

Why Relationships matter: Evidence from research into social work with children and families

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In search of relationships

- What happens when we think of social work in terms of *relationships*?
 - Consensus: they are vital
 - Making a comeback (Ruch et al, 2010 ...)
 - Concern about lack of time to happen
 - Impact of procedures, paper work, audit (Broadhurst et al, 2010; Munro, 2011).

We need to pay attention to:

- How is the time that workers *do* have & spend in face to face work used?
- What does relational practice look like?
- On home visits, in clinics, schools, ...
- How professionals protect children *while on the move* (Ferguson, 2011)
- What should relational practice look like?

Vision

- To have authentic, close relationships with children of the kind where we see, hear and touch the truth of their experience and are able to act on it
- *Intimate child protection practice*
- To achieve similar closeness with parents / carers.

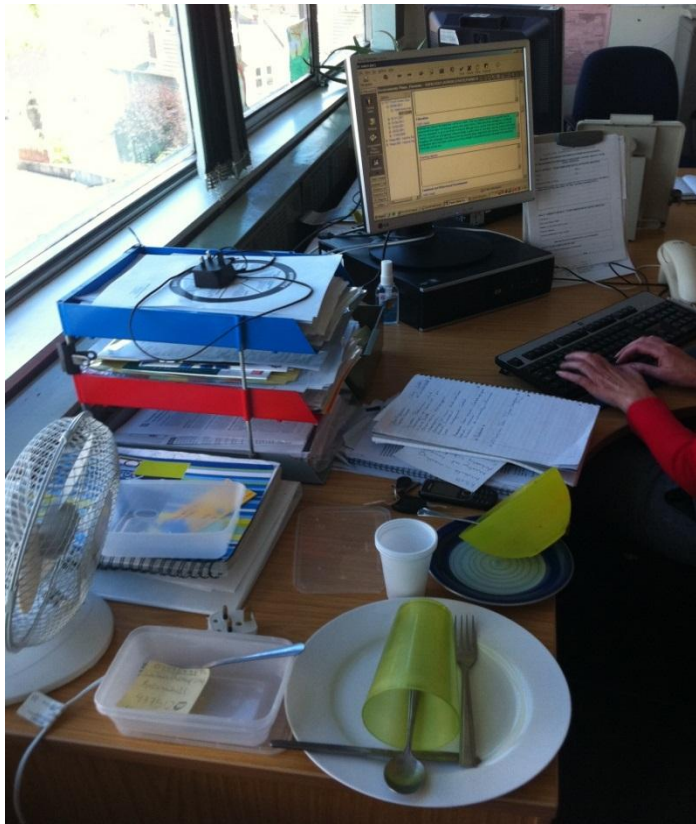
Non-relational practice: The struggle to get close to children

- Over 40 years of child death reports
- Professionals not getting into the home
- Or, getting in but not properly moving towards, seeing, hearing or touching children – *when in their presence.*

Researching (Intimate) Practice



- Shadowed practitioners in the car, home, schools
- Observed & audio-recorded
- What do social workers do?
- Where do they do it?
- Lived experience of doing it?



- “When you are on duty in the morning you have a sort of duty head on.”
- Challenge of coming alive, being fully present with service users.



- Getting to the child & family

Inside the home / the world of practice

- Or: What is it like to do this?



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'HE'S JUST BEING FRIENDLY'

ADVICE FOR SOCIAL WORKERS
CROSSING PATHS WITH
MAN'S BEST FRIEND IN THE
LINE OF DUTY. PAGE 28





- Very different to the office, clinic...
- Impact of the home, smells, dogs, chaos, hostility, atmospheres...
- Emotions, senses
- Need a new language
- “It’s like stepping into another world”
- Multiple tasks.

Non-relational practice

- In most of the 87 cases observed (Ferguson, 2014) at least some attention to the children
- Typical home visit, 45-60 minutes
- Time spent *alone* with ch. on assessment visits, lowest 2 mins; norm 5-15 minutes
- But in some, SWs did not relate effectively or even introduce themselves to the child.

- You have been 6 month old 'John's' social worker for 4 months, having taken it on from the assessment team. John suffered a broken arm when 10 days old that was never satisfactorily explained by his parents & he has been on a Child Protection Plan ever since. John has a 2 year old sister.
- **What form would you want your relationship to John (and his sister) to take? How would you relate to him?**

Reasons for avoiding closeness/ touch

- Organisational - “I don’t have time”
- Fear – “I’m afraid of being accused of child sexual abuse”
- Culture – “I don’t touch because I’m English”
- Disgust – “I don’t like snotty children”
- Personality – “I’m not a touchy-feely kind of person.”

Intimate Practice

- Relationship based SW implies practice *over time*
- Evident in long-term casework
- AND early on in cases, initial assessments.

Intimate practice



Intimate social work

- Not merely 'engagement' but *immersion*
- Skilled rapport-building
- Not only through talk, but play, touch...
- Mobile use of the body / space
- Willing to bear children's suffering
- Creating therapeutic moments
- Embodying hope.

- In long-term work, relationships with many families had real depth
- Some did not want services, or ambivalent
- Some others clearly valued what was done for them, real therapeutic change.

Therapeutic alliance

- SW: Yeah, and you were very young when you had your children, weren't you?
- Mary: Yeah, yeah, so I was still in that mentality that all social services are bad and everything, and obviously I had my children taken, you know that, I had to work with social services. ...
- SW: We're not that bad after all.
- Mary: No, you know, you, you're a professional friend, I would say, you know
- SW: Yeah.
- Mary: Someone that can help in certain circumstances.
- SW: It's nice that you can see that we can help.

Playfulness

- “...This is why I like coming out, so I can play!”
- ... It’s coming! Gotcha! Got cha! ((child laughs)) ((worker laughs)) I could play with her all day; she’s lovely! Aren’t you? I have to go back to the boring office now and do some work! Where’s Mia? Boo! ((laughs)).

(Social worker, kneeling on floor beside 15 month old ‘Mia’)



- *24 minutes into the visit Michelle (mother) spontaneously thanked the SW for her help:*
- Mich: It is just scary, you know, I don't want anything bad to happen for Jake [7 mths] to be taken away from us again. Well, not again, but after all the hard work everybody done as well, and you, I just don't want to disappoint you.
- SW: But you...
- Mich: We don't want to disappoint you and we don't want to disappoint ourselves either.
- SW: You two have done wonderfully, absolutely wonderfully.

- Mich: No, because we know that you've done a good job, we know that you've done a good. Look at him! [referring to Jake] ((laughter)). Yeah, we know that you've done a really good job. ((baby cries)) Oh! Yeah, what was I saying? We know that you've done, you've done an amazing, brilliant job, and if we didn't have you as a social worker, I don't think we could have made it. ((baby screeching)) I don't think we could have made it.
- SW: You're underestimating what you two have done, you've done everything, absolutely everything, you've changed and you've done everything that we've asked, and that's why you've got your son home and he's so happy and, and you two seem so much happier.

Sustaining relationships

- Core use of self
- Believing in, motivating change
- Dynamics of love - hate - ambivalence
- 'Being with' through crises, emotional pain
- 'Reliable hate object' (Winnicott)
- Containment - authority & empathy
- Protecting the therapeutic relationship from organisational churn / toxicity.

Enabling intimate relational practice:



- Time & resources
- Knowing how to use them
- Knowledge of & use of self
- Training / CPD
- Reflective, nurturing management
- Learning from & celebrating best practice.

CHILD PROTECTION PRACTICE



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