**Working with and supporting birth families**

**Methods**

Suitable for self–directed learning or reflection with a colleague or supervisor.

Learning Outcome

Review your approach to working with birth families who are at risk of having their children taken into care.

**Time Required**

Two sessions of 45 minutes

**Process**

* At what stage do you involve the birth family in decision making and planning?
* How might you secure earlier involvement?
* What inter-personal skills do you need to communicate with vulnerable and challenging adults?
* What steps do you take to alleviate parents’ fears of asking for help because of the belief that their children will be taken into care?
* What steps do you take to provide early assessment and help to families who are at risk of their children being taken into care?
* How do you go about being open and honest with birth parents about the consequences if their parenting behaviour does not change?
* What methods do you use to set clear and time-limited written agreements with parents and proactively monitor compliance with these?
* How do you engage challenging and resistant families and challenge unacceptable parental behaviour?
* How do you ensure that birth parents understand the implications for children of being adopted or fostered?
* How do you support birth parents through care proceedings and after adoption?

**Working in partnership with birth parents**

**Methods**

Suitable for self–directed learning or reflection with a colleague or supervisor.

Learning Outcome

Review your approach to working in partnership with birth parents and the role birth parents play in supporting the child’s plan for permanence.

**Time Required**

Two sessions of 45 minutes

**Process**

Think about working in partnership with birth parents and the role birth parents play in supporting the child’s plan for permanence.

* How can you explain appropriate delegation to parents who are dealing with loss and feelings of exclusion?
* How would you approach partnership work in the different contexts of a voluntary arrangement under section 20 and a care order made under section 31?
* How would you manage a conflict between the birth family and the foster carers – for example, about how late the child can stay out at night?
	+ Would you respond differently if a long-term or permanent foster placement was the goal rather than reunification?
	+ What does this tell you?
* Unlike adoption, when foster placements are confirmed as permanent there is no legal requirement for support plans for the birth parents.
	+ What role does the social worker have here?
	+ What impact will lack of clarity about parental role as a parent have on the birth family?
	+ How can you facilitate understanding of the boundaries and expectations of their changing role?
* How can you organise supervised contact so that it is a positive experience for both parent and child?
* Unregulated contact is likely to cause significant stress to foster carers, but is highly valued by birth parents whose contact is limited.
	+ How can both social workers work together to help the foster carer manage this situation?
	+ What kind of training and support might carers need?

**The impact of fostering and adoption on birth families**

**Methods**

Suitable for self–directed learning or reflection with a colleague or supervisor.

Learning Outcome

To review the factors that influence our sense of empathy.

**Time Required**

30 minutes

**Process**

Grieving the loss of a child into care has been described as ‘disenfranchised grief’ (Doka,1989) – i.e. grief that is not culturally accepted or acknowledged by society.

Think of a recent case and answer the following questions:

* How difficult is it to feel empathy for someone who has caused or allowed their child to come to harm?
* What might mediate or influence these feelings?
* How can we maintain empathy for the individual?

**Relationships between birth families and foster carers/adopters**

**Methods**

Suitable for self–directed learning or reflection with a colleague or supervisor.

Learning Outcome

To review the factors that impact on relationships between birth families and foster carers/adopters and identify actions that can support this.

**Time Required**

30 minutes

**Process**

Think of a number of cases and answer the following questions:

* What factors might prevent a constructive relationship developing between foster carers and birth parents over time?
* What formal and informal interventions might help this?
* What differences are there if the plan is for reunification as opposed to long-term foster care or adoption?

**The impact of working with birth families**

**Methods**

Suitable for self–directed learning or reflection with a colleague or supervisor.

Learning Outcome

To reflect on how you maintain empathy with parents and identify ways that you can maintain a professional focus.

**Time Required**

30 minutes

**Process**

Reflect on your own practice and answer the following questions:

* How do you know if you are losing empathy with parents?
* What thoughts and feelings do you have?
* How can you regain your professional or human focus?
* Whose support do you need to help you maintain a professional focus?

**Meeting Needs**

**Cognitive Dissonance (holding contradictory ideas or ideas)**

**Methods**

Suitable for self-directed learning or reflection with a colleague or supervisor.

**Learning Outcome**

To understand birth parents’ perspectives.

**Time Required**

30 minutes.

**Process**

Read the summary of the concept of cognitive dissonance and its impact on birth parents.

1. On your own or with a colleague/supervisor reflect on whether there are similar narratives being expressed by families you work with?
2. What cognitive dissonances/contradictions are present in your own beliefs and feelings about a case you are involved in?
3. How do you rationalise this?

**Summary**

Schofield and Ward(2011) use the concept of **cognitive dissonance** (i.e. the holding of contradictory beliefs or ideas) to describe how birth parents can be psychologically split, for example, ‘I may still legally be a parent but I am not in reality’ or ‘I have tried my best to be a good parent and I love my children but they have suffered while in my care’.

To mediate the emotional distress that contradictory feelings and thoughts cause, a person usually develops an attitude or a story to enable them to rationalise about what has happened (in this case to cope with the separation from their child/children).

Read through these examples of cognitive dissonance expressed by parents in the Schofield study:-

**Expressed during the process of the child being taken into care**

*I am a good parent:*

* *because I was not to blame for my child coming into care (my partner or the social worker was to blame).*
* *because I always loved my child, even when we had problems/I were in prison.*
* *compared to some other parents, who really hurt their children.*
* *but my child was too difficult for even a good parent to manage.*

**Expressed since the child had been in foster care:**

*I am a good parent:*

* *because I accept that foster care is best for my child and support the placement and the carers.*
* *because I have made positive changes to my life, such as giving up drugs.*
* *because I am raising other children successfully.*
* *because I remain in a constant state of anger and keep fighting to get my child back.*

**Information and Involvement**

**Methods**

Suitable for self-directed learning or reflection with a colleague or supervisor.

**Learning Outcome**

To improve communication with birth families.

**Time Required**

30 minutes.

**Process**

Read the summary of what birth families want from their social worker and reflect on how this impacts on a case that you are involved in where there are challenges in the relationship with a birth family.

On your own or with a colleague/supervisor come up with at least 2 ways you could improve the following:

1. Giving information to the family/parent about their child (it might be the method of the communication or the type of information that you can improve).
2. Supporting the birth family or parent to successfully renegotiate their role in respect of their child and their placement.

**Summary**

Birth families have named aspects that they find difficult in their relationships with social workers including:

* Continuity - social workers moving on when they had just built a relationship.
* Communication and relaying of information; for example not always getting accurate or up to date information about their child or about the things which are important to them. Leaving messages for the social worker that don’t get passed on. Getting conflicting information from different professionals.
* Not having their view taken into account, the power imbalance, feeling that social workers cannot fully understand the impact of the loss on them, feeling that they are not trusted, social workers having fixed views about them or their families.
* **What they found helpful** - social workers being available and attentive and listening to them, honesty, getting regular information, social workers who understand them and their grief, who are approachable and help them to feel relaxed.
* Birth families have said they want **information, involvement and understanding** from social workers (Schofield 2010)**.**

**Making Sense of Repeated Patterns**

**Methods**

Suitable for a small group discussion in a team meeting or as part of a facilitated workshop. Prepare the extract from the newspaper below as a handout or use the full article from the website. Put the definition of disenfranchised grief on a flipchart along with the questions/areas for group discussion.

*‘Grief from the loss of a child into care has been described as disenfranchised grief i.e. grief not culturally accepted or acknowledged by society”* (Doka,1989).

**Learning Outcome**

To understand and respond to birth parents’ perspectives.

**Time Required**

30 minutes.

**Process**

Give the group the extract from a newspaper article in the Daily Telegraph on 30 July 2009.

Ask the group to spend 30 minutes discussing the following:

1. Their initial response.
2. How easy or difficult is it to feel empathy for the parents?
3. Why might this woman keep becoming pregnant?
4. To what extent does the concept of disenfranchised grief have relevance here?
5. What resources or services may be available in order to meet the parents’ needs?
6. What strategies and approaches are needed to ensure that planning with the parents is done in a partnership way to influence positive outcomes for the unborn child and the parents?

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| **Extract from Daily Telegraph on 30 July, 2009** **Mother whose 13 children were taken into care is pregnant again****Theresa Winters, a woman who has already had 13 babies taken into care, is pregnant with her 14th child - and says she will keep on trying for more until she is allowed to keep one.** Miss Winters, 36, has not been able to keep any of her offspring beyond the age of two, but insists she deserves a second chance at being a mother. She admits that social services had made the right decision in removing her first 13 children because she had neglected them, but claims to have "calmed down" now. Miss Winters, who was taken into care herself as a teenager, says social services should be helping her and the father of 11 of her children, Tony Housden, to achieve their "dream" of becoming a family. She told the Daily Mail: "We feel like social services are treating us like murderers when we haven't done anything. "All we want to do is be a family and look after our children, it is very upsetting. "We want help from social services, but they won't help us." The parents have been told they cannot keep their children because of "concerns about severe neglect, lack of parenting ability and the consequent risk to any child in their care". Miss Winters admits: "I was a bit aggressive, but never towards the kids. In one sense they were right to take them away, I was young. They looked at it thinking that if I was aggressive towards social services, I'd be aggressive toward my kids." However, she insists she is a changed woman. <http://www.telegraph.co.uk/women/mother-tongue/5935665/Mother-whose-13-children-were-taken-into-care-is-pregnant-again.html>  |

**Exploring and overcoming challenges**

**Methods**

Suitable for a group discussion in a team meeting or as part of a facilitated workshop.

**Learning Outcome**

To overcome challenges in working with birth families.

**Time Required**

20minutes.

**Process**

1. Ask the group to identify the factors that make it difficult or challenging to work with parents and record them on a flip chart (10 minutes).
2. Ask the group to identify the approaches that help to overcome difficulties or challenges? (10 minutes).
3. Record responses on a flip chart. You may find it helpful to keep the flipchart as a reference for any exercises which explore birth parents’ perspectives – there will be parallels and differences which are worthy of exploration.

**Working with Resistance**

**Methods**

Suitable for self-directed learning or reflection with a colleague or supervisor.

**Learning Outcome**

To understand and explore ways to work effectively with resistance.

**Time Required**

30 minutes.

**Process**

1. Think of a case where there are challenges in the relationship with a birth family.
2. Read the summary on resistance and reflect on how it relates to a case that you are involved in.
3. What responses could you give to the family members that are directive but which combine emotional listening and empathy?

**Summary**

Child and family social work is often characterised by resistance from parents who, for all kinds of reasons, need to keep you at bay, protect their secrets, and avoid you having contact with their children. This often manifests itself in passive non co-operation (where the client is either emotionally absent or disengaged in interviews, constantly out when you call or misses/ appears to be confused about appointments), disguised compliance (appearing to cooperate to keep you happy, but not in any real, genuine way), active disagreement or threatening behaviour, aggression and violence.

Attack is, of course, often the best form of defence and denying/minimising /deflecting statements are all different forms of this.

Research by Forrester et al (2008) suggests that, faced with this kind of behaviour, child welfare practitioners often respond in a confrontational or threatening manner and that all their usual empathic listening skills totally desert them. This is generally due to the stress and anxiety experienced when you sense that someone is lying to you or withholding crucial information – the more you feel this, the harder you push and the more resistant they become. It is then all too easy to get into an argument, which will inevitably generate some of the resistant reactions outlined below.

We then become defensive and argumentative in return. This then achieves the desired aim from the client’s point of view – keeping you away from the real issues.

Understanding and accepting resistance as normal leads to the development of more effective communication skills, combining a ‘relationship-based’ or person-centred philosophy with a directive (as opposed to confrontational) approach. Research suggests that this combination of elements, drawn from Motivational Interviewing, does not result in any loss of focus on the child and increases skills in dealing with challenging and complex interviews (Forrester et al 2008). Getting under the resistant statement, connecting with the emotion behind it and constructing a response that combines ‘emotional listening’ with empathy not only challenges clients’ expectations of what you will do but releases you from the confrontational clinch.

**Working with family members**

This exercise has been adapted from the Fostering Now Fostering Service Development Exercises[[1]](#endnote-1).

 **Methods**

Suitable for a group exercise in a facilitated workshop.

**Learning Outcome**

* To enable practitioners to analyse areas of practice relating to the involvement of families.
* To empathise with family members who lack power.
* To explore processes for promoting involvement.

**Time Required**

90minutes including:

* 20 minutes to read the case study and consider the questions,
* 30 minutes to role play a meeting,
* 30 minutes feedback in role,
* 10 minutes summarising key learning points and actions.

**Process – Role-play of a meeting of the team around the child**

**Introduction**

*Some [parents] may feel a sense of relief. They may have been at the end of their tether. Even in these cases, however, there are likely to be mixed emotions, feelings of loss, a sense of failure, a worry about how the event can be presented at school or to the neighbours, a concern about how their child may do when away from them and about whether he or she will cease to love them or fail to return.*

*A quarter of the children already knew their carers. Where they did not, pre-placement meetings took place in only half the cases. The parents (or at least the mothers, for social workers rarely worked with fathers) welcomed these, although some felt ill-prepared, inadequate or excluded, or that decisions had been made prior to the meeting. If they did not know the foster carers, they rarely met them in advance, although most would have liked to do this.*

Fostering Now: Messages from Research (Sinclair 2005: 61-62)

Sharing the task of caring for children is not easy; parents and foster carers often approach the parenting task differently, leading to tensions in the relationship. The research suggests that acknowledging the feelings and views of parents, and actively involving them in the placement, can be a very positive step.

For this part of the exercise, use the case study for Dillon or a scenario that addresses issues that are relevant to the team or group.

**Activity set up**

Allocate the following roles to members of the group; parents, foster carer, social worker and child/young person. Participants should then go into groups so that each of the roles is represented. Where there are numbers that aren’t divisible by four then add in roles e.g. manager, supervising social worker etc.

1. Participants should read the case study for Dillon or their preferred scenario.
2. Ask each group to consider the following questions according to their role:
* As the parent/foster carer/social worker/child or young person, what do they feel?
* What do they want to say at the meeting to the social worker/foster carer/parent/child or young person?
* What difficulties do they face in this situation?
* What do they need in order to be able to participate in the meeting?
1. Each group should then role play a meeting with the social worker as the chair and participants presenting their views and feelings to the meeting.
2. After the ‘role-play’, take feedback from the participants ‘in role’.

**Questions to consider during the feedback session**

* Where was power located in the meeting?
* Was the voice of the child or young person heard?
* Was the voice of the parent heard?
* Were issues of identity and diversity addressed?
* Was there an acknowledgement of the parent’s feelings, such as hostility, anger, sadness, distress, guilt?

**Learning points to focus on and draw out**

* Understanding the impact on the child of their parent’s feelings.
* Giving permission for views to be expressed.
* The impact that a lack of information can have.
* Clarifying how the parent can be involved.
* The impact of a social worker’s use of power.

At the end of the feedback, make sure you take participants out of role. You should then summarise the practice points for involving family members, before ending by asking all participants to identify one thing they have learnt from the session and one thing that they will do differently in the future.

1. Research in Practice (2005) Fostering Now: Fostering Service Development Exercises [↑](#endnote-ref-1)