



Parent engagement in child welfare: Applied theory and methods to improve practice

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THE UNIVERSITY OF
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- I respectfully acknowledge the traditional owners of all the lands upon which we meet today and thank Elders past, present and emerging for their care for Country. I pay my respects to the Wadi Wadi people of the Dharawal Nation where I live, work and play.

- Women's Grounds
- Artwork by Allison Day, 2020



Two articles

1. Parental Non-Engagement within Child Protection Services—How Can Understandings of Complex Trauma and Epistemic Trust Help? Mason, Taggart and Broadhurst; *Societies* 2020
2. Telling visual stories of loss and hope: Body mapping with mothers about contact after child removal. Collings, Corley Wright and Spencer; *Qualitative Research* 2021




Research-to- practice improvement

“Research focusing on work with families where there are safeguarding concerns often fails to capture what happens in the interactions between social workers and families. Yet it is in this space that the most significant work takes place”

Mason et al., 2020 p3 (from Ferguson, 2016)






Parent engagement

Evidence shows effective parent engagement is critical to achieving positive behaviour change to overcome risks to child wellbeing

Most often cited determinant of successful engagement is professional skills in:

- active listening
 - empathic understanding
 - congruence
 - honesty
 - respect
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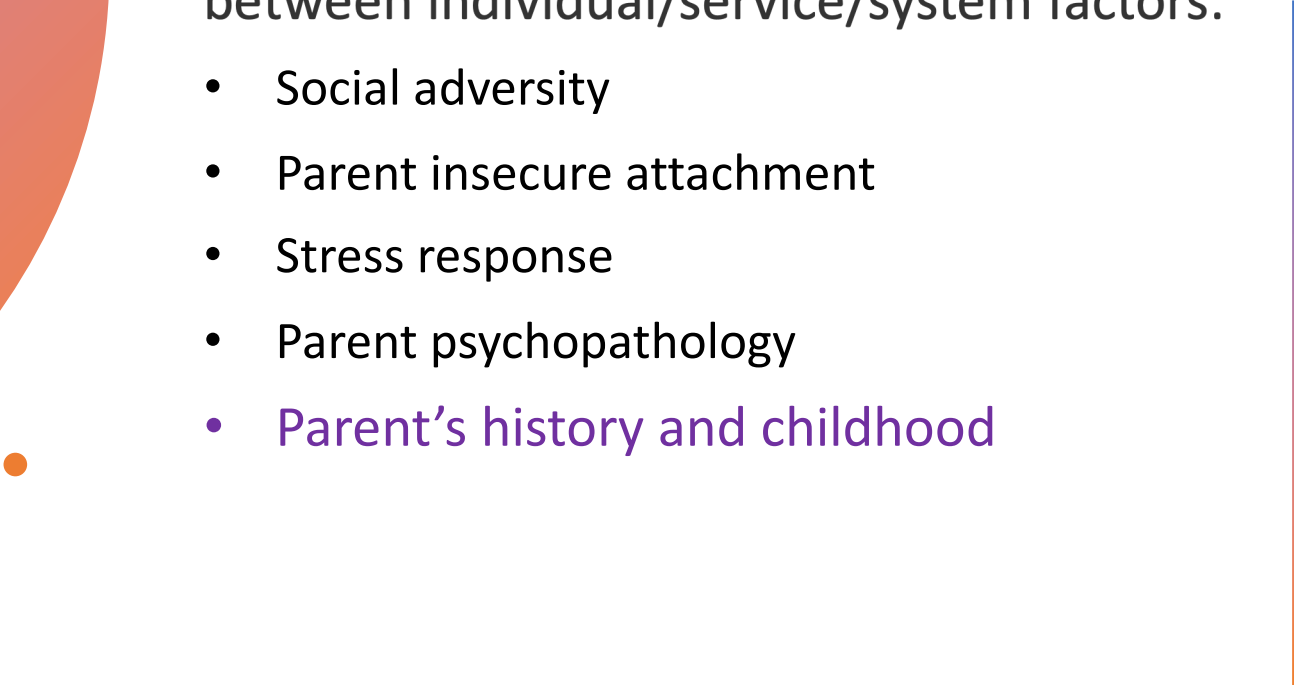


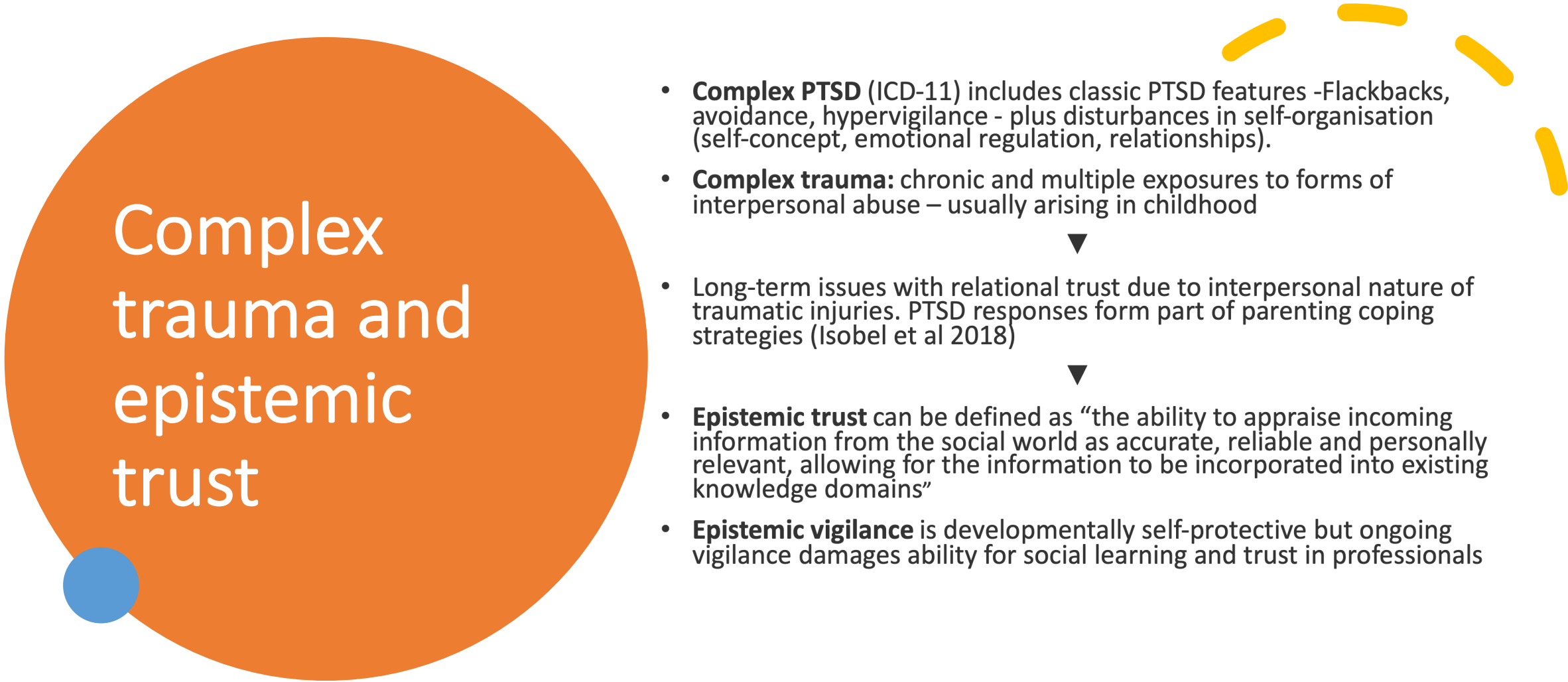
Parent non-engagement

Child welfare often constructs parents as unwilling to working collaboratively with professionals e.g.,

‘resistant’, ‘hard to reach’, ‘disguised compliance’

There is a need to frame problems with engagement as an ecological interaction between individual/service/system factors:

- Social adversity
 - Parent insecure attachment
 - Stress response
 - Parent psychopathology
 - Parent's history and childhood
- 



Complex trauma and epistemic trust

- **Complex PTSD** (ICD-11) includes classic PTSD features -Flackbacks, avoidance, hypervigilance - plus disturbances in self-organisation (self-concept, emotional regulation, relationships).
 - **Complex trauma:** chronic and multiple exposures to forms of interpersonal abuse – usually arising in childhood
- ▼
- Long-term issues with relational trust due to interpersonal nature of traumatic injuries. PTSD responses form part of parenting coping strategies (Isobel et al 2018)
- ▼
- **Epistemic trust** can be defined as “the ability to appraise incoming information from the social world as accurate, reliable and personally relevant, allowing for the information to be incorporated into existing knowledge domains”
 - **Epistemic vigilance** is developmentally self-protective but ongoing vigilance damages ability for social learning and trust in professionals

Background: Vulnerable Birth Mothers and Recurrent Care Proceedings Study

Large national study in the United Kingdom:

- A: Population-level data held by the Children and Family Court Advisory and Support Service;
- B: Semi-structured interviews with 72 birth mothers who have experienced recurrent care proceedings
- C: Court records of 851 sets of proceedings relating to the children of a representative sample of 354 recurrent mothers who had a history of repeat proceedings

Study B: Method

- Mothers had at least 2 prior care proceedings or currently pregnant; been a respondent in care proceedings and had open pre-birth assessment with children's services.
- Recruited through trusted professional at local government and third sector agencies in England (Northwest, Midlands, London)
- 72 participants; interviews and thematic analysis
- Results reported in Broadhurst & Mason, Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. Qual. Soc. Work 2019, 19, 15–37

Parent non- engagement through lens of complex trauma & epistemic trust

Authors re-examined transcripts to focus on data about women's developmental histories, engagement with professionals, and adult interpersonal relationships

Informed by the conceptual frameworks of epistemic trust and complex trauma to determine how this played out in accounts of engagement with child welfare professionals.

Demographics:

- 79.2% were 19 or under at the birth of their first child
- 45% had four or more children
- 45.8% had been in state care
- 59.7% reported physical abuse and 47.2% sexual abuse in childhood
- 59.7% reported substance misuse difficulties and 83.3% mental health problems
- 87.5% experienced domestic violence

Themes

Childhood
trauma and
adversity

Secondary
victimisation

Abusive adult
relationships

Relationship
patterns transfer
to professionals

Shame and
Blame cycle

Escalating
disengagement

All women described multiple adversities that could be traced back to childhood

Family Connections and Contact Study

Australian exploratory study about contact experiences and casework support for children, carers, birth parents :

1. Semi-structured interviews with 26 carers
2. Focus group/interview with 19 children/young people
3. Body mapping interviews with 12 birth mothers

Method: no 3.

Parent with a child in long-term care, guardianship, adoption

Recruited through OOHC organisation or parent/carer advocacy groups

The emotional intensity of parents' experiences and the potential for trauma reactivation in discussions of contact to makes it difficult to explore in a traditional interview format.

Unlocking the experiences and support needs of mothers using body mapping

Overall study results reported and then body mapping reported separately (Collings et al 2021)

Explore how mothers experience contact uncovered underlying impacts of complex trauma across the lifespan on engagement with caseworkers.

Demographics- birth mothers

- 67% were 19 or under at the birth of their first child
- 58% identified as Aboriginal and Torres Strait Islander
- 92% did not completed high school
- 42% had been in care during childhood
- 83% reported abuse and adversity in childhood
- 75% reported domestic violence
- 75% reported mental health concerns

Body mapping with mothers after child removal

“Some feelings may be too painful to talk about or even to experience consciously: What people do not speak about may be even more important than what is articulated” Neil, 2007 p 15.

Hearing new stories takes new research tools

Body mapping elevates the body as a site of meaning-making

Ethical responsibility to safety of vulnerable research participants

Creating a conducive space for reflection:

- ❖ Welcoming and quiet location
- ❖ High quality art-making materials
- ❖ Co-facilitation – follow non-verbal cues
- ❖ Approach with curiosity and openness



Interpreting body maps

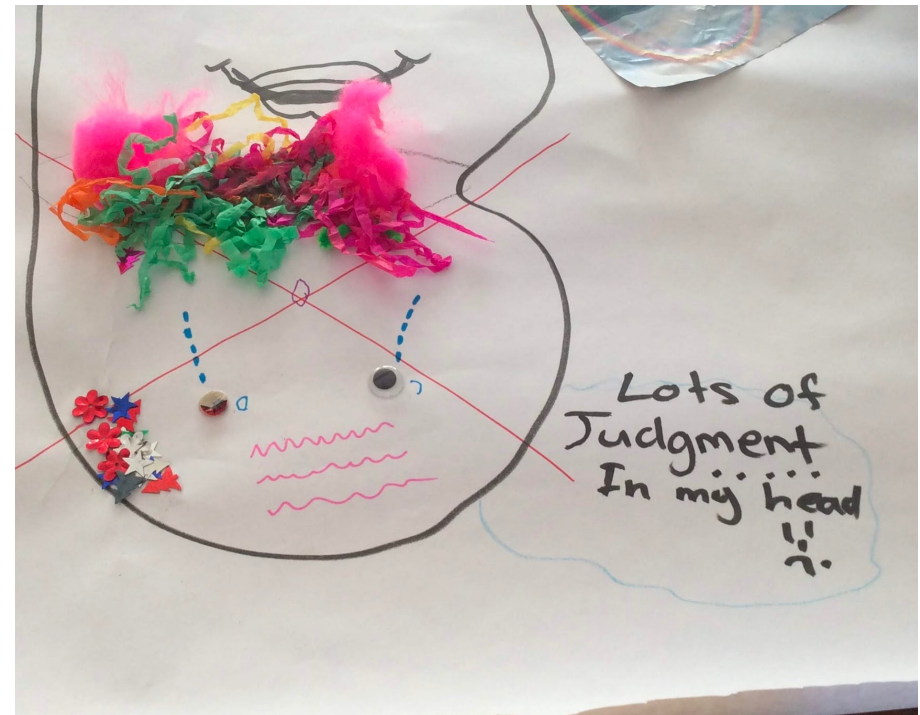
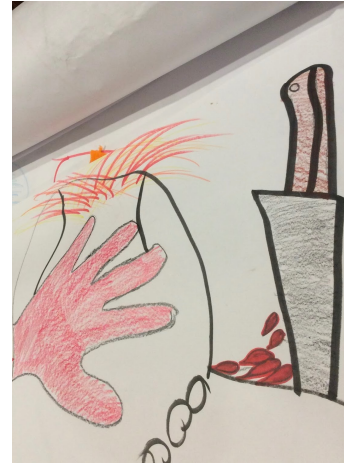
Co-creation process:

- ❖ ‘testimonia’ of the parent’s history
- ❖ Key to body map– location, symbols, meaning
- ❖ Inductive analysis – themes derived from interviews
- ❖ Identified temporality as an overarching concept:
 - ❖ childhood and beyond,
 - ❖ child removal and beyond,
 - ❖ Future hopes and dreams



Themes

- Child removal pivotal moment
- Trauma is non-linear—past is the present (contact visits)
- System abuse represented as an embodied
- Shame/blame cycle —dynamite for disengagement



Themes

Motherhood = eternal state


Reparative relationships

Future focus vs past orientation





Take home messages

- Research can present counter narratives about parents –
 - Complex trauma is embodied and reactivated in encounters with child welfare
 - Parent reactions viewed as adaptive to threat not as disengagement
 - Improving professional capacity to engage with parents with complex trauma histories
 - Skilled workforce needed to model safe relationships with parents
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Register your interest in participating in the study

If you are a professional who provides expert clinical assessments for the Children's Court of NSW, you have the chance to complete an anonymous online survey.

To register your interest please follow this link

https://sydney.au1.qualtrics.com/jfe/form/SV_cFL9R7lob5P9ebs

Or use the QR code on this slide



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