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'I'm just a mother, I'm nothing special, they're all professionals': parental advocacy as an aid to parental engagement

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CHILD & FAMILY
SOCIAL WORK

'I'm just a mother. I'm nothing special, they're all professionals': Parental advocacy as an aid to parental engagement

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Manuscripts

Review

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'I'm just a mother. I'm nothing special, they're all professionals': Parental advocacy as an aid to parental engagement

Abstract: This article discusses findings from an evaluation of an advocacy scheme for parents whose children were subject to child protection proceedings including a pilot project where co-operation between parents and professionals was an issue. Encouraging findings of parents' experiences of being heard, being able to listen, and, in some cases, to act on concerns about their children's welfare are outlined. Three case-studies offer accounts of practices that are gendered and occur against a backdrop of ethnic disadvantage. The article suggests that current debates about reform need to recognise the need to support parents to manage intimidating systems.

Keywords: Child Protection, Evaluation Studies, Parenting/Parenthood, Partnership/Empowerment

Introduction

Across many countries, a number of commentators have raised concerns about the supports available for parents who become involved with what are usually known as child protection or protective services (see Lonne et al, 2009). Do they get the help they need to ensure that they can engage with and work in partnership with professionals to make the changes necessary for their children's safety and well being?

This article is based upon an evaluation of a parental advocacy scheme offered to parents in England whose children were subject to child protection proceedings. The scheme ran from October, 1st 2009 to September, 30th, 2010. A previous article outlined the findings of an evaluation of a preceding scheme run from 2006-2009 (Featherstone et al, 2011). The scheme being discussed in this paper included a pilot project offering

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3 advocacy in three cases that had been designated as 'entrenched' where co-operation
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5 between parents and professionals was considered problematic.
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10 An exploration of the three 'entrenched' cases considers the differing and conflicting
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12 meanings that can be attached to the notion of co-operation and addresses the
13
14 gendered issues that can be at play in terms of who is called upon to co-operate. The
15
16 role played by resource issues is highlighted also and there is some evidence of
17
18 categorisation practices that invalidated a mother's voice in the context of mental health
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20 difficulties. Whether positive change had been achieved also appeared to be contested
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22 in two cases.
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26
27 Overall, the evaluation offers grounds for optimism about the possibilities of advocacy
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29 ensuring parents feel supported and better equipped to engage with professionals and
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31 this is in line with the findings of the evaluation of the previous scheme.
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35
36 The definition of 'outcome' in this evaluation was used to denote impacts on parental
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38 engagement, working in partnership with the local authority and parental involvement in
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40 decision making. Questions were also asked about whether it was **perceived** that a
41
42 different outcome for the child had resulted from increased engagement as a result of
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44 advocacy. However, it is recognised that a different methodology would have been
45
46 required to evaluate this rigorously incorporating a longitudinal element and addressing
47
48 the range of variables involved here. It is of interest to note, however, that a third of
49
50 parents perceived that increased engagement made a difference to the outcome for the
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52 child/children with a further third 'not sure' because the case was still on-going.
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54 Conference chair persons considered that a different outcome for the child had been
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56 achieved in over a third of cases. However, social workers reported less positive findings
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3 with only three out of twenty three cases considered to have resulted in a different
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5 outcome for the child. Indeed when considered alongside the findings from the
6
7 entrenched cases, it is apparent that this small study showed that social workers were
8
9 less likely to see evidence of change than parents were.
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14 This evaluation is offered as a contribution in the belief that discussions in the current
15
16 policy and practice arenas need to be located in a more robust recognition of how
17
18 daunting parents often are by current systems. Moreover, it attempts to redress a
19
20 perceived lack of recognition in contemporary discussions about the importance of
21
22 working with both parents' support needs and the interconnections with children's
23
24 protection needs.
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26

27 28 29 **Evaluation of Parental Advocacy Scheme: background and overview** 30 31

32
33 Family Rights Group is a registered charity which advocates and campaigns for parents,
34
35 carers and other relevant family members in connection with local authority decision-
36
37 making about children who are involved with, or require Children's Services in England
38
39 and Wales. Since 2003, Family Rights Group has provided a family advocacy service.
40
41

42 This scheme was developed from an evidence base that included a qualitative research
43
44 study on specialist advice and advocacy for parents in child protection cases (Lindley,
45
46 Freeman and Richards, 2001, Lindley and Richards, 2002). The advocates worked to a
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48 protocol developed by Lindley and Richards (2002). This stressed the following:
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53 • Advocates are independent of all agencies involved in child protection work.;
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- Advocates need to be clear that while it is not their responsibility to make inquiries where there is a suspicion of harm to children, it is essential that they do not conceal information about any continuing or likely harm to a child. Whilst the advocate is not under a statutory duty to report information about such harm to the local authority, advocates with a professional qualification are under a professional duty and others are under a moral duty to do so;
- Training and supervision arrangements should be developed by those offering advocacy services in order to support the making of judgements by advocates about harm thresholds;
- The intervention by the advocate is on behalf of parents and not undertaken by the advocate in their own right;
- The advocate should decline to give their opinion about risk or registration (since replaced in the UK by the concept of being subject to a child protection plan) or the plans being put forward even if invited to;
- The advocate should not withhold information from the parent;
- Advocates are there for parents and are, therefore, partisan but should be supported to remain dispassionate;

- Advocates should support, encourage and advise parents to work with agency requirements. However, they must avoid becoming over directive as it is crucial that parents 'own' what they agree to;
- Advocates should adopt a constructive but assertive approach in their dealings with all professionals;
- Procedures should be established by Area Child Protection Committees (since replaced by Local Safeguarding Boards) for challenging an advocate whose conduct was considered to be unacceptable.

Further work has resulted in a Code of Practice and Principles and Standards for Professional Advocacy Services being developed by Family Rights Group (2009). These form the basis for the advocacy services currently being offered by Family Rights Group.

A previous publication outlined the aims and methodology of the evaluation from 2006-2009 (Featherstone et al, 2010). The current evaluation was based upon a revised methodology with more detailed and specific questions in relation to engagement and perceptions in relation to outcome.

The following section highlights some overall findings.

Parents' views

Eighteen parents (34.6% of the total) provided their views either via a postal questionnaire; a telephone interview or a face to face interview. Advocates had provided

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2
3 a range of services: accompanying parents to meetings; speaking on their behalf and
4
5 providing information about legal rights and local authority procedures.
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10 Thirteen found the support provided 'helpful', felt able to trust the advocate *and* were
11
12 satisfied with the way they had represented their needs. Advocates' legal and procedural
13
14 knowledge had facilitated understanding and participation and they were considered a
15
16 reassuring and calming presence by parents daunted by the child protection system.
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20 Eleven considered that advocacy support made it easier to communicate and work with
21
22 the local authority. Six believed that advocacy support had influenced the outcome of
23
24 their case because it had enabled them to contain their emotions; to feel empowered; to
25
26 understand their rights; and to challenge the local authority where this was considered to
27
28 be appropriate. Parents, who had previously attended meetings without advocacy, were
29
30 able to highlight the difference advocates had made. In some cases advocacy ensured
31
32 that a parent who had previously failed to attend had the confidence to do so. Seven
33
34 parents were 'not sure' whether advocacy had influenced the outcome, because the
35
36 case was still on-going.
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40 41 42 *Social workers' views* 43 44

45
46 Nineteen social workers provided written feedback on 23 cases. Without exception, the
47
48 social worker participants were very positive about advocacy, describing many benefits
49
50 for parents/carers *and* the local authority. In two-thirds of the cases the social workers
51
52 agreed that advocacy had influenced and increased parental engagement with the local
53
54 authority. This was believed to be due to increased understanding of the child protection
55
56 process, and in some cases, the local authority concerns. Advocacy support was also
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3 considered to have calmed some parents so that they were then able to contribute in
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5 meetings.
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10 In three cases a different outcome for the child was considered to be linked to increased
11 parental engagement as a result of advocacy. However, in the majority (20) of cases,
12 increased parental engagement was not thought to have led to a different outcome for
13 the child. As indicated above, there are a range of variables other than parental
14 engagement and the input or otherwise of an advocate that would need to be explored
15 further here to unpack this finding and this was beyond the remit of this specific study.
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24 25 *Conference chairpersons' views*

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27 Twelve conference chairpersons provided written feedback on 29 cases. They
28 welcomed the involvement of advocates in the child protection process and highlighted
29 benefits similar to those raised by social workers. In more than three quarters of the
30 cases reviewed (79%) conference chairs believed that advocacy support had influenced
31 and increased parental engagement with the local authority. This was because it had
32 facilitated full and meaningful participation by reassuring nervous parents and calming
33 those who were angry. In some cases, it had made the difference in terms of whether or
34 not the conference was attended by the parent.
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46 Parental engagement was not thought to have led to a different outcome for the child in
47 fifteen of the cases. However, in eight cases, a different outcome for the child was
48 considered to be linked to increased parental engagement due to the parents'
49 cooperation with the drafting of the plan and their subsequent adherence to it.
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3 Overall, a nuanced picture emerges from the findings with the majority in all groups of
4 respondents rating the **overall** service highly. The involvement of an advocate seemed
5 to improve the engagement of parents with the local authority in that it increased
6 possibilities in relation to them attending conferences and contributing to the
7 conferences alongside hearing and understanding professional concerns.
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12 As indicated, three 'entrenched' cases were explored in some depth¹. The context,
13 perceptions of advocacy support, impact on parental engagement and outcomes are
14 highlighted with a subsequent discussion of the key issues.
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17 18 19 20 21 22 23 24 25 **Case A (Angela)**

26 Individual interviews were completed with the mother; the second advocate; the social
27 worker and conference chairperson. The parent and first advocate also completed
28 postal evaluation forms.
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33 34 35 36 *The context*

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40 Angela² is a Black Caribbean mother of four children who lives in local authority housing
41 with her partner, the father of the two youngest children. Children's services made the
42 children subject to a child protection plan as a result of concerns such as poor school
43 attendance, failure to access medical services, parents' mental health and relationship
44 difficulties.
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57 ¹ A full account of sampling strategy is available in the final report (Fraser and Featherstone, 2011)

58 ² All names used are pseudonyms
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3 The case was referred to the advocacy scheme as entrenched as *'it was felt that the*
4 *parents weren't engaging with the protection plan and very little progress was being*
5 *made in terms of the issues that had led to the children being subject to protection plans'*
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10 (Adv).

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14 However, the designation of this case as 'entrenched' was questioned by the conference
15
16 chairperson (CC) :

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21 *"So I wouldn't have called this an entrenched one in September, it's taken a little*
22 *while to get there, but mum had done her bit, dad had done his, perhaps*
23 *somewhat later on in the day, and things were moving, it was entrenched more*
24 *because the resources, that had been identified to try and unravel and get a bit*
25 *more of an understanding of this case, hadn't been put into place.(CC)"*
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36 *Experience of Advocacy Support*

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40 This was the second time Angela had worked with an advocate from this scheme having
41 self-referred previously. She drew a contrast between the two advocates. One of her
42 reservations about the first advocate appeared to concern her former role as a social
43 worker which she felt resulted in bias in favour of the local authority. However, the
44 second advocate is also a former social worker but Angela seemed unaware of this and
45 was very satisfied with the support received. There appeared to be an important cultural
46 connection with the second advocate:
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3 *"I also found it really helpful that she was from the same background, she was*
4 *someone to talk to who understands me.*
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10 Angela gave an example of how different cultural backgrounds can sometimes result in
11 misunderstanding. She described how she had reported the children having soup for
12 dinner, which she felt some professionals had judged negatively:
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18 *"But [advocate] understood that from our background when we say 'soup' we*
19 *actually mean like a stew, like Irish stew or something we don't just mean soup,*
20 *it's more substantial than that. But some of them seemed to think I would just*
21 *give my kids soup for dinner and they were still hungry."*
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28 29 *Impact on Parental Engagement* 30 31

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33 The good working relationship with the second advocate appeared to have impacted
34 positively on Angela's ability to engage with the local authority and to accept some of the
35 local authority concerns (when raised by the advocate):
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42 *"She's very good and very fair, if we do something wrong then she will say so,*
43 *she will tell us, just like she will tell them (social services) if they're doing*
44 *something wrong."*
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50 The social worker and conference chairperson agreed that advocacy support had
51 impacted positively on the parent's ability to engage.
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3 Angela also commented that the advocate was very good at *breaking through all the*
4 *local authority procedures*, and felt that advocates, in addition to supporting parents, had
5 a role in ensuring the child protection process remained balanced and fair by *'keeping*
6 *the local authority on their toes'*.
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14 She provided evidence of the advocate giving her a voice and enabling her to feel more
15 empowered and thus able to fully participate in the conference process:
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18 *"She really wanted to hear my side of the story and she made me feel like I had*
19 *something to say'*.
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25 The advocate's account of supporting Angela in the meetings with the local authority is
26 of interest here:
27

28
29 *"Whereas with some service users you need to speak on their behalf, once you'd*
30 *kind of focused Angela, you know, 'it's this, this, this and this', she was quite able*
31 *then to go in the meeting and kind of do it herself...with me prompting if she'd*
32 *forgotten anything...so maybe she felt more vocal knowing that the advocate was*
33 *at her side, maybe she felt more empowered."*
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42 Angela commented that although she doesn't find it difficult to get her point across
43 generally, the case conference process was intimidating in terms of the sheer number of
44 professionals present and advocacy support had been helpful in this context.
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50 The daunting nature of the conference process was also acknowledged by the
51 conference chairperson:
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3 *"I mean they're very daunting things, conferences, and although you know, as*
4 *chair I, and I'm sure my colleagues, you do your best to support and encourage a*
5 *parent to speak and whatever, you know, it's not an easy place to be, and even*
6 *though they can bring a supporter, a supporter is often a friend or family,*
7 *whereas I think an advocate is seen as a professional, but a professional very*
8 *much assisting them, and my experience is that advocates, you know, if they*
9 *haven't met them before the conference they're always here in plenty of time and*
10 *talking things through, and I think usually have always met them before, and*
11 *they've given a little bit of encouragement and a bit of guidance, so my*
12 *experience is that, yeah, parents who come with an advocate are usually better*
13 *able to manage the conference, yes, in a more positive way, and perhaps getting*
14 *less emotional, and I think that is because they've had the preparation or they've*
15 *got somebody [there]."*
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34 *Impact on Outcomes*

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38 Angela considered that having an advocate had influenced the outcome in her case in
39 terms of both process and the difference it made to how she was coping with the
40 children and her situation more generally:
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46 *"...all that was not clear was explained, and answered clearly...without my*
47 *advocate I wouldn't be coping too well with the questions and the situation I'm*
48 *in."*
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55 The advocate had noticed some improvements in the areas initially raised as concerns.
56 However, the social worker offered a more cautious assessment. She considered that
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3 whilst some areas had shown progress, there was some way to go to addressing the
4
5 child protection concerns satisfactorily.
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8 9 10 **Case B ('Hasina and Jai')**

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14 Individual interviews were completed in person with the parents and by telephone with
15
16 the advocate and the case social worker's team leader. It had been hoped to complete
17
18 an interview with the case social worker but they were unable to attend the interview due
19
20 to illness. The conference chairperson participated via email and had also previously
21
22 completed a postal evaluation form in relation to this case.
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27 The need for interpreter support for the parents had been queried by the evaluation team
28
29 (due to comments made by the chairperson on the evaluation form) but it was advised
30
31 this was not necessary. However, on reflection, it was felt that the parents may not have
32
33 fully understood some of the evaluator's questions and responses were often quite
34
35 limited.
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38 39 40 *The Context*

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44 Hasina and Jai are Asian Indian with three children and live in private rented
45
46 accommodation. Children's services made the children subject to a child protection plan
47
48 following police involvement as a result of the father's drinking and violence towards the
49
50 mother. His gambling had led to the family incurring considerable debts.
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55 The plan had recommended that Jai should leave the family home and there had been
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57 some attempts to arrange alternative accommodation via an alcohol treatment centre
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3 and a housing support worker. However, this appears to have been unsuccessful due to
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5 his failure to engage with the treatment service. He was also considered by
6
7 professionals to be extremely resentful about the involvement of children's services with
8
9 the family.
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14 The case had been designated as entrenched by the professionals involved as, although
15
16 on the surface, parents appeared very co-operative and agreeable to children's services
17
18 suggestions, they consistently failed to take the necessary actions outlined, an
19
20 approach referred to as 'passive compliance':
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25 *"They were passively compliant, went to every meeting, they came to every child*
26
27 *protection review meeting, they came to the family group conference, they were*
28
29 *always there when the social workers made an appointment to see them. When*
30
31 *I've asked to see them they've come to see me, they've listened, but they've not*
32
33 *done anything about any of the advice that has been given to them, they've not*
34
35 *moved things on. They've said they'll work with plans, but when it actually came*
36
37 *down to actually doing it they weren't able to. (SW)"*
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42 During the interview with the evaluator, Hasina explained she was happy for children's
43
44 services to visit her at home in response to her husband's expressions of resentment:
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49 *"Well it's their job and it's their duty to see the children and all these things, so*
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51 *it's, I don't think there is any wrong thing, it's their role isn't it, they're doing their*
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53 *duty, it's like nothing wrong in that, I don't see anything wrong in that."*
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3 The case social worker's team leader referred the case to Family Rights Group in a final
4 bid to prevent the case progressing to legal proceedings. However, this resulted initially
5 in advocacy being seen as something of a stark choice for the family rather than a 'less
6 threatening' option:
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14 *"Our social worker, she said you have to choose one of these things, like either*
15 *you choose the Family Rights Group or we might take your children, we might*
16 *take you to court... so there was I mean no option, we have to choose*
17 *it."*(Hasina)
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25 Hasina recalled being quite unclear at first about the role of the advocate and assumed
26 they must be somehow linked to the potential legal proceedings. Indeed, the advocate
27 also recalled that she felt that Hasina may not have understood her role as an
28 independent advocate at first.
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36 However, Hasina recalled that she had quickly felt reassured that the advocate was
37 acting on her behalf and playing a supportive role. The advocate had expected the
38 couple to be quite uncooperative following the referral as an 'entrenched case' but in fact
39 had found them to be quite willing to engage, though as is acknowledged, they didn't
40 really have much of a choice about whether to cooperate:
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49 *"...because it's like an entrenched case I was expecting them to be quite*
50 *unwilling to work, but they were actually incredibly very willing to kind of discuss*
51 *everything, [father] was drunk actually at the time, and [Hasina] was a little bit*
52 *tearful, and I kind of explained my role, you know, explained the child protection*
53 *process. One thing that they did say which I was surprised about...they reported*
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3 *to me that either you have an advocate or they went to court, so it wasn't really*
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5 *much of a choice for them. (Adv)"*
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10 *Experience of Advocacy Support*

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14 Throughout the course of the interviews, Hasina and Jai described the advocate as a
15 reliable source of support who kept in regular contact with them and explained issues
16 clearly to both of them as well as their legal entitlements. Importantly, the advocate, as
17 well as being informative, was perceived as being neutral and able to work with **both** of
18 them and the local authority.
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25 *Impact on Parental Engagement*

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31 During the evaluation interview it was clear that although Jai was still very resentful of
32 children's services involvement with the family, Hasina did show signs of engaging with
33 the concerns raised. Hasina also seemed to have more confidence in the local authority
34 and their ability to do a 'good job' with advocacy support, similar to Angela's account of
35 the advocate keeping the local authority 'on their toes'.
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44 The social worker's team leader seemed to think they both engaged with the advocate:

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46 *"I was actually pleasantly surprised that they actually did work with the advocate,*
47 *because I didn't think they would, there's so many other things that we've offered,*
48 *other types of professional intervention that we've offered, including culturally*
49 *specific counselling for mum, drugs support, drug and alcohol support for dad,*
50 *and all these other ideas we've had in the past and put them to, they wouldn't, so*
51 *first of all I was pleasantly surprised that they accepted the advocacy, and that*
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3 *she did continue, that they did continue to see her, and things have improved,*
4 *they've gone backwards again, but they had improved for a while, I don't know*
5 *how much of that has got to do with the advocate, or how much of that has got to*
6 *do with mum feeling more empowered in terms of telling her partner that these*
7 *are the conditions that she requires in order for him to continue to live in the*
8 *family, and I don't know how much the advocate has made her feel empowered,*
9 *or it was other things, it's difficult to say, but I think the advocate was part of the*
10 *process that actually did move things on."*
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20 21 22 23 *Impact on outcomes*

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27 As indicated above in the comments of the team leader, there was a perception that
28 'things had moved on' but 'they had gone backwards again' indicating the complexity of
29 such a case and the problem with making premature judgments about outcomes.
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36 Case C ('Sunetra')

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40 An individual interview was completed by telephone with the parent as she refused to
41 take part in a face to face interview. Interviews were also completed with the advocate
42 and the social worker. The social worker advised that this was the first case with
43 advocacy support that he had worked on and his comments suggested he had little
44 understanding of the role of the Family Rights Group advocate. It was not possible to
45 make contact with the conference chairperson in this case as they had ceased working
46 for the local authority and no follow up contact details were available.
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57 *The Context*

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5 Sunetra is a British Indian mother of three children, one of whom is severely autistic.
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7 The local authority had been involved with the family since 2006 following an initial
8
9 concern of child neglect. Other issues included the acrimonious relationship between
10
11 Sunetra and her estranged husband, the father of the children, and concerns about the
12
13 level of care provided for the autistic child. There were also allegations of physical
14
15 assault against one of the children who was displaying behavioural difficulties at school
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17 and problems with school attendance.
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22 Whilst full details were not made available to the evaluation team, it was apparent that
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24 there had been a number of changes in social worker in this case and the social worker
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26 interviewed had not been involved for very long.
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31 The social worker, in describing why the case had been designated as 'entrenched'
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33 believed Sunetra had failed to engage due to her '*mental health issues and her anxiety*',
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35 the levels of which were described as '*variable*' such that '*sometimes she was more*
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37 '*cooperative than others, it very much depended on her mood*'.
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40 41 42 *Experience of Advocacy Support*

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45 Sunetra described how, prior to advocacy support, she had felt incredibly disempowered
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47 by the child protection process and her meetings with the local authority. She believed
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49 the case social worker was biased in favour of the father of her children. She described
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51 feeling so frustrated and powerless in meetings that she had stopped participating as
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53 she did not feel she was being heard. She also felt that requests for support, such as in
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55 relation to housing, were rarely acted upon:
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“The meeting went on for five hours and he [father of children] was making himself look good and calling me a liar and I just sat there and I thought I can’t be bothered. I haven’t got time for talking, I’ve got three children to look after...I just felt the pressure, I’ve got a special needs child who’s got learning difficulties and I couldn’t cope, he’s just too much, I’m a human at the end of the day and I’ve got feelings but I just had them all there [conference professionals] and its like everybody took power and I didn’t have any say...I just lost confidence in everybody, I lost trust completely.”

Advocacy support was greatly appreciated as it had enabled Sunetra to attempt to increase her level of participation in the child protection process and to feel more empowered. The advocate listened to her, advised her and spoke on her behalf at meetings. However, Sunetra felt that, even with advocacy support, she was powerless to challenge what she believed was a biased and unfair system:

“We basically found out that he didn’t want to help – he wanted to help the dad more than help me. She(Adv) was trying to help, but obviously he has more power and as far as he’s concerned he’s going to take charge of everything...So then he wanted to make it look as if I can’t cope with the children or I’ve got depression and I made it clear to him, I said ‘everybody gets depression’. Depression is not a disease; everybody gets it even the Prime Minister of this country probably gets it. They [children’s services] made you feel so small, like as if they were taking charge and you weren’t allowed to say anything or do anything you know and you felt like you were being watched all the time.”

Impact on Parental Engagement

Sunetra did feel that the advocate had enabled her to find her voice and become more involved in the child protection process which had lessened her sense of disempowerment. However, she felt that the advocate's influence was limited and that ultimately, as a parent, she was powerless. For example, when asked if she would recommend advocacy support to a friend who was in a similar situation she said she would, but that the impact of this support would ultimately depend on the case social worker as she strongly felt that the barriers in her case related specifically to the social worker:

"It was very difficult and it's horrible, he [social worker] says one thing to me and: another thing to the lady supporting me. She did help but he just wanted to make my life difficult basically. I'm not sure if it made a difference, I'm still powerless, I'm just a mother, I'm nothing special and they are all professionals. I just had to get on with it basically...even though she spoke on my behalf the social worker still did what he wanted to do, that's how he was."

The advocate also commented about the difficulties experienced in this case:

"He [social worker] never really, yeah, he just wouldn't really work at all with me, he was very unhappy about me being involved, that was my first impression. I don't know whether he was under work difficulties as well...it was a really hostile case, a nightmare for everyone....he seemed to be quite busy, the minutes wouldn't come through for ages...we'd requested composite papers and he didn't want to give the papers. "

Impact on Outcomes

At the time of interview there had been progress in the case as the children were due to be removed from the child protection plan. However, Sunetra felt it would be difficult to relate this solely to the influence of advocacy support as the biggest change appeared to be the increased level of co-operation between her and the children's father. The reduced conflict between them seemed to have been a key factor in enabling the local authority to consider reviewing the plan and the status of the children. The social worker remained unconvinced either by the merits of advocacy support or, indeed, whether any genuine progress had been made because of the '*mother's mental health difficulties*'

Discussion of case-studies

The issues identified here concern the following and these are to some extent inter-linked: ethnicity, gender, contested understandings of co-operation, the role played by resources and the impact of processes such as those relating to case- conferences. It is also important to note some evidence of a discrepancy between what is considered progress on the part of social workers and mothers.

All three case-studies concerned families from a minority ethnic background.. However, in the absence of detailed demographic analysis of who gets referred, who gets designated as un-co-operative and so on in the populations dealt with, wider conclusions cannot be drawn, although there is a long-standing literature from a range of countries highlighting the disproportionate focus of child protection systems on a range of marginalized populations (see, for example, Lonne et al, 2009).

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It is of interest that despite a conference chair-person having raised the issue of an interpreter for Hasina and Jai, this did not appear to be addressed. Angela articulated why having someone from a similar background was of value in understanding the differing meanings that might be attached to different types of food and also suggested that their presence was reassuring in an anxiety provoking context such as the case conference.

The gendering processes involved in who gets called upon to respond to professionals and who takes responsibility are a feature of all three cases. For example, both Angela and Sunetra were designated as the main respondents for the evaluation, although it was clear that the issues involved their partners or ex partners. In the interview conducted in Angela's home, the evaluator sought to engage the partner, but he did not wish to be involved. Whilst there was evidence of work being done with both parents, it did appear that Angela took most of the responsibility for managing interactions with professionals. There is a considerable literature on the gendered nature of professional practices in that it is mothers who are called upon often to co-operate and take responsibility even for issues that may be beyond their control such as their male partner's behaviour (Scourfield, 2003). Moreover, this is not a one-way process as mothers themselves may consider it their responsibility.

This is rather starkly, if complexly, illustrated in Hasina and Jai's case. It was unclear whether the 'passive compliance' noted by the professionals was a strategy adopted by the mother particularly in a context where she felt caught between the demands of the professionals and her husband in the context of domestic violence. Indeed the term 'passive compliance' which has been used by Reder, Duncan and Gray (1993), more

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3 generally, may obscure what might be called strategies of resistance in very unequal
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5 power relationships.
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10 As has been illustrated in the literature the labelling of parents as failing to engage or
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12 co-operate may not only be linked to differing definitions of the problem and differing
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14 ideas about the solution, but may also be linked to the right kinds of resources not being
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16 available at the right time (see, for example, Featherstone, et al, 2006). For example, in
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18 Angela's case, the conference chair-person contested whether this case should be
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20 characterised as that of non-co-operation over a period of time as she considered the
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22 appropriate resources had not been put in place to support the parents with their
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24 difficulties quickly enough. The lack of provision of an interpreter highlighted in Hasina
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26 and Jai's case may also be relevant to consider here. In Sunetra's cases there had been
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28 a number of changes of social worker and, whilst full information was not available in
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30 relation to this, it may have been of relevance as to whether co-operation was achieved
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32 or not.
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38 Sunetra's case was a very stark example of the impasse that can be reached in the
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40 interactions between workers and service users and highlights how categorization
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42 processes, in this case in relation to mental health difficulties, can be used to invalidate
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44 the client (see Taylor and White, 2000 for a discussion of categorization processes more
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46 generally). The social worker appeared to discount anything the mother said because of
47
48 her mental health issues and she, in turn, felt completely dismissed by him. She was
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50 able to contest his understandings pointing out very accurately the ubiquity of
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52 depression and this contributed to her sense of how unfair his practices were. But as
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54 she said herself '*I'm only a mother*'.
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3 It has to be considered whether gendered issues were at play with Sunetra also as she
4 considered the male social worker to be very clearly on the ex-partner's side. The
5 evidence on whether gender identity over rides occupational identity is not clear cut in
6 the literature. Scourfield (2003) found, for example, that occupational identity was of
7 more significance than gender identity in informing how cases were dealt with in his
8 research. But the evidence of how women have been silenced historically by being
9 dismissed as 'mad' echoes throughout Sunetra's account in our view (see Featherstone,
10 2004).

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12 Sunetra's descriptions of how she felt during the case-conference process are
13 particularly poignant illustrating extreme feelings of powerlessness. However, it is
14 important to note that Angela's case provides an illustration that even for someone
15 articulate, the processes are very daunting.

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17 Finally as indicated previously a different methodology would have been needed to
18 evaluate outcomes in a rigorous way but a finding of some note in the case of Angela
19 suggests that her more positive assessment of her progress contrasted with that of the
20 social worker and this was even more starkly illustrated in the case of Sunetra. Here the
21 social worker denied that there was any evidence of positive change even though the
22 children were no longer subject to a child protection plan.

23 24 25 **Locating the evaluation – time for a 'new' approach to parents?**

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27 Overall, this is a small study but it is suggested it sheds further light on what is already
28 well documented about how parents experience child protection practices (Featherstone
29 et al, 2010). Parental advocacy was welcomed by conference chair persons, the
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3 majority of the social workers and the service users in the recognition of the intimidating
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5 nature of systems (especially case-conferences).
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10 There is a well-established literature critiquing the systems that have developed in what
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12 Lonne et al (2009) call Anglo-phone countries and are described by Melton (2009) as
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14 long on blame and short on helpfulness. There is ample evidence that, despite the
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16 invoking of children and young people as central to their purpose, they are not served
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18 well. However, our concern here is to argue that it is time for a recognition of the issues
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20 for parents also, especially mothers.
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25 It is nearly two decades ago since *Messages from Research* (Department of Health,
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27 1995) urged a re-focusing of practice based upon evidence of parental alienation as a
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29 result of suspicious risk-averse interventions. The publication fed into long-standing
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31 debates about the relationship between family support and child protection (Parton,
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33 1997).
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38 Under New Labour, elected in 1997 two years after the publication of *Messages from*
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40 *Research*, a re-focusing did occur. However, the meanings previously attached to child
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42 protection and family support were, to some extent, supplanted or re-worked within a
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44 social investment project (Featherstone, 2004). This project constructed children as
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46 investments and as the main, indeed often the only legitimate, targets of welfare policies.
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48 Support was offered to parents but in an instrumental project concerned with them as
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50 means to realising children's welfare rather than ends in themselves. Thus there was a
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52 focus on their ability/capacity to meet their children's needs within a target-driven,
53
54 temporally determined framework (Morris and Featherstone, 2010). In child protection
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56 it is therefore not that surprising that research uncovered impatient practices by workers
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3 operating in the context of time- limited imperatives for parents to change (Forrester et
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5 al, 2008).
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10 At the time of writing it appears that some of the New Labour legacy is being unravelled
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12 by the Coalition government with its commissioning of the review by Eileen Munro.

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14 However, even if some of the barriers such as targets and timescales are removed, we
15
16 would argue we still need to unravel deeper aspects of the New Labour legacy. For
17
18 example, we are concerned that the needs of parents in their own right and the
19
20 interconnectedness of relationships between children and their parents have not been
21
22 adequately addressed within the Munro Review. In relation to the former, whilst there is
23
24 some recognition that current child protection systems are experienced as intimidating
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26 by children and young people, there is much less recognition of their impact upon
27
28 parents. Intimidated and frightened parents cannot engage constructively with
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30 professionals and work in partnership and this needs urgent acknowledgement.
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36 In terms of thinking about the interconnectedness of relationships, if we take one
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38 example, in the second report which is titled *The Child's Journey* (Munro, 2011) the title
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40 embodies some of our concerns. The child is not an abstract disembodied individual
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42 journeying alone as the title might imply. Indeed, from the moment of conception
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44 onwards she/he is 'in relation' and, at that point, highly dependent. If the mother is not
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46 able to eat properly, if she is being abused, if the father is not supportive, this impacts
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48 upon the child and on family relationships generally. As she/he develops, family
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50 relationships are multi-faceted involving the giving and receiving of care and complex
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52 shifts between dependence and interdependence all through the life cycle.
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3 We need to relocate our practices within a recognition of the inter-connectedness of
4 relationships. Our small evaluation suggests that listening to parents and recognising
5 their need for support and advice led to improved engagement between workers and
6 parents in the majority of case and did lead some to think differently about their
7 children's needs.
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18 Conclusion

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21 This small evaluation offers evidence that advocacy for parents facilitated improved
22 engagement with professionals and allowed some parents to hear what was needed to
23 ensure their children's safety. A detailed exploration of three cases where co-operation
24 was considered problematic illustrates the differing meanings that can be attached to co-
25 operation and to what is considered progress. The paper concludes that there is a need
26 to critically interrogate how parents are constructed and dealt with in the context of
27 evidence about how intimidating they find current practices.
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