



Social workers' experiences of using the narrative model to talk to children about why they are in care and other sensitive issues

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Lynda McGill

Northern Health and Social Care Trust (NHSCT) Northern Ireland, UK

William Coman

Northern Health and Social Care Trust (NHSCT) Northern Ireland, UK

Joanne McWhirter

Northern Health and Social Care Trust (NHSCT) Northern Ireland, UK

Clodagh O'Sullivan

Northern Health and Social Care Trust (NHSCT) Northern Ireland, UK

Abstract

Children entering care often experience considerable uncertainty as they struggle with questions about why they had to leave their birth family, whose fault it was and whether or not they will ever return. To help in these fraught situations, the authors developed the narrative model for talking to children about sensitive issues in a way that promotes psychological safety and healthy adjustment. The details were published in a previous edition of this journal (Coman, et al., 2016). The model has now been fine-tuned after trial applications and feedback from parents, carers and professionals. This article reports the findings of one part of that evaluation: a survey of social workers experienced in using the model. The results show that they acknowledge the importance of helping children understand why they are in care but find it difficult to talk to them about it. They report that the narrative model increases their confidence in undertaking this task and benefits the children by giving them an explanatory narrative and enhancing the stability of their care placements.

Corresponding author:

Lynda McGill, Therapeutic Team for LAAC, Alder House, Antrim Area Hospital, Bush Road Antrim, BT41 2QB.

Email: lynda.mcgill@northerntrust.hscni.net

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Introduction

The Therapeutic Team for Looked After and Adopted Children (TT-LAAC) was established in 2011 and is situated within the Northern Health and Social Care Trust in Northern Ireland. It provides a service to approximately 700 looked after children and 300 others adopted from care. The team is led by a consultant clinical psychologist and comprises both clinical psychology and social work staff. The therapeutic intervention focuses on the children, carers, parents and professionals with the aim of improving the stability of children's placements and nurturing their emotional health and development. This is achieved through a range of interventions comprising training, consultation with the caregiving network and support to children and/or their carers.

From TT-LAAC's inception, a significant number of referrals to the service requested 'life story work' or 'therapy' to help children psychologically adjust to the trauma they had experienced. It was noted that many of them were struggling in their placements and finding it difficult to cope with pressures arising from contact with birth relatives, schoolwork and respite arrangements. Many also found it hard to manage boundaries, meet expectations and engage with novel situations.

Further exploration of these problems with social workers and foster carers revealed that in many cases the children were confused about their personal circumstances and did not have a coherent 'narrative' about why they were not living at home. Although the social work literature indicates that such confusion is common among looked after children (Munro, 2011: 26; Selwyn and Briheim-Crookall, 2017; VOYPIC, 2013), the severity of the problem came as a surprise to the researchers.

Through the lens of developmental trauma, it is recognised that children may internalise their stressful experiences as shame or a sense of failure or fear (Hughes, 2009) and often have magical thinking around what they perceive to have happened. For example, one 16-year-old boy explained that he was taken into care at the age of four due to his inability to stop his stepfather from hitting him and his mother. In another case, an eight-year-old adoptee who was asked why he did not live with his birth family, leaned forward and whispered, 'because I have been kidnapped'.

The key questions, therefore, are:

- How do these beliefs affect children's adjustment to living apart from their birth families?
- How do they influence their ability to emotionally connect with adoptive parents or foster carers?
- How do they colour children's engagement with those who try to help them?

In TT-LAAC, we hold the view that children in care require a clear and shared message from those responsible for their welfare about why they are no longer living with their birth families and what is happening with respect to care planning and legal processes. It soon became apparent that many of them had no understanding of these situations and that professionals felt uneasy when talking to children about such sensitive matters.

These difficulties have serious implications for effective social work. It means that important communication tasks can be overlooked, discussions can be completed in a way that is unhelpful for the child and responsibility is often directed to someone who is considered to have more time or expertise, such as life story workers or therapists (Coman, et al., 2016). This is not to suggest that those involved are not talking to children or that they deliberately seek to misinform them or withhold information; rather, it is more a question of being able to talk truthfully to children about ‘tough stuff’, at the right time and in a way that enables them to absorb it – a highly complex task with multiple challenges (Coman, et al., 2016).

Within TT-LAAC we wondered how we might enable and support the caregiving network to discuss these issues in a way that strengthens connections between all those involved and deepens awareness of other people’s perspectives. The practice challenge was to do this without re-traumatising the child or triggering behaviours that could disrupt the placement. While the professional literature highlights the need to explain to children why they are in care and help them make sense of their situation, it offers much less on ways of doing this. The communication models that are available tend to cover topics such as cancer treatment, mental health and parental substance misuse and there is a dearth of material on how this work can best be undertaken in social care (McGill, 2017).

Drawing on our experiences and a scrutiny of the literature, we developed a collaborative model for communicating with children about their care journey and supporting their psychological adjustment to it. This is known within TT-LAAC as the ‘narrative model’. It seeks to support the key people in the child’s caregiving network to communicate openly and safely about the reasons why he or she is unable to live at home and to discuss the complexities and uncertainties of the care planning process. The model has also been helpful for supporting targeted conversations with children about specific sensitive and bewildering issues, such as why their father is in prison or why there are disputes about paternity. In addition, it has provided a way of navigating social taboos such as sexual abuse or sibling incest. Such narratives do not provide a child’s life story but they do make an important contribution to it. Indeed, a metaphor we find helpful is to liken a narrative to a few frames from a film whereas the life story is the film itself.

We described the model in a previous article in this journal (Coman, et al., 2016). Since then, it has been revised and details of the current version can be found in a later publication (Coman, et al., 2017).

The structure of the narrative model

The TT-LAAC’s narrative model has seven core components as listed below.

1. Caregiving network

The caregiving network comprises the important adults in the child’s life, including their carers, statutory and supervising social workers and their birth relatives. Meetings focus on what children need to know now to help them adjust to being in care.

2. Use of narratives

A narrative is a story or script that the caregiving network develops collaboratively about the child’s life history and care experiences. It acknowledges the reality of the child’s

situation but does so in an age-appropriate way. It gives the child and adults a common language for talking about issues like entry to care. It is best if it is written down and the child has a copy.

3. Delivering the narrative to the child

The delivery of the narrative to the child has to be well planned and social workers need to take time to share it with him or her. It is best if this can be done in the placement and, if possible, with the carer present. The presence of a parent can be a very powerful experience for the child and may help kickstart the reparation of fractured relationships.

4. Responding to children's emotions

Receiving a narrative can be draining for children and they will display a range of emotions. The most helpful thing for adults to do in such circumstances is to accept their responses, allow space for them to express their feelings and give lots of empathy.

5. Responding to children's questions

Adults should praise children for any curiosity about their narrative or any other aspects of their life story. Carers can join in by becoming co-investigators and capturing further questions in a book or box. As questions arise, these should be shared with the social workers so that the children can gain answers in a timely manner. Attending to the way children respond to the narrative is crucial as it indicates what support is needed next. We elaborate on this in Step 7.

6. Broadcasting the narrative to significant others

The social worker and child should agree on the people with whom the narrative should be shared; for example, should others in the household or a school teacher be included? Sharing the narrative between the child and significant others will ensure that he or she knows that everyone has the same understanding.

7. Building on the child's narrative

The child's responses to the narrative help us to form a view on what would be helpful for the child to aid their psychological adjustment. This can include: help with talking indirectly or directly to parents about their and their children's pre-care experiences; recounting stories (real or fictional) about other young people in care; compiling narratives that focus on a particular aspect of their lives; undertaking life story work to fill gaps in their knowledge; and offering appropriate therapy to ease their adjustment to their situations.

We provide training for qualified social work staff and a specific social work led clinic within TT-LAAC for support on the particular components of the model, an opportunity much valued by the participants.

The findings in this survey relate primarily to children and young people who have been in care for a minimum of three months, many of whom will be anxious about care plans and permanency decisions. We recognise, however, that the model could usefully be applied at different times, such as prior to admission to care or whenever major decisions or sensitive issues are being discussed.

Rationale for the survey

Anecdotally, it seemed that the narrative model had been well received within the agency and beyond and comments about its effectiveness included:

It helps professionals all come together with foster carers and parents; it allows children to have the same consistent information from the adults around them. The focus remains on the child and focuses the adults on the information we need to share. (Guardian ad litem)

I definitely wanted my view aired; we worked hard to make it an agreement between us all. It was really helpful. (Birth mother)

Amazed at how simple and how effective it can be. (Supervising social worker)

It helped me; if I was on my own I don't think I would have been able to be as honest to the kids. (Birth mother)

In the light of these favourable comments, we were keen to ascertain further the views of social workers who have used the model in a more systematic way. In time, the research will be extended to seek the opinions of the children, birth parents and foster carers.

Method

A survey instrument was developed to gather information on social workers' awareness and training prior to undertaking narrative work and their experiences of applying the first six core elements of the model, as described above. (The seventh component was developed subsequent to the survey.) Further observations were then collated on its impact, helpfulness and feasibility.

All social workers who had been involved in narrative work through the TT-LAAC were invited to complete a questionnaire electronically. It contained 50 items with respondents directed to indicate how strongly they agreed or disagreed with each one, using a seven-point Likert scale. Remaining items addressed training, experience of using the model and the stages seen as the most beneficial and challenging. There were also opportunities to offer written comments about relevant experiences.

One-third (32%) of the invited social workers responded. They were asked to rate their experiences of using the model based on each child they had worked with rather than to give an overall evaluation. Hence, some social workers gave several responses.

In all, 18 social workers completed the survey and provided information on 48 children. Five had received formal training and participation in consultation in the narrative model through the TT-LAAC. A further five had received training through participation in consultation only and one just had formal training. The remaining seven had neither training nor consultation through TT-LAAC and were supported by a senior member of their team. Social workers' experience post-qualification ranged from two to 23 years with an average of eight years.

Results

Impact on the child

All respondents felt it was important for children to know why they were in care but in 30 of the 48 cases considered, they said that it had been difficult to talk to children about this.

Nevertheless, all but one of the respondents acknowledged that using the model helped the child make sense of their situation.

In 30 of the cases, social workers also thought that using the model had promoted placement stability. Indeed, there were no situations where professionals felt it had been harmful (in the other cases, the respondents were unsure). In addition, there is universal agreement that it promoted consensus in the caregiving network.

Satisfaction with the model

All the respondents reported that using the narrative model had helped them feel more confident when talking to a child about why they came into care.

Significantly, in every case social workers felt that the child had also benefited from having a narrative and that the model provided a helpful framework for undertaking this work. Another positive outcome was that it helped smooth discussions, with 11 of the 18 respondents saying that it helped them manage and resolve disagreements within the caregiving network.

Overall, the results showed that all respondents were satisfied with the model and everyone stated that they would use it in the future when developing and delivering a narrative for a child.

Respondents' views on the model's components

When the components of the model were considered separately, all the respondents said that every one was an essential part of the process. But there were some differences of opinion about specific points, as the following results show.

1. Caregiving network meetings. In all but one of the 48 cases, social workers were satisfied with the facilitation of caregiving network meetings by TT-LAAC. Following this, in 39 of the cases social workers felt they had sufficient knowledge about how to conduct such meetings and 13 of the 18 respondents said they were confident they could do it effectively in the future.

With regard to overseeing the caregiving network meetings, 11 respondents said it was not difficult to reach a consensus and produce a shared script that satisfied all those involved with the child; however, it is significant that five of them did mention some problems.

One respondent described the value of caregiving network meetings as follows:

... the support [caregiving network meetings] given to the kinship carer was also very important in this case as she was able to discuss openly the behaviours that were evident at home.

2. Constructing a narrative for the child. In most of the cases considered (73%), social workers agreed that the actual construction of a narrative was difficult, although all but one said they had sufficient knowledge about what was needed to do this successfully; all but three felt confident about being able to do this in the future. As one respondent noted:

Constructing the narrative was extremely useful in terms of gaining a better understanding of the child's experience.

Furthermore:

Being able to work collaboratively with the mother of the children was very helpful in constructing and delivering the narrative.

3. Delivering the narrative to the child. When it came to delivering the completed narrative to the child, experiences varied. In half of the cases studied, the social workers had found this part of the process difficult, whereas in 38% this appeared not to be the case.

But despite these difficulties, no one indicated that they lacked sufficient knowledge or confidence in using the model. In terms of perceived benefits for the child, one social worker commented that:

Delivering the narrative to this child has enabled her to embed within her placement and given her permission to form attachments with her carers. The narrative work has also enabled the carers to become better attuned to the child's emotional needs. As such, I feel there will be extremely positive outcomes for this child in the future.

Another said:

I strongly feel that this narrative model freed the children up in terms of their new placement and gave a clearer understanding for the need of same. The child's behaviour significantly settled following their narrative being shared.

4. Responding to the child's emotions. In two-thirds of the 48 cases, social workers faced difficulties in responding to the emotions expressed by the child following delivery of a narrative. But it is equally significant that no problem was identified in the other third. This may be because no emotion was expressed or social workers were able to deal with it.

Seventeen of the 18 social workers surveyed felt well supported by TT-LAAC at this stage and were satisfied that they had enough knowledge about this component and sufficient confidence to attend to children's emotions in the future.

5. Building upon the narrative: managing children's questions. In just over half (52%) of cases, social workers reported difficulty in managing the children's questions when sharing and building on the narrative. As before, it is difficult to ascertain whether this is related to the ease of managing this stage of the process or whether the children did not raise any issues. With one exception, respondents again reported feeling they had sufficient knowledge and confidence to carry out this part of the model successfully.

6. Broadcasting the narrative to important others. Broadcasting the narrative to significant others in the caregiving network did not appear to be as difficult as delivering the narrative to the child. Social workers described problems in only 44% of cases and even then, all but two of them were happy with their expertise and confidence.

When considering each of the model's components separately, *the construction of the narrative* was considered to be the most difficult task, followed by *responding to emotion expressed by the child* and *responding to the child's questions*. Nevertheless, the problematic *construction of the narrative* was also seen as the most helpful in supporting the narrative process.

The least difficult component of the model was the *caregiving network meetings* followed by *broadcasting the narrative to significant others* and *delivering the narrative* to the child.

Discussion

As this was a small survey undertaken within the Northern Health and Social Care Trust, Northern Ireland, there are limitations to the findings, in particular the sample size. In addition, although steps were taken to ensure the anonymity of the participants, the method used for sending out and collating the data meant that those who responded were closely involved with the TT-LAAC team and may have been reluctant to offer criticism.

Nevertheless, the survey yielded some important findings. All of the practitioners felt that it was important for children to know why they could not live with their birth families and why they had been taken into care but they found it difficult to talk to them about this. This problem is frequently cited in the child care literature and was certainly manifest among the social workers in this survey, regardless of their experience or qualifications. But despite their unease, in TT-LAAC we hold the view that given their consistent relationship with the child, social workers are best placed to deliver the narrative, provided it builds on their existing skills and stays within the framework of the model.

The findings also indicate that social workers found the model to be a helpful tool for communicating with children about 'tough stuff' and that it increased their confidence in doing so. All of them intended to use it in the future. Each component was viewed as essential and no single item stood out as more relevant to the task than others. Nor was there any indication that the model is missing any elements that might further facilitate discussions with children about sensitive issues.

All 18 respondents said that the child benefited from having a narrative of their journey into and through care and 13 of them felt that this had a positive impact on the child's placement. Particularly important were the facts that no participant identified any detrimental effects on the children from using the model or damage to placement stability. In addition, their responses highlighted the benefits of the exercise not only for the child but also for the caregiving network in terms of achieving collaboration and congruence, an outcome that was enhanced by support from TT-LAAC.

The narrative model comprises components that are not unique and are largely familiar to social workers. But while most practitioners are system focused and have great skills in collaborative practice, they often face challenges in wondering what to say to a child about his or her past experiences and responding to the child's reaction in an appropriate way. The strength of the model is its ability to integrate the components of the different stages and to facilitate effective communication about difficult issues.

Conclusion

This study set out to assess how helpful the narrative model developed by TT-LAAC in Northern Ireland has been to social workers in talking to children about the reasons for their entry to care and subsequent experiences. Findings show how it has given them more confidence to undertake the task and that it is a useful tool for discussing sensitive issues.

The approach does not appear to have any detrimental effect on children's behaviour and seems to have a positive impact on placement stability. For some children, it has negated the need for further therapy or life story work.

This satisfaction survey is a first step in the evaluation of the narrative model and TT-LAAC is keen to continue the research to ascertain what children, birth parents and carers think about the approach. Moving forward, the new narrative clinic is an ideal place to begin to survey children, birth parents and carers in a user-focused way. In future developments we are interested to know how useful the model is at other stages of a child's care career, for example at the point of separation from birth families or during pre-proceedings.

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Lynda McGill is Team Manager, Northern Health and Social Care Trust (NHSCT) Northern Ireland.

William Coman is a consultant clinical psychologist, and **Joanne McWhirter** and **Clodagh O'Sullivan** clinical psychologists, Northern Health and Social Care Trust (NHSCT), Northern Ireland.