



Foundational theories and knowledge

Change theory Practice Paper

1. Introduction

The purpose of this practice paper is to provide DCP case workers with an understanding of the principles and key concepts of change theory. This practice paper should be read in conjunction with the [DCP Assessment framework](#), [Relationship based practice Practice Paper](#), [Permanency Planning Practice Paper](#) and [Strengths based practice - Practice Paper](#).

Please note that in this document, the term Aboriginal, refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

2. What is change theory?

Change theory is articulated through the stages of change model (also known as the transtheoretical model) developed by James Prochaska and Carlo Di Clemente¹. The model describes the process of change as a cycle where individuals progress through a series of stages. The stages of change are as follows:

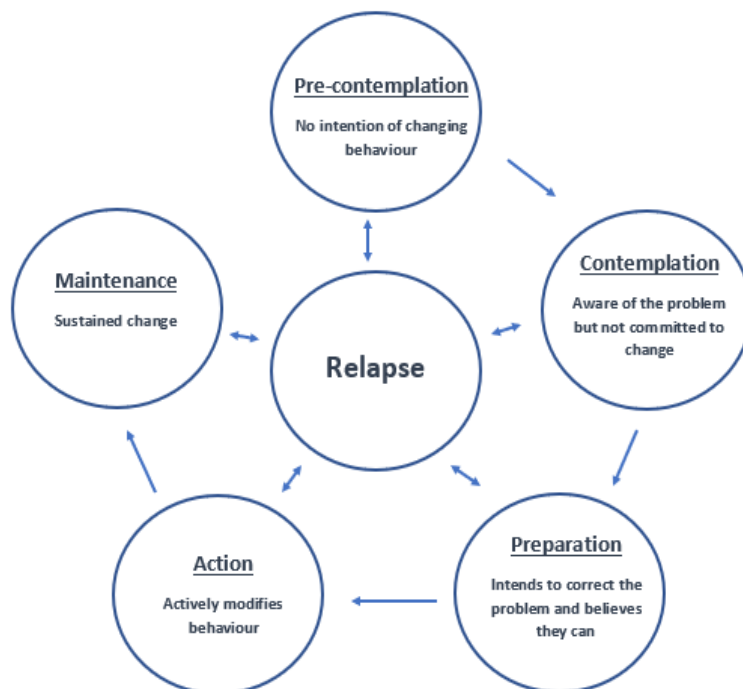


Figure 1: Stages of Change diagram (adapted from Prochaska and Di Clemente)



Movement through these stages is not necessarily linear and individuals may move back and forth. In some cases, despite numerous attempts to shift forward, individuals can get stuck at a stage. Often individuals relapse back to a previous stage.

3. Applying change theory in a child protection context

Change theory supports DCP case workers to assess an individual's readiness, capacity and motivation to change. Whilst the examples included in this practice paper relate predominately to working with parents in the investigation, assessment and protective intervention phases, it is noted that it is applicable to caregivers, carers and young people across all phases of child protection work.

Change theory assists DCP case workers to understand change as a complex process rather than a single event. It helps DCP case workers to remain realistic about how people progress towards change and to not become discouraged by setbacks.

Change theory supports high quality assessment, case planning and decision making. Understanding change theory assists DCP case workers to recognise what stage of change the individual is in and use this information to inform assessment (refer to the [DCP Assessment framework](#) for further information) and case planning. Given the magnitude of the change required to address child protection concerns is often significant, most parents will need substantial support, encouragement and professional intervention to progress through these stages of change. Identifying the stage of change the individual is in enables intervention to be tailored to that readiness to change. Change theory also assists in reframing relapses as a normal part of the change process and an opportunity for individual learning and strengthening commitment to change.

DCP case workers have an important role in facilitating change. To ensure transparency, DCP case workers should discuss with individuals the change required to address the child protection concerns. It is important to also actively and frequently acknowledge progress and change where this is achieved. DCP case workers should support individuals to recognise their strengths (including their willingness to persist in their efforts to change after a relapse) and ensure case planning seeks to build on these strengths to support and maintain change (refer to the [Strengths based practice Practice Paper](#) for further information). It is essential that the safety of children and young people is the paramount consideration in all assessment and intervention.

3.1 Reunification assessment and change theory

Quality, holistic reunification assessments need to consider:

- the magnitude of the change required and the time this will take
- the severity and chronicity of the issues
- the inter-related nature of the concerns
- motivation to change
- progress in relation to the stages of change
- capacity to change
- whether the parent's goals align with the requirements of child safety
- the child or young person's need for certainty in relation to their care arrangements
- quality and availability of supports and intervention.



When considering what is motivating a parent to change, it is important to consider whether the motivation is intrinsic or extrinsic. Intrinsic motivation is present when someone engages in behaviour because it is personally rewarding (for example, changing your behaviour because you want to provide your children safety). Extrinsic motivation is when someone engages in a behaviour to earn an external reward or to prevent punishment (for example, changing your behaviour because someone else tells you to). Intrinsic motivation is considered to be more effective in sustaining long-term change.

Whilst change theory seeks to empower individuals to achieve change at their own pace, in reunification cases this needs to be balanced with the child or young person's needs for permanency (refer to the [Permanency Planning Practice Paper](#) for further information). The time children and young people can tolerate uncertainty about their future depends on a number of factors including:

- their age (with younger children requiring permanency more quickly due to their need to establish attachment relationships - refer to the [Attachment Practice Paper](#) for further information)
- the nature and quality of their relationships with their parents prior to their removal and characteristics of their placement.

Where necessary, DCP case workers are encouraged to consult with DCP psychologists regarding these timeframes. DCP case workers should also refer to the [Structured Decision Making Family Reunification assessment Policy and Procedures Manual](#). It is important that DCP case workers are transparent with parents regarding both the child protection concerns and the child or young person's developmental timeframe. This may provide additional motivation for parents to progress through the stages of change. It is also important for a discussion about the child or young person's developmental timeframe to occur regularly with all members of the care team.

3.2 Reunification case planning and change theory

Most parents engaged with the child protection system experience a number of complex, inter-related difficulties which have often arisen from a history of complex trauma history (for example, some parents may use alcohol and other drugs to manage emotional responses related to childhood trauma). To change their behaviours (for example, their alcohol and/or drug use), they will need to address their trauma history and develop new, functional ways of coping. In most cases, due to the magnitude of the change required, therapeutic intervention will be necessary. Case planning should consider the stage of change and what interventions and/or supports are required to achieve change and ensure that appropriate referrals and targeted interventions are implemented in a timely manner.

3.3 Working with parents of children and young people under long-term orders

DCP case workers should also continue to support parents to change when children or young people have been placed under long-term orders. Addressing concerns such as alcohol and/or other drug use, domestic and family violence and mental health difficulties improves parents' quality of life and can result in improvements in the quality of their contact and relationships with their children. Children and young people can gravitate back towards their parents when they grow older where they have not achieved permanency. Supporting parents to effect positive change is in the best interests of children and young people whether or not there is a plan for reunification.

3.4 Change theory and cultural safety

It is essential for DCP case workers to consider and explore how cultural factors impact motivation for change. Gaining a deep understanding of what has previously happened and what is currently happening for a family is essential to applying change theory in a culturally responsive way. Understanding cultural



background as well as issues unique to individuals in the family is important to ensuring an accurate understanding of individuals’ progress.

For Aboriginal families, cultural and family obligations, the impacts of colonisation and intergenerational trauma are likely to have implications for change. It is essential to consider these impacts to ensure that behaviour is not misinterpreted as an unwillingness or inability to change. For example, challenges with consistent engagement could be interpreted as the individual being in the pre-contemplation phase when in fact they may be experiencing significant fear when engaging with statutory agencies. Not attending appointments could be interpreted as an unwillingness to engage or change when the appointment may have been missed due to Sorry business or other cultural obligations. Consulting with a Principal Aboriginal Consultant or Aboriginal Family Practitioner can assist in ensuring that misattributions are avoided. Refer to the [Aboriginal Child Placement Principle Practice Paper](#) for valuable information relevant to applying change theory in a culturally safe way.

Families from culturally and linguistically diverse communities may also have specific cultural factors that may impact change (including experiences as refugees, distrust of governments, language barriers). This may vary depending upon the cultural background and unique experience of families. Consulting with DCP [Multicultural Services](#) is important to support an understanding of where an individual is in the change cycle.

4. Stages of change in child protection practice

The following provides examples of the application of the Stages of Change model when working with parents in the investigation, assessment and protective intervention phases.

Stage of change	What you may see	How to respond*
Pre-contemplation	<ul style="list-style-type: none"> not attending or not participating in meetings breaching the safety plan denying, minimising or excusing harm including domestic and family violence. 	<ul style="list-style-type: none"> focus on building the relationship using Relationship Based Practice ask what is important to them and what they want for the future identify and talk about strengths and times when things have been different ask them what they think their child would feel.
Contemplation	<ul style="list-style-type: none"> inconsistent engagement saying they want to change but behaviour is not consistent with this sometimes acknowledging the impact of harm, but other times minimising the concerns. 	<ul style="list-style-type: none"> continue building the relationship be curious talk about the difference between their hopes for the future and what is happening now identify when change has been possible before and use this to bolster confidence to change.



<p>Preparation</p>	<ul style="list-style-type: none"> • more consistent engagement and cooperation • starting to show consistent insight into impact on their child/ren and/or partner (in the case of domestic and family violence) • expressions of some remorse or regret for harm caused • asking what they need to do to address the concerns. 	<ul style="list-style-type: none"> • work together on setting SMART goals that will address the concerns but also work for the parent • let them know you believe they can change • ask what they need from you to make changes • identify formal and informal supports with them • connect them with supports for specific needs (for example domestic and family violence, mental health and alcohol and other drug services).
<p>Action</p>	<ul style="list-style-type: none"> • actively engaging in intervention • taking responsibility for behaviour most of the time • actively engaging • talking about how they have changed. 	<ul style="list-style-type: none"> • set clear goals • identify and resolve any obstacles to engaging with intervention (for example transport, clashes with family contact) • talk about the strength it takes to acknowledge child protection concerns and work to address them.
<p>Maintenance</p>	<ul style="list-style-type: none"> • consistent and active engagement with intervention • reports from others that behaviour has changed and concerns improved 	<ul style="list-style-type: none"> • keep up encouragement and reflecting strengths • discuss strategies to prevent relapse/going back to old behaviour • talk about the potential consequences if concerns are not addressed.
<p>Relapse</p>	<ul style="list-style-type: none"> • falling back to previous behaviour (for example alcohol and/or other drug use, or behaving violently) 	<ul style="list-style-type: none"> • be clear about safety of the child • talk about the gains made during the time when they were actively changing or maintaining change • express optimism that they can move from relapse • consider how relapse impacts the assessment of safety and risk of harm and the child or young person’s timeframe for parent to achieve change.

* Throughout these stages it is important to be clear and transparent about the child protection concerns and what will need to be achieved in order to address these concerns. The safety of the child or young person is the paramount consideration at all times.



5. The importance of reflective practice

DCP case workers are better able to develop their skills when they engage in reflective practice. DCP case workers are encouraged to seek feedback about their knowledge and application of change theory and to reflect on and discuss this feedback in supervision.

Think about one of your cases where an individual is required to achieve change:

- What stage of change do you think they are at? What are the signs of their stage of change?
- What is their motivation to change?
- How has change theory been considered in the context of assessment and timely decision making?
- What else could be implemented to better support the individual’s change progress?
- How have cultural factors been considered which may be impacting on the change process or assessment of where the individual is in the stages of change? What additional information is needed to ensure that a culturally responsive assessment is made?

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ⁱ Prochaska, J, Norcross, J. and DiClemente, C. (2013) [Applying the stages of change](#), *Psychotherapy in Australia*, vol 19, no 2.