This could also be because the dominant perception of the trainees held by these students was of their academic ability; they might have felt intimidated by this and so not explored other differences; but also, emphasis on academic performance within the doctorate might have meant trainees were less reflexive about other aspects of themselves that informed their work. It could also be that the academic requirements of the doctorate were different to the training standards and assessment methods professional development students encountered in their core professional training, a factor highlighted by Horsburgh *et al.*(2001). The general feeling was that professional development students felt disadvantaged to trainees in this respect and that the course itself offered little structured assistance with this.

General recommendations for shared learning courses

This study investigated the unique challenges that can present where a systemic course is run within a larger full-time professional course. There will be unique challenges to implementing such a course at different institutions; however, the following recommendations can be made:

- The shape and layout of the training room should be considered to encourage group mixing. Ideally, the training room should not be one that is regularly used by the full-time students to develop a shared sense of belonging.
- The use of small-group work is essential to foster inter-group relationships, especially in larger training cohorts. Guest lecturers in particular may need instruction on the value of doing this.
- The diversity and experience brought by part-time, professional development students to full-time students is greatly valued; however, part-time students, who may have been out of education for some time, need course support to reconnect to the culture, language and expectations of academic contexts. Professional development only events are essential in providing this, both at the start of the course and in ongoing tutor support. There may be ways to also tap into the full-time students as a resource for providing support, such as organising study groups or a buddy system.

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Using narrat communicat

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There is a considerable body of research comparing looked after children with children from within the general population, using measures of education, physical health and development, mental health and lifestyle factors, with a consistent finding that they significantly underperform (Coman & Devaney, 2011; Tarren - Sweeney, 2016). These findings apply while children are in care and also when they leave care, for many a disproportionate number are more likely to become teenage parents, be unemployed, end up in prison or become homeless (DHSSPS, 2007). Why are outcomes so poor? Children entering care are vulnerable in terms of future outcomes by virtue of their pre-care experiences of maltreatment and associated relational trauma. Coman and Devany (2011) note, however, that the corporate parenting context has the potential to amplify, dampen or have no effect on that vulnerability.

…identifying and changing those aspects of the environment [the corporate parenting context] that may be toxic for children can be considered a preventative intervention akin to attending to hygiene before surgical intervention (p.49).

Communicating with children about challenging issues is repeatedly referred to as an aspect of corporate parenting that requires improvement (Munro, 2011) (VOYPIC, 2013): this is particularly evident when it comes to communicating with children about their 'entry to care'. Entry to care raises questions about why they had to leave their birth family, whose fault it was and whether they will be returning home or not. It also raises questions about the complex legal and social-care processes that are launched at that stage. Responding to such questions, however, can be fraught with dilemmas for social workers, foster carers and birth parents (Coman *et al.*, 2016) and there is no best-practice model to help them navigate their way through. As a result, the child's questions can be overlooked, avoided or responded to with partial information. Furthermore, there is

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often a lack of congruence in the answers given by the adults. In this context, children can develop myths about entry to care that compound feelings of self-blame and shame that can, in turn, undermine placement stability, contact, educational performance and emotional health and wellbeing.

Coman *et al*. (2016) have developed a model for communicating with children about challenging issues (entry to care, changes in contact, placement disruption). The model places the child's needs in the centre and uses a collaborative approach to strengthen relationships and increase congruence in the caregiver network. It enables the caregiver network to give due attention to the child's spoken and unspoken questions and to plan responses that aid continued dialogue with the child about issues of significance to them.

The steps of the model are outlined in figure 1 overleaf:

Our experience is that this process helps a child's psychological adjustment to a significant personal challenge. It also helps strengthen the relationships among the adults in the caregiving network and aids the identification of other interventions the child may benefit from. We do not yet have an empirical basis to support our beliefs in the efficacy of this model although we have put in place some measures that will help us do this over time. That said, we have much anecdotal evidence to support our position. We are members of the Therapeutic Team for Looked After and Adopted Children in Northern Health and Social Care Trust (Northern Ireland). This is a trust-wide multidisciplinary team led by a clinical psychologist and we provide training and consultation to the caregiving network and direct work with children and/or their caregivers. We routinely collect satisfaction questionnaires about our work and report the findings in the end of year business report, which is included in the corporate parenting report for the trust. In terms of consultations, we collect feedback at the end of an initial consultation and again at discharge.

• 99% attendees involved in planning a narrative at a consultation were satisfied with the implementation plan.
• 94% report satisfaction with work completed.

The following are some quotes from the feedback forms in different cases:

"I strongly recommend this service to all birth parents. My son was so happy with his book and he got all his answers in his book. This service should be available for all birth parents struggling for answers like I was. I can never thank you enough for everything you have done for me and my son" (birth mother).

"[The birth mother] was scared to talk to her child about his adopted siblings. Now has opened up to her son with help. Child now has a good understanding of adoption and has a book which was put together which he can refer to at any time. Very positive experience for birth mother and her child" (from adoption support worker).

"Very satisfied, it was helpful and supportive. Narrative has been delivered and the child now has an age appropriate explanation as to why he does not live with his parents" (social worker).

"Narrative work for me was extremely worthwhile for a child that I shared a comprehensive narrative with. It clarified his experiences, allowed unanswered questions to be answered and also allowed him to feel comfortable talking about his experiences as he knew that everyone had agreed with what was in his narrative. Following the sharing of the narrative, the child became more secure in his placement as the narrative had reinforced that it was a long-term commitment from his carers. For me, this was invaluable and has contributed towards the overall well-being and self-esteem of a child who was experienced significant childhood trauma. It was a great opportunity to build upon our relationship and I felt that there was a sense of trust built over this time and the child continues to reference to his narrative. We thoroughly enjoyed looking through pictures contained within the narrative and allowed the child to talk about memories and relationships. I thoroughly recommend taking the time to do narratives with children as for me I have seen the positives which it has had in this little boy's life. As a practitioner I felt honoured to be part of this process and it gave me a great deal of satisfaction to know that it benefitted a child and contributed towards their self-esteem and security within their placement" (social worker).

The social services training unit within the trust also routinely collect feedback forms following our training events on this topic and after the most recent event:

• 'Relevance of the training' was deemed excellent by 35/40; 5/40 reported it as good
• 'Likely impact of the learning on practice' was deemed excellent by 31/40; 9/40 reported good

Our recently-developed training video for this model, with contributions from social workers, supervising social workers, social work service managers, a guardian ad litem, two birth parents and foster carers highlighted the following benefits for those within the system:

Children: clearer understanding of reasons they are in care, settled placements

Birth parents: supported to talk with child about painful issues, improved contact

"At the start…all I could think was I don't want to do this, I was scared what (the children) would think. But the fact that everyone has come together and can agree on something is great….We are now at a point everyone is working as a team".

Carers: clarity about own role and how to support child when discussing their family.

"The narrative work was very beneficial for my carers. It assisted them find the words to help the child understand their experiences and the reasons why they were living with them and not with their birth parents."

Social workers: a clear collaborative model that enables them to safely navigate the many challenges of talking with children about these challenging issues.

1. Caregiver network

The caregiving network comprises the important adults in the child's life, including their carers, statutory link workers/social workers, and their parents if available. Meetings focus on what the child needs to know right now in order to help them adjust to being in care.

2. Use of narratives

A narrative is like a story or script that the caregiving network develop about the child's experiences.
It acknowledges the reality of the child's situation but does so in an age-appropriate way. A narrative gives the child and adults a common language for talking about entry to care. It is best if the narrative is written down and the child has a copy.

3. Delivering the narrative to the child

The delivery of the narrative needs to be well planned in advance and the social worker needs to take time to share the narrative with the child. If is best if this can be done in the placement and, if possible, the carer can be present.

4. Responding to the child's emotions

This can be a powerful experience for the child and they may have different feelings. The most helpful thing for adults to do in the moment is to accept the child's emotional response, allow space for them to express it and give lots of empathy.

5. Responding to the child's questions

Adults should praise the child for any curiosity about their narratives or other aspects of their life-story Carers can join the child in their curiosity by becoming the co-investigator and capturing questions in a book or box. As questions arise, these are shared with the social worker so that children can gain answers to their questions in a timely manner.

6. Broadcasting the narrative to significant others

The social worker and child agree on the other people the narrative should also be shared with – for example others in the household or a school teacher. At the next contact with the birth parent(s) the social worker attends, and either they or the parent(s) will share the narrative again with the child. Sharing the narrative between the child and important people in their life will ensure the child knows that everyone has the same understanding.

7. Building on the narrative

Attend to how the child responds to the narrative as this indicates what they need help with next:
• Help talking indirectly or directly with their parents about their pre-care experiences
• Stories (real or fictional) of other children in care to help them adjust
• Another narrative about a particular aspect of their lives
• Lifestory work to help fill some of the gaps in their knowledge base
• Therapeutic support adjusting to the experiences they have had

Figure 1

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Using narratives with children in care to communicate about challenging issues