**THE CYCLE OF CHANGE**

The **Cycle of Change** is a helpful tool in understanding and plotting a parent/carers potential for engagement with the risk identification, assessment and management processes. It also actively encourages consideration of particular aspects of resistance in parents/carers and assists understandings of issues such as those reflected where there is

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

The Cycle proposes **two key principles**:

* **There are several stages a person must go through before they successfully action and maintain lasting change** (a stage cannot be missed)
* **Change is cyclical**, people will have a range of feelings at different times about their risk behaviour/s and it can involve several attempts before they achieve any lasting change

The model is normally seen as having six stages set out as follows: Pre-contemplation, Contemplation, Preparation (sometimes called Decision or Determination), Action, Maintenance (with an exit to termination or lasting change), and (Re)Lapse. The techniques to help move people from one stage to another are different depending on the current stage they are in. For example, offering solutions or seeking engagement in change processes when a person is in Pre-contemplation will not help whereas if they are in Determination this could be very productive. It is, therefore, very important to identify what stage a person is in when they are confronted with the need to change aspects of their behaviour, circumstances, lifestyles etc.

In **Pre-Contemplation**, the parent/carer has not thought about the need to change or does not acknowledge a problem exists. They are 'uninformed' in the sense that no personally convincing reason for change has been presented as yet.

In **Contemplation**, the parent/carer is ambivalent - they are in two minds about what they want to do. Sometimes they feel the need to change but not always.

In **Action**, the parent/carer is preparing and planning for change. When they are ready the decision to change is made and it becomes all consuming.

In **Maintenance**, the change has been integrated into the parents'/carers' life. Some support may still be needed through this stage. When we are able to maintain what we have achieved we exit the cycle entirely.

**Lapse** is a temporary return to 'old' unhelpful thoughts, feelings or behaviour. **Relapse** is a full return to the old behaviour.

Lapse and Relapse are intrinsic to the Cycle Of Change and do not necessarily infer failure. It simply means that change is difficult, not often a linear process and it is unreasonable to expect anyone to be able to modify behaviour perfectly without any slips. When Relapse occurs, several trips through the stages may be necessary to make lasting changes. Each time the person is encouraged to review, reflect and learn from their slips.

In child welfare there may be greater time and opportunity for working with parents/carers through the cycle of change. In a child protection scenario this will obviously be more boundaried by the character and severity of the risk (actual and potential) and time limited by the mandate to keep the child safe and protected.

**Some Key Questions to Consider When Working for Individual Change**

1. Is there a clear, shared understanding of concern by the service user/s?
2. Are they thinking about the need for change?
3. What factors are present that support the potential for change and/or lapse/relapse?
4. Are they motivated to change?
5. Are there indicators of planning and action to support change?
6. Are they able and willing to work openly and honestly with services to address the identified concerns?
7. Are they motivated and positively engaged with others to secure change?
8. Is there Professional Confidence that engagement is genuine and sincere?
9. Is change being achieved, progress being made and improvement being sustained by them?
10. If lapse/relapse, what factors were contributory?

