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## Short Article

# Successful family reunification: The role of foster families, kinship carers, and children's houses

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## Abstract:

The successful reunification of families with care experienced children (children who are looked after away from home) involves the carer's support of the family in the context of relationship-based practice and constructing a shared assessment and narrative around the child. Practice is informed by an understanding of the impact of trauma on children and adults. It is based on hearing the informed views of children and young people when successfully planning family reunification. This work requires collaborative work with the family's social worker.

## Introduction

Every time children are removed from their family there is a tragedy of adult failing. The failing is rarely one of an individual's actions. More often than not, it involves the complex interplay of a range of factors. Austerity and adversity, parental trauma, gender-based violence, sexism, racism, and agency failings often feature in this (Curtis, 2022; Featherstone et al., 2018). However, sometimes there needs to be a 'circuit break' in an abusive and harmful situation. Children need carers in foster families, kinship, or a children's house (hereafter referred to as carers). Where there is successful family reunification, carers have a key role in effecting that change, and the positive carer relationship with the child aids in the healing process. At the same time building trusting collaborative relationships with the parents is a key foundation to rebuilding the child/parent relationship and securing reunification.

I am a Scottish statutory social work team leader who, for a number of years, has had responsibility for the care planning for care experiencing children and young people. During the period, my local authority has made great progress in



supporting families in their communities, using more family support workers, Family Group Decision Making (Scottish Government, 2016), and women's projects, for instance. At the same time, there have been major policy and legislation shifts in Scotland, including legislation with respect to care experienced children's rights to relationships with their brothers and sisters (Children (Scotland) Act 2020) and a public policy commitment to improve lifelong outcomes for care experienced people (Independent Care Review, 2020). Legal, policy and resource shifts have improved the opportunities for care experienced children to go home. Going forward carers need to be seen not only as an alternative to the birth family but also as having a vital role in helping children return home. Accordingly, this reflection aims to highlight the importance of, and key areas of work for, carers in aiding family reunification. It is important that this is enshrined in policy and practice by services.

### **Building relationships**

Relationship-based practice is an essential part of the carer's role (Ingram et al., 2018). From the outset it is imperative that, despite often harrowing circumstances, the carers have a positive regard for the parents. To enable this, the social worker needs to clearly communicate an honest balanced assessment of the family which helps make sense of both parental responsibilities and the difficult and traumatic experiences the family has been through (Calder et al., 2012). This enables the carer to both support the child and help with the healing in the family.

Whilst a primary task of the carer is to build a trusting and caring role with the child/ren, it is also important that they build a working relationship with the parent/s (Independent Care Review, 2020, p. 23). Parents will experience loss and separation, feelings of failure, incompetence, and shame. There can be a natural resentment or distrust of carers because 'you've got my child. I do not know you. All I know is, lots of children have been abused in care.' Carers need to be aware of such feelings and look for every opportunity to build a working relationship with parents.

Carers need to provide honesty and sensitivity. There needs to be a willingness to listen to a parent's point of view and help with their motivation to change (c.f. Ward et al., 2014, p. 143). They need to be aware of disadvantage and austerity. The carers, for example, will usually have greater resources than the birth family; finances, housing, education, and transport (Independent Care Review, 2020, p. 17).

Things that help in the carer/parent relationship include:

- Carers who value family reunification.
- Carers who share with families a little about themselves and their home. Parents need to know who is looking after their children.



- Conversations are important – meetings and taking children to and from visits to family (contact) is an opportunity to build relationships. An informal discussion over a coffee is even better.
- Attending appointments such as medicals together.
- It is important that children see parents and carers working together. This not only helps build the parent's confidence but also the child's confidence in their parent.
- Practical help from carers: taking children to family time, providing pictures and written updates help.
- These actions build trust which leads to collaborative working and enhanced parental confidence. The parent is then best able to effect positive change. Compare this to social behaviour and network therapy where a support network is involved in successful planned changes (Ward et al., 2014, p. 93).

### **Trauma-informed practice with children**

The child or young person away from home has experienced separation and loss, and usually trauma (Lyons et al., 2020, p. 3). Children's conversation and behaviour, at times very distressed, communicates something about that experience, and carers need to build relationships in this context (Independent Care Review, 2020, p. 19), providing children with confident nurturing care (Holmes et al., 2012). This vital relationship between the carer(s) and child needs to be explored, assessed, and supported by practitioners.

A key area of work here is when carers are asked to advise on how the child was before or after family time (contact). Identifying, describing, and recording these responses is a very challenging but vital task. The carer needs a good relationship with the child to sensitively monitor any changes in behaviour and to respond appropriately in conversations. The social worker in turn needs to carefully explore the feedback with the carer. By way of illustration, initial feedback from carers can often be very activity focused: 'Frankie said he enjoyed the café and loved the trainers.' Workers and carers can assume this is a sign of disconnection between traumatised child and parent. Without attuned engagement this becomes a narrative of a child not interested in his parents, but only in the material things given. It can be interpreted that the child focused on the activity and gifts because they could not manage their feelings of hurt. However, children, like adults, find talking about concrete things easier than expressing their feelings. More detailed discussion might identify moments of warmth and attuned caregiving: 'Yeah, when I put the trainers on, mum had a huge smile on her face. She said I looked brilliant.' Also note that a child's distress can often be seen as relating solely to their harmful experiences, when in fact the behaviours can also relate to the experiences of separation and loss with respect to the parent (Wali, 2022).



## Trauma-informed practice with adults

Trauma-informed practice needs to extend to the parents, who themselves have often experienced trauma, and are certainly experiencing loss and separation (Lyons et al., 2020, p. 21). They will be anxious for themselves and their children. Parents can respond in a defensive, hostile manner; distrust, anxiety and, at times, anger, are often observed. The team around the child, including the carers, need to help the parents move forward:

The process of behaviour change is well-established, incorporating a number of common elements including resistance, ambivalence, motivation, engagement and action. Lapse or relapse is also viewed as an integral part of the change process (Ward et al., 2014, p. 12).

Parental presentation, combined with a difficult case history can touch on the carers' own fears and anxieties. Indeed, in more difficult situations this can trigger fears and anxieties related to the carer's own past trauma, potentially leading to a destructive cycle of distrust between carer and parent. The parent's behaviour triggers negative feelings in the carer which in turn the parent notices. This requires careful management by all involved. Formal meetings and legal hearings are particularly difficult for most parents, and carers in this context need a good understanding of the stressful impact of trauma. Again, the role of the carers is important because 'relationships heal relationship trauma' (Treisman, as cited by Lyons et al., 2020, p. 22).

Carers also need supervision, support, and opportunity to prepare for and reflect on these situations. Likewise, the team around the family need to be aware of these possible dynamics. In moving forward, careful narrative work benefits the understanding of all involved. It not only draws on risks but also highlights the strengths in the family.

### Building a shared narrative

The team around the child need to complete comprehensive assessments which brings understanding to the situation (Calder et al., 2012). From this, a shared narrative is established. Critical to this is to involve the family themselves. The family are the people who have been first hand witnesses to all that has happened. It is important that wherever possible the narrative is drawn with them (Featherstone et al., 2018, p. 67).

A shared understanding of what has happened and is happening is a sound foundation for; talking to children, understanding, life story work (Rose et al., 2005), and reparative work with the parent. Major problems occur if practitioners are not mindful that they each bring their own values and background with them when constructing a narrative. Participants need to be aware that their views are affected by the values of the organisation, individual attitudes, and ethics. Indeed, this includes attitudes to parental responsibility and the very value of children's houses, foster care, and adoption. Likewise,



views on drug use, domestic violence, feminism, and racism can all influence the narrative they try to establish (see Holland, 2000; Ward, Brown & Westlake, 2012, as cited by Lyons et al., 2020). If the team around the child do not establish a shared narrative there can be confusion, distrust, and conflict between team members. Given their respective levels of contact, a particular challenge in family reunification work is that carers and supervising workers can have a different perspective to the social worker, as drawn from their respective relationship positions. The carers, in being with the child, often have more direct experience of the impact of trauma on the child, whereas the social worker, in doing parent assessment work, has more experience of the trauma the parent has been through, such as, for example, in cases of gender-based violence. This means they can have different perspectives, and in these situations, resolution comes when the respective narratives are openly discussed and reviewed, and a consensus is sought.

As well as our perceptions, narrative work often involves understanding the feelings and perceptions of carers (Independent Care Review, 2020, p. 32). Anxiety can influence how the carer shares their understanding and narrative. It is vital that communication here is clear and unambiguous. Carers often talk about keeping children safe but are cautious to speak in more detail regarding difficult topics. A narrative might be that 'mum loves you, but social workers need to keep you safe.' This narrative might be regularly repeated over time. In doing so, the words 'mother's love' are conflated with a lack of safety, or 'harm'. This can leave a child fearful and undermine the parent/child relationship. There needs to be a much clearer narrative in such situations. Key information and words need to be contextualised to help the child's understanding:

You know in the past your mother was living with Mr B. He was a violent man who hurt her badly and this was very frightening for you and her.

I know your mother loves you because she has left that man. She always comes to see you. She is always asking after you and I see her lovely smiles as soon as she sees you.

## Hearing the child's views

Children must be listened to and involved in their care plan (Independent Care Review, 2020, p. 13). The narrative work in this context is vital because children, just like adults, make better, more confident decisions when well informed. In a case where the mother was previously abusing alcohol (a source of vivid and distressing memories for the child), for example, the child can only give an informed choice when she is told how well her mother's recovery is going. Tangible information helps us all in such situations. Going to see that the parent's house is clean and tidy helps a social worker. By the same measure, a visit home by the child will also help.



Carers have a role in building parental confidence. A well supported father, shown by the carer how she feeds the baby, can learn, and grow in confidence with respect to feeds. Feeding becomes a positive experience for the baby and the baby responds more confidently to the father. A mother who is trusted by the carer is herself more confident in responding to her child. This can result in the child having a well-founded, more trusting, positive view of their parent. Accordingly, children's views need to be carefully responded to: 'I want to go home because I am worried for my mum.' Do we focus on the 'worried' or the 'want' or both? Why is the child worried? Is this a sign of continuing fear of the father? Does the child simply want assurance about her mother? Does the statement mean she wants to be home because she is worried her father will harm her mother and she can protect her? Does she talk about being worried for her mum because she does not want the carer to feel rejected, but in fact simply wants to go home? How the carer responds in these conversations is of critical importance. Likewise, just as they need to sensitively engage with the child, they need to sensitively reflect with the social worker to enable both to best understand what is happening.

Where there is a good foundation to report parental progress, the carers need to keep the child aware of that progress, balancing reasonable confidence with an awareness of risk. This needs to be communicated with due sensitivity to the child's age and stage of development, and in a trauma-informed way. It is only in this context that the informed view of the child can be given. Ultimately successful reunification depends on an honest narrative that supports the child's identity and solidarity with their family (c.f. Featherstone et al., 2018, p. 152).

### **Carer support of the child's journey home**

As the case progresses and actions are taken to move to reunification, close communication between parents and carers is very important, particularly as the child is likely to be spending increased amounts of time with their parents. Again, with support, close interaction will instil confidence in the parent and child alike. Consistency of routines in the 'two homes' matters. The closer collaboration of the homes means that ultimately the transition evolves with due sensitivity (NSPCC Learning, 2015, p. 14). This is all facilitated by effective care review and planning (NSPCC Learning, 2015, p. 5).

Carers are asked to bring their 'whole selves to work so their interaction with children is natural and relational' (Independent Care Review, 2020, p. 23). In this context it is important that the carer is aware of their own emotions and feelings. Their own feelings of worry, loss, and separation when a child has been in their care need to be recognised and supported by the team around the child. In one case children's house staff had to respond to progress in a case where there had been a very difficult drug related family history. This led to understandable worries for the carers. Conversations with the parents, young person and social worker helped the carers process a very difficult family history. This helped everyone 're-write' the shared narrative about events and helped the





carers identify that the situational stressors at the time the child was removed from their parents' care no longer existed. Things had changed and there were now opportunities for family reunification. Knowing this, the carers were then able to confidently support the changes taking place.

### **After the return to the family**

Children and young people need continuity in their lives. Wherever possible thoughtful attention needs to be given to maintaining links between the young person and carer. This might be as simple as a card on birthdays and festive occasions. Planning later life links with family group decision making can help support this (Scottish Government, 2016). In one successful case of family reunification, the single father was a socially isolated asylum seeker from North Africa. Prior to reunification he regularly visited the foster home for meals and on festive occasions. These visits continued successfully for both father and son once reunited. The carers became a very positive social support to the family.

### **Conclusion**

Supporting reunification can be one of the most challenging tasks for carers. They need the support of established good practice, good communication, supervision, and training (National Foster care Review, 2013 p. 23). Supports must come from both the carer's supervisor and the team around the child (Independent Care Review, 2020, p. 19). The relationship between social worker and carer is vital in this. Carers have a key role at a pivotal time in children's and young people's lives. They give something of themselves in this process as carer, including emotionally, in terms of their empathy and making a human connection with the whole family.

When carers can model a confident, trusting relationship between themselves and parent(s), the attachment/security between parent(s) and child is supported and fostered. In doing so, they emotionally give the child 'permission' to move. At each stage of this process the adult's narrative needs to change alongside their role. The carer moves from being the 'safe base' for the child to helping enable the restoration of the parent/child relationship. Accordingly, the team around the child need to consciously take the role of the carer into account when planning change. In doing so, families are best helped to achieve reunification.

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## A note about confidentiality

Please note that specific details of the writer's case experience have been altered to protect client confidentiality.

## About the author

David Stakes is a team leader in children and families social work in a Scottish local authority. He is a qualified social worker who has practiced in area teams for over 20 years.

