

## AN EXPLORATION OF PSYCHOLOGICAL ASSESSMENTS AND THERAPIES: ONE LOCAL AUTHORITY'S PERSPECTIVE

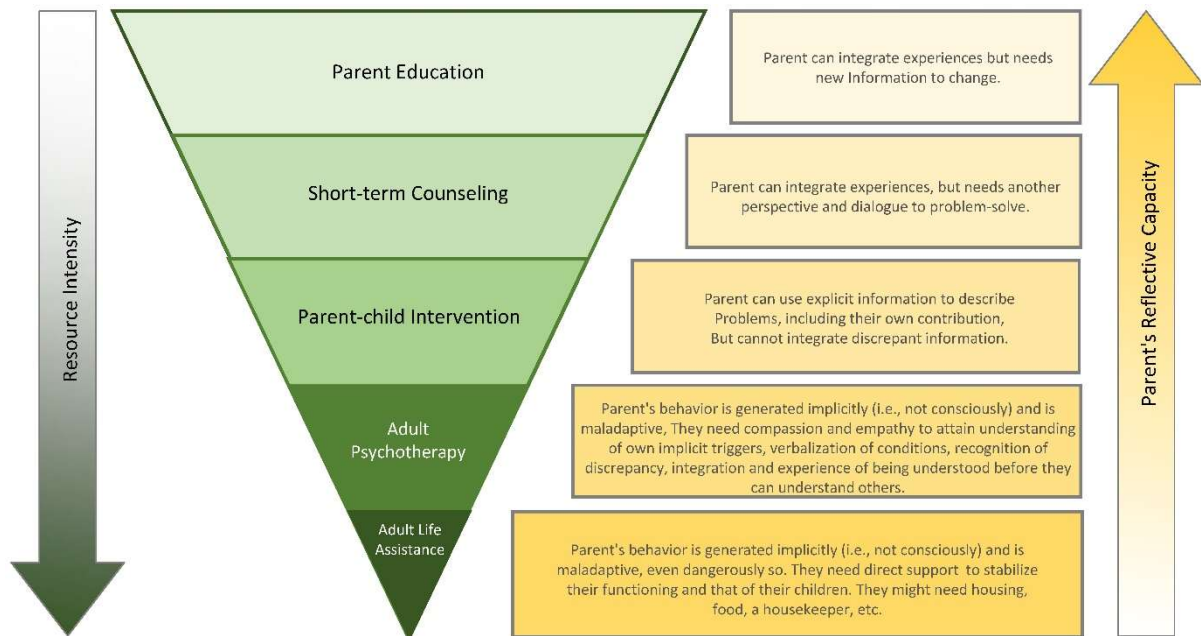
*Richard Devine, Consultant Social Worker and Leigh Zywek, Assistant Director,  
Children and Young People Services, Bath and North East Somerset Council  
(BANES)*

### Practice experience

In our work, we have found that many of the challenges parents faced in safely caring for their children in pre- or care proceedings stemmed from coping strategies that the parents had developed to handle extremely difficult and traumatic childhoods.

This exposed the significant disparity between the support provided to parents and what they required. We began to feel that the parents involved needed psychological treatment.

Our thinking was aided by a tool from the Dynamic-Maturational Model, called the Gradient of Interventions. A central premise of Gradient of Interventions is that **the intensity of the problem needs to be matched with the intensity of support provision.**



At the top of the inverted triangle is parent education (i.e., parenting course/most of family support). This is low resource intensity and should be offered to parents with

high reflective capacity. Almost none of the parents' needs within the child-protection system meet this criterion.

Second down is short-term counselling. This is relatively low resource and requires some reflective capacity. In our opinion, this is appropriate for single-issue negative life events (such as the death of a close loved one), or for individuals who understand their problems reasonably well and require another perspective to help them resolve their issues. However, short-term psychotherapeutic interventions are often provided for parents with severe and enduring mental health problems. This is a woefully inadequate and ineffective response.

In the middle, parent-child intervention is for parents who recognise challenges within their relationship with their child. They require intervention to improve their accuracy in perceiving and understanding their children's signals and selecting an appropriate response.

Second from the bottom, is adult psychotherapy – the parent needs psychological therapy to help them understand how unconscious thoughts and feelings affect their functioning. In our experience, most parents within pre- or care proceedings require this intervention; however, it is rarely available.

The bottom tier is life assistance. There are some families where the level of need, both psychologically and practically, is so great that they require ongoing services that help the family to meet their children's needs. It might be that rehabilitation is not possible, but with continuing care and support, the children can remain safely in their parents' care.

### **Psychological assessments**

At the same time as we realised that most parents needed psychotherapy to overcome maladaptive self-protective strategies, we noticed a theme in the psychological assessments. While they recommended psychological treatment, nearly all said that such treatment would take too long and thus fall outside of 'the child's timescale'. Even if it did not fall outside of the child's timescale, funding would be raised as an issue, with children's social care arguing that adult social care should pay, but adult social care refusing.

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*To read this article in full please contact [nagalro@nagalro.com](mailto:nagalro@nagalro.com)*