

ADOPTING A FAMILY APPROACH

Practical Tips

Suggested 'Conversation Starters'

For talking to families about whether a parent's/carer's learning disability, mental health or substance misuse is having an impact on their parenting capacity.

- Choose a time and place where you can talk alone. Share your thoughts in person; this is not a conversation to have on the phone.
- Make sure both you and the parents have enough time to talk. This should not be done in a hurry.
- Be prepared for strong emotions. Parents/carers often sense there may be a problem but have been afraid to talk about it. Often, they may not know how to put their concerns into words.
- Be caring, supportive and respectful. Some parents/carers may be relieved to talk with you, but others may be defensive or scared. Showing warmth and respect will help parents/carers trust and listen to you.
- Share your own observations and concerns. Do this only after the parents/carers have had a chance to talk.
- Choose your words carefully. Give specific examples and describe what you have seen.
- Avoid using labels or technical terms. Remember you are not trying to present yourself as an expert.

Suggested questions:

1. **What's happening now? What has been happening?**
Practitioners should use detailed questioning to draw out what life is like at home for the child and their relationship with their main caregiver. The 'day in the life' exercises are useful in exploring in detail the level of parental care across the child's daily life.
2. **What are you thinking and feeling?**
Practitioners need to ask detailed questions to explore how parents and children think and feel about the level of care provided. It is important to establish whether the parent understands the concerns and the level/type of feeling expressed and

ADOPTING A FAMILY APPROACH

Practical Tips

their understanding and motivation to change. Children need to be given space to talk about their current concerns and feelings about them.

3. Who is affected and how?

Practitioners should use detailed questions which draw out how a child is affected by the level of parental care. The impact of each area of parental care should be considered against each area of the child's health and development. Practitioners should talk to the child to gain an understanding of how they are being affected.

4. What needs to happen to make things better?

Practitioners should spend time exploring with parents/carers and children what needs to happen to make things better. There should be a focus on parents/carers thinking about the changes they need to make and how they will do this. Practitioners need to explore with parents and carers any additional support required to make things better for the child.

Top Tips

"I can't seem to get the family to understand what I am concerned about."

Try the following:

- Be clear – use language that can be understood not just verbally but in plans and assessments too.
- Think of creative ways to discuss the issues you are concerned about.
- Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about.
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues.
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact, try and visit with a colleague to introduce a new way of talking about the same things.
- Be mindful of the level of cognitive ability of the family and adjust your language accordingly (this is particularly relevant with families with significant learning disabilities).

ADOPTING A FAMILY APPROACH

Practical Tips

"I want to gain the child/young person's views but am not sure what questions to ask them."

When asked what they consider to be good practice, children valued professionals who:

- Listen carefully and without trivialising or being dismissive of the issues raised.
- Are available and accessible with regular and predictable contact.
- Are non-judgemental and non-directive - accepting, explaining, and suggesting options and choices.
- Have a sense of humour - it helps to build a rapport.
- Are straight talking - with realism and reliability - no false promises.
- Can be trusted, maintain confidentiality and consult with children before taking matters forward.

Try asking the child/young person the following:

- Tell me what a normal school day is like for you, from when you first get up on a morning, to when you go back to bed at night?
- How do you know when it is time to get up on a morning? (This will establish whether they have an alarm clock, or someone calls them up, or they are left to their own devices.)
- Who is in the house with you when you get up on a morning?
- Where are they? (This will hopefully establish whether or not responsible/supervising adults are up out of bed to help the child get ready).
- What is the very first thing you do when you get out of bed? Then what do you do? And then?
- Do you have any breakfast before you go to school? What do you have? Who makes this?
- How do you get to school? Does anyone go with you? Do you have to take anyone else in your family to school? (For example, younger siblings.)
- What happens at home time? Who is in the house when you get home from school? What are they normally doing?
- What happens at tea-time? Where do you eat? What do you eat? What is your favourite tea-time meal?
- Tell me what you do from tea-time to bedtime?
- How do you know when it is time to go to bed? Tell me what happens at bedtime?
- When it's not a school day, tell me what happens then from you getting up on a morning, to going to bed at night?

Younger children can be asked to make drawings of some of the above (for example, draw their favourite meal) or use play people to demonstrate where people are and who does what.

ADOPTING A FAMILY APPROACH

Practical Tips

"The family had shown that they do know and understand what good parenting is... but they do not do it consistently."

Try the following:

- It is common for parents who have received support and services, such as parenting skills programmes, to have knowledge of what good parenting is. Often, parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.
- Consider involving individuals who can act as role models to parents preferably in the home. There may be resources within the extended family for this or services that provide this support. The aim of this exercise would be to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or, helping a family to understand the necessity for good hygiene in the kitchen.
- Keep the needs of the children in focus. Talk to the children and find out what their experiences are.
- When you know that parents can care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision.
- Bear in mind that there has been a tendency to use a different criterion to the neglect of disabled children. The criteria should be the same. Disabled children are 3.4 times more likely to be abused than non-disabled children.
- Understand whether this is a motivation or capacity issue.