

Figure 4: scatterplot of relationship between social worker care and engagement skills and parent/carer problem recognition (weak relationship)

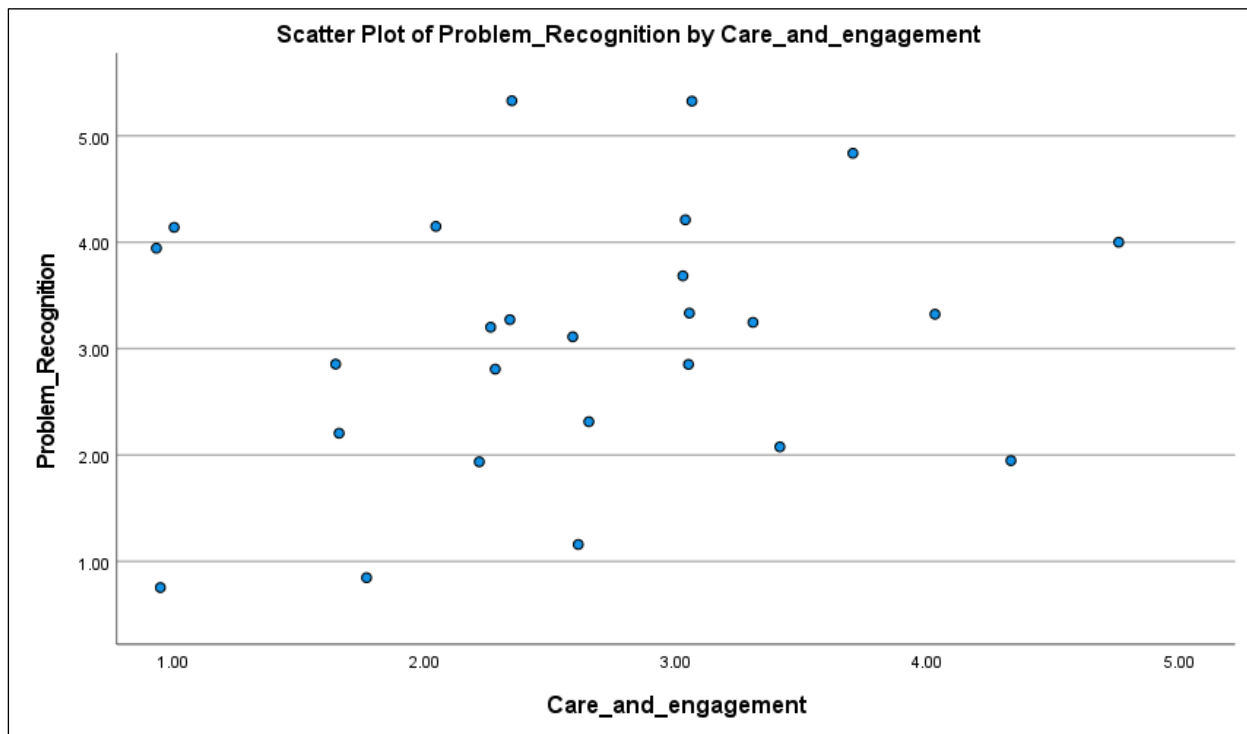


Figure 5: scatterplot of relationship between social worker care and engagement skills and parent/carer percentage change talk (weak relationship)

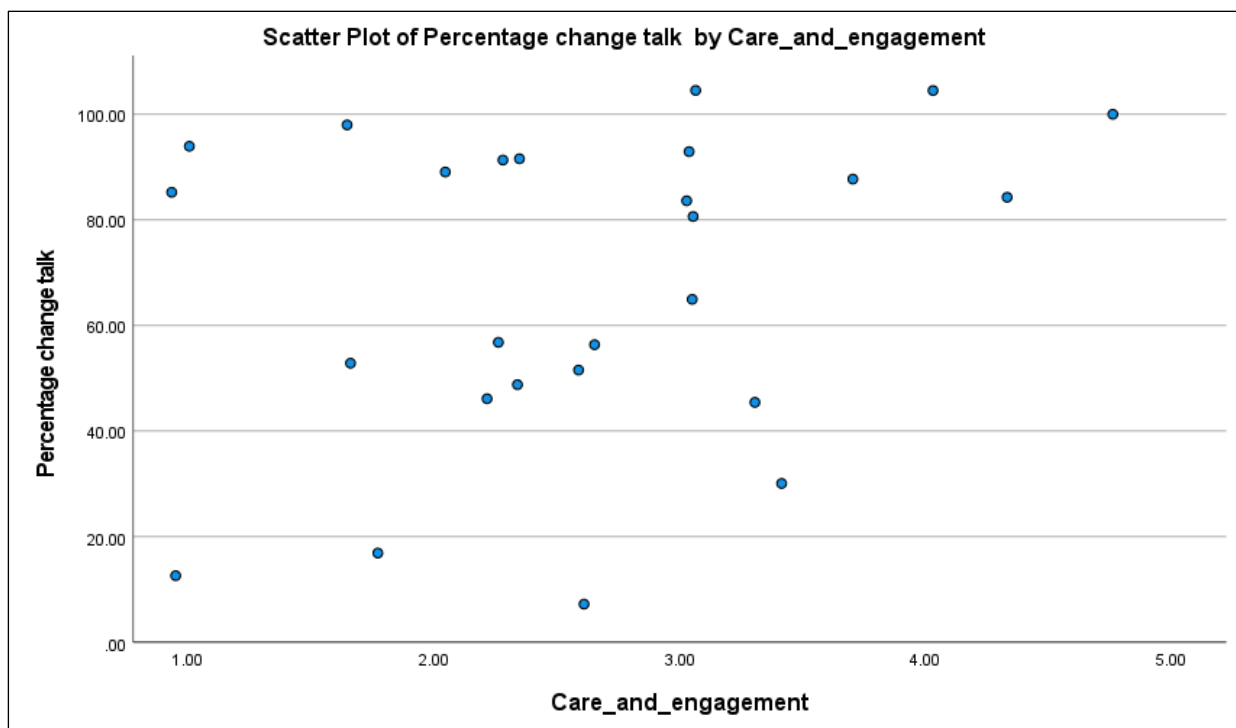


Figure 6: scatterplot of relationship between social worker good authority and parent/carer percentage change talk (strong relationship)

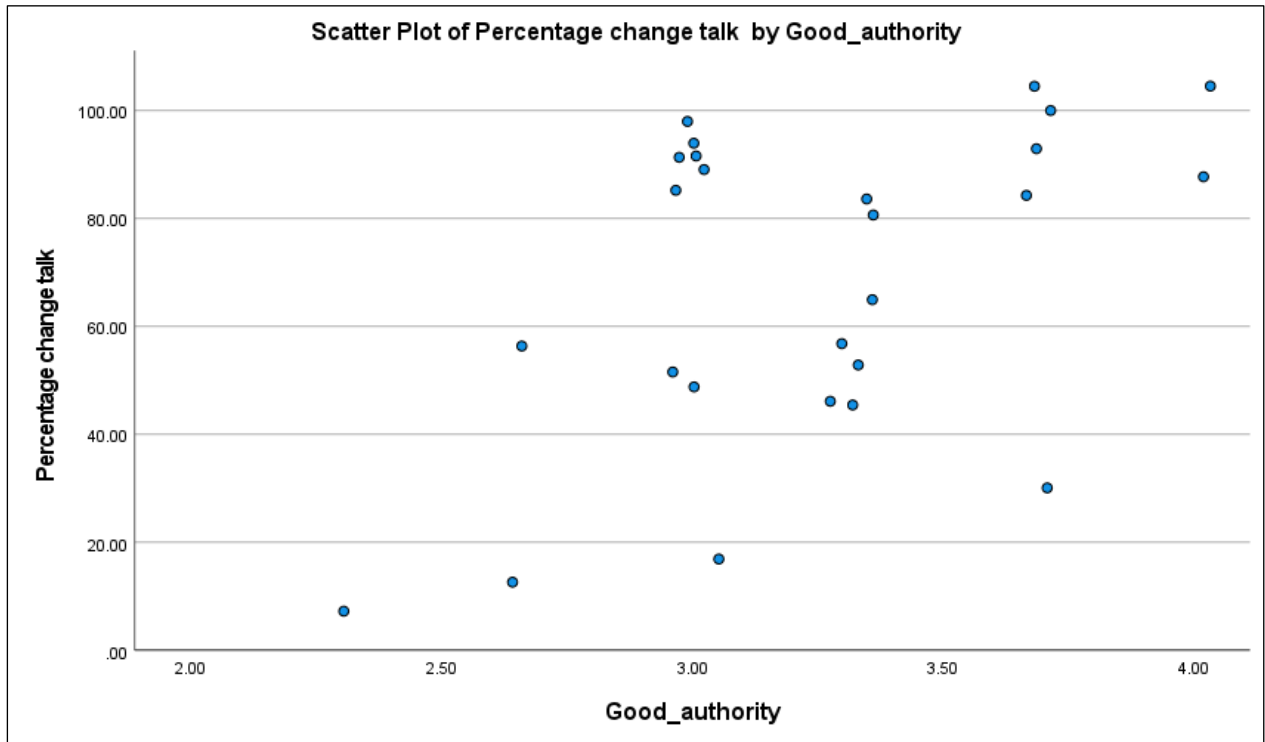
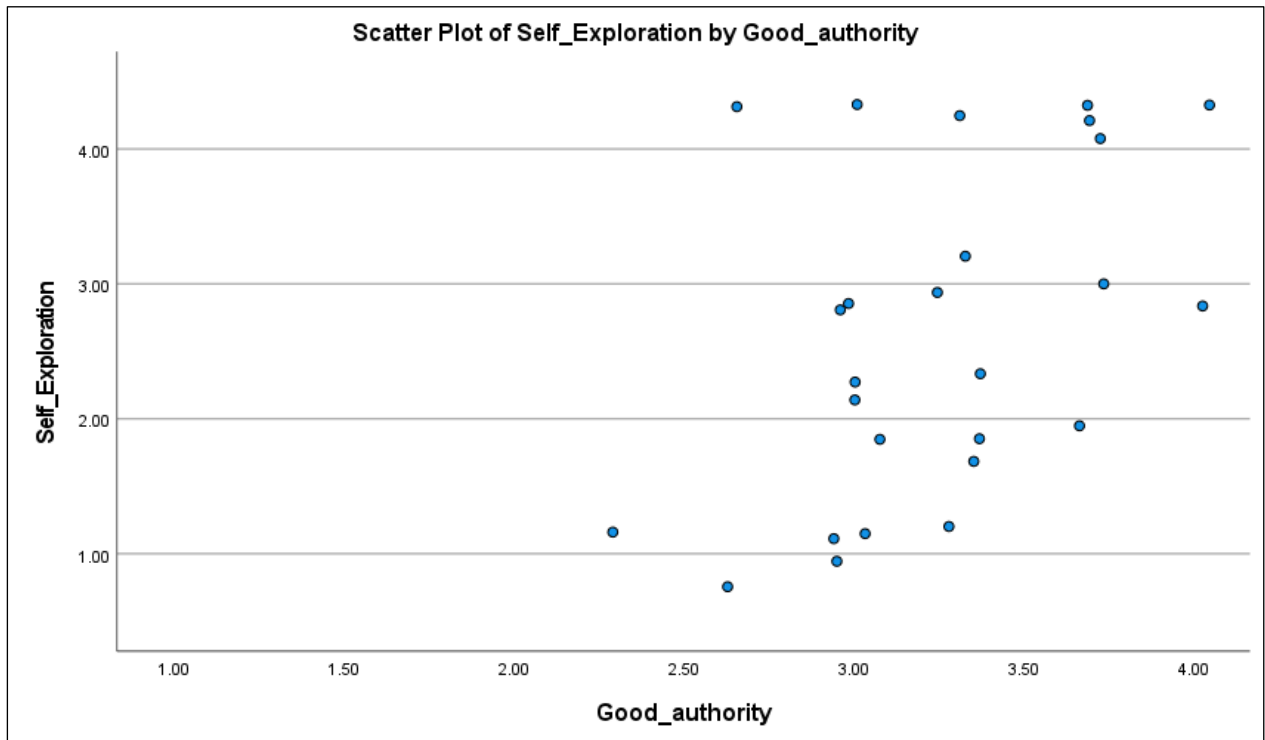


Figure 7: scatterplot of relationship between social worker good authority and parent/carer self-exploration (strong relationship)



Correlations between parent/carer variables

There was a strong relationship between the problem recognition and percentage change talk variables (see Table 30) and this was statistically significant at the 0.01 level ($r_s(26) = .735, <0.01$). This high level of overlap between the variables suggests that they are related concepts. Given the problem recognition variable had similar effect sizes to other the change talk variable but is much easier to measure, this may be of further interest in future research. This is discussed further in Chapter 11.

Table 30: correlation coefficients between parent/carer variables

Parent/carer variables					
			Percentage change talk	Self-Exploration	Problem Recognition
Spearman's rho	Percentage change talk	Correlation Coefficient	1.000	.327	.735**
		Sig. (2-tailed)	.	.103	<.001
		N	26	26	26
	Self_Exploration	Correlation Coefficient	.327	1.000	.192
		Sig. (2-tailed)	.103	.	.347
		N	26	26	26
	Problem_Recognition	Correlation Coefficient	.735**	.192	1.000
		Sig. (2-tailed)	<.001	.347	.
		N	26	26	26
**. Correlation is significant at the 0.01 level (2-tailed).					

Conclusion

In summary, this chapter has described the final sample and the basis on which cases were excluded, as well the findings from the statistical analysis of social worker and parent/carer variables. The findings in this chapter address the primary

research question pertaining to the relationship between social worker MI skills and indicators of parent/carer motivation for change.

The final sample predominantly featured conversations between mothers and female social workers. Most families had only seen their social worker a small number of times and the risk level was low. The most common issues spoken about related to domestic violence or contact arrangements between fathers and their children. The final sample was also much smaller than anticipated. One of the big surprises to come out of this phase of the study was that so few conversations in the dataset featured a clear change focus (discussion of a specific issue or concern).

Two analyses were conducted. One explored the relationship between individual social worker MI skills and parent/carer responses. The other explored combined skills as these have demonstrated links with outcome elsewhere (Forrester et al. 2019). This thesis and subsequent discussion of the findings will focus the latter.

Perhaps the most unexpected finding to arise from this analysis was that skills associated with good authority were more effective in eliciting parent/carer motivational responses than traditional MI skills (evocation and those associated with care and engagement). In fact, traditional MI skills were not significantly associated with change talk at all, despite it being the key indicator of motivation in MI. Care and engagement was however, associated with self-exploration. These findings point towards a possible explanation regarding the association between good authority and family outcomes in the parent study, and the role that parent carer responses play within this. This will be discussed further in Chapter 10.

Finally, whilst the problem recognition variable was not significantly associated with any of the social worker variables, effect sizes in relation to good authority and evocation were in the medium range and in the case of the former, very close to reaching statistical significance. The variable was also very strongly correlated with the change talk variable. Taken together, these findings indicate that the measure shows promise for use in future research. This will be discussed further in Chapter 11.

Chapter 8: Discussion - The focus of social work conversations and how concerns feature in them

Introduction

To recap, the primary aim of this thesis was to explore the relationship between social worker MI skills and indicators of parent/carer motivation for change in child and family social work conversations. The original study design involved two interrelated stages of research which would address this aim. First, a sub-sample of recordings from the dataset were thematically analysed in order to develop a working definition of change talk (the key of indicator of motivation in MI) and identify other parent/carer indicators of motivation in the context of child and family social work. This informed the development of a behavioural coding tool which was used in the second stage of the study to gather quantitative data relating to parent/carer in-session responses. This data was statistically analysed to explore possible correlations with social worker MI skill. As outlined previously, it became apparent early on that few recordings in the dataset would meet the inclusion criteria for the main analysis due to the conversation lacking a clear change focus. As a result, a further strand of analysis was added which involved describing the dataset in greater detail.

The discussion is broken down into three chapters and will consider how the study has addressed the original research questions and the significance of the findings in relation to the wider body of MI research and social work literature. The chapters will be structured so that the findings relating to the focus of conversations in the original dataset are discussed first in order to provide broader context for the core research. Findings relating to parent/carer indicators of motivation to change will be discussed next, followed by the relationship between social worker MI skills and these indicators.

The focus of social work conversations and how concerns feature in them

The emergent phase of this study was an attempt to better understand why only a small proportion of conversations in the dataset featured an in-depth discussion about issues or concerns. This resulted in a much smaller sample than expected for

the main analysis and challenged a key assumption underpinning the study, namely that change focused discussions would be a key feature of child and family social work conversations. The main aim of this phase was to describe the focus of conversations and how discussion of issues/concerns featured (if at all). It was hoped that this would offer additional context for the findings of the main analysis by indicating whether there were missed opportunities to discuss change or whether social workers were undertaking a different type of direct work with parents/carers.

Two additional research questions were addressed:

1. What is the focus of social work conversations in the dataset?
2. How do social care issues/concerns feature within them?

In summary, the findings indicate that the focus of social work conversations in the dataset was broad and visits rarely had a single focus. Perhaps surprisingly, given that social workers in the dataset were typically in the early stages of work with a family (prompted by a recent referral), discussion of issues or concerns did not feature in 43% of the recordings. Sometimes social workers offered a reason as to why a concern was not spoken about; either because the assessment had concluded that there wasn't one or it related to a different person. However, in over a third of recordings the concern was mentioned only briefly, not made explicit, or never mentioned at all. Furthermore, it was common for concerns to be poorly articulated by the social worker and lacking a clear explanation of what was expected of the parent. When social workers did discuss issues or concerns, they tended to do so alongside other things. In this dataset, discussions were often shaped by the assessment process, be that through information gathering, updating parents on the progress of assessment, or planning next steps.

Contribution to existing literature

Whilst there appear to have been no published attempts to categorise the focus of child and family social work visits in this way, there have been some attempts to describe both the nature of home visits in child and family social work (e.g. Ferguson 2016; Ferguson et al. 2020), and the support that families with children on Child in Need plans in England are receiving (Collyer et al. 2022).

Echoing the findings of the current study, Collyer et al. (2022) found that the nature of child and family social work intervention was diverse and extended beyond the discussion of specific issues or concerns. Whilst some examples of direct work involved the social worker focusing on issues such as drug use or harmful sexual behaviour, other examples of what social workers did with families included safety planning, holding family network meetings, liaising with other services and supporting the development of parenting skills. The authors also found that social workers spent a lot of time trying to better understand the family's needs by "*exploring parenting, relationships, identifying any unmet needs, seeking parents' views, and understanding the impact of parental behaviours*" (p. 32). In the current study, attempts to explore family needs and relationships was also a common feature of social work conversations. This was captured under the "information gathering" category which was selected in 41% of cases. Taken together, these studies suggest that a great deal of what child and family social workers do appears to be exploratory in nature, rather than intervention focused, certainly in the early stages of work with families.

Although it is not stated explicitly, there were also indications in the Collyer report that conversations with families may have similarly lacked clarity or depth when it came to discussing specific issues or concerns. For example, the authors state that "*home visits recorded in case files were most often focused on monitoring families through general check-ins as opposed to conducting direct work with families*" (p. 30-31). Furthermore, the authors also found that parents weren't consistently aware of the goals that were on the Child in Need plan. Whilst the study was not based on direct observations of practice, findings were strengthened through the triangulation of data from several sources and corroborate those of the current study.

Professor Harry Ferguson is well known for his body of ethnographic work exploring the nature of child and family social work practice. Whilst the generalisability of Ferguson's work is limited by small sample sizes, its applicability is enhanced through the richness with which he describes the observed practice of home visiting. Ferguson's detailed descriptions of home visits in long-term case work similarly highlight how wide-ranging the social work task is. Whilst these descriptions include examples of social workers undertaking direct work with parents around specific issues such as domestic abuse, they also include examples of social workers

offering practical help with housework and childcare, supporting the development of parenting skills and contacting agencies on the parent's behalf (Ferguson, 2020). Ferguson doesn't attend specifically to the level of depth or clarity with which social workers discuss concerns. However, descriptions of practice include examples of social workers facilitating in-depth discussions about concerns (Ferguson, 2020; 2021), as well as examples of concerns being addressed at a more superficial level through inspection and monitoring tasks (Ferguson, 2016).

Whilst evidence regarding the focus of child and family social work conversations is limited, the studies outlined above support the finding that the focus of social work conversations is broad and extends far beyond discussion of immediate issues or concerns. A large part of what social workers do, certainly in the early stages of work with a family, appears to be exploratory in nature, and the support offered is often practical. These descriptions suggest that the task of effecting change is potentially much broader than discussing specific issues or concerns. It also involves understanding the broader context in which concerns originate, how they fit with wider needs, as well as offering practical solutions and hands-on support.

The studies above also lend some support to the finding that concerns are not always clearly articulated or discussed in depth by social workers. Both bodies of work indicate that at times, concerns are addressed at a superficial level through monitoring and inspection, as opposed to in-depth discussions. However, Ferguson's work offers a more nuanced description which also includes examples of issues being addressed with rigour. Ultimately the findings of the current study, supported by the evidence outlined in this chapter, at best highlight inconsistencies regarding the level of clarity and depth with which child and family social workers address issues or concerns in conversations with families.

Interpretation of findings

The first key finding to be discussed, relates to the diversity of social work visits. The current study was based on the assumption that the key purpose of child and family social work is to effect change in order to achieve safety and wellbeing for the child, and that the primary way in which social workers do this is through facilitating conversations with families about specific issues or concerns. Major practice reforms

have similarly been based on the notion that improving social workers skills in delivering these types of conversations will ultimately improve outcomes. Numerous innovation programmes have attempted to upskill workers in the use of interventions such as MI. However, the findings from the current study, and others, have indicated that conversations focused on addressing specific issues or concerns is just one aspect of what social workers do. The social work task also attends to broader aspects of the change process including assessing the nature and origin of concerns, advocacy and offering practical assistance. Any attempts to improve practice need to begin with a clear definition of what the social work task is and what social workers are expected to be doing, yet this is a remarkably complicated task. Writing over four decades ago, Goldberg and Warburton (1979, chapter 2, para. 1) argued that “*a general haziness and indeterminateness surround the whole concept of social work and social services*”, yet this uncertainty is still evident in practice today.

One of the key features of practice highlighted in this study, as well as by Collyer et al. (2022), was a focus on understanding the nature of the problem and families' needs. However, the approach to assessment in the current dataset, typically involved social workers asking generic questions based on the assessment framework which seemed unrelated to the reason for referral and offered little space for dialogue. In this respect, practice was often shaped by the assessment task and undertaken separately from conversations which involved addressing any particular issue or concern. This highlights a potential issue with the way in which assessments are conceptualised, both organisationally and on a practice level, as being separate from intervention. Forrester (2024, p.107) suggests that the existing assessment framework lends itself to a form of “naive positivism” which encourages the gathering of information but unhelpfully separates assessment from intervention. The likelihood of interventions such as MI resulting in positive outcomes (even if delivered well) seems unlikely in a practice context which fails to recognise that assessment and intervention are inextricably linked. Whilst there were some examples in the dataset of exploratory conversations which were clearly related to the reason for referral, a tick-box approach was far more typical. Perhaps the starting point for thinking about effecting change with families, is not how we can deliver better interventions, but

rather what excellent assessment looks like and how this subsequently feeds into the focus for direct work.

There are several important issues that arise as a result of policy and practice initiatives aimed primarily at upskilling social workers to deliver better interventions. First, any attempts to improve practice will likely fail unless there is clarity about what social workers are doing. As discussed, the emphasis has been on improving the quality of intervention, despite this accounting for just a small part of what social workers do with families. It seems unlikely that practice will improve without looking at the social work task more holistically.

Second, there are implications in terms of the evidence base for child and family social work. There have been numerous attempts to evaluate various practice models but the quality of evidence regarding effectiveness remains weak. For example, recent evaluations of Signs of Safety have failed to identify any relationship with outcomes (Sanders et al. 2021). The findings of the current study indicate that a lack of evidence regarding outcomes could potentially be explained by the fact that a large proportion of work undertaken with families is not focused on intervention, but rather assessment. Focus on outcome in short-term or early stage work may present a misleading picture relating to the evidence regarding the effectiveness of interventions, if much of practice is in fact focused on assessment. This is important when interpreting the findings of the parent study, which found only weak relationships with outcome. Interestingly, the strongest relationships, were identified in longer-term casework (Forrester et al. 2019).

The second key finding to be discussed relates to the way that concerns featured in social work conversations in the dataset. In over a third of recordings a concern was indicated but mentioned only briefly, not made explicit, or never mentioned at all. This is a particularly important finding given that many families being supported by child and family social workers appear to be unclear about the goals of the work (Collyer et al. 2022). Without exploring these issues directly with practitioners, any interpretations relating to why social workers may have approached concerns in this way remain speculative. However, these findings have implications for practice, as well as for the main analysis of the current study and will therefore be considered below.

A straightforward interpretation of why so many social workers failed to discuss concerns with families in depth, relates to the practicalities of undertaking such work. As identified by Ferguson (2016), a great deal of social work practice happens with children and parents together. It is possible that some social workers felt unable to delve into discussions about issues or concerns in depth while children were present. Ferguson argues that the realities of family life and the spaces in which social work conversations take place, make it challenging for practitioners to undertake such work alone.

Another interpretation is that social workers had discussed concerns in a previous meeting with families and considered it detrimental to keep revisiting them. This was indicated by one social worker in the dataset who explicitly said to the parents that they had spoken about the concerns in the last visit so the recorded session would be more “informal”. In this instance, it appeared to be a conscious strategy on the part of the social worker to try and preserve their relationship with the parents. Whilst the intentions of the social worker may well have been positive, the suggestion that some parents are unclear about what they are meant to be doing (Collyer et al. 2022), highlights the importance of having ongoing discussions about the reason for involvement. A recurring theme in research is that parents find the experience of social work intervention extremely stressful when it relates to concerns about their child (Ghaffar et al. 2012; Smithson and Gibson, 2017). The extent to which people can digest and retain information when experiencing high levels of stress is questionable. Whilst social workers may see it as helpful to not continually revisit concerns, it may not be perceived as helpful by families who need clarity about the basis of intervention and what needs to change. This is a sentiment echoed by Trotter (2006) who argues that skilled use of authority in child protection work requires the practitioner to facilitate ongoing discussions about the nature of their role and expectations of the client, and that this should not be confined to one-off conversations.

A more concerning interpretation of why some social workers failed to make concerns explicit or discuss them in depth could be due to their discomfort with authority. Whilst some social workers relied almost explicitly on authority as a means of getting parents to change, others appeared far less comfortable with this aspect of their role. In the dataset, this was seen where social workers talked around the

issue, addressed concerns very briefly in favour of a more general catch up, and avoided answering parents' questions about what was expected of them. Ruch et al. (2018) highlight how challenging it can be for social workers to raise concerns, particularly when they have developed a good relationship with parents and are fearful of undermining it. In a context where practice trends have moved away from top-down approaches towards more relational models, it is important to reflect on the potential impact this may have on social workers' confidence to use authority. A recent evaluation of the Frontline programme (a qualifying social work programme for graduates) for example, indicated that some participants valued the relational principles underpinning the course but felt they were idealistic and did not prepare them for the realities of practice (Scourfield et al. 2021).

It is almost impossible to reflect on any gap in practice without also reflecting on social work education and training. A key issue relating to the discussion of concerns was that they were often poorly articulated. Concerns were mentioned, and at times appeared very serious (for example, where children were on child protection plans), but they lacked clarity in behavioural terms regarding what needed to change. There is a clear message in the social work literature that effective practice requires social workers to ensure that goals are specific, clearly articulated and understood by all parties (Turnell and Edwards, 1997; Trotter, 2006; Koprowska, 2020), yet the extent to which this is realised through social work education and training is questionable. The notion of goal setting appears quite simple at face value but serious case reviews have highlighted how easy it is for social workers to lose focus in long term work with families (Brandon et al. 2008). Unlike specialist services that address specific issues (e.g. substance misuse, mental health, domestic abuse), social workers are often supporting families experiencing multiple interrelated issues with complex root causes and breaking this down into tangible goals is not an easy task. Interestingly, Collyer et al. (2022) suggested that even where practice models such as Signs of Safety (which incorporate goal setting as a key element of the approach) are used, families still didn't understand goals, further highlighting the complexity of the task. Whilst the notion of specialised child and family social work courses has been subject to critique (Higgins, 2017), such specialisms might enable social work education to focus on the finer-grained skills required for different types of work, as well as overarching competencies.

Finally, it is possible that the level of depth and clarity with which concerns were spoken about, was in part related to the way in which different social workers perceived their role. Some social workers in the dataset appeared to view themselves as helpers (albeit with varying degrees of skill), which lent itself to more in-depth discussions about issues or concerns. By contrast, other workers appeared to see their role in that meeting as one of inspection and monitoring or case management, both of which were characterised by oversight and potentially limited the depth with which concerns were discussed. The message embedded in recent policy and practice initiatives is that skilled direct work, based on principles of relationship-based practice is at the heart of effective child and family social work (Munro, 2011; MacAlister, 2022), but many social workers continue to suggest that their practice is shaped primarily by organisational cultures which prioritise key performance indicators and statutory process over the quality of direct work (MacAlister, 2022). Ultimately, practice is shaped by interpretations of what it means to be a social worker and without absolute agreement on that, approaches to working with concerns are likely to vary considerably.

As mentioned earlier, without exploring these issues with social workers directly, any interpretation of practice remains speculative. That said, whatever the reason, lack of clarity about issues and concerns has obvious implications in terms of assessment and outcome. Unless families are clear about the issues and aware of what needs to change, the likelihood of social workers understanding the person's capacity for change, or that translating into tangible outcomes seems negligible.

Conclusion

The primary aim of the current study was to explore the relationship between social worker skills and indicators of parent/carer motivation for change. It was based on the premise that a key aspect of child and family social work is to effect change and the primary way in which is this achieved is through conversations about issues or concerns. The overarching goal of this thesis was therefore to contribute to the knowledge base on how social workers can most effectively support parents to change (and by consequence achieve safety for children). As discussed in this chapter, a surprise finding was that far fewer conversations than expected focused

on change and many of these appeared to feature missed opportunities to explore issues/concerns in more detail. This is of particular significance given that half of the social workers in the parent study were trained in MI, which emphasises the importance of clearly articulated change goals. This raises some important questions. First, about the potential disconnect between organisational aspirations for child and family social work and what actually happens on the ground, second, about what social workers “should” be doing, and third, whether practice initiatives focused on upskilling workers to deliver interventions are limited through their separation from the broader social work task. These are important questions to hold in mind when interpreting the findings of the main analysis. Whilst social worker skills appear to make a difference to parent/carer motivation, few conversations appear to focus on change, despite in many cases there being clear opportunities to do so. These questions will be revisited in the conclusion, which will draw together the different strands of the study and consider their broader significance for child and family social work practice.

Chapter 9: Discussion - Indicators of parent/carer motivation for change in child and family social work

Introduction

In Chapter 6, findings relating to indicators of parent/carer motivation for change were presented, along with their implications for the development of the coding tool that was used to collect data for the main analysis. In summary, the majority of indicators of parent/carer motivation for change identified in the current study were captured by existing MI measures. The only exception to this was problem recognition which appeared particularly significant in the context of child and family social work conversations. As a result, a bespoke measure of problem recognition was developed and this was explored as a variable along with parent/carer change talk and self-exploration. In this chapter, the broader significance of the findings relating to this phase of the study will be discussed, along with possible implications for practice.

Indicators of movement towards and against change and their theoretical significance

The analysis identified seven themes which captured patterns in the data relating to verbal indicators of movement towards change (problem recognition, commitment, action, self-exploration, expressed motivation, openness to support and disclosure) and six themes which captured verbal indicators of movement against change (lack of self-efficacy, problem minimisation, discord, reasons not to change, intention not to act and other). The relationship between these indicators (as expressed in naturally occurring speech) and outcomes has not yet been explored in relation to a child welfare population. However, existing research suggests that they may be theoretically important indicators of change in relation to this group.

Parental problem recognition and ownership of the need for change has been identified as a protective factor in relation to the future risk of harm in child welfare cases (Jones et al. 2006). In one study it predicted positive case outcomes including a reduction in problems relating to children's behaviour, parental depression and future reports of maltreatment (Littell and Girvin, 2005). Conversely, a review of the

literature on predictors of child maltreatment suggested that problem minimisation and denial was related to risk of future harm (Jones, 1998). In relation to the sample used in the current study, lack of problem recognition was often characterised by the parent externalising the problem and locating blame in the child. Shemmings et al. (2012) suggest that derogatory language of this sort can be indicative of the parent's inability to mentalise (recognise and communicate what might be happening for the child) and can expose children to abuse and maltreatment. Morrison (2010) suggests that whilst problem recognition by itself cannot determine the likelihood of parental change, it is an important part of the change process and a necessary prerequisite for change to occur. In the current study, statements indicating parental contemplation (motivation and reasons not to change) and action were also identified as possible indicators of change. A study by Littell and Girvin (2005) found that a parent's intention to change, which they defined as a measure of contemplation and action (using a modified version of the University of Rhode Island Change Assessment (URICA) scale), predicted improvements in family life and a reduction in future reports and substantiations of child abuse. The study utilised interviews with 353 caregivers at 4 weeks, 16 weeks and 1 year. Whilst self-report measures were used in relation to some outcome measures (which can be unreliable), the authors did control for social desirability bias. Furthermore, they also used the more objective measure of maltreatment reports which adds strength to the findings.

Other research, whilst not undertaken in relation to child welfare populations, has indicated that verbal statements of client ability and commitment (or lack of) are predictive of behaviour change outcomes. For example, several studies have identified that client statements of commitment were related to positive outcomes including abstinence from drug use (Amrhein et al. 2003), alcohol use (Campbell, 2010) and medication adherence (Peterson, 2011). A systematic review evaluating the role of client change language in motivational interviewing also found that language indicating clients' ability to change was a consistent predictor of outcome across studies (Romano and Peters, 2016).

Several indicators identified in this analysis are also understood to be important markers of change in the therapeutic literature. Disclosure for example, was indicative of a positive working alliance between parent and social worker. A positive working alliance has long been established as being fundamental to the success of

treatment outcome in the helping professions, regardless of the type of intervention used (Martin et al. 2000; Hovarth et al. 2011). Self-awareness and insight (which fit with the definition of self-exploration in this study) are also understood to be key indicators of treatment success (Hough, 2014). A review of the role of insight in psychotherapy (defined by the authors as making connections between past and present experiences or thoughts and behaviour, as well as developing a new understanding), indicates that client insight is associated with treatment outcome in therapy (Gibbons et al. 2007).

The verbal indicators of movement towards and against change identified in this analysis also bear similarities to several models outlining factors affecting the likelihood of change. Fishbein et al. (2001) describe eight variables identified by prominent behaviour change theorists. Of these, several are comparable to themes identified in this analysis: commitment to change, possession of necessary skills (which is closely aligned with statements relating to action), advantages outweigh the disadvantages (expressed motivation), and self-belief. The Multifactor Offender Readiness Model also outlines a conceptual framework for identifying factors related to readiness to successfully engage in treatment (Ward et al. 2004). This model distinguishes between internal factors (relating to the individual) and external factors (environmental or contextual). Whilst developed in relation to offending behaviour, the internal factors identified by the authors bear striking similarities to the themes identified in this study. These included cognitive factors such as beliefs about the helping system (openness to support) and self-efficacy, behavioural factors such as identifying the behaviour as problematic (problem recognition) and volition including intention to pursue a goal and developing a plan to achieve it (commitment) and motivation. Finally, Platt and Riches (2016) also developed a framework for assessing parental capacity to change in social work. Whilst much of their model focuses on factors which are not necessarily identified through speech acts (e.g. contextual factors, parental skills, habits and automatic in-the-moment responses), the factors that might be identified in this way were identified as themes in this analysis. For example, 'motivations and intentions' was one dimension identified as being related to the likelihood of change and includes the value of change for the individual, their views about services, recognition of their own difficulties and self-efficacy.

In summary, whilst the verbal indicators of change identified in this analysis have not consistently been evaluated for their relationship with outcomes in a child welfare sample, they share significant similarities with theoretically important indicators of change identified in a large body of research literature originating from a variety of practice settings.

Characteristics of change language in child and family social work

This analysis highlighted several important characteristics of change language in child and family social work that potentially differentiate it from change language in other settings. An interesting and unexpected feature of change language identified in this analysis was the extent to which it related to harm posed by others. Problem recognition in particular, was characterised by statements which indicated that a parent (always a mother in this sample) recognises the risk posed to a child by another person and understands their own role in protecting the child. Such statements were affirmed by social workers, indicating their favourability. In this sense, the problem behaviour resided with another person, yet the desired change was framed as the non-abusing parent's protective capabilities. This highlights an important complexity surrounding the way in which change is conceptualised in social work (i.e. the desired behaviour sometimes being protection from harm, rather than behavioural change per se). Whilst acknowledgement of personal 'responsibility to protect' is likely to be seen as a positive case indicator by many practitioners, it raises important ethical questions about approaches to intervention. A long-standing critique of social work practice, particularly in cases of domestic abuse, is that interventions are targeted at mothers who are unfairly held accountable for the actions of fathers (e.g. Kopels and Sheridan, 2002; Magen, 1999). As well as perpetuating gender inequality, such practices have the potential to further isolate fathers who are frequently absent from social work intervention (Strega et al. 2008). This dilemma highlights some of the complexities surrounding the way that we understand change (and thus change language) in social work and how this might differ from the way change is understood in other settings.

Another surprising feature of change language in this sample is that it was not consistently related to the child. Given that parents involved with child welfare

services often describe feeling fearful of losing their children (Buckley et al. 2011; Spratt and Callan, 2004), one might expect that this would be a key driver for change. In fact, one study exploring the factors motivating parents in the child welfare system to change, identified a desire to improve things for their child as being a key theme (Chaviano et al. 2018). Contrary to findings elsewhere, statements relating to expressed motivation in this study rarely contained reference to the child. Similarly, statements of problem recognition often referred to parental problems such as substance misuse or domestic violence but did not always make explicit reference to how these issues impacted on the child. This raises questions about whether it is acknowledgement of the problem or the *impact* of the problem on the child which is the most pertinent indicator of change. It was not possible to test this hypothesis within the boundaries of this study but it might be a hypothesis that could be explored with future research.

Another notable feature of change language in this analysis was the higher proportion of language which indicated movement towards, rather than movement against, change (69% compared to 31% of all data extracts). Given that parental resistance is understood to be a key issue for child and family social workers (Ferguson, 2011; Forrester et al. 2012), it is of interest that so many parents in this sample offered statements indicating problem recognition, commitment to change or that steps were already being taken to address a particular issue or concern. There are several possible explanations for these findings. One explanation is that the sample from the parent study from which this data set was drawn was made up of predominantly low-risk cases, many of which closed shortly after assessment (Forrester et al. 2018). Research indicates that parents of children classed as low risk by social workers are more likely to make and sustain positive change than those classed as medium or high risk (Brown et al. 2016). It is therefore plausible that positive change language is more likely when the severity of issues and concerns are lower.

A second and potentially more cynical explanation is that the language expressed by parents in the context of conversations with social workers is not necessarily a genuine representation of the parent's true feelings or beliefs about change. The term 'disguised compliance' is commonly used in child and family social work practice to describe a pattern of parental behaviour in which superficial compliance is

used as a way to appease professionals whilst masking the realities of a potentially harmful situation (Reder et al. 1993). It is possible that the predominance of positive change language expressed by parents/carers in this sample is merely indicative of a desire to say what professionals want to hear rather than a true indicator of the likelihood of change. Miller and Rollnick (2013) adopt a more optimistic view of talk which might be perceived as disingenuous, suggesting language that may start out as vague and superficial might transform into something more meaningful if responded to with genuine curiosity and interest by the practitioner. They suggest the key to disentangling genuine from dishonest change talk lies in the specificity of the statement, with generalisations being less indicative of readiness to change than statements containing a greater level of detail. This is an interesting point which relates to the findings reported in Chapter 6; that strength of change language may be an important indicator of change.

Ultimately, the notion of disguised compliance highlights a potentially important contextual difference between social work and most other practice settings where MI is routinely used. This has possible implications for how much change language can be relied upon as a valid indicator of change in this context. Whereas MI assumes a certain level of transparency between what is said and subsequent action, it is possible that the relationship between speech and outcome is more complex in settings where client honesty may have serious repercussions.

Viewed in this way, it might also be argued that language indicating movement away from change (sustain talk in MI) carries a different significance in social work. Whilst it might be perceived negatively in some settings, it could be argued that in a social work context where parents are likely to be mistrusting of professionals, this type of talk indicates a certain level of openness which is essential in order to be able to make effective decisions about risk. In fact, several studies have found that an MI style can elicit more change talk *and* sustain talk and can be viewed positively if seen as an indicator of change exploration (Borsari et al. 2015; Gaume et al. 2010).

Finally, an important insight that this analysis offers social workers is that positive and negative examples of change language are not mutually exclusive and can co-exist in conversations about change (Miller and Rollnick, 2013). Consistent with MI theory, there was evidence of language indicating movement towards *and* against

change in all of the recordings in this sample. Problem recognition for example, was evident in the majority of recordings, even those in which parents also, at times, minimised the presenting issues or concerns. This is an important finding in relation to social work as it indicates that dichotomies such as insight and denial are unhelpful concepts when thinking about the likelihood of change (Miller, 1994). As demonstrated in this analysis, parent/carer language might indicate the potential for change, even when practitioners are faced with some level of resistance. With practitioners being more naturally 'tuned in' to sustain talk (Rosengren, 2018), this highlights the importance of becoming more attuned to all types of change language in order to ensure fair assessment and avoid potential for confirmation bias.

Conclusion

The analysis of child and family social work conversations in the first phase of the study identified some unique characteristics of parent/carer change language in this context. This chapter has outlined the significance of these findings in relation to existing theory and research. One key difference between change language in social work and how it is characterised in MI relates to the notion of protective behaviours in response to harm posed by others. The low proportion of statements indicating movement away from change was also a surprise finding and raises questions about the authenticity of change language in statutory contexts. This was empirically explored in the main analysis, with significant relationships between variables indicating that parent/carer language is likely a true representation of underlying thoughts/feelings. Finally, it is also important to note that the indicators of parent/carer motivation for change identified in the current study, share similarities with theoretically important indicators of change identified elsewhere and is an important marker of their validity.

Chapter 10: Discussion - Social worker motivational interviewing skills and verbal indicators of parent/carer motivation for change

Introduction

The primary aim of this study was to explore the relationship between social worker skills in motivational interviewing and parent/carer responses which are thought to be indicators of motivation for change (change talk, self-exploration and problem recognition). Findings from a recent meta-analysis (which drew predominantly from research undertaken in the field of substance misuse), indicate that practitioner MI skills are associated with a higher proportion of client change talk, which is in turn related to risk reduction and improved behavioural outcomes (Magill et al. 2018). This supports the hypothesised causal model of MI outlined by Miller and Rose (2009; see Figure 1 in Chapter 3).

The current study was designed to test paths 1 and 2 of this hypothesis (that practitioner MI skills are related to client change talk and diminished resistance) in the context of conversations that take place between child and family social workers and parents/carers. The skills explored included “traditional” MI skills (evocation, collaboration, autonomy and empathy), as well as some MI-informed skills that had been adapted for the social work context (purposefulness, clarity about concerns and child focus) as part of a study undertaken by Forrester et al. (2019). Whilst the sample was smaller than expected, it was sufficient to pursue the main analysis and explore correlational associations between practitioner skill and parent/carer responses. This chapter will begin with a summary of the key findings. These will then be discussed in relation to existing research and broader literature and the significance of these findings for social work theory and practice will be considered. Finally, the way that change was conceptualised throughout each phase of the study will be discussed, with implications relating to the findings of the main analysis.

Key findings

To recap, the main analysis set out to address the following research question:

What is the relationship between social worker motivational interviewing skills and verbal indicators of parent/carer motivation for change in child and family social work conversations?

In summary, the findings suggest that the skills of the social worker are associated with verbal indicators of parent/carer motivation. However, not all MI skills were significantly associated with parent/carer responses. Surprisingly, the only measure which was significantly associated with parent/carer change talk (the key indicator of motivation in MI) was the social work specific measure of good authority (purposefulness, clarity of concerns and child focus). This was MI-informed but developed specifically for the child and family social work context as part of a previous study (Forrester et al. 2019). Neither the core technical skill of MI (evocation), or care and engagement skills (which are MI-specific measures) were associated with change talk, which contradicts the original hypothesis. Both care and engagement skills and good authority were significantly associated with self-exploration, which is understood to be an important factor in change processes. The relationship between good authority and problem recognition was also close to reaching statistical significance.

To summarise, the findings offer partial support for MI theory. Whilst care and engagement skills were associated with self-exploration, relationships with other measures of parent/carer motivation were weak. Furthermore, evocation was not significantly associated with any indicators of parent/carer motivation, but there was a moderate relationship with problem recognition. The variable which was most consistently associated with parent/carer responses was the composite measure of good authority which was MI informed but developed specifically for the context of child and family social work. These findings will be discussed in greater detail below.

Contribution to existing literature

MI research in non-social work settings

The relationship between practitioner MI skills and indicators of parent/carer motivation identified in this study were not always consistent with the findings of prior MI research. Earlier research indicates that adherence to the global MI principles of

empathy and/or MI spirit (an average of evocation, collaboration and autonomy) is positively associated with client change talk and self-exploration (Borsari et al. 2015; Kaplan et al. 2013; Pirlott et al. 2012), even where clients are mandated to participate (Borsari et al. 2015). This thesis contradicts previous findings regarding the relationship between global MI skills and change talk, but supports findings about the relationship between MI relational skills and client self-exploration. Both the individual measure of empathy and the combined measure of care and engagement, were associated with self-exploration.

As outlined in Chapter 3, prior research has also provided robust evidence that the selective reinforcement of change talk through reflective statements and evocative questions leads to increased client change talk. In the current study, these skills were captured through the evocation variable. Interestingly, the skill of evocation demonstrated only a weak relationship with change talk, despite being the skill designed specifically to elicit it. It is possible that the findings are to do with the use of global measures rather than measures of individual skills. For example, some MI research explores the relationship between practitioner skills and client responses at the level of individual utterance and research utilising this method has consistently identified a causal relationship (see Chapter 3). Furthermore, if the sample size had been bigger, it is possible that significant relationships would have been identified. For this reason, it is important to remain open to the possibility that the skill of evocation may still be relevant to change processes in child and family social work.

The current study explored the relationship between the composite measure of “good authority” and parent/carer responses. This measure was intended to capture the skilled use of professional authority, whilst drawing on the underpinning “MI spirit”; a set of value-based principles that guide the practice of motivational interviewing (Miller and Rollnick, 2013). As this was a customised measure, it is not possible to make direct comparisons with prior research. That said, whilst MI has not traditionally attended to the concept of skilled professional authority through global measures, some skills relating to the use of professional expertise such as offering and advice or raising concerns (with or without permission) are measured as individual behavioural counts. Typically, they are incorporated into the MI-consistent (MICO) and MI inconsistent (MIIN) variables which incorporate a wide range of individual behaviours and are not examined in isolation. However, in their study of

smoking cessation with African American clients, Catley et al. (2006) explored these behaviours individually. The findings of this study paint a mixed picture with regards to the use of authority in motivational interviewing. When practitioners offered advice without permission, there was a negative correlation with change talk, which supports MI theory. However, raising a concern without permission (a behaviour which is inconsistent with MI) was unexpectedly associated with more change talk (Catley et al. 2006). This study indicates that the use of authority in MI may be complex.

This complexity was similarly highlighted by Moyers et al. (2005) in a study which unexpectedly found that therapist use of confrontation, warning and directing (behaviours that are inconsistent with MI) was positively associated with client participation (defined in the study as cooperation, affect and disclosure) in conversations about substance misuse, but only where these behaviours were observed alongside interpersonal skills such as empathy. Whilst it was beyond the scope of this study to explore interpersonal skills as a mediating variable, it is of interest that both interpersonal skills (care and engagement) and good authority were significantly associated with self-exploration, suggesting that a combination of relational skills and those associated with use of authority may be important when considering client participation in conversations about change.

The findings of the current study, as well as the studies outlined above suggest that the relationship between professional authority and client responses in MI is complex. Whilst MI theory traditionally suggests that use of authority (particularly in the absence of collaboration and autonomy) is likely to result in increased sustain talk and statements of resistance, studies which have examined the use of authority in MI suggest that some behaviours that are thought of as inconsistent with the approach, may in fact be related to indicators of client motivation and involvement in some circumstances. Findings from the current study, taken together with those from Moyers et al. (2005) suggest that professional authority, including the act of raising concerns, might be effective in eliciting motivation, when used alongside the relational skills of MI. This indicates that adaptations of MI may be beneficial in some circumstances, particularly where practitioners need to use authority. It also highlights the importance of exploring MI theory in a range of circumstances in order

to understand how mechanisms of change might be affected by context (Pawson and Tilley, 1997).

In summary, this thesis suggests that traditional MI skills which are typically associated with client change talk in other settings, were not associated with change talk in child and family social work conversations in the same way. Instead, an MI-informed variable which captured skills related to “good authority” was associated with change talk. However, both relational MI skills and the social work specific variable of good authority were associated with client self-exploration which supports the findings of previous research but suggests that in some contexts, other MI informed skills may also be related to this dimension of client participation in change processes.

Social work research

Whilst change process research is well established in the fields of psychology and psychotherapy, studies exploring the relationship between social worker skills and service user responses is scarce. The only study which could be identified was undertaken by Forrester et al. (2008a) and explored the relationship between social worker skills and simulated client responses in the context of child and family social work conversations. The authors identified a significant association between social worker empathy, increased parental disclosure and decreased resistance. Similarly, findings from the current study indicate that in real world settings, social worker relational skills (captured through the care and engagement measure) are associated with parent/carer participation in conversations about change. This was captured through the self-exploration variable which measured the parent/carer’s level of intrapersonal exploration, including the disclosure of materials which might render them vulnerable (Houck et al. 2010). Taken together, these studies highlight the importance of social worker empathy and relational skills in facilitating honest and open discussions with parents/carers about issues or concerns.

Whilst Ferguson et al. (2022) do not explore change processes explicitly, they draw from a larger body of work in order to describe the types of relationships between parents and social workers in long term casework that resulted in therapeutic change. The authors refer to these relationships as “holding relationships” and

suggest that they feature four key components including: reliability, immersion in day to day life, physical and emotional closeness and using good authority. Whilst the first three features are not skills as such, the examples of good authority outlined in the article share similarities with the measure of good authority in the current study. Whilst the studies utilise very different methodologies, the findings of each support the idea that practice which is both empathetic whilst being clear about what is expected of parents is most likely to effect change.

When thinking about the relevance of findings from the current study, it is important to reflect on their relationship with the parent study. Forrester et al. (2018; 2019) explored the relationship between social worker MI skills and outcomes in child and family social work. The authors identified several relationships between variables (see Chapter 2 for a detailed outline of the research). In summary, both “care and engagement” skills and “good authority” were associated with parental engagement, and good authority was also related to the parent’s rating of family life and continued to be of significance over time. The current study was developed in part, as an attempt to explore these findings in greater depth. In particular, to explore possible mediating variables which might account for these relationships. A key aim was to better understand change processes in social work by exploring what it is about practice that seems to promote change. MI has a well-articulated theory of change, based on decades of research, which suggests that the key mediating factor between practitioner MI skill and client outcomes lies in the client’s verbal expression of change talk (Miller and Rose, 2009). The current study was concerned specifically with exploring whether this theory applied in the context of child and family social work. The findings of the current study indicate that change talk may be a mediating factor in the relationship between social worker skills and client outcomes in child and family social work. Change talk was identifiable in conversations and was significantly associated with the skills of the social worker. However, in contrast to MI theory, the skills which appeared most effective in eliciting change talk were those related to the use of skilled authority as opposed to MI relational and technical skills.

Whilst self-exploration is not considered a mediating variable in MI, it is understood to be an important factor in MI conversations and has shown to be a predictor of outcome (Apodaca, 2014). In the current study, both care and engagement skills,

along with good authority were associated with self-exploration. These findings therefore suggest that client self-exploration may also be a mediating factor explaining the relationship between variables identified in the parent study. In particular, the relationship between care and engagement skills and parental engagement (measured through the working alliance inventory). This appears to make conceptual sense given the role that client self-exploration is understood to play in therapeutic processes (Hough, 2014).

In the parent study, the skill which had most bearing on goal attainment was evocation, and specifically in cases where families had more frequent contact with their social worker (whilst it did not quite reach statistical significance the authors suggest that this may be indicative of the small sample size). The finding that evocation demonstrated only weak and insignificant relationships with in-session indicators of parent/carer motivation in the current study, suggests that any relationship between evocation and outcome in social work is unlikely to be mediated by client self-exploration or change talk. However, this may be related to the fact that the majority of cases included in the parent study were not included in the sample for the current study. Alternatively, it is possible that the absence of such a relationship might be explained as a result of the methodological limitations outlined previously.

In summary, the findings of this thesis partially support MI theory by indicating that client change talk and self-exploration may, at least in part, explain the relationship between MI skills and outcome in child and family social work conversations. Further research utilising more advanced statistical methods would be required to explore mediating variables empirically. However, an important difference between MI theory and the findings of the current study is that the skills required to cultivate these responses, may be different to those traditionally used in MI. Whilst some well-established MI skills remain important, particularly those related to care and engagement (empathy, collaboration and autonomy), they may need to be used in combination with other MI informed skills which have been adapted specifically for the social work context.

Interpretation of findings

As outlined above, the findings of the current study offer only partial support for MI theory in child and family social work. MI skills which were expected to demonstrate statistical relationships with parent/carer indicators of motivation did not prove significant in this context. Instead, a combination of skills reflecting the broader notion of good authority were most consistently associated with parental responses. This was one of the great surprises of the current study, not least because there is strong evidence in support of MI theory across a range of professional contexts. The following section will reflect on these discrepancies in greater depth, offering a potential explanation for why MI skills which have been shown to be related to indicators of client motivation in other settings, do not appear to have the same effect in child and family social work conversations. Key differences between the nature of research participants in the current study and other MI research, as well as differences between client-worker relationships in social work and other settings will be discussed. The chapter will conclude with the argument that descriptions of relationship-based practice in social work must attend more explicitly to issues of power and authority.

Nature of research participants

One of the key differences between the current study and MI research conducted in other settings relates to the nature of the participants and the extent to which they might be considered voluntary or involuntary. The majority of previous MI research has explored the approach in relation to substance misuse and has used volunteer participants recruited solely for the purpose of the study from emergency departments, colleges/high schools and the army. In these instances, participants were not already otherwise engaged with treatment services and made an active decision to participate. In previous studies where participants were already engaged with services, they were similarly involved on a voluntary basis and the issues explored might be considered “low level” in that no sanctions would be implemented as a result of non-engagement (e.g. weight loss counselling or tobacco cessation).

By contrast, in the current study participants were already engaged with children’s services. Whilst the majority of participants were involved on a voluntary basis under S.17 of the Children Act (1989), the extent to which they perceived their engagement

to be voluntary is debatable. Research suggests that parents are fearful of social work involvement (Ghaffar et al. 2012) and many are unaware of their right to refuse intervention under S.17. Furthermore, a failure to engage could result in an escalation of concerns resulting in the initiation of S.47 procedures. With this context in mind, it is possible that participants in the current study felt coerced into engaging with services (even if they voluntarily participated in the research). Trotter (2006, p. 3) suggests that the distinction between voluntary and involuntary clients is “*best viewed on a continuum*”. Whilst the participants in this study do not sit at the extreme end of this continuum, they might be described as being partially voluntary, whereas participants in most MI research might be described as voluntary. It is possible that the skills required to work with clients who are not entirely voluntary might differ from those who actively choose to seek support.

That said, it is worth drawing attention to a high-quality study which explored in-session processes in MI using exclusively mandated clients (Borsari et al. 2015). The authors found that practitioner MI skills were similarly effective in eliciting client change talk and self-exploration. Whilst few conclusions can be drawn from a single study, it does suggest that the involuntary nature of the relationship in itself does not necessarily account for the lack of association between traditional MI skills and client change talk identified in this study. The findings from Borsari et al. (2015) suggest that MI skills can be effective, even where clients are engaged with services on an involuntary basis. This suggests that there are likely to be other factors which account for differences in how MI operates in child and family social work.

Nature of relationship between client and practitioner

A key difference between statutory social work and other settings where MI is routinely used (even where participation is involuntary), is the power held by the practitioner. This is a well-documented and complex feature of child and family social work practice as practitioners are required to adopt the dual role of helper and controller. There are few other professions in which the practitioner delivering the intervention also has the power to impose sanctions if the recipient does not change. One exception to this is in the field of probation which has parallels with social work. Probation officers have a clear law enforcement role, but at the same time are

encouraged to adopt a more holistic view of offending and offer support-based interventions such as motivational interviewing (HM Inspectorate of Probation, 2020).

Two studies have explored the relationship between motivational interviewing skills and client outcomes in a probation context. Interestingly, the findings offer weak evidence regarding the efficacy of MI in probation settings. Harper and Hardy (2000) identified differences in attitudinal outcomes and self-reported drug use for offenders with MI trained officers. However, officer skill was based on self-report which has shown to be a poor measure of MI skill (Miller et al. 2004; Miller and Moyers, 2017). It is therefore possible that factors unrelated to MI skill may have explained improved outcomes in the MI group. For example, it is possible that officers in the MI trained group (who volunteered to undertake training) were simply more motivated to help offenders. In a study which used observational measures of MI skill (and are shown to have predictive validity), there was no association between MI skills and outcome (Walters et al. 2010). Whilst these studies did not explore the mechanisms of change in MI, they offer some indication that when MI is used in contexts where the person delivering the intervention also holds the power to impose sanctions, the efficacy of traditional MI skills may be compromised.

This raises questions relating to the influence of power and authority in motivational interviewing, and the ways in which this might affect current interpretations of MI theory. Why is it that MI skills are potentially less effective when delivered by practitioners who hold a dual care-control role? In addressing this question, it may be helpful to revisit the historical roots of the approach. In developing motivational interviewing, William Miller was heavily influenced by the work of Carl Rogers on person centred therapy. In particular, the underpinning “spirit” and relational component of MI is rooted in the idea that the working alliance between client and practitioner is a necessary condition for change, and associated with the skills of the helper (Miller and Rose, 2009). MI is closely aligned with many other approaches in highlighting the therapeutic relationship as being fundamental to its success (Moyers, 2014). Change processes, even when a person enters into them voluntarily, can be exceptionally difficult. They require a level of vulnerability which is only possible when the client experiences a sense of trust and emotional safety within the relationship. MI, like many other therapeutic approaches, emphasises therapist skills and qualities such as accurate empathy, acceptance and

unconditional positive regard as being key to facilitating this type of relationship (Miller and Rollnick, 2013).

In the field of child and family social work, there are obvious implications associated with engaging in change processes of this sort, particularly where interventions are delivered by social workers and not an external agency. Acknowledging the existence of a problem and exploring the possible impact on self or others could have serious consequences. The content of such conversations might, at the extreme, be disclosed as part of child protection or court proceedings. This is quite different to other settings where MI is used, even if clients are referred on mandatory basis. In the field of substance misuse for example, clients may be court ordered to attend a service but there is a clear distinction between the decision maker and the person delivering the intervention. Whilst a substance misuse practitioner might be required to offer some broad feedback about a client's participation and overall progress, they are bound by different limits of confidentiality, except in the most exceptional circumstances. These differences are likely to have significant implications for any approach which is reliant on the working alliance as the basis for intervention. As Turnell and Edwards (1999, p. 22) aptly note in their introduction to *Signs of Safety*, "*not surprisingly, families found it difficult to trust anyone who had the power to take control of their life*". In the context of relationships which are fundamentally structured around the worker's power, it seems likely that the development of relational trust would require more than therapeutic skills alone. Turney (2012, p. 155) suggests that the development of trust in statutory social work requires the modelling of trustworthiness by "*being explicit about concerns, risks, requirements for change and presenting this in a clear but compassionate way*". This perspective has been consistently echoed by service users across multiple studies, who suggest that a combination of relational skills and professional transparency are most conducive to developing positive relationships in social work (Gallagher et al. 2011; Ghaffar et al. 2012; Smith et al, 2012).

The findings of the current study suggest that whilst more therapeutic MI skills were positively associated with client self-exploration and openness, they were not significantly associated with other indicators of motivation such as change talk. Instead, MI skills which were adapted for the social work context and incorporated elements of good authority and transparency about concerns, elicited greater change

talk and problem recognition. It is possible that a combination of therapeutic skills and good authority proved more effective because they facilitated a relationship in which parents/carers felt able to open up because the true nature of the relationship and reason for involvement were made transparent. This seems particularly important in the context of MI conversations which involve change exploration.

This is an important finding because many models of practice and descriptions of relationship-based approaches are therapeutic in origin. Whilst some key advocates of relationship-based practices have attended to the worker's statutory responsibilities and use of authority as an integral part of the approach (e.g. Ferguson et al. 2022; Turney, 2012), others have emphasised the significance of therapeutic skills and qualities. Shemmings (2017, p. 203) for example, suggests that the key to developing relationships in social work relies in the workers ability to cultivate "epistemic trust", a term coined by Fonagy and Alison (2014, p. 4) to describe "*an individual's willingness to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self*". Key to this, argues Shemmings is the workers ability to demonstrate an understanding of the other person's perspective. Similarly, Howe (2010) emphasises the centrality of the working alliance to relationship-based practice and suggests that the main way in which this can be achieved is by "mentalising" for parents, or in other words, attempting to see things from their point of view. Howe (2010) suggests that workers who acknowledge parents' feelings, mentalise for them and contain strong emotions, create a sense of emotional safety which makes it easier for parents to hold their child in mind. What is missing from both Howe and Shemmings' articulation of relationship based social work, is consideration of the worker's power and statutory responsibilities and the potential ways in which this might impede the development of such relationships. Both descriptions appear to be based on the assumption that the helping relationship is founded primarily on the person's need for understanding and acceptance and that therapeutic skills will have the same impact on relationship development in social work as they would in a more therapeutic context.

The findings of the current study indicate that therapeutic skills such as empathy reflect only part of what is required to achieve a relationship founded on trust where practitioners hold a role which incorporates elements of care and control. Whilst empathy and more traditional therapeutic skills were associated with client self-

exploration, the skills which elicited change talk and had a greater effect on self-exploration were those in which the authority of the social worker was acknowledged and the reason for involvement was made explicit. Whilst therapeutic skills are clearly important to change processes in social work, these findings suggest they are not sufficient in and of themselves. The findings of the current study support descriptions of relationship-based practice which highlight the positive contribution that good authority can make to the development of client-worker relationships in child and family social work practice. Both Ferguson's description of a "holding relationship" (Ferguson et al. 2022; see above) and Turney's approach to work with involuntary clients (Turney, 2012), propose that a combination of worker compassion and empathy, along with clarity about concerns are likely to prove most effective when attempting to build relationships in a child and family social work context.

Findings in relation to cases of domestic abuse

An unexpected finding of the study overall relates to the way in which change was conceptualised by social workers as being about mothers' protective capabilities in cases where children were deemed to be at risk due to the actions of men (most often as a result of domestic abuse). This was a theme that ran throughout each phase of the study. Typically, this meant ensuring that they didn't resume the relationship, asking them what safety measures they could put in place around contact, or how they could avoid being in a position where children could be exposed to violence or abusive behaviours. Whilst this was not the focus of the current study, the findings raise important questions about the nature of change-based discussions in social work and how approaches such as motivational interviewing can be used ethically in cases of domestic abuse or where the risk arises from a different parent. In the following section, these issues will be explored in greater detail, drawing on the existing literature in this area.

The findings are significant for several reasons and not least because mothers supposed "failure to protect" has been highlighted as a key issue relating to social work intervention in cases of domestic abuse for several decades (e.g. Kopels and Sheridan, 2002; Magen, 1999). Research exploring social work intervention in this context, has indicated that responses tend to share "striking commonalities";

interventions focus exclusively on women and their responsibility to protect the children whilst ignoring their individual needs, holding them to higher standards than men and rendering the perpetrator invisible (Humphries and Absler, 2011). Previous research has tended to focus on the lived experiences of women and the perspectives of social workers. The findings of the current study offer a unique contribution to this body of literature by utilising observational data of direct practice. These findings corroborate previous research, painting a rather depressing picture of intervention in cases of domestic abuse. In the current study, change was typically conceptualised as the responsibility of the non-abusing parent and fathers were largely invisible from interventions. Only a small minority of conversations were directly with perpetrators about changes they needed to make to their own behaviour, or with both parents. As outlined in Chapter 5, at times this practice was highly oppressive and demonstrated a lack of knowledge regarding the dynamics of abusive relationships.

The pattern of practice depicted in the current study is at odds with best practice guidance regarding interventions in cases of domestic abuse. The British Association of Social Workers recently issued practice guidance which urges practitioners to avoid the revictimisation of survivors through placing the responsibility to safeguard children on them. Instead, they suggest working in ways that place accountability for the abuse and responsibility for change, firmly with the perpetrator. The guidance suggests that instead of framing risk to children as a “failure to protect” on the part of women, social workers should prioritise addressing their needs as both parents and individuals in their own right (BASW, 2021). This appears to be in stark contrast to the majority of conversations in the current dataset that took place with female survivors of domestic abuse. Although the data was gathered almost a decade ago, more recent studies suggest that assessment and intervention in cases of domestic abuse continues to focus mainly on engagement with the survivor, as opposed to the perpetrator (Barton-Crosby et al. 2022). Ferguson et al. (2020, p. 25) describe such patterns of intervention as “*stubbornly resistant to change.... with the management of its consequences outsourced to those often most harmed by it*”.

As well as highlighting the persistence of unhelpful interventions targeted at those in most of need of support, the findings of the current study also raise broader questions about the ethical use of MI in cases involving domestic abuse. Over half of

the recordings which met the criteria for the main analysis involved conversations about domestic abuse and the findings indicate that social work skills were associated with indicators of parental motivation in these conversations. However, just because you *can* use MI in certain situations, doesn't necessarily mean that you *should* (Forrester et al. 2021). An MI conversation may well result in a survivor feeling more committed to protecting their child from exposure to domestic abuse, but the bigger question is whether that should be their responsibility to bear. The inherent implication when having a conversation about steps a mother can take to protect their child, regardless of whether that is done in a collaborative and empathetic way or not, is that they are in some way to blame for the abuse that their children were exposed to, or at least bear a significant responsibility for fixing the problem. This is deeply problematic for professionals whose code of ethics requires that they challenge oppression, including that related specifically to gender (BASW, 2021). When practice focuses on mothers in this way, it perpetuates gender norms, places higher expectations on women than men, and side-lines men's identity as fathers (Humphries and Absler, 2011). This is not to say that MI shouldn't be used in cases of domestic abuse, or that women should not hold any responsibilities in relation to keeping their children safe from future harm (Lapierre, 2010), but rather to suggest that when MI is used, it should be done so with conscious attention paid to the possible implications for anti-oppressive practice. It is worth noting that MI has been used effectively elsewhere with survivors of domestic abuse. However, the emphasis in these cases was on enhancing safety and ensuring that the change-behaviour is in keeping with the woman's expressed wishes (e.g. Wahab, 2005). A more ethical application of MI in cases of domestic abuse would be in work with perpetrators, where evidence suggests that the approach can enhance acceptance of blame and motivation to engage treatment following an incidence of domestic abuse (McMurrin, 2009).

Whilst the current findings draw attention to examples of potentially oppressive practice in relation to cases of domestic abuse, pointing the finger of blame at individual workers is unlikely to result in meaningful change. Several authors have drawn attention to the political roots of social work responses to domestic abuse, suggesting that they have been structurally sanctioned through legislation and service provisions targeted specifically at women (Humphries and Absler, 2011;

Ferguson et al. 2020). Furthermore, research exploring barriers to working with father's in cases of domestic abuse has highlighted the potential failure of social work education to equip practitioners with the specific skills required to work with men, as well as the failure of organisations to attend to the safety implications for practitioners (Humphries et al. 2020). As Humphries and Absler (2011) aptly suggest, blaming individual workers for problems which are structural in origin, is as unhelpful as blaming mothers for violence which was perpetrated by another person. Ultimately, these findings corroborate existing research in highlighting the propensity for social work interventions to further oppress mothers and exclude men in cases of domestic abuse. They also highlight the moral and ethical complexities of using change-based interventions in social work and the need to ensure that education and training on practice models such as MI is accompanied by discussions about anti-oppressive practice. The findings also emphasise the point that the effectiveness of an intervention in and of itself is not a sufficient reason to use it, particularly where it has the potential to exacerbate inequality.

Conclusion

In summary, it has been argued in this chapter that there are obvious power differentials that separate social work from other helping relationships, even those in which some element of coercion may exist. Despite these differences, some descriptions of relationship-based practice have failed to account for how such issues might affect the development of trust within the relationship and how practitioners might attend to such issues in practice. The findings of the current study suggest that therapeutic skills are just one element of what is needed to establish a trusting relationship in the context of child and family social work. It seems likely that one of the key reasons skilled authority was more effective in eliciting client self-exploration and change talk in this context is because it facilitated a higher level of trust than relational skills alone.

Finally, it was suggested that a common strand connecting each component of the study relates to the way that change was conceptualised as being linked to a mother's protective capabilities. This has ethical implications for practitioners using MI, as well as change focused interventions more broadly.

Chapter 11 – Limitations and implications for policy, practice and research

This chapter will begin by reflecting on the research process and outlining key challenges and limitations relating to each phase of the study. It will then move on to consider the implications of the findings for social work policy, practice and research.

To recap, the primary aim of this thesis was:

To explore the relationship between social worker MI skills and verbal indicators of parent/carer motivation for change in child and family social work conversations.

Challenges and limitations

Phase one: exploratory component

The first phase of the study involved a qualitative exploratory component. Unlike its quantitative counterpart, qualitative research does not seek to eliminate the influence of the researcher from the analytic process. Instead, it is accepted that the researcher's identity and experience will influence the findings (Mays and Pope, 2000). A marker of good qualitative research therefore lies in extent to which the researcher makes this influence explicit (CASP, 2018). In relation to this phase of the study, it is important to acknowledge the author's professional background and experience. The analysis identified several themes relating to change language in child and family social work conversations which were strikingly similar to those used in motivational interviewing. One explanation for this may simply be that change language has similar characteristics irrespective of professional context. However, it is also plausible that the author's personal interest in MI and the theoretically driven nature of this project means that other types of change language were overlooked. It is possible that another researcher presented with the same data, may have identified different themes to the ones outlined in Chapter 6.

A further limitation pertaining to this phase of the study relates to the sample. Firstly, the sample was drawn from data collected as part of a study undertaken by Forrester et al. (2018). Cases in the parent study were predominantly low concern and therefore the change language identified here may be unrepresentative of change

language in samples where the level of concern is higher. Secondly, the sample size was not determined by reaching a point of data saturation. Instead a fixed sample size was decided at the outset. It is therefore possible that additional types of change language may have been identified if further data items had been included in the sample. However, this phase of the study did not set out to identify an exhaustive list of change language. Rather, it set out to develop a working definition which would inform the behavioural coding tool being used for the main analysis.

The findings from the first phase of the study also raised important questions about the extent to which parent/carer speech acts in social work conversations are truly representative of underlying thoughts and feelings. MI assumes a relatively straightforward relationship between language and meaning but it is possible that change language offered in the context of social work is less authentic than change language offered in non-statutory settings. If this were the case, then change language might not be a reliable indicator of outcome and the goal of understanding how it could be enhanced would seem somewhat redundant. Whilst this is an important consideration, this was empirically explored in the next phase of the research. The fact that statistically significant relationships were identified between social worker skill and parent/carer talk, offers validity to the notion that change language is representative of people's thoughts and feelings.

It is also important to acknowledge that there is currently no empirically established relationship between some of the indicators of movement towards and against change identified in this analysis, and outcomes. The rationale for exploring whether social workers can influence the proportion of parent/carer change talk and self-exploration was because they have been shown to be related to outcome (Borsari et al. 2015; Magill et al. 2018). However, statements of problem recognition (as they arise in naturally occurring speech) have not been examined. For example, in their study of factors predicting abuse and neglect, Littell and Girvin (2006) measured problem recognition using a self-report questionnaire. It is possible that problem recognition as expressed in naturally occurring speech is not predictive of outcome in the same way. In this respect, problem recognition as an indicator of change is only hypothesised as being related to outcome. However, this can be empirically explored through future research.

Phase two: quantitative study

Identifying the sample

In order to explore indicators of parent/carer motivation for change, conversations needed to feature a clear target behaviour. This refers to the change goal that the practitioner is attempting to elicit motivation towards and it needs to be both specific and behavioural in nature (Moyers et al. 2014). As discussed in Chapter 5, it was challenging to identify a sample of recordings which met these criteria. Concerns were not always articulated clearly and often lacked an explanation of what was expected of the parent in behavioural terms.

In order to be included in the sample, the target behaviour also needed to be discussed in depth. Deciding what classed as in-depth was not always straightforward. In this dataset, a specific issue or concern was rarely the only thing that was spoken about. Conversations were multifaceted and even where concerns were discussed, they often featured elements of information gathering, sharing case updates or providing practical support amongst other things. Whilst it involved a degree of subjectivity, the judgement about what classed as in depth was ultimately based on two key factors: first, the proportion of the overall discussion that was focused on the issue or concern and second, whether it resulted in a dialogue between worker and parent. The latter was required in order to be able to code for the parent/carer variables. In other words, if the parent wasn't given space to share their thoughts and feelings about a particular issue then it wouldn't be possible to identify change talk, sustain talk, problem recognition or self-exploration. These things were contingent on the social worker facilitating dialogue. Whilst every attempt was made to be consistent with decision making, it is possible that what classed as in-depth could have been interpreted differently by someone else.

A further inclusion criterion for the main analysis was that recordings needed to feature conversations between a social worker and one parent/carer. This was because the behavioural coding tool used in this study was an adaption of existing MI coding tools which were developed to measure change language from a single client. Identifying recordings which met this criterion in the strictest sense proved challenging as the vast majority of conversations in the dataset took place at the

family home and it was rare for nobody else to be present. Most often, children were in the room and occasionally other family members. This happened so frequently that a decision was made to only exclude recordings where the other party had a significant bearing on the conversation overall, or any involvement in discussion of the target behaviour. Where the recording involved a person momentarily interrupting to mention something unrelated, or was present but did not talk, these were included in the analysis. It is important to consider the possibility that the very presence of another person affected the dynamics between parent/carer and social worker. Perhaps, for example, parents felt less able to open-up in front of their children, or other family members, or felt that they had to adapt what they were saying. This could have implications for an analysis of parental motivation that is based on verbal indicators.

Recordings were also excluded if they involved the use of an interpreter, even where they met the other inclusion criteria. This decision was made on the basis that interpreters may be considered a confounding variable. This is because MI is reliant on the practitioner's responsiveness to client language and vice versa. When an interpreter is used, translation is not always verbatim and therefore the meaning of the social worker's speech may be altered in translation. For this reason, any conversations involving an interpreter were excluded.

In relation to the points above, it is important to acknowledge that the decision to exclude recordings where discussions involved multiple family members or interpreters is a key limitation of this study. The reality of child and family social work is that it often involves working with multiple family members (sometimes at once) and using interpreters is not uncommon, especially in diverse geographical areas. The findings of this analysis are therefore applicable specifically to conversations that take place with one parent/carer, where English is used by both parties and are only partially representative of the types of conversations that child and family social workers have. However, to the authors knowledge, the relationship between social worker skills and indicators of parental motivation have never been empirically explored using direct observations of practice. Therefore, establishing whether there was an association between social worker skills and parental responses in more straightforward conversations was an important starting point and basis on which to explore these types of relationships in future research.

Challenges with coding

Once the sample had been identified, the analysis required recordings to be coded for parental behaviours. Coding was contingent on there being a clearly defined target behaviour, as change language is measured against the change goal identified as the focus for the session. Unlike MI research undertaken in other settings, the target behaviour in this study was not known to the author. In the parent study, social workers were not asked to specify the change goal. Retrospectively specifying a target behaviour for the purpose of behavioural coding therefore involved a degree of interpretation that is unusual for MI research. In specialist settings such as substance misuse, the target behaviour is often implicit and defined by the nature of the service. By contrast, social workers often support families with a range of interrelated issues and specifying a target behaviour can be complex. Whilst recordings were only included in the sample if an issue or concern was made explicit, this was rarely done in a neat way. Social workers rarely outlined a clear agenda and the issue often became apparent as the conversation unfolded. Even then, it was not always neatly articulated in behavioural terms. Defining the target behaviour therefore involved a degree of subjectivity. This has potential implications for behavioural coding as framing the target behaviour differently may have resulted in a different interpretation of change language.

In addition to specifying the target behaviour, conversations sometimes featured more than one issue or concern. This meant that a decision had to be made about what the main target behaviour was. This decision was based on several factors including the length of time the issue or concern was spoken about, which issue or concern related to the reason for the initial referral and which issue or concern the social worker seemed to indicate was most pressing or important. This was a similarly subjective decision with the potential for different outcomes, as it is possible that parents/carers may have expressed different levels of motivation towards different issues.

Methodological limitations

In addition to the challenges noted above, there are several methodological limitations which should be considered when interpreting the findings of this thesis. Firstly, there are several issues related to the sample. The current study involved a secondary analysis of data gathered as part of a previous study which was undertaken between 2012-2014 (Forrester et al. 2018). The time lapse between data collection and the current analysis has implications for the generalisability of the results. It is possible that the quality of practice, along with general trends in service delivery have since changed, especially in light of government initiatives such as the Innovation Fund which have resulted in numerous local authorities adopting strengths-based models of service delivery. That said, as discussed in Chapter 8, research undertaken more recently suggests that current practice does not appear dissimilar from that depicted in this study. There are indications that practice tends to focus on monitoring as opposed to direct work (e.g. Collyer et al. 2022) and can be confrontational in nature (e.g. Ferguson, 2021). Furthermore, variations in worker skill across time are unlikely to affect the relationship between social worker skill and parental responses. Even if the quality of practice has improved since the data were collected, it would not change the underlying relationships. It would merely reflect the fact that social workers are talking to parents/carers in ways that are more likely to elicit motivation. There are also limitations related to the sample size which was smaller than initially anticipated. Sample sizes in comparable research have varied considerably (see Chapter 4). It is possible that a small sample may have limited statistical power and therefore failed to detect other significant relationships. This is particularly relevant with respect to relationships between variables that were close to reaching statistical significance, for example good authority and problem recognition ($r_{s(26)} = .356, <0.07$). Where skills had associations with parental responses which were not statistically significant, it is important to consider the possibility that this may be related to the sample size and not to discount their value altogether.

The approach to analysis was also limited by the sample size. The preferred methods in MI process research involve using regression models or sequential analysis to analyse the relationship between variables. The value of such approaches is that they allow for causal inferences to be made. The final sample size meant that these approaches to statistical analysis could not be used in the

current study. Whilst the correlational design identified relationships between variables and indicated the strength of these relationships, it is not possible to say with any certainty that one caused another (Llewellyn and Hardy, 2001; Bryman, 2016). Whilst the findings suggest that several relationships exist between practitioner skill and parent/carer responses, it is not possible to tell whether this relationship is the result of an intervening variable or whether it is moderated by contextual factors such as the characteristics of the participants (Bryman, 2016). For example, it may be that parents/carers who are more open elicit a more empathic responses from social workers. Nevertheless, no research to date has explored the relationship between MI skills and client change language in the context of child and family social work. Establishing a correlation is a fundamental first step before undertaking further analysis using more advanced statistical methods such as linear regression (Samuel and Ethelbert-Okey, 2015). The identification of correlations between worker and parent variables in the current study offers a solid basis from which to pursue more advanced analytic strategies in future research.

A further methodological limitation relates to the possibility of false positive results in the correlational analysis. When a high number of correlations are analysed (as in the current study), this increases the likelihood that some significant relationships arose by chance. As such it is important to interpret the results with caution and to explore these relationships further through future research.

It is also important to reiterate that the current study has explored only part of the causal model of MI proposed by Miller and Rose (2009; figure 1). MI's theory of change proposes that the mediating variable supporting a link between practitioner MI skills and client outcomes relates to the client's verbal expression of change talk. This study has explored the relationship between social worker skill and in session parent/carer behaviours but further research is needed to establish any association between in-session behaviours and outcome in child and family social work. Whilst a large body of research has indicated that this relationship exists in other settings (e.g. Pace et al. 2017; Magill et al. 2018), this thesis has drawn attention to important contextual differences which may affect the way that MI theory is understood in child and family social work. It is possible that parent/carer responses (or at least the ones explored in this study) have little bearing on real-world outcomes in this context.

It is also worth noting possible methodological limitations that arise as a result of the coding approach used. Firstly, the current study used data from the parent study (Forrester et al. 2018; 2019) relating to the social worker variables. In the parent study, social worker skill was rated using the MITI 3.1 (Moyers et al. 2010). There have since been updated iterations of the MITI and the current version at time of writing, the MITI 4.2 (Moyers et al. 2014), features some significant changes to the practitioner skills that are measured. Whereas the parent study measured the skills of evocation, collaboration, autonomy and empathy, newer versions of the MITI measure cultivating change talk, softening sustain talk, partnership and empathy. Whilst there are arguably more similarities between these skills than there are differences, there is a possibility that measuring the more up-to-date skills could have elicited different results. Cultivating change talk for example, is a more nuanced articulation of the skills required to elicit change talk, and the authors have argued that it more accurately represents the complexity involved (Moyers et al. 2016). It is therefore possible that the failure to identify a significant association between some core MI skills such as evocation and parent/carer responses may be in part to do with the measure used.

Phase three: emergent component

The emergent component involved categorising all recordings in the dataset in order to provide context for the main analysis. The purpose was to understand what social workers were doing when issues/concerns did not feature significantly in the conversation. The categorisation scheme was not designed for use beyond the scope of this research project and does not make claims about child and family social work practice more broadly. The illustrations of practice that feature in Chapter 5, serve to highlight key issues which help situate the findings of the main analysis within a broader context. Any interpretations of practice explored as part of the discussion are speculative in nature, although the questions raised have wider relevance and could be explored through further research.

It is also important to note that recordings in the dataset are representative of the methods used in the parent study and the nature of the work undertaken by social workers in that sample. Social workers were located in Child in Need teams which

took cases requiring a child and family assessment (Children Act, 1989) and supported families with longer-term work. Researchers in the parent study typically observed visits in the early stages of work with the family. As outlined in Chapter 7, the majority of recordings in the dataset (82%) were with families who had seen their social worker four times or less. This meant that many cases were still in the assessment process. This has implications for how the findings of this analysis are interpreted. Had the same analysis been undertaken predominantly with families who had been involved with children's services for a longer period or had more contact with their social worker, it may have painted a very different picture relating to the focus of social work conversations. Findings from a secondary analysis of data in the parent study would certainly support this suggestion. The authors found different relationships between skills and outcomes when they isolated cases in which the family had seen their social worker 8 times or more (Forrester et al. 2019).

Strengths

Notwithstanding the limitations outlined above, the study has several key strengths. First, it is the only attempt of its kind to capture potential indicators of parent/carer motivation for change in social work conversations that are based on statements arising from naturally occurring speech. Whilst a large body of research has explored parent/carer perspectives on the skills they think are important to social work practice, there has been little empirical exploration of the impact of these skills on the ways that parent/carers actually respond in direct practice. Linked to this, the study was also unique in developing a bespoke measure which captures parental problem recognition as indicated through naturally occurring dialogue. Previous studies exploring problem recognition in social work have relied on self-report measures which are prone to bias. This measure was easy to use, showed strong associations with some social worker skills and with further refinement could prove useful in future research exploring potential indicators of change in child and family social work.

Second, to the authors knowledge, it is the only study of its kind to utilise systematic observational methods in order to empirically explore the relationship between social worker skills and parent/carer responses in direct practice (as opposed to simulated clients). Whilst such methods are relatively common in the field of behavioural

psychology, they are rarely used in social work research. A key strength of utilising this approach is that parent-worker relationships can be explored using larger datasets and the data can be statistically analysed. Whilst qualitative explorations of change processes in social work are extremely valuable and offer a rich picture of practice, they are limited in terms of generalisability and replicability. Person-centred therapy is a prime example of an approach which was developed using systematic observational methods to explore relationships between therapist behaviours and client responses (see Rogers, 1963 for further discussion). The findings shaped our understanding of the practitioner's role in facilitating the "working alliance" which has been hugely influential in psychology as well as the helping professions more broadly (Horvath and Luborsky, 1993). Whilst the current study is merely a starting point for exploring change processes in child and family social work, it highlights the wider impact that utilising systematic observational methods can have in relation to theory development and practice.

A key strength also relates to variability in the final sample for the main analysis. One of the limitations of existing MI process research is a lack of variability in the practitioner's skill level which can make it more difficult to detect an effect. In the current study, half of the workers were trained in MI and the other half weren't which increased the likelihood of detecting an effect.

Whilst there is a large body of research exploring change processes in MI, no studies have explored the relationship between MI skills and change language in a context where the professional delivering the intervention holds statutory powers. As well as addressing a key gap in the literature, the current study utilised a mixed methods approach which is unusual in the field of MI research. As well as testing existing hypotheses, this allowed for the qualitative exploration of new parent/carer variables of interest, in addition to those already specified in the MI literature. This was particularly valuable when considering the application of MI theory in a new context.

Additionally, a mixed methods approach allowed for the emergent strand of the study which offered broader context to the findings of the main analysis. This was the first attempt of its kind to categorise and describe the focus of child and family social

work conversations and the way that change featured within them, using a large dataset of direct practice recordings.

Implications for social work policy, practice and research

Notwithstanding the limitations outlined above, findings from the current study have important implications for social work policy, practice and research. These will be discussed below.

Findings relating to the relationship between social worker MI skill and indicators of parent/carer motivation for change

The findings of the main analysis indicate that the relationship between traditional MI skills and parent/carer change talk (the key indicator of motivation in MI) was not statistically significant. Instead, skills related to good authority, which were MI informed but had been adapted for the social work context, were associated with parental change talk. In addition, both traditional MI skills and good authority were associated with client self-exploration. These findings offer only partial support for MI theory in the context of child and family social work and have significant implications for research and practice.

There are three key implications that arise from these findings. The first implication relates to MI theory and training for social workers, the second relates to the broader use and transferability of evidence-based interventions (EBI's) in social work, and the final implication relates to definitions of relationship-based practice. Each will be discussed in turn, before moving onto the implications of the findings for future research.

The most obvious implication relates to our understanding of how motivational interviewing theory applies in child and family social work. Whilst MI scholars have always been keen to distinguish the approach from person centred therapy and highlight its directive element, MI is still seen by many practitioners as client led and most appropriate for use in cases where the risk is low and there is less of a need to use authority (Wilkins and Whittaker, 2018). Anecdotally, a common theme that

arises when training social workers in MI, is a sense that whilst the approach seems positive in principle, it does not always fit with the realities of the job and particularly child protection work. Contrary to this belief, the findings of this thesis suggest that it is not only possible to use authority within an MI framework, it is particularly effective in eliciting parental motivation and participation in conversations about change. Where social workers were clear about concerns and purposeful in their approach, parents opened up more and spoke more about their reasons for, rather than against change. Whilst these skills deviated from MI in its most traditional sense, they adhered to the spirit of the approach and attended to the issues raised by practitioners; namely that MI is only useful if it helps facilitates the types of conversations that they need to have in order to manage risk and keep children safe. These findings lend themselves to a unique theory of MI for child and family social work, which highlights the role of good authority (alongside relational skills) in enhancing parent/carer motivation for change.

The findings relating to use of authority in MI also have implications for those delivering MI training in social work education and practice settings. Motivational interviewing is becoming increasingly commonplace in child and family social work. This is in part to do with an interest in evidence-based interventions more broadly within the sector, a substantial evidence base (primarily derived from research in other settings), some indications of efficacy from context specific research, and the widespread adoption of the MI-informed Family Safeguarding model which arose out of the DfE Innovation Programme. It is therefore essential that future training continues to reflect the evolving evidence base in relation to the key mechanisms that appear to underpin change processes.

Training in MI tends to follow a similar format regardless of context. The emphasis is typically on developing competency in using OARS skills to facilitate relationship building, before moving onto the technical skills of MI which focus on the active cultivation of change talk. Whilst MI touches on professional advice giving and offers the “elicit-provide-elicit” model as a way of doing this that is consistent with the approach, use of authority is rarely given the same attention. The emphasis on OARS skills and cultivating change talk reflects the existing evidence base relating to the key mechanisms of change. However, this research has predominantly been undertaken in settings where the practitioner does not hold statutory powers. The

findings of the current study suggest that other skills may be equally, if not more important for enhancing readiness for change in child and family social work conversations. As a result, a key recommendation is that future MI training for social workers should attend to skilled authority with the same rigour as it attends to OARS skills and those relating to evocation. The working definition of “good authority” used in this study was developed by Forrester et al. (2019) and offers a detailed description of what three core skills (purposefulness, clarity about concerns and child focus) look like within an MI framework. It is important that social workers understand the foundational theory and practice of MI, but training should also incorporate the practice of these skills, given their relationship with indicators of parent/carer motivation.

Beyond MI, the findings have highlighted key issues surrounding the use of evidence-based interventions in social work and specifically those which were developed in a therapeutic context. In the current study, MI skills which have been shown to be associated with parental motivation in other contexts, did not have a significant effect in child and family social work conversations. Instead, skills which were MI informed but attended to key aspects of the child and family social work task, proved to have a stronger relationship with some parent/carer responses. These findings highlight the need to exercise caution when assuming the transferability of evidence-based interventions into contexts other than those in which they were developed and have been empirically tested. It has been suggested that such a position runs the risk of disregarding potentially useful therapeutic approaches and privileging only those that have been tested using “gold standard” scientific methods (Cooper, 2010). However, the suggestion here is not that all models or approaches should be disregarded until they have been rigorously evaluated in a child and family social work context. Rather, that any approach or intervention which has not been evaluated for use in child and family social work should be approached with caution and healthy scepticism. This seems particularly important given that a common criticism from social workers about many models of practice, particularly those which are strengths-based, is that they do not reflect the realities of day-to-day work and the more authoritative aspects of their role (Oliver and Charles, 2015). The findings of the current study suggest that when adaptations are made that do attend to the realities of the task, the approach may be more

effective. Therefore, where social workers encounter challenges in implementing evidence-based interventions that are therapeutically informed, these should be seen as a signal that adaptations might be required. Ultimately any model of practice is only “evidence-based” in the specific context it was evaluated in and with the specific population explored.

The notion of adapting evidence-based interventions for the child and family social work context appears to have been largely overlooked in the recent wave of innovation programmes and practice reforms. As discussed in Chapter 8, use of authority is a distinguishing feature of the social work role compared to many other helping professions, yet the extent to which local authorities have attended to the conceptual fit between practice models and what social workers actually do, is questionable. Many practice models, MI included, emphasise relational skills, but questions regarding how the approach can be used alongside professional authority remain largely unanswered or are left primarily to practitioners to find a way to apply the ideas in practice. Of course, those who are highly motivated or particularly like an approach often do, but data across many evaluations suggest that practice fidelity is typically low. Perhaps, as suggested by Murphy et al. (2013) the starting point for any relationship-based approach is one which explicitly acknowledges the instrumental nature of relationships in child and family social work and the reality that practice is shaped primarily by the need to manage risk and fulfil statutory duties (whether this is ideologically desirable or not). Oliver and Charles (2015, p. 141) similarly suggest that in order for child protection workers to adopt strengths-based approaches, they must “*incorporate risk assessment and the judicious application of authority*”. The findings of this thesis suggest that where practice models attend specifically to what social workers need to do, they have the greatest effect. This should be of particular interest to leaders in Children’s Services. Where local authorities are considering implementing a particular approach, starting with a clear definition of what social workers do (or ought to be doing), thinking about how it will support them to undertake their duties and articulating what use of authority will look like within it, will likely lead to greater gains than approaching these considerations as an afterthought or leaving them to practitioners to navigate themselves. Arguably, Signs of Safety is one approach that has attempted to do exactly this. Elements of the social work task related to the management of risk are an integral part of the

model, alongside relational skills. Whilst evaluations have thus far failed to identify any positive relationship with outcomes, it is worth noting that this may be due to an absence of tangible descriptions or integrity measures of what skilled practice would look like in real terms (Sheehan et al. 2018) as opposed to the model itself. Ultimately, use of authority should be considered a fundamental part of any approach, with clear descriptions of what this would look like in practice.

The third key implication for social work theory and practice relates to definitions of relationship-based practice in social work. In Chapter 10 it was argued that the skills required to establish a positive working relationship may be different in contexts where the relationship is based fundamentally around power. Indeed, the findings of this thesis suggest that where workers utilised good authority, this was related to greater openness and participation in conversations about change and to a greater extent than more therapeutic skills (although both were important). A key recommendation of this thesis is therefore that future definitions of relationship-based practice in social work attend explicitly to the worker's power and recognise the role that non-therapeutic skills might play in developing working relationships in this context. It is simply insufficient to assume that skills which are effective in one context will automatically have the same effect in a context where the very nature of relationships and purpose of intervention is so fundamentally different. Whilst the client-worker relationship is undoubtedly integral to change processes in social work, the skills required to achieve such a relationship transcend those typically associated with therapy (Ferguson, 2011; Turney, 2012). This thesis has contributed to the evidence base by outlining some additional skills which appear important to relationship-based approaches in social work but there are likely to be others. This should be explored through future research and future definitions should be predicated on these findings, rather than the findings of studies undertaken in therapeutic contexts.

Implications for research

The findings of the main analysis also have implications related to further research which will be outlined below. Firstly, related to the discussion above, where relationship-based practice models are utilised in child and family social work

settings, attempts should be made to define and operationalise what good authority looks like within that specific approach. As well as the benefits that arise from relating models more specifically to social workers' statutory duties, defining skills in this way will enable future research to explore any relationship between an adapted version of the approach and either in-session processes or outcomes. This is a key step if the profession is to develop more robust and context specific research relating to evidence-based interventions.

Secondly, as part of this thesis a new client variable relating to problem recognition was developed. The findings indicated a relationship between this variable and good authority which was close to reaching statistical significance. It is likely that if the study utilised a larger sample, this relationship would have been significant. As outlined in Chapter 7, there was a very strong correlation between the problem recognition and percentage change talk variables. This has the potential to be of further interest from a research perspective because the problem recognition scale is far easier to use and less labour intensive than measuring individual behaviour counts relating to client change talk. A key recommendation is therefore that the measure of problem recognition is revisited and explored using a larger sample size. If the measure demonstrates predictive validity it could be used in future research to explore relationships between social worker skill, problem recognition and outcome. Parent/carer problem recognition is a key factor in social work assessments of risk (Jones et al. 2006) and a necessary prerequisite for change (Morrison, 2010) and the measure has the potential to make exploring such relationships easier.

Finally, as well as having implications for social work research specifically, the findings also have implications for future MI research more broadly. The current study has explored an under-researched area of MI practice relating to the use of authority. Consistent with the findings of a small number of previous studies (see Chapter 10), the findings of the current study suggest that use of authority may be beneficial to change processes in some circumstances. Future research should further explore the use of authority in MI and in particular, under which conditions and with which populations it may prove helpful. Given that the approach is utilised across a broad spectrum of professional contexts, many of which are not therapeutic in origin, it is important to understand when authority may, or may not, be beneficial. This study has indicated that adaptations may need to be made to the approach in

order for it to be of benefit when working in contexts where clients are non-voluntary and the intervention is delivered by workers who hold statutory responsibilities and powers.

As outlined at the beginning of this chapter, the study was also subject to several methodological limitations which offer direction for future research. Whilst the study identified a relationship between social worker skills and parental indicators of motivation for change, this was only in conversations involving one parent/carer. Social work conversations often take place with multiple family members and we do not have data to indicate whether MI skills would prove equally effective in enhancing parental motivation where conversations involve several family members. Previous MI research indicates that the involvement of a significant other in conversations about change can positively influence the relationship between practitioner MI skill and in-session indicators of motivation (Apodaca et al. 2013). Given the high proportion of recordings in the dataset that involved multiple family members, future research should explore the impact of MI skill in social work conversations involving more than one family member.

A further limitation relates to the risk level of cases in the sample. The sample for this study was comprised mainly of low-medium risk cases, and the majority of families were involved with children's services on a child in need basis. It is possible that parental motivation and in-session participation may be affected by the extent to which families feel coerced into engaging with a social worker. Arguably, families working with a social worker on a child in need basis may feel that they have a higher degree of agency than those on child protection plans. Future research exploring MI should explore these between-group differences in order to establish whether different interventions are needed when cases are higher risk. Findings from the parent study indicate that where cases involved a higher level of social work input, some MI skills proved more effective than in low risk cases (Forrester et al. 2019).

Finally, the current study identified an association between social worker MI skills and parental indicators of motivation for change. It is possible that in-session parent/carer behaviours have no bearing on behavioural outcomes. Future research should explore the relationship between in-session behaviours and outcomes in child

and family social work. Whilst previous research has indicated that in-session behaviours and expression of motivation is related to outcome, this research was undertaken predominantly in contexts where clients were voluntary. The findings of the current study suggest that MI theory was not consistently supported in child and family social work and therefore no assumptions should be made about any relationship between in-session behaviours and outcome in this context.

Related to the above, one of the challenges related to exploring mediating variables was obtaining a large enough sample to employ more advanced statistical methods in order to explore causal relationships between social worker skills and outcomes (be these in-session behaviours or behavioural outcomes). Whilst acknowledging the challenges involved in accessing a large sample of recordings of direct practice, future research, where possible, should attempt to source a sample which is large enough to employ more advanced statistical methods. Datasets of this sort do exist and could be better utilised. For example, the Frontline programme assess large numbers of participants using recordings of direct practice and routinely gather consent from families to use recordings as part of research. Such datasets could offer the opportunity to undertake further analyses relating to the impact of social worker skill.

Findings related to interventions in cases of domestic abuse

It was not the intention of this study to explore direct practice relating specifically to domestic abuse. However, the framing of the change behaviour as the non-abusing parent's protective capabilities, along with little evidence of work being undertaken with perpetrators, was a theme that ran throughout each phase of this study and cannot be ignored. This echoes long-standing concerns in relation to social work responses to domestic abuse. Best practice guidance which addresses the issues highlighted in this thesis already exists (BASW, 2021). The emphasis for future research should therefore be on the implementation of these recommendations and exploration of potential barriers.

However, as well as corroborating existing research findings, the findings of the current study have also raised questions about how MI can be used ethically in cases of domestic abuse. In theory, it is possible for a social worker to utilise MI

skills in order to enhance the non-abusing parent's problem recognition and motivation to engage in protective behaviours. However, this raises questions about who MI should be used with and who is held responsible for change. Whilst this isn't specific to motivational interviewing – these questions should be asked when using any change focused interventions – it is important to consider the implications for MI, given it is the focus of this thesis.

A key recommendation relating to these findings is that training in motivational interviewing should attend to the ethical complexities of using MI in cases of domestic abuse. Furthermore, practice guidance should stipulate that where motivational interviewing is utilised, it should: a) focus on work with the perpetrator, or b) where it is used with survivors, the emphasis should be on enhancing safety or a change-behaviour that has been self-determined. A possible exception to this would be if a parent had internalised a sense of blame for the abuse and wanted to change a behaviour which the perpetrator was responsible for. As a profession that is committed to anti-oppressive practice, all interventions (whether they are evidence based or not) “*need to be located within a broader engagement with ethical questions about how the current child protection system deals with multiply-deprived families in an unequal society*” (Featherstone et al. 2014, p.10). This is not specific to MI. Social work education and training on evidence-based practice should therefore incorporate discussions of ethics alongside that of specific practice models or interventions.

Findings in relation to the focus of social work conversations

The categorisation of social work conversations in the dataset resulted in two key findings; 1) the focus of conversations was diverse 2) discussions in which concerns were made explicit and/or spoken about in depth took place far less frequently than might be expected. In Chapter 8, it was argued that the complexity of the social work role appears to have been overlooked in policy initiatives aimed at improving direct practice. Furthermore, the findings may reflect gaps in social work education and training relating to goal setting and raising concerns. Whilst this strand of research was added to the current study in order to provide context for the main analysis, the findings may have broader implications for research, policy and practice.

Firstly, whilst the emphasis in policy and practice initiatives has been on upskilling social workers to deliver change-focused interventions such as MI, the findings draw attention to the more exploratory aspects of social work practice. A high proportion of conversations in the dataset appeared to be shaped primarily by the assessment task and attempts to understand the nature of “the problem”. Whilst the task of effecting change is undoubtedly a key aspect of child and family social work practice, it cannot be meaningfully separated from the broader social work process of assessment, planning, intervention and review (Forrester, 2024). On a practical level, high quality assessment is likely to lead to a better understanding of the nature of concerns and focus for future work. A key recommendation arising from this study is therefore that any attempt to implement practice models such as MI, should simultaneously involve careful consideration of the relationship between assessment and intervention. Furthermore, future research should look to explore the role that assessment plays in relation to outcome.

Secondly, the discussion in Chapter 8 highlighted implications in relation to the evidence base for child and family social work. The parent study (Forrester et al. 2018; 2019) is a good example of how the complexities of the social work task may affect our understanding of evidence-based interventions such as MI. The dataset which was drawn from the parent study illustrated how few conversations were change-focused despite efforts being made by the local authority to implement MI as a model of practice throughout Children’s Services. The focus in many visits was on information gathering, offering practical support and advocacy. Whilst the original study identified some weak relationships between skills and outcome, it is quite possible that this was reflective of the fact that so few workers were undertaking direct work, as opposed to the intervention itself. Furthermore, an analysis of cases in which families received more visits (and were therefore likely out of the assessment stage), yielded different results. It is possible that an analysis of cases where assessments had been completed would have identified stronger (or different) relationships between social worker MI skills and outcomes. Future evaluations of practice models, particularly those which are change-focused, would benefit from sampling based on the stage of social work intervention. Where research already exists and evidence of efficacy is limited, consideration should be given to the

possibility that this reflects methodological limitations as opposed to be an indication that the intervention doesn't "work".

Thirdly, the findings have drawn attention to broader practice-related issues which need to be addressed in order for MI skills to have genuine utility in practice. Whilst the study identified an association between social worker MI skills and indicators of parental motivation (suggesting that they may be of benefit in change-focused conversations), across the sample, fidelity to the approach was low and few conversations were focused on issues or concerns. Interpretations of these findings were primarily speculative and more research is needed to explore *why* issues/concerns were discussed so infrequently. However, there were indications that it may relate to several factors including; gaps in social work education and training relating to raising concerns and outlining goals, challenges with the way that social work visits are undertaken (e.g. with children present) and inconsistencies in the way that different practitioners interpret their role.

In relation to the first point, it is important that social work education and training teaches social workers specific skills such as how to set clear goals and how to communicate these effectively to families. Given that the legal remit for social work intervention is to ensure that the child's needs are met and to reduce the risk of significant harm (Children Act, 1989), it is essential that families are clear about any changes that need to be made and why. Offering students an opportunity to formulate goals based on assessment examples and then practice talking to families about these goals would begin to address some of the gaps highlighted both in this study and in other research (e.g. Collyer et al. 2022).

In relation to the second point, the findings indicated that the majority of social work conversations took place with children present. It is possible that this had a direct impact on the practitioner's ability to address issues/concerns. As highlighted by Ferguson (2016, p. 292) "*A great deal of the work seems too difficult to be done by individual social workers visiting homes alone, which is how most of it is delivered*". If social workers are to meaningfully deliver change-based interventions then organisations should consider the way in which social work takes place and the resources that are allocated to home visiting. If it is not possible to meet parents alone (due to childcare responsibilities for example), it may be that joint visits would

be more appropriate so that social workers can better divide their time between different family members.

Finally, it was suggested that differences in the way that social workers interpreted their role may also account for differences in the nature of conversations. The apparent conceptualisation of social work as a “helping” profession appeared to lend itself to change-focused discussions whereas the conceptualisation of social worker as “case manager”, lent itself to more surface level conversations. A further recommendation is therefore for social work academics, educators, practitioners and policy makers to work together to develop a definition of child and family social work which is both consistent and reflective of the realities of what social workers do.

Conclusion

In summary, this chapter has highlighted limitations related to each phase of the research which should be considered when interpreting the findings of this thesis. It also highlighted unique strengths arising from the methods used and approach taken to the analysis of data. Finally, it has also considered the implications of the findings for policy, practice and research. In particular, it has highlighted the significance of making adaptations to the way the MI taught in order to reflect the realities of the statutory role, and skills which appear most important when seeking to enhance parent/carer motivation for change. It has also argued for revisions to our conceptualisation of relationship-based practice, in order to highlight the importance of non-relational skills which appear important to change processes in statutory social work. Finally, it has been suggested that the findings of this thesis should be of particular relevance to leaders in children’s services, given the huge investments being made in change programmes such as MI without due consideration being given to key differences in context or the extent to which social workers are undertaking change-focused work with families.

Chapter 12: Conclusion

The single most important finding to come out of this study is that the skills of the social worker are associated with indicators of parent/carer motivation to change. This highlights the key role that social workers play in helping people to change. Interestingly, the skills which proved to be most effective in eliciting motivational responses were not consistent with existing MI theory and research. Contrary to MI's theory of change (Miller and Rose, 2009) neither evocation or relational skills were significantly associated with increased parent/carer change talk (the key indicator of motivation in MI). Instead, skills related to "good authority" which were informed by MI principles but attend specifically to the statutory requirements of child and family social work, demonstrated the strongest relationships with parent/carer responses.

Whilst MI appears to be a good conceptual fit with child and family social work, the findings highlight the importance of exercising caution regarding the transferability of interventions from one setting into another, especially where there are key differences pertaining to the nature of the relationship between client and practitioner. This is an important finding with clear implications for those commissioning and delivering MI training in social work settings. However, it has broader implications for the use of therapeutically informed interventions in social work more generally. MI is just one of many practice models being used in child and family social work which are therapeutic in origin. The findings indicate that organisational decisions to use practice models should be accompanied by careful consideration of how it might apply to the more authoritative aspects of the role.

Since the Munro review, there has been a re-emphasis in social work education and training on ways of working that are relationship based. However, the findings of this thesis raise questions about some existing conceptualisations of relationship-based practices in social work. In particular, the assumption that the skills most likely to achieve a positive parent-worker relationship in social work, are the same skills which have been shown to be effective in therapeutic settings. Whilst this thesis supports the centrality of the parent-worker relationship in relation to change processes in social work, it proposes that the skills required to achieve it are different to those required in settings where workers do not hold statutory powers.

The current study lends further support to a growing body of research highlighting the importance of practice skills which attend explicitly to the statutory elements of the role (Forrester et al. 2019; Ferguson et al. 2022) by highlighting their relationship with indicators of parent/carer motivation. Despite a growing body of evidence regarding the skilled use of authority in child and family social work, the extent to which these ideas are evident in practice appears limited. Research continues to suggest that practice reflects “muscular authoritarianism” (Featherstone et al. 2014, p. 2) rather than good authority. The findings of the current study, taken together with the wider body of research exploring good authority, suggest that these skills should be taught and prioritised in social work education and practice.

This thesis makes an original contribution to knowledge regarding the skills which are most likely to enhance parent/carer motivation in the context of child and family social work conversations about change. However, an unexpected but nevertheless significant finding was that a high proportion of conversations in the dataset did not feature a discussion about issues or concerns and where they did, these were often poorly articulated by the social worker, mentioned only briefly or never mentioned at all. This challenged a key assumption underpinning the research questions; namely that a key aspect of child and family social work is to effect change and the primary way in which this is achieved is through conversations about issues or concerns. Whilst it is no doubt beneficial to understand which skills might help enhance motivation for change, the utility of these skills is largely dependent on the extent to which they reflect what child and family social workers actually do with families and how likely they are to use them in practice. The findings of the current study indicate that conversations about issues or concerns might not feature as significantly as some descriptions of practice suggest, and when they do they sometimes lack the level of depth or focus one might expect from child and family social workers.

These findings have particular significance when thinking about the broader practice and policy context in which this study originates. There has been a huge emphasis in recent policy and practice initiatives on upskilling social workers to deliver interventions such as MI, focused on enhancing the likelihood of parental change. The analysis found that discussions about issues or concerns were only a small part of what child and family social workers in the dataset did. This raises some important questions. On the one hand, if addressing issues or concerns is not the primary

focus of direct social work practice then we might question the policy level investment in researching and implementing change-focused interventions at the expense of other aspects of social work such as assessment. Alternatively, if it *is* what social workers should be doing – and legislatively there is a strong argument for suggesting that it is a key aspect of child and family social work (Forrester, 2024) – then it raises questions about why, despite various initiatives, this isn't happening consistently. Whilst child and family social work clearly involves much more than the discussion of issues and concerns, the impact of particular parent/carer behaviours on the safety and wellbeing of a child is the statutory basis on which social workers most often intervene in family life. In the dataset for the current study, there was evidence of missed opportunities to discuss these issues in a high proportion of conversations. This thesis cannot provide answers to the question of *why* this was not happening but in the context of the findings from the main analysis – that social worker skills are associated with parent/carer motivation for change – it is important to ask it nonetheless.

Perhaps the most important message to come out of this research, which ties the different strands together, is the finding that the skills of the social worker have a role to play in the level of motivation expressed by parent/carers. This significance of this is perhaps best captured through Treisman's (2017) suggestion that "*every interaction is an intervention*". Whether social workers are cognisant of it or not, the level of motivation displayed by parent/carers appears, at least in part, to be a result of the way they approach conversations about change. This is an important finding that speaks to the influence that social work practice can have on families, for better or worse. The challenge is that for these findings to have real-world significance certain conditions need to present: 1) social workers need to facilitate in-depth discussions about issues or concerns, 2) they need to offer clarity about what the concern is and what is expected of the parent, and 3) these discussions need to utilise skills in MI and good authority. The analysis of the wider dataset indicates that these conditions were rarely met. Drawing attention to this broader context is not intended to undermine the significance of the findings from the main analysis, but rather to highlight important questions about the nature and realities of social work practice that will inevitably affect the significance of these research findings in real-world settings.

In summary, this thesis has addressed several key gaps in the literature regarding change processes and the use of MI in child and family social work. To the author's knowledge, it is the first study of its kind to empirically explore the relationship between social worker skills and parent/carer responses in direct practice using systematic observational methods. As well as highlighting the skills which seem important to enhancing parental motivation in social work, the findings have contributed original knowledge regarding possible mechanisms of change. Parent/carer statements relating to motivation, self-exploration and problem recognition may be key mechanisms linking social work practice and outcomes. The study also addresses a key gap in the literature regarding the applicability of MI theory in settings where the practitioner delivering the intervention holds statutory powers. Finally, to the authors knowledge, the emergent component of the study was the first attempt of its kind to categorise and describe: a) the focus of child and family conversations and b) the way that change featured within them, using a large dataset of direct practice recordings. This has offered key insights regarding the context in which attempts are being made to implement and research change-focused interventions such as MI and has raised broader questions about the nature of social work practice, and what social workers "should" be doing.

The rationale for undertaking this study was to contribute to knowledge regarding how social workers can best support parents and carers to address issues which have the potential to compromise the safety or wellbeing of their children. In this respect it aimed to address the broader question of how social workers could most effectively undertake their statutory duties. MI was explored as an intervention as it aligns with social work values and provides a framework for having challenging conversations (Forrester et al. 2021). The findings indicate several skills that appear more likely to enhance parent/carer motivation for change in child and family social work conversations. It is hoped that these findings will influence social work education and training, both in terms of how MI training is delivered but also in relation to the communication skills that are taught and privileged more broadly. This thesis argues that we must place greater emphasis on what 'good' looks like in relation to undertaking statutory social work duties. Whilst this should be informed by therapeutic skills, there are other skills which are equally important in this context.

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Appendix 1 – Thematic analysis process example

Example of assigning codes to data extracts which indicated possible movement towards (+) or against (-) change:

“Cause that’s not something you think about really. You think you’ll be alright and he won’t do it again, he won’t come near you anymore but... he might get drunk and he might... so there’s always got to be that protection in place...” **Recognises risk (+)**

[Recording 89 – discussion about domestic abuse]

“He will only see the baby when my mum’s with me. Not on my own. And he wouldn’t have the baby on his own any time, I couldn’t trust him now” **Protective planning (+)**

[Recording 109 – discussion about contact between unborn child and ex-partner who has criminal record relating to sexual offences with a minor]

“I came to Mark and I told him, I mentioned it to him and he made an observation, he says that have I been going to the meetings and I remembered that I haven’t actually, because I actually was getting some work here and there, and I put the work first, you know what I mean, I kind of lost focus on what, you know what I mean, like, meetings yeah and um, then I realised, I thought to myself I haven’t actually been to a meeting in two weeks, I couldn’t believe it. I just kept making excuses, you know” **Realisation (+)**

[Recording 177 – discussion about maintaining abstinence]

“It’s like, you watch EastEnders, all of ‘em in the pub all day long aren’t they. No one’s got a problem with that” **Normalising problem behaviour (-)**

[Recording 24 – discussion about parent’s alcohol use]

“Whatever kind of intervention, outside agency come in, I can a hundred percent tell you now, we cannot move on in this kind of environment, it’s impossible because Aiden won’t want to participate, he wants his space and at the end of the day, Aiden doesn’t wanna see me getting rid of David and him having nowhere to go so that has to be a priority, we have to get housing” **Barrier to change (-)**

[Recording 81 – discussion about possible referral to Family Support service]

“I went to... earlier this year I think it was, one of the Strengthening Families courses... I went for a few weeks. I didn’t do the whole course, I just didn’t feel it was helping me. They used to tell us what you should do, certain kids, certain ages. All the things they was talking about, Kate just laughed at me” **Tried and failed (-)**

[Recording 168 – discussion about setting boundaries with teenage daughter]

Example of how codes were grouped into themes based on their conceptual fit with one another:

Theme: Commitment (+)

Statements indicating the person will take action towards changing a behaviour

“I’m gonna get an injunction out on him ‘cause it’s um... harassment, isn’t it? I don’t want to be harassed by him” **Commitment (+)**

[Recording 24 – discussion about ex-partner’s abusive behaviour]

“Yeah, I’ll give them a ring... He’s due to have a nap in a minute so I’ll give them a ring. I’ll arrange an appointment for next week” **Agreement to act (+)**

[Recording 89 – discussion about contact a support service for survivors of domestic abuse]

“Well do you know, I’ll get going on that straight away. I’ll get going on getting the housing application form straight away” **Sense of immediacy (+)**

[Recording 81 – discussion about housing to minimise family stress]

“Obviously like today I’m gonna change my contact number so I don’t have him in my Whatsapp and can’t see him, that’s it and he can’t contact me, it’s only messages, I can’t— do you know what I mean? So changing my number’s the main thing I’m gonna do today” **Making a plan (+)**

[Recording 94 – discussion about safety planning in relation to domestic abuse]

“I’m not gonna stop him seeing the baby but it’ll be with my mum, with us, not just me and him, my mum. I would want my mum there as well... I wouldn’t want me and him being alone” **Idea about change (+)**

[Recording 109 - discussion about contact between unborn child and ex-partner who has criminal record relating to sexual offences with a minor]

Theme: Problem minimisation (-)

Statements where the parent/carer appeared dismissive of the concerns raised by the social worker and/or the potential impact on the child.

“And that ain’t normal. And I’ve been telling them that since she’s like one and they don’t wanna help. They wanna send me on a parenting course but I’ve done it, that’s not me, my other kids ain’t doing that... I’ve never seen other kids do that...” **It’s not me, it’s her (externalising) (-)**

[Recording 11 – discussion about approach to management of toddler’s behaviour]

“This is what worries me. Her dad is a nutter. Let’s face it, he’s mentally ill. And I’m thinking... it’s like, I do sometimes think, maybe... I do... I sometimes think [laughs]... I do... ‘cause he’s got a horrible temper on him and sometimes I think she might take after him ... Mental illness... can run in the family ‘cause his mum’s a nutter as well” **Locating problem elsewhere (-)**

[Recording 11 – discussion about approach to management of toddler’s behaviour]

“It’s like, you watch EastEnders, all of ‘em in the pub all day long aren’t they. No one’s got a problem with that” **Normalising problem behaviour (-)**

[Recording 24 – discussion about ex-partner’s abusive behaviour]

“[SW: at the end of the day he can decide to stay or you can decide to stay with him but for me, it’s about how does that impact on the children] ... In terms of children, I’m not concerned or worried about anything because I’ve been looking after them all these years, all by myself so there um... so there is nothing that you know, made me worried or think that there is problems between me, him and the children” **Dismisses concern (-)**

[Recording 58 – discussion about impact of domestic abuse on children]

“[SW: So where does Kate get that kind of behaviour... from?] I’ve no idea. I can only think who she mixes with... in school... I’ve never had to work so hard [laughs]”

Nothing to do with me (-)

[Recording 168 - discussion about setting boundaries with teenage daughter]

Appendix 2 – Record Sheet

Recording: #1

Target behaviour

	Tick relevant box	Description
Green (include) Primary issue clearly specified		
Amber (exclude) Multiple change topics (none identified as main issue) / TB can only be inferred		
Red (exclude) No identifiable target behaviour	X	Case in assessment – still identifying young person's needs

Exclusion criteria

	Select as appropriate
Target behaviour not explicit (amber or red)	X
More than one worker	
More than one service user	X
Interpreter used	

Who is present?

Social worker (M) / Father / Grandmother (primary carer; special guardianship) / Unspecified female

Where does the meeting take place?

At the young person's residence – it is not clear whose house this is

Notes – recordings where target behaviour not clearly specified

Consider the following - *What is the focus of the visit? Is this explained to the family? / What is spoken about? / What is the social worker trying to achieve? / Does change feature in the discussion? If so, how? / Are there missed opportunities to explore change? / Is there any indication of reason for social work involvement? / What is the outcome of the visit?*

The social worker starts the meeting by summarising the outcome of a recent S.47 enquiry (which appears to be the reason for social work involvement) which was that the young person was allowed to return home. It is not clear what the concern was. The social worker explains that he still needs to undertake an assessment, stating that the focus is now support and no longer risk.

The social worker then works through the assessment with the family, exploring the young person's health and educational needs as well as family history. The social worker elicits the family's ideas about whether the young person's needs are currently being met and what additional support is needed.

The social worker ends the meeting by saying that they are going to catch up with the young person separately before they leave.

The focus of the session appears to be information gathering and there is no indication that the family need to make any specific changes.

Appendix 3 – Record sheet to illustrate process of categorisation

Recording #2

Target behaviour: Ensuring safe contact

	Tick relevant box	Description
Green (include) Primary issue clearly specified	X	Although the broader issue is around incidents of domestic violence between the parents which place the child at risk, the target behaviour in this conversation is the father adhering to the terms of the non-molestation order around contact.
Amber (exclude) Multiple change topics (none identified as main issue) / TB can only be inferred		
Red (exclude) No identifiable target behaviour		

Exclusion criteria

	Select as appropriate
Target behaviour not explicit (amber or red)	
More than one worker	
More than one service user	
Interpreter used	

Who is present?

Social worker (F) / Father

Where does the meeting take place?

At the social worker's office.

Notes

Consider the following - *What is the focus of the visit? Is this explained to the family? / What is spoken about? / What is the social worker trying to achieve? / Does change feature in the discussion? If so, how? / Are there missed opportunities to explore change? / Is there any indication of reason for social work involvement? / What is the outcome of the visit?*

The purpose of the conversation is to discuss contact arrangements between the father and daughter. The social worker has been asked by the court to supervise contact due to there being a non-molestation order is in place preventing the child's father having contact with the mother. The father was meant to have seen his daughter on the same day as the recording took place but there appears to have been some miscommunication resulting in no arrangements having been made.

During the course of the discussion the father makes a telephone call to a family member who then contacts the child's mother. It is agreed that they will bring the child to the office. The social worker agrees that she will supervise the contact once the child arrives.

The social worker attempts to negotiate a plan for future contact which adheres to the terms of the non-molestation order. There is a lengthy back and forth about contact arrangements and what the court order does and doesn't say. The father is frustrated about a lack of clarity surrounding the court order, what the term 'supervised contact' means and the social worker's handling of the case (which he sees as one sided).

The father indicates that he had recent telephone contact with his ex-partner which the social worker explains is not allowed due to the non-molestation order. The father expresses his frustrations that his ex-partner breaches the rules of the non-molestation order without consequence but he gets reprimanded for it (it is suggested that there was an incident where the child was left with someone and the mother asked the father to go and collect her).

This is a tense discussion and the father and social worker are at loggerheads throughout. The father's position is that he has been unfairly prevented from seeing his daughter and that he has done nothing to put his daughter at risk. Whilst he accepts that he has had various arguments with the child's mother, he insists that the information that has been reported is incorrect and only details his ex-partner's version of events. He describes the incident which led to social services involvement as being one in which the mother prevented him leaving the home and where he acted in self-defense. He states that he never hit her and that the only injury she sustained was when she fell into a table.

The social worker appears to be of the view that there are 'lots of issues' between the parents that need to be addressed, including violence and the way that they communicate which she believes places the child at risk. She indicates that she is working on the basis of the allegation that was made (that the father was violent). During the course of the meeting the social worker indicates that a family group conference is being arranged so that the family can plan about how to support the child's parents and contact arrangements. She also informs the father that she has been asked to undertake a S.7 report to outline recommendations about contact.

The meeting ends abruptly when someone knocks on the door (they have the room booked) and the social worker says that they will now supervise contact.

Appendix 4 – coding scheme template for categorising recordings

	Focus of discussion (not mutually exclusive)						How do social care issues/concerns feature?					Description
	Information gathering	General check in	Information sharing	Discuss issue/concerns	Planning	Other	Not specified	Mentioned but not explicit / discussed in depth	Explicit and discussed in depth (or significant part of discussion)	Other person held responsible /concern relates to other person	Unsubstantiated /no concern	Notes
1												
2												
3	1											
4	2											
5	3											
6	4											
7	5											
8	6											
9	7											
10	8											
11	9											
12	10											
13	11											
14	13											
15	17											
16	19											
17	20											
18	21											
19	23											

Appendix 5

Indicators of Parent/Carer Motivation (IPM) Coding Tool

Purpose

The Indicators of Parent/Carer Motivation (IPM) coding tool was developed to enable the coding and quantification of parent/carer change language in audio recorded conversations with a social worker. The IPM tool focuses on language which is indicative of motivation to change and which is theorised to be influenced by the skills of the social worker. Data generated using the IPM can be used to statistically explore the relationship between social worker skills, parent/carer in-session behaviours and outcomes at session level.

Background

The IPM has been heavily influenced by the research tradition of motivational interviewing and combines elements of existing coding schemes with a bespoke measure of problem recognition. The definition of change talk and sustain talk as well as the method of coding for it was taken directly from the Client Language Easy Rating (CLEAR) system (Glynn & Moyers, 2012). This system allows for in-the-moment coding of change talk and sustain talk using tallies, without the need for transcription. The client-self exploration scale was taken directly from the Motivational Interviewing Skills Code 2.5 (MISC 2.5; Houck et al. 2010), which uses the most up-to-date iteration of the scale. Problem recognition was identified by the author as being a further variable of interest, as part of their doctoral research project. As problem recognition is not captured sufficiently using existing coding instruments, a bespoke measure was developed.

Coding procedures

The IPM can be used to code directly from audio recordings without the need for a transcript. The entire session should be coded for parent/carer talk. Coding requires two passes. During the first pass, the coder identifies the target behaviour and

assigns two global ratings (on a 1-5 Likert scale) using the self-exploration and problem recognition scales. On the second pass, the coder tallies the frequency of change talk and sustain talk utterances.

Coding will result in a 'percentage change talk' variable which is defined as change talk frequency over the sum of change talk frequency plus counter-change talk frequency ($\% CT = CT / [CT + CCT]$), as well as two global ratings for parent/carer 'self-exploration' and 'problem recognition'.

Measures

Behaviour Codes

The behaviour codes and their descriptions are adapted from the MISC 2.5 (Houck et al. 2010) and CLEAR coding system (Glynn & Moyers, 2012).

Change here is defined specifically in reference to the target behaviour (also known as the desired change goal).

Change Talk

This type of parent/carer language represents any movement toward change.

Desire: A statement expressing the parent/carers desire or willingness to alter the target behaviour

Ability: A statement indicating that the parent/carer is able to change. "Ability" here refers to capability, not to choice.

Reason: A statement indicating a rationale for changing the target behavior

Need: A statement indicating the parent/carer's need to change

Commitment: A statement indicating that the parent/carer will change, or an idea for how they could change

Taking steps: A statement that the parent/carer has already begun to change; this represents steps taken in the recent past

Other: Any other statement about changing the target behavior. Includes hypothetical situations or circumstances that would convince the parent/carer to change, and problem recognition

Counter Change Talk

This type of parent/carer language represents any movement away from change and is the antithesis of change talk.

Desire: A statement expressing the parent/carer's unwillingness to change or wish to maintain the existing behaviour.

Ability: A statement indicating that the parent/carer is unable or unconfident about their capacity to change.

Reason: A statement indicating a rationale for not changing or why change is unnecessary

Need: A statement indicating the parent/carer's need not to change or to stay the same

Commitment: A statement indicating that the parent/carer will not change, or an idea for how not to change/stay the same

Taking steps: A statement that the parent/carer is already resisting change; this represents steps taken in the recent past

Other: Any other statement about not changing the target behavior. This includes minimisation of problems and hypothetical statements about non-change.

Global Ratings

The global ratings capture the coder’s overall impression of parent/carer behaviours which are understood to be key indicators of motivation as part of the change process. They require the coder to make a holistic judgement about key constructs based on the parent/carer’s interaction with the social worker. Ratings are made using a 5-point Likert scale with 1 being low and 5 being high. The self-exploration scale is taken directly from the MISC 2.5 (Houck et al. 2010). The problem recognition scale is a bespoke measure that was developed as part of this doctoral project.

Self-Exploration				
Low		High		
1	2	3	4	5
No personally relevant material is revealed or discussed by the parent/carer during the session. If the social worker brings up personally relevant material, the parent/carer dismisses it or responds only minimally	The parent/carer may respond to and elaborate on personally relevant material that is brought up by the social worker, but does not add significant material or volunteers information in a mechanical manner or without demonstration of emotional feeling	The parent/carer does volunteer or elaborate on some personally relevant material beyond that directly asked for by the social worker, but does not readily explore it further	The parent/carer readily volunteers or elaborates on personally relevant material beyond that directly asked for by the social worker, evidencing some active thinking, feeling, and/or problem solving. The client may discover some new feelings, perspectives, or personal meanings	The parent/carer engages in active intrapersonal exploration, openly exploring values, problems, feelings, relationships, fears, turmoil, life-choices, and perceptions. Parent/carers may experience a shift in <i>self-perception</i> .

This rating parallels the construct of “experiencing” used by Truax and Carkhuff in the study of client-centred therapy, except that the definition of “personally relevant material” is not limited to the expression of emotion. The rating reflects a period (more than momentary) of the parent/carer’s *high point* of self-exploration during the session. Because the parent/carer’s behaviour often changes markedly over the course of a session, this is not meant to be an average across the entire session. Unlike the behaviour codes, self-exploration need not be related to changing the target behaviour.

Defining “Personally Relevant Material” in Coding Self-Exploration

- Personally relevant material may include expression or exploration of the following:
 - Personal problems
 - Self-descriptions that reveal the self to the social worker, expressions of the internal world
 - Personally private material which when revealed tends to make the parent/carer more vulnerable or could be personally damaging
 - Personal values, life choices
 - Expression of feelings
 - Personal roles, perception of one’s relationship to others
 - Perception of self-worth

1. No personally relevant material is revealed or discussed by the parent/carer during the session. If the social worker brings up personally relevant material, the parent/carer dismisses it or responds only minimally.

Examples:

- Parent/carer actively avoids talking about personally relevant material
- Parent/carer changes the subject if the social worker brings up personally relevant material
- Parent/carer expresses disinterest in examination of the problem at hand

2. The parent/carer may respond to and elaborate on personally relevant material that is brought up by the social worker, but does not add significant material or

volunteers information in a mechanical manner or without demonstration of emotional feeling.

Examples:

- Parent/carer discussion of personally relevant material seems almost rehearsed
- Parent/carer refers to the problem in a superficial manner
- Parent/carer is simply reporting historical facts about the problem

3. The parent/carer does volunteer or elaborate on some personally relevant material beyond that directly asked for by the social worker, but does not readily explore it further.

Examples:

- Parent/carer maintains superficial treatment of problem even if prompted for depth
- Parent/carer talks about significant personal issues with a sense of emotional distance
- Social worker attempts to elicit active problem solving are resisted by the parent/carer

4. The parent/carer readily volunteers or elaborates on personally relevant material beyond that directly asked for by the social worker, evidencing some active thinking, feeling, and/or problem solving. The parent/carer may discover some new feelings, perspectives, or personal meanings.

Examples:

- Parent/carer is actively trying to explore the problem even if fearful or tentative
- Parent/carer demonstrates a sense of searching for new meaning or understanding
- Parent/carer speech is present as future focused as opposed to reporting of history

5. The parent/carer engages in active intrapersonal exploration, openly exploring values, problems, feelings, relationships, fears, turmoil, life-choices, and perceptions. Parent/carers may experience a shift in *self-perception*.

Examples:

- Parent/carer speech provides a connected chain of thoughts when referencing the problem and potential solution
- Parent/carer relates new insights into his/her own thought processes or actions
- Parent/carer may express emotion such as excitement or distress at a new self-perception
- Parent/carer shows a marked shift from prior defensiveness to open exploration of a problem and its possible solutions

Problem Recognition				
Low		High		
1	2	3	4	5
The parent/carer does not acknowledge or accept the problem	The parent/carer acknowledges the problem superficially	The parent/carer partially acknowledges the problem	Parent/carer recognises that there is a problem and shows some awareness of the impact (or potential impact) on the child	Parent/carer demonstrates great insight into the problem and impact on the child

This scale measures the extent to which the parent/carer is able to acknowledge some or all of the concerns held by the social worker and/or the potential impact on the child.

1. The parent/carer does not acknowledge or accept the problem
 - Parent/carer actively denies existence of a problem
 - Parent/carer strongly disagrees with professionals' perception of the problem
 - Parent/carer actively minimises concerns and impact on child
2. The parent/carer acknowledges the problem superficially

- Parent/carer may acknowledge the existence of a problem but does not take ownership for it
 - Parent/carer offers excuses or justifications for the existence of a particular problem
 - Parent/carer only engages in discussion about the problem at a superficial level. Doesn't explore it in any depth
3. The parent/carer partially acknowledges the problem
- Parent/carer recognises that there is a problem but there may be instances of disagreeing or minimising concerns
 - Partial acknowledgement of *own* role in resolving the problem
 - Acknowledges problem but might fail to consider the impact on the child
4. Parent/carer recognises that there is a problem and shows some awareness of the impact (or potential impact) on the child
- Parent/carer accepts that there is a problem and demonstrates some understanding of why the problem needs to be addressed
 - Parent/carer engages in discussion about the problem, beyond what is directly asked for by the social worker
 - Parent/carer demonstrates some insight into the problem but may focus on the impact of this on self rather than the child
 - Parent/carer acknowledges their own role in addressing the problem
5. Parent/carer demonstrates great insight into the problem and impact on the child
- Parent/carer clearly demonstrates an understanding of *why* change is required
 - Parent/carer actively engages in discussion about the problem
 - Parent/carer takes ownership and responsibility for addressing the problem
 - Parent/carer is clearly able to recognise the impact of the problem / risk to the child

IPM Coding Sheet

Recording #

Target behaviour:

Length:

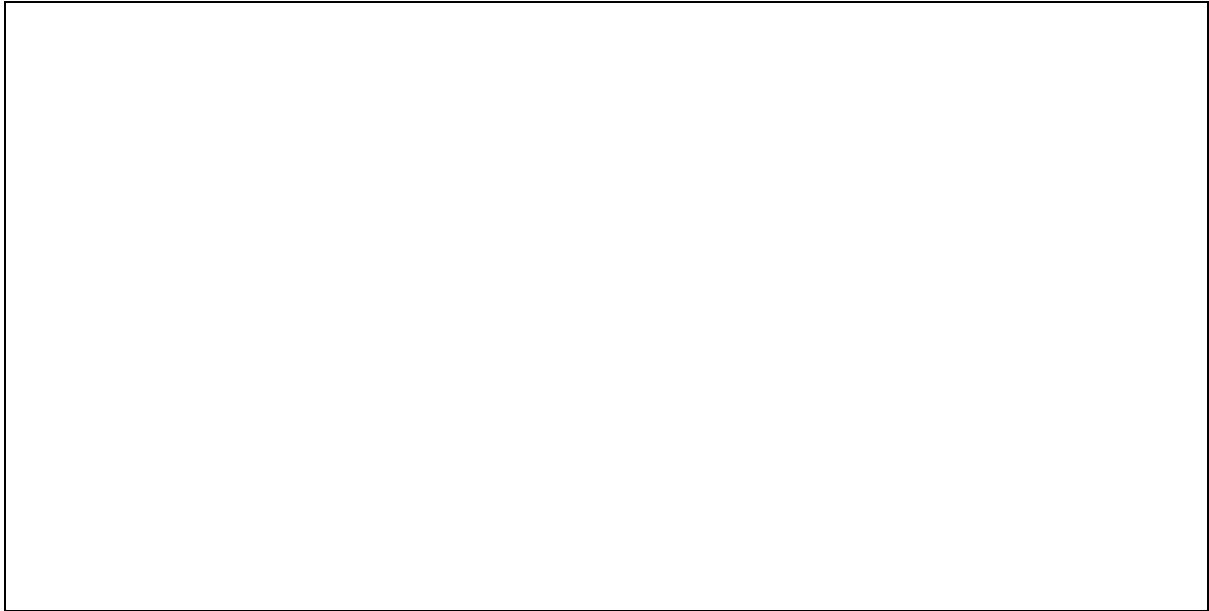
Behaviour counts

Category	Tallies	Total and (%)
Change talk <input type="checkbox"/> Desire to change <input type="checkbox"/> Ability to change <input type="checkbox"/> Reason to change <input type="checkbox"/> Need to change <input type="checkbox"/> Commitment to change <input type="checkbox"/> Taking steps <i>toward</i> change <input type="checkbox"/> Other		
Counter change talk <input type="checkbox"/> Desire <i>not</i> to change <input type="checkbox"/> Ability <i>not</i> to change <input type="checkbox"/> Reason <i>not</i> to change <input type="checkbox"/> Need to <i>not</i> change <input type="checkbox"/> Commitment <i>not</i> to change <input type="checkbox"/> Taking steps <i>away from</i> change <input type="checkbox"/> Other		
Summary score (% change talk = CT/ [CT + ST])		

Global Ratings

Global Category	Examples	Score
Self-exploration		1 2 3 4 5
Problem recognition		1 2 3 4 5

Notes / points of interest

A large, empty rectangular box with a thin black border, intended for taking notes or highlighting points of interest. The box is currently blank.