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Creative Tools & Resources for Practice

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In collaboration with Rochdale Borough Council
Children's Services and Rochdale Borough
Safeguarding Partnership

Chapter

1

Principles underpinning effective communication with vulnerable children and families

‘The single biggest problem in communication is the illusion that it has taken place’

(Attributed to playwright George Bernard Shaw)

The quote above highlights one of the most significant challenges encountered by a practitioner working with a child and their family — ensuring that what is said is interpreted in the way in which the communicator intended. However, it is all too easy for misinterpretation to occur. The reason is that communication is much more than just words. Take, for example, a shop assistant who does not look up from their phone as you approach. They leave you waiting and eventually, whilst still looking at their phone, ask, ‘Are you alright?’ Their tone of voice is one of boredom and lack of interest. The behaviour, gestures and tone of voice are at odds with the words spoken. This can leave you feeling that the last thing on the mind of the shop assistant is whether you as the customer are alright and that they want to help.

Therefore, it is the combination of words, behaviours and tone of voice, referred to as micro communication influences, that combine to inform the interpretation of any communication (Mehrabian, 1972). In the case of the shop assistant, they are communicating that they really do not want to help you. There could be many reasons why the shop assistant is responding in this way — for example, they may be disenchanted with the job, be experiencing issues at home or be exhausted after a poor night’s sleep.

It is important, therefore, to be cautious about how one makes sense of micro influences. This is particularly important when working with vulnerable children and families. As Morley (2021, p.7) notes, individuals may be experiencing ‘intense issues’ such as drug and alcohol misuse, domestic abuse or mental health issues that can influence communication. In addition, some individuals living with autism may struggle to interpret facial expressions and body language. Those on the autistic spectrum may not recognise nuances in verbal communication and come over as being

abrupt, aggressive and direct (Taylor, 2022). Others with a learning disability may appear child-like and lack the cognitive ability to communicate in a way that is congruent with their age (Morley, 2021). If the practitioner is unaware of the communication style of the child or family member and the reasons why they are communicating in this manner, they may draw inaccurate conclusions about the interaction, such as presuming the individual is passive-aggressive or not engaging (The Child Safeguarding Practice Review Panel, 2024).

It is important therefore for practitioners to recognise that communication is a dynamic process and the way in which an individual communicates at a particular time will be influenced by a diverse range of factors. These are discussed in more detail later in this chapter.

The context in which the communication takes place is also important — that is, where, when and how it takes place.

EXAMPLE

I recall a young person reflecting on a session they had with their social worker. The father had sexually abused the young person and the worker was asking the young person about their life now that the father was no longer in the home. The young woman told me she just could not engage in the discussion. All she could think about was that she was sitting on the sofa where the abuse occurred.

The context in which communication occurs is referred to as the macro influence. Effective communication will only take place if both the macro and micro communication influences are understood and interpreted correctly.

Tools and approaches, such as those included in this book, are a vehicle designed to assist effective communication with vulnerable children and their families. However,

they are only effective if used appropriately. Using tools effectively requires planning on the part of the practitioner, with consideration given not only to the purpose of the communication but also to the factors that might influence the quality. However, it is all too easy for a busy practitioner – if, for example, they are working to tight timescales – to draw on tried and tested tools that they use routinely for specific assessments or interventions. Although the tool may be designed to meet the aims and objectives of a particular element of the assessment or intervention, the family member may not find the tool helpful and consequently it can act as a barrier to communication.

We often refer to the practitioner having a toolkit of different tools to assist them in communicating with children and families. However, the term ‘toolkit’ can be misleading. The term is defined in several dictionaries as having a set of tools ready for a particular purpose. This can lead you to assume that the purpose of the tool or aim of the user is what should drive use of the tool. This marginalises the importance of process. For example, a plumber is tasked with fixing a leak. To do this, they need to establish the cause of the leak, how to access the source and only then select the tools they require. This is what practitioners need to do – move away from a one size fits all approach to recognising that the tool should not only help achieve the desired outcome but facilitate communication considering the individual child or carer’s circumstances. This is one of the challenges for workers in organisations that expect them to use specific tools in order to standardise practice and support workers. The needs of the child or parent must be recognised if practitioners are to use tools and approaches appropriately.

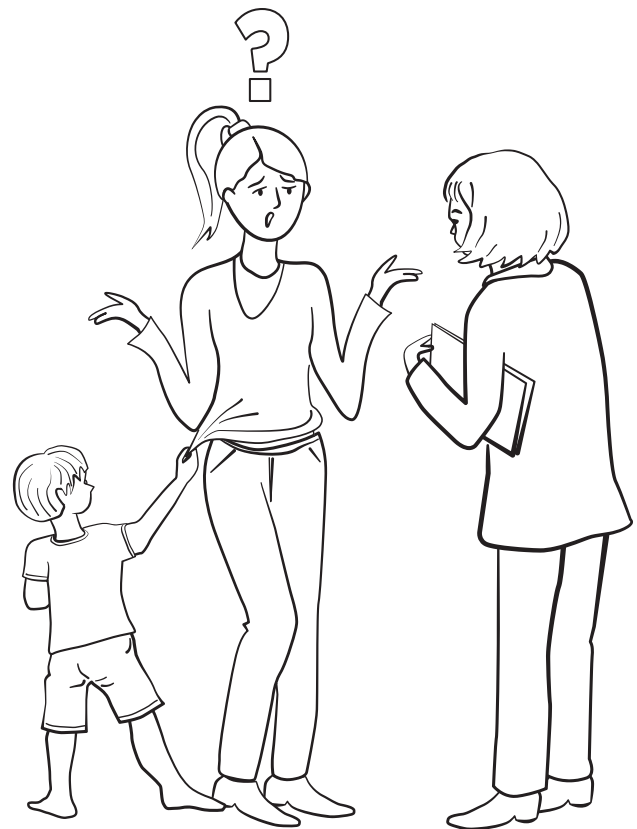
It is also important to bear in mind that communication is a dynamic process and the needs of children and families are constantly changing. Therefore, it is important for the practitioner to be flexible in their approach by observing, interpreting and addressing needs as they emerge on the day.

Figure 1.1a illustrates the point. A young person may have sounded enthusiastic on a previous session about using a particular tool. However, when the practitioner introduces it, they are surprised by the lack of engagement and interest the child is clearly demonstrating through their body language. There may be several reasons for the lack of engagement. For example, the child may be exhausted after a long day at school, the process might feel too much like completing a task at school, they may have argued with a friend and this is

Figure 1.1a Bored young person and practitioner



Figure 1.1b Preoccupied parent and practitioner



distracting them, they may not be clear what they should be doing. In Figure 1.1b the parent is clearly harassed and would find it challenging to concentrate.

In these situations, it can be tempting for the worker to persevere with use of the tool, particularly if they need to gain the information urgently to meet their timescales or they are expected to use the tool as part of an assessment, for example. Irrespective of the reason they are unlikely to achieve their desired aims. In both cases the individual is making it clear through non-verbal communication that

they are not going to engage in meaningful communication at this point.

It is the responsibility of the worker to recognise this and respond accordingly. As will be discussed later in the chapter, it is not only the child or parent who communicates through body language and behaviour, so does the practitioner. Therefore, the way a worker presents will have a significant impact on the quality of any communication.

If workers are to use tools effectively to promote communication, there are three key principles they should bear in mind.

1. Relationships are the bedrock of effective communication. They should be both empathetic and authoritative.
 2. The child or family member should be ‘working with’ the practitioner rather than ‘being done to’. A collaborative partnership should be established that recognises the various perceptions of the issues.
 3. Every child or family member is unique. They are individuals with rights and feelings, and they make choices. The communication needs of the child or family member should drive the method of communication.
- Each of these principles is considered below.

1. Relationships are the bedrock of effective communication

A quality relationship and effective, meaningful communication are inextricably linked — you cannot have one without the other. Practitioners encounter several challenges to establishing such relationships however: heavy workloads, restrictive timescales and diminishing resources, which erode the ability of the practitioner to spend time developing such relationships (MacAlister, 2022; Winter, Cree and Hallett, 2016).

Morley (2021) highlights another challenge regarding role — that is, the length and purpose of worker involvement. There is, however, often a conflict between the two when specific, time-limited practitioner roles clash with the time required to establish a meaningful relationship with a child and family. This is a particular issue where organisational systems are set up so that one practitioner might work on the initial referral, another on the assessment, a third on an intervention with the family and a fourth might become involved if the child is considered in need of out of home care. In these situations, the child or parent may withdraw or struggle to trust workers who, in their eyes, have come into their lives and left, often mirroring what has occurred in their personal relationships.

There is a third, age-old challenge — how can a practitioner, particularly if they are focusing on safeguarding concerns, balance care and control, being empathetic whilst also being authoritative? The Child Safeguarding Practice Review Panel note:

At its heart, child protection practice requires consummate skill in blending ‘care’ and ‘control’ functions, helping families to protect children. This can

only be achieved by building trusting relationships with parents and children whilst recognising that how things appear may not be the reality of a child’s experience. It also involves a well-honed ability to understand diverse and different communities, being able to reflect on how biases and cultural assumptions about, for example, ethnicity or sexual orientation, may shape judgements and decisions. (2022, p.10)

The way in which this blend of care and control is managed can have a lasting impact on the relationship. Particularly as Dawson (2020) found before their first encounter with social workers, many families are worried about being judged or having their child removed into care. Forrester *et al.* (2008), for example, found that empathy is central to good communication in child protection work. In their study of social workers, the practitioners who demonstrated empathy met with less resistance from parents and gained more information from them. Ferguson (2011) found that using the power sanctioned by the state in a sensitive but firm way could also lead to a positive relationship. It is important that this balance is achieved from the start of the relationship. The negative consequences of failing to do so are considered by Valikoski *et al.*, (2023) who describe how this lack of balance can, for example, distort decision-making in care order preparation hearings.

Thus, some parents, carers and children are likely to approach a relationship with a worker in a negative frame of mind, being fearful, cautious, angry or resistant. These views can be exacerbated if the practitioner, as noted by

Figure 1.2
Preparing for initial contact

How are my past experiences
influencing my approach to this family?
For example, experiences of the geographical
area, type of safeguarding concern, own
experiences of trauma.

What mood am I in?
For example, exhausted, stressed,
anxious, complacent.

How is my knowledge/experience
of the family influencing me?
For example, case files, communications
from other practitioners.

What do I look like?
How is that going to affect the
response from the family? For
example, my gender, ethnicity,
style of dress, age.

What pressures am I experiencing?
For example, time constraints,
workload demands, personal
demands.

Based on what I know about the family,
how do I feel about engaging with them?
For example, am I comfortable,
anxious, confident?



Forrester *et al.* (2008) in their study, asks predominantly closed questions, focuses on concerns and allows little time for reflection. When this occurs, it reinforces the control function and the parent may withhold information and become resistant.

Being both empathetic and authoritative can be particularly challenging when the worker is, for example, fearful of approaching a parent who has a history of being verbally or physically aggressive or they may be feeling angry that a heavy workload and pressures to meet timescales means they cannot provide the level of service they desire. Others may feel emotionally exhausted and burnt out and categorise the family as ‘just another neglect case on this estate’ without even meeting them, in the same way that a parent may categorise the worker as ‘just another one of that lot’. (I have discussed the different approaches workers take when overworked and the implications for outcomes for children in more detail in Horwath, 2013.) Ferguson (2011), in his observational study of social workers, shows how emotions, the physical environment and the demands of the job all combine to influence the way in which a worker engages with a family. Ruch (2013) stresses the importance of workers understanding the impact that anxiety can have on their behaviour and the responses elicited from others, whilst Winter *et al.* (2017), in their study of social workers, found that practitioners often had preferences in relation to the type of child they felt most comfortable engaging with. The same preferences are likely to exist when interacting with parents. It is important, therefore, to take time just before meeting with a family to consider the pointers for practice in Figure 1.2.

The answers to all these questions combine to influence the way in which a practitioner knocks on the door of a family home and what follows.

Take, for example, a practitioner who has a very full diary and is due to go on leave the following day. By lunch time she is running late for her appointments and has to finalise a report and complete case records before going on leave. She has a planned visit that afternoon to a child and parent who have finally agreed to a joint session with her to explore their relationship. She has obtained the agreement of the young person and parent to use a tool designed to facilitate discussion. By the time she arrives at the family home she is 45 minutes late and has not completed the preparation necessary to use the tool and therefore cannot use it. Despite her profound apologies both parent and

Figure 1.3
Establishing a meaningful relationship

Pointers for practice

● Recognise the individual as a unique person with strengths who may be experiencing challenges and daily life stresses.

- Be mindful that the child or carer has feelings, rights and, if they have the mental capacity, can make choices.
- Demonstrate honesty, empathy, compassion and concern. This is particularly important when discussing role, length of involvement, organisational and legislative processes and their potential impact on the child and family.
- Actively listen through actions, language, tone of voice and physical expressions.
- Appreciate that history and trauma will influence the approach to relationships.
- Be non-judgemental in approach and treat the child or family member with dignity and respect. (This is about respecting and accepting the person as a human being, not about approving, accepting and condoning their behaviour).
- Offer both high support and high challenge.
- Be honest and accountable for practitioner behaviour, such as acknowledging forgetting to return phone calls, texts, arriving late.

young person feel let down, annoyed and upset. They had been nervous and apprehensive about working together and feel the worker does not appreciate this. The worker suggests they have another session on her return from leave but the parent and young person both decline.

Despite the challenges, practitioners can establish a meaningful relationship by considering the pointers for practice in Figure 1.3 (Ferguson, 2011; Ruch et al., 2010; Winter, 2011; Child Safeguarding Practice Review Panel, 2024).

ESTABLISHING RELATIONSHIPS WITH CHILDREN AND YOUNG PEOPLE

The following quotes from the *Independent Review of Children's Social Care* (MacAlister, 2022) highlight the difficulties experienced by vulnerable children and young people when it comes to engaging with practitioners:

I kind of had to build up the courage to speak to my social worker. (Care experienced young person, p.9)

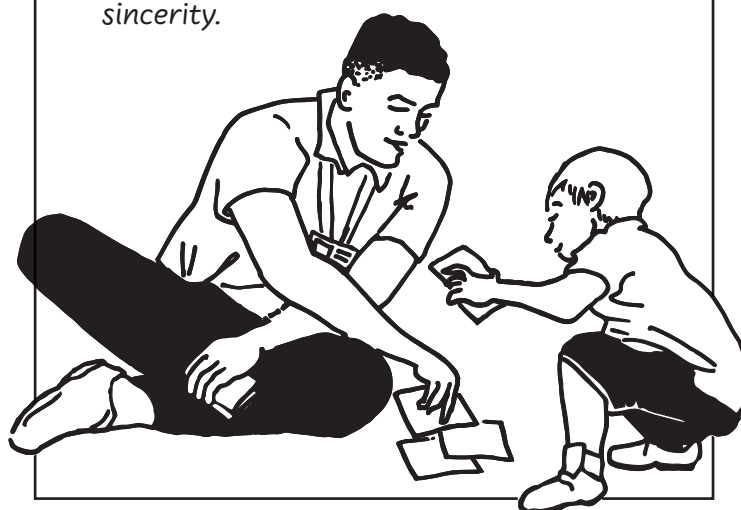
Children's Social Care should know the person, not their reports. I want them to talk to me and know my side not just tick boxes. (Care experienced young person, p.23)

These quotes also reflect the findings of the Child Safeguarding Practice Review Panel (2024). Ruch (2013) found in her study of social work practice that capacity to communicate meaningfully with young people is all too often associated with prescriptive, administrative requirements, rather than focusing on reflective skills which enable practitioners to manage, in a child-centred manner, the unpredictable and uncomfortable realities of relationships and practice. Hadfield et al. (2019) show, in their study, that the framing of communications by practitioners with children can impact on the relationship. The researchers found, for example, that some workers talked to children as if they were their own children. Taking this approach, workers were realigning the interaction from professional enquiry to more of a social interaction, potentially being seen by the child as a friend rather than a professional. Others try to focus on being professional, thereby marginalising child-centred practice. This can lead to concentrating on issues important to the practitioner, such as safeguarding concerns, rather than issues relevant to the young person. A third approach is to use tools as the sole vehicle for communication about particular areas of concern. This makes the process a routine and can compartmentalise some issues whilst marginalising others.

Munro (2011) found that young people are looking

Figure 1.4
Additional factors to consider when establishing a relationship with a child or young person

- Consider how to make a connection with a child, remembering that the needs of the child should drive your approach.
- Any tools used should be a vehicle to assist the child to engage and work with you, whether for an assessment or interventions.
- Ensure that the relationship and subsequent communications are at the pace of the child. This means observing body language and behaviour as well as listening to what is said and responding accordingly, adapting the approach that you are taking.
- Identify through self-reflection and/or supervision the personal, professional and contextual issues you may encounter when engaging with this particular young person and work out child-focused strategies to address these. Debriefing and reflection are also useful.
- Try to be yourself, your best self. Children and young people are surprisingly good at identifying a lack of genuineness and sincerity.



for relationships with workers that are underpinned by honesty, reliability and consistency. This can only be achieved if practitioners really listen to young people. In a fascinating study, McLeod (2006) found that workers and young people who are cared for had very different understandings of 'listening'. For the practitioner, listening meant active listening and paying attention to the young

Pointers
for
practice

person. For the young person, however, it meant providing services in line with their wishes. Young people need to know the parameters to the relationship not only in terms of process but also purpose.

The pointers for practice in Figure 1.4 can be useful in establishing relationships.

ESTABLISHING RELATIONSHIPS WITH PEOPLE WHO DEFINE THEMSELVES AS NOT WHITE BRITISH

Social workers do not always understand and respect the cultural differences of families, and this can prevent them from understanding the needs of young people and families and working with them effectively.

(A parent in the *Independent Review of Children's Social Care*, MacAlister, 2022, p.6)

The issue may arise partly because the children's social work workforce is predominantly white British. For example, a UK government survey published in 2022 found that where the reported ethnic identity was known, 70.4 per cent of children and family social workers identified as white British.¹ It is not only social workers but all those involved with vulnerable families who need to understand and respect cultural differences. Barnard (2019) demonstrated that thresholds for significant harm can be difficult to apply if practitioners do not recognise the complex issues, such as emotional and practical stresses that are encountered by many families from black, Asian and ethnic minority communities. In addition, any worker attempting to establish a relationship with a family member of black and minority ethnic heritage should be culturally sensitive and understand both cultural and religious influences on the family dynamics and daily life.

The Independent Review of Children's Social Care (MacAlister, 2022) found both children and parents from black and minority ethnic communities entered a relationship with workers expecting to be treated differently because of their ethnicity or appearance and indeed this appears to be the case. Bernard and Harris (2019) found in a review of 14 serious case reviews involving children from black and minority ethnic communities, that the voice of the young person was marginalised or ignored and their wishes and feelings were not ascertained. Whilst

Waddell *et al.* (2022) found racism and discrimination in early help services resulted in missed opportunities to address emerging issues and provide appropriate help.

A practitioner can try to be culturally sensitive when working with a family by considering the pointers for practice in Figure 1.5.

Establishing a relationship with a family member when English is the individual's additional language, particularly in stressful situations, adds to complexity. Similar challenges arise when working with a family member who communicates using augmentative communication systems. The issues go beyond understanding what they wish to articulate to interpretation of body language. Facial expressions, eye contact, head and hand movements and body gestures can mean different things in different cultures. For example, nodding one's head to indicate yes is not a universal action.

In a summary of lessons learnt from case reviews in England regarding people whose first language is not English, the NSPCC (2014) recommended that the following should be considered by practitioners working with people when English is an additional language:

- Always check from your first meeting that what you are saying is being understood. It is all too easy for missed appointments or failure to respond to practitioner requests to be identified as lack of engagement when they can be about comprehension. This may be a particular issue for individuals who are frightened of or intimidated by the worker and do not want to indicate that they do not understand.
- Record any language needs as soon as you become aware of them and ensure follow-on sessions use appropriate communication methods.
- Any written communication should be in the family member's first language. However, take account of literacy needs and address them accordingly.
- Be sure to try to find ways of engaging with a parent who does not speak English to ensure that their voice is heard and their experiences, wishes and feelings are not being marginalised by members of the family whose grasp of the language is better. Try to see them on their own using appropriate communication methods.
- Avoid using informal interpreters such as neighbours as this may act as a barrier to developing an open, honest relationship. Children should not be used to interpret for a parent, carer or sibling as this may impact on what

¹ www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/social-workers-for-children-and-families/latest

Figure 1.5

Reflective questions to promote culturally sensitive practice

(Maddox and Perry, 2017; Mixon-Mitchell and Hanna, 2017)



they hear or what the individual is prepared to share via the child.

- Do not presume that the delayed speech, behaviour or lack of engagement of a child whose additional language is English is the result of poor English language skills.

When a practitioner works with people who use augmentative communication methods by attempting to use methods of communication they are not familiar with, such as finger pointing using a communication board, they are demonstrating that they value and respect the child or parent.

Making Connections with Vulnerable Children and Families is the practical go-to resource for practitioners looking to build effective relationships and engage meaningfully with vulnerable children and their families.

Compiled by Jan Horwath, lead editor of the bestselling child protection handbook *The Child's World* the text features a wealth of clear, user-friendly, creative materials. The tools draw on the principles of relational practice and research into effective communication. They have been developed and tested by frontline practitioners from a range of disciplines working in Rochdale. Each tool includes a practice example as well as detail about aims, method, things to think about and possible adaptations. The tools can be used in a variety of work settings and the downloadable, versatile resources are all designed to support a relational approach to practice.

These tools will help you establish relationships with both children and their primary carers, understand their lived experience and the impact of this on the health and wellbeing of the child or adolescent. Additional tools are included for use with parents and primary carers to explore parenting capacity and the socio-economic factors that influence family life.

Jan Horwath is Emeritus Professor of Child Welfare at the University of Sheffield and a child welfare consultant. She is recognised internationally for her bestselling publications relating to child neglect and other forms of maltreatment.

‘This delightful compendium of creative ways to work with children, parents and carers is an incredible treasure trove of resources for any professional.’

Donald Forrester, Professor of Child and Family Social Work, Cardiff University

‘User-friendly and backed by useful examples, this is an essential companion for all social workers.’

Richard Devine, Consultant Social Worker

‘This excellent book provides wonderful guidance and practical tools to support practitioners to engage with and communicate effectively with children, young people and families.’

Lyn Romeo, former Chief Social Worker for Adults, Department of Health and Social Care

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