



RELATIONSHIP THEMES AND DYNAMICS BETWEEN PARENTS AND SOCIAL WORKERS

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The Research

Research Question

What factors affect the parental experience and outcomes of parent-infant intervention?

Participants

17- 5 Male, 12 Female

2- Parent-Infant Psychotherapy

1- Parent- Infant Psychotherapy plus foster placement

5- Foster Placement

9- Residential Assessment Unit



Participant Criteria

- Attachment based trauma history
- Child/Infant on CP plan
- *Some were attending parent-infant psychotherapy
(Recruitment was the biggest challenge!)



Design (Qualitative Interviews over 6 months)

- 3 Qualitative interviews
- 1st and 3rd discussed the parents relationship with their child's social worker (positives/negatives).

* All interviews were recorded with a Dictaphone and transcribed verbatim.



Analysis

- Thematic (initial codes, themes, sub-themes)
- Identify if there were common codes/themes that related to outcome of the intervention.
- Themes present for those who had positive outcome.
- Themes present for those who had a negative outcome.



Results

Table 1: Individual Thematic Factors

<u>Positive Outcome- ‘Change Facilitators’</u>	<u>Negative Outcome- ‘Change Inhibitors’</u>
Acceptance	Denial
Determination	Low Mentalization
Mentalization	Negative talk about baby
Positive talk about baby	Disconnect with trauma
Angel in the nursery	Lack of change facilitators
Internal Working Model intact	
Caring for siblings	
Feeling loved and cared for	
Connection to trauma	

Relational themes present for parents and their child's social worker

- **Misinterpretation**
- Confusion over role
- Lack of transparency
- Tunnel vision
- Perfect Parent Fallacy
- **Lack of empathy**
- **Trauma Inducing**



Misinterpretation

- Potentially misinterpreting the social workers behaviour/expression/body language.
- *'I said what if he goes for adoption will I ever see him again? and she went no, and I just bawled out and cried because I am a sensitive person, and she looked at me and smiled. She could have said are you ok? She saw me crying and she smiled'*

'She went to court, got the order, and came out smiling and then we are in court she tried to speak to me and I went to jump up and the barrister said no you need to stay calm for this. It's upsetting because they were laughing'

Misinterpretation and Attachment Trauma

- Neuroscientific findings suggest that children who have been abused may interpret neutral behaviours as hostile (Schmid *et al.* 2013, Kempes *et al.* 2010, Young & Widom 2014, Cuadra *et al.* 2014, Carr 2015)
- Mirror neuron system learns from experience, relational trauma victims interpret the intention behind an action, constant vigilance for whether things are safe or unsafe, rather than being response become reactive (freeze, flight, fight) (Siegal 2011).

Confusion over role

Some participants appeared to have expectations of their child's social worker that possibly centred on their own needs (inner child trigger). Therefore, when these expectations were not met this generated negative feelings.

'She is going against us and says step up or you are going to lose the kids in a few weeks, so she is not on our side, so we feel like she is just listening to everyone else and not us'.

'Sometimes I say to them show me what you can do then, let's see if you are genuinely going to help me or you are not going to do anything at all, just cause more headache for me in the long run, and that is what did actually happen. Even though we're coming up to the 29th of this month my property still hasn't benefited from me having a social worker'.

Lack of transparency

- A common theme to emerge was parents feeling as if they were not communicated with openly and honestly.
- This seemed to cause frustration and then a growing dislike.
- It appeared that when this was occurring it may have contributed to a break down in the relationship caused by a general distrust, that in many cases the relationship did not recover from.
- Traumatized brain 'Hardwiring is present' it has been traumatized resulting in 'the software' being programmed to be fearful and distrusting (De Bellis 2001).

'She can be alright to your face but then she goes to someone else and slags us off. Like at our family conference it was really good, apparently it was all positive, she agreed to it, and then she come here and she basically said to the manager of this place that the family conference went crap, but she said to our face that it went good and was really happy'

'I kicked off a bit and said if you had a problem with me being there in the first place why didn't you take me away before the three months, but they said we haven't got no concerns about you but in court they did. They were really contradicting themselves'

Horrible, I had no relationship with her. She wouldn't tell me nothing she held information back from me she had ermm a double standard sort of approach to things. She would say one thing to me and then say something else to someone else'

'He walks into the hospital on the discharge planning meeting and he wasn't going to let me home and that was the first time I had been told that apparently I had said some really disturbing things, and I was like what you talking about? I have no idea what you're talking about, talk to me'

Tunnel Vision

- Some participants reporting a feeling that when disagreements did occur, there was a 'tunnel vision' approach whereby they did not feel listened to or understood.
- This may then have impacted on their engagement with the requests being made by the social worker.

'A social worker should have their opinion but also take on board the opinion of the person they are working with, whereas in her position she is right, her opinion is what matters. She is the one who says what happens and the other person does not matter'.

'The man based his opinion of me by what the midwives had said, he should have come to me and introduced himself, got a little bit of a first impression'.

- Similar findings have been evidenced by Manij *et al.* (2005), who noted that in some cases parents felt that practitioners had ‘narrow preconceived ideas’ about the problems that were present.
- Not feeling listened to also features within other studies. For example, Forrester *et al.* (2008) noted ‘low levels of listening’, from social workers.
- Ross *et al.* (2017) titled their research with families whose children were placed into care ‘No voice, no opinion, nothing’, indicating reports of similar feelings.

Perfect Parent Fallacy

- Some parents felt the social workers expected standard of care, that they should be providing, exceeded that which they felt an average parent is achieving.

'I put my daughter on the floor facing that way because, like I said to them, the only reason that I put her on the floor so she can go and play with toys and they said that's not interacting with your baby, and I said when you're here I have to talk to you my daughter is playing with the toys, obviously I am watching her'.

'When you go to a parenting course you are told there is no such thing as a perfect parent, but when it comes to social services their ideals of what a perfect parent is if you're not that then they want to take your children away, so you send us on parenting courses they teach us there is no such thing as a perfect parent but you guys want that from people. You want them to be perfect parents and anything less you make their lives hell you know'.

Lack of Empathy

- This was a prominent theme to emerge from the narrative interviews.
- The parents felt that their thoughts, feelings, struggles and difficulties were not considered.

'With my social worker I know that she has a daughter so I say put yourself in my shoes and imagine if it was your daughter. Imagine what I'm saying to you about your daughter, how would you feel? And she will say you're not allowed to talk about my daughter, and I'm saying well put yourself in my shoes and understand where I am coming from before you tell me something, understand that yourself in my shoes, understand every little point that I'm coming from and then say something to me'.

'She done things unprofessionally where she would ask me to leave the room but she would have someone that had nothing to do with the case be in the room, and it's like how dare you have that person in the room talking about me and my child, and I am not allowed to know nothing that is going on'.

- Dale's (2004) participants wanted social workers who appeared more 'human'.
- Wiffin (2010) states how important empathic communication can be, as well as having an awareness of how it feels to 'be on the receiving end of the child protection system', particularly when working with resistant families.
- Forrester *et al.* (2008) highlights the challenge that social workers may face in knowing how to show empathy without 'colluding' with concerning behaviour. Fauth *et al.* (2010) advise practitioners of the need to be empathic but with an 'eyes wide open, boundaried, authoritative approach'.
- Foresters work showed those who demonstrated empathy encountered 'less resistance' and obtained more information directly from clients. Behaving in an empathic way did not impact on their ability to identify concerns and discuss these with parents (Forrester *et al.* 2007).
- Importance of Epistemic Trust.
- Mentalization- compromised by Stress/Burn out

Trauma Inducing

- Some parents reported ‘Trauma symptoms’ connected to their relationship with the child’s social worker.
- This is not surprising given the potential associated Fear, and Anxiety, felt before the relationship even develops.
- Link to feelings of ‘fear without solution’ (Hesse & Main 200)
- Relational Trauma triggers causing the emergence of their ‘worst self’. Reinforces their Internal Working Model of themselves and associated behaviour.

‘I feel like with them like when I’ve not seen my social worker for a few days I feel happy and I feel I know that I feel okay, and then when I see her I think you know what I don’t want to see this lady right now because I know it stresses me out’.

My IBS has definitely got worse due to all of the stress of social services. [--] My hair is falling out I have started to feel suicidal. I have been feeling everything because of yourselves, you guys want me to be a mentally stable capable mum and if anyone in my life has jeopardised that it’s yourselves’.

‘I am still very highly critical of myself, and I am still highly stressed and anxious and worried about every given moment at times. Could this all go pear shaped at any given moment?’

‘I think the most traumatising thing for me is being involved with these social workers. [--] Mr Smith’s behaviour is threatening and extremely hostile. How do you expect me to be? You come into my life, intervened in my life, wrecked my life, and you expect me not to be hostile?’

Did these negative relational dynamics appear to influence the intervention outcome?

- Surprisingly not...
- Aside from one participant, all of the participants reported a negative relationship with their child's social worker...including those who had a positive outcome
- Why? Perhaps the presence of the key 'Change facilitators' in this group buffered the impact of the influence on the outcome.
- That is of course not to minimise the importance of a positive working relationship

Ideal social worker qualities

- Understanding
- Compassion
- Openness



Key 'Change Facilitators'

Acceptance

Determination

Mentalization

Connection to
trauma



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