LIVE WORK: THE IMPACT OF DIRECT ENCOUNTERS IN STATUTORY CHILD AND FAMILY SOCIAL WORK

CHARLOTTE NOYES

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ABSTRACT

The aim of this research project was to examine the impact of direct work on practitioners in the field of statutory child protection. The author's premise was that this work was anything but straightforward and that surprisingly, given the intense scrutiny on Children's Services following a child death, there was little research into the day-to-day practice of front line staff.

The aim was to explore whether psychoanalytic theory could be useful in understanding and making sense of the social work task. Data was collected through observation and semi-structured interviews in one Local Authority Child in Need team over a period of six months. The findings indicated that practitioners experienced direct work with some individuals and families as profoundly disturbing and that this affected them physiologically as well as psychologically. These effects persisted over time and appeared very difficult for the workers to process or articulate. This could be expressed through embodied or non-verbal communication in the interview. Practitioners appeared to be 'inhabited' by particular clients, suggesting phenomena such as projective identification were in operation. The intensity and persistence of the impact on the practitioners appears to be directly related to the quality, nature and intensity of the psychic defences functioning for the particular client. Significantly, the research indicated that when practitioners were dealing with the negative and disturbing projections from the (adult) clients it seemed from the data that the focus on the child would slip so that the child appeared to recede from view.

Symptoms experienced by the practitioners were akin to trauma and research and theory on primary and secondary trauma were considered. Other issues raised included shame, which affects the clients, practitioners and the organisation and the meaning and implications of this are explored. Links between neuroscience and projective identification are addressed as well as

the role of the organisation, particularly as a container for these toxic and disturbing encounters.

Key words: social work, child protection, impact of direct work, psychic defences, projective identification, focus on the child, trauma, shame, containment, team and organizational issues.

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CHAPTER 1: INTRODUCTION

As a qualified social worker with a background in Local Authority child care and child protection with over twenty years of experience in the field, my view is that insufficient attention has been paid to the everyday practice of child protection and that consequently not enough is known as to what qualities or conditions might aid or hinder the task, including the unconscious processes that affect the functioning of the individual and the organisation.

From Maria Colwell (1974) to Victoria Climbie (2003) and more recently Peter Connolly (2008, 2009), Khyra Ishaq (2010) and Daniel Pelka (2013), social work has been dominated by the impact of high profile inquiries into child deaths. Such inquiries have heralded significant legislative changes: the Denis O'Neill inquiry in 1945 was followed by the introduction of the 1948 Children Act. The Colwell inquiry followed by the 1975 Children Act and the Beckford, Carlile and Cleveland inquiries preceded the introduction of the 1989 Children Act. The trend has continued with the publication of the Climbie inquiry which was followed by the Children Act 2004.

I am concerned that the reports from the child abuse inquiries appear to avoid addressing such issues and instead concentrate on locating blame, most usually in individuals, focusing on the 'who, when and what' questions with little apparent attempt or desire to understand 'why'. Given that the findings of the numerous inquiries over the last twenty years or so have repeatedly highlighted such similar failings it could be argued that the (cumulative) effect of these inquiries has in fact been counter productive as practice seems to have deteriorated.

My aim in this small research project is to examine the day to day practice of social workers in the field of child care and child protection; to gain a greater understanding of what they do, the impact the work may have on them and

their managers and to learn about these encounters and experiences in order that the service to vulnerable children can be improved. I have brought to this project my own theoretical orientation, that of psychoanalytic and associated theories and practice.

This project is an attempt to explore the practice of child protection from a different perspective: that of the social work practitioner. How they approach the task, how they think and feel when undertaking the work and the impact on them and their supervisors and managers.

The study will also aim to explore and test whether psychoanalytic theory is of use in understanding the process and outcomes in child protection work. It is my view that creativity is vital in the primary social work task as a practitioner in the field of child protection must be aware that each individual in every family is unique and that they come to the attention of social services at a particular time in their lives and in a specific set of circumstances.

These highly complex situations involve the interplay of individual meanings, understanding, motivation (including deceit and denial) and ability, as well as the dynamics of the group (e.g. of the family) and the wider social situation, poverty, mental ill health, unemployment, discrimination, disadvantage and trauma through war and dislocation from country/culture etc.

To be effective, it seems to me, that the worker should have an appreciation of the newness, the uniqueness, of the situation as well as having the capacity to draw and reflect upon their knowledge and experience of past situations and events. The integration of the new and the old leads ideally to a creative response specific to the issues and problems presented. This process is dynamic and conducted in a constant state of flux. No two situations or interviews are ever the same.

It was and is the capacity for creativity under what I had experienced when practicing as a social worker, in often extremely difficult or taxing conditions, that I wished to examine and explore in greater detail and to consider whether

psychodynamic theory could be useful in understanding and making sense of social work in the field of statutory children's services.

In this thesis I plan to take the reader through the research project, commencing in Chapter 2, with mapping the theoretical terrain in the literature review, where I explore and examine the theory and concepts that pertain to my research topic and the data that emerged.

Chapter 3 is the methodology chapter, which will detail the research design, and how the research was conducted, data collection and analysis, giving details of why specific approaches and methods were employed.

Chapter 4 presents and summarises the data from the project, taking time to go through the information in detail to highlight the themes that emerged and to hopefully illustrate to the reader the both the process of gathering the data as well as the method of the analysis and allow for the flavor and tone of the process to be captured.

Chapter 5, the 'Discussion and Findings' chapter, will attempt to bring together the relevant theory in regard to the data to make sense of and understand the material.

Chapter 6 will summarise the learning from the research and consider meaning and implications for social work practice and make recommendations for future research.

It very much feels that I have been on a long journey with this research project, a journey that has been arduous at times, but throughout this, the focus and subject, that is, the day to day social work practice with children and families, is something that I have been and continue to be very passionate about. It is my hope that I will be able to do justice to the material provided by the practitioner's who put themselves forward for me to undertake the project and that this thesis will go some way to illuminate the nature of the social work task as it is undertaken on daily basis and what theories may be

pertinent in developing a greater understanding of what is involved in this complex and difficult work. This commences with the next chapter, the literature review.

CHAPTER 2: LITERATURE REVIEW.

THE CONTEXT:

Social Work Practice and the nature of the task:

Protection of children and perhaps the failings of those given the task of protecting them, arouse intense emotions and attract much attention and scrutiny. Writers such as Parton (1996), Cohen (1972) and Showalter (1998) have commented on the process and what appears to be at times a moral panic and near hysteria surrounding such events. The cumulative affect on the profession is that it seems to have suffered an acute lack of confidence and retreated into reliance on policy, procedures and managerialism and has become increasingly risk averse.

Due to the understandable desire to avoid castigation and public opprobrium it sometimes seems that the primary social work task of protecting children and working with them and their families has been superseded by the need to adhere to the demands of the audit and inspection regime. Munro (Munro 2004: 87/88) draws attention to how the bureaucratic solutions and increasing formalisation of tasks has shifted the emphasis to assessing quantity rather than quality. However, that the '*fundamental problem seems to be in the nature of the central tasks of child protection.' (2004: 87/88)*

Society, the media and the executive appear to be preoccupied with the catastrophic failures and the high profile nature of the inquiries totally eclipse any other more positive information as to the effectiveness of child protection social workers, and relatively little attention is paid to the day to day practice and the issues and dilemmas this raises.

Parton (Parton 1996) comments on a significant gap in research as to how practitioners go about their work; how they understand and make sense of the social work task and the factors that lead them to make their critical judgments. An example he considers is to what category the case should be ascribed in at the point of initial referral. However, this apparently

straightforward issue, e.g. how to classify a case correctly at initial referral into child protection or child in need on closer scrutiny raises problems inherent in the social work task that are in fact anything but straightforward.

Research by Spratt (2000) raised serious doubts as to the ability to offer consistency and uniformity of response on the limited information usually available at first contact. This led to an overrepresentation of 'false positives' as practitioners erred on the side of caution and classified referrals as child protection when the information was ambiguous.

It seems therefore, that the anxiety for social workers and their managers and indeed the organisations that they work for, in missing a case of serious child abuse, generates a defensive response in that families are likely to be caught up in traumatic and unnecessary child protection investigations. This indeed seemed to be what happened and led to the 're-focusing' debate of the mid 1990's. Spratt's research referred to by Munro (Munro 2005) appears to question whether accurate classification at the point of referral is feasible.

Complexity and linear and non-linear approaches to safeguarding:

Cooper highlights the complexity of the task for frontline workers in child protection and refutes the idea apparently proposed by Lord Laming in his enquiry into the death of Victoria Climbie (2003) that social work tasks in this area of work are 'straightforward'. Cooper argues that the '*unstraightforward'* nature of the task may actually impede the work. *(Cooper 2005:4)*

Munro (Munro 2005: 533) suggests that the inquiry system has not worked in the sense that in the past thirty or so years they have plainly not produced the desired effect and has argued that human error or failure should be the starting point for any inquiry-not the end point- and that we should follow the example of industry whereby the investigation has as its focus the reasons why mistakes were made, utilizing a systems approach.

Munro advocates understanding the child protection task in a wider context, taking into account 'factors in the individual; resources and constraints and

the organisational context' (Munro 2005:535) and that these three areas can be further broken down to ascertain how and why errors occur. That is, for the individual factors such as their level of knowledge, skills and experience, their capacity to tolerate and deal with the intense and difficult emotions the task can arouse as well as their level of stress or 'burnout.' Munro proposes that what she calls 'attentional dynamics' need to be taken into account when considering the performance of any individual worker; that is, what other issues may have been commanding the practitioners attention at the time.

The nature of the task and difficulties with predicting behaviour in complex systems such as families has been addressed by Barlow & Scott (2010: 19/20). They suggest that the linear view of process which itself is underpinned by a 'rational model of man' is inadequate. Harris (2009) suggests that the modernisation agenda which has informed the re-organisation of Children's Services for the past two decades has as its foundation 'principles of efficiency, predictability, calculability & control.' which has lead to promulgation in the profession and wider society of the view as put by Lonne (2008) that 'we can develop systems that can ensure that no child will die.'

Writers such as Rowlands (2009) have applied Complexity Theory to consider child welfare. Stevens and Cox (2008) suggest Complexity Theory is useful in understanding families as 'Complex adaptive systems' which possess their own pattern, from which a 'range of likely outcomes can be indicated but not predicted.' and that these dynamic systems behave in non-linear ways: i.e. that are not always predictable, and furthermore that intervention from external sources including professionals, can affect the system, also possibly in unpredictable ways.

They use the example of a weather system to show relevance for child protection, in that for instance, certain conditions are required for events such as hurricanes to occur, but it is not possible to predict with accuracy when, where or with what severity these storms will arise. Stevens and Cox suggest the same is true for families and the process of safeguarding, such that whilst

certain patterns and risk factors suggest that events or incidents of harm are more likely to occur, it is not possible to predict with accuracy which families, when and with what severity. Furthermore, they suggest that 'non-linear understanding insists upon close attention to the impact that the smallest details can have upon the whole system, for it is sometimes the smallest changes that can have the biggest effect.'(Stevens and Cox 2008)

In the field:

Whilst the above discussion places the social work practitioner as a collector and analyser of data, other researchers have examined practice and the impact and process of direct work with clients, which in itself one might think could affect the collection of data as well as the capacity to interpret meaning and ascribe relevance.

Ferguson (2003, 2004, 2005, 2009, 2011a, 2011b and 2014) and Stanley and Goddard (2002) and Robson et al (2014) have highlighted the impact of undertaking direct work with 'involuntary clients' and the experience of attempting to engage with individuals or families where there are concerns about actual or threats of violence and the incidence and prevalence of violence and intimidation for front line workers.

Social workers, in contrast to other professionals, will typically conduct sessions and interviews in clients or service user's homes. I suggest this creates a very different dynamic and level of anxiety for the practitioner engaged in the task of child protection.

Social worker's regularly experience aggression and threats from service users. Community Care found 9/10 Social Workers had been subjected to abuse, threats or violence whilst on duty (Community Care 5.5.10). Stanley and Goddard (2002) argue that workers react to the violence or threat by identifying with the perpetrator and experience the 'Stockholm Syndrome.' Little attention has been paid to the day-to-day practice of conducting this complex and anxiety-provoking work in hostile and unfamiliar environments, such as is often experienced in client's homes.

What do we know and what do we examine:

Serious Case Reviews (SCR's) are completed when a serious injury/fatality to a child or young person has occurred. These reports tend to be presented in forensic detail, undertaken by highly experienced and skilled professionals, but inevitably occur after the event and actions and records are interpreted from the perspective of hindsight. From April 2013 to March 2014 Ofsted stated that 143 SCR's had been completed by Local Safeguarding Children's Boards (LSCB's)- equating to almost twelve a month. This was a 54% increase from the previous year. (Stevenson, L. Community Care 26.9.14) It is interesting to me that there seems to be a significant contrast between the scrutiny paid to these 'failures' after the incident(s) when the outcome is known and certain, albeit tragic, to the examination and interest in the work that is being undertaken on a daily basis, when the outcomes are far from certain and progress is difficult to quantify. It is not just that the SCR's focus on the failures, but that in addition, this focus is directed on events in the past- not on here and now situations. Perhaps I suggest, precisely because outcomes are difficult to predict.

Munro comments on the role of SCR's in her second interim report (Feb 2011): *"it is vital that we learn effectively from these tragic cases …Yet they are not representative of the majority of professional work with families.' (Munro 2011: 5.33)*

I have wondered as why there is little examination or attention of success in Child and Family social work; or indeed even if there is any consensus of definition of success in this field.

It seems to me to suggest a reluctance to examine social work child protection practice in the 'here and now' and that focusing on cases where there has been a tragedy or serious incident- a definite negative outcome in the past- gives a specific and limited perspective. There appears to be significant gap in researching social work practice with children and families in the field, especially when contrasted to the amount of time, energy and resources devoted to the SCRs.

Some researchers have however undertaken research close to this area of practice, notably Trevor Spratt (Spratt and Houston 1999; Spratt 2000, 2001; Spratt and Callan 2004; Hayes and Spratt 2009; Devaney and Spratt 2014) has written a number of articles with colleagues spanning over fifteen years examining how children's services in Northern Ireland and the UK (and internationally in Australia and California USA) translate policy into practice.

His work alone and with colleagues, has highlighted the complex nature of the social work task and the impact of anxiety, (personal, professional, organisational and societal) on implementation of policy on day-to day practice.

Spratt's research in 2000 looked in detail at decision making at point of referral following the re-focusing debate of the mid 1990's reached similar conclusions in 1999 and 2014 appearing to confirm Parton's prediction (Parton 1991) on how Child Protection practice would predominate over assessment of need and family support.

Spratt (2000) undertook an evaluation of decision making in social work teams in Northern Ireland and used vignettes for social work practitioner's to comment on how they would categorise initial referrals as Child Protection or as he termed it 'Child Care problems'. This had been identified by the then Social Services Inspectorate (SSI 1997:5) as a 'key' issue for children's services in that 'Too many children were drawn into Section 47 enquiries which their circumstance did not justify.' (SSI 1997: 15) and:

> "*In the majority of social services departments, inspectors judged that the decisions on cases, especially at the point of entry, were inadequate…Departments failed to provide consistent standards for their staff at the front line about decision-making and response to referrals.'* (SSI 1997:5 in Spratt, T. 2000:614)

Spratt forwarded the same vignettes to eight SSI inspectors. Five out of the eight responses were returned and Spratt commented:

> *"Upon analysis, it was revealed that these inspectors disagreed between themselves in their response to 26 (80 per cent) of the child protection vignettes."* (Spratt 2000: 614)

Spratt (2000) references Parton et al (1997) and in his discussion of his research comments on the issues for social work practitioners:

> *"Response to vignettes decontextualizes the original decision, particularly in relation to the notion of risk. Parton et al (1997) argue, persuasively that assessing and managing risk has become the central task for child welfare agencies and that the current context of work with families and children can only be understood in relation to this concept. Christopherson (1998 p. 66) considers that the first priority of the professional is to minimize risk to themselves where risks to children are evident…the safest way procedurally, of dealing with personal risk is to instigate a personal investigation where such risks are shared both intra- and inter-organisationally. The use of the investigative response as a catch all for the presenting problems may be consequently explained as a rational approach to the management of personal risk."* (Spratt 2000: 613)

Social work in the field of statutory intervention with children and families is a risky business, not least for the practitioners and managers involved in front line work and Spratt is proposing that this 'risk' is managed by being shared within the organisation and externally with partner agencies such as Police and Health. Spratt concludes:

> *" For social work practitioners, it is unlikely that any paradigm shift in perception of the issues of personal and professional risk (Jack, 1997) will occur, unless this is sanctioned elsewhere. Given the lack of agreement amongst the Inspectorate as to what would constitute a child protection referral and what would not, any perception of vulnerability in the decision making process would be accurate. Social workers may welcome a message that promotes technical changes in practice in the interests of families and children but, where there is little agreement as to what constitutes a child protection referral, wholeheartedly implementing such a policy would leave them vulnerable should their individual practice become the subject of scrutiny by professional peers. It is not within the power of social workers to resolve these contradictions in their entirety but they must manage them. One way of doing this is to locate the management of risk."* (Spratt 2000: 615)

Hayes and Spratt (2014) returned to this area of research thirteen years later, with the aim being to: *'examine the everyday practices of social workers with children and families.'* (Hayes and Spratt 2014: 615). Analysing files and using vignette questionnaires the data obtained from this subsequent research project was remarkable similar to that undertaken previously. Hayes and Spratt found that:

> *" There was little agreement on coding decisions with regard to which cases should be designated child protection or child welfare. Further analysis*

> *revealed that, regardless of such coding decisions, families tended to receive similar responses by social workers."* (Hayes and Spratt 2014: 615)

The authors stated that the practitioners in this study delivered a *'child protection-orientated child welfare response.'* That was *'organisationally smart'* but there were issues in terms of putting into practice recommendations from the Munro review (Munro 2011), that is, where practitioners are encouraged and enabled to have more freedom to use their professional expertise to make judgments for children and families and in providing appropriate and timely intervention. Hayes and Spratt argue this is due to:

> *"The reflexive recourse to risk management is…both endemic and pernicious. The space for learning from the results of free actions is therefore only possible to the extent that these are truly mandated. The real test of this will come when we gauge the tone of public and political reactions to the next, inevitable, child death tragedy. As Nigel Parton has observed, the aspirations for professional social work contained in the Munro Review may remain restricted because we have a 'system designed for protecting children from poor and dangerous parental care…[which] arises from the highly negative and critical response to social work failure over many years.' (Parton 2011:9). The entrenched culture of prioritisation of risk management in assessment observed in this study reflects the systemic response to identify the most vulnerable children."* (Hayes and Spratt 2014: 632)

Whilst Spratt et al examined social work practice by looking at records and asking practitioners to give their views on case vignettes, they did not explore in any detail the social worker's day to day lived experience of undertaking direct work with children and families; home visiting, office appointments, telephone and other communications etc.

One commentator who has extensively addressed the practice of social work in the field of child protection is Prof. Harry Ferguson. As well as presenting a critical analysis of the Climbie case and the Laming report (2003) Ferguson has considered the reality and impact of undertaking work with families in the community.

He states:

> *"Curiously absent from most social work and child protection literature, policy and discussions about practice are any considered attention to the core experience of doing the work. Not nearly enough attention is given to the detail of what social workers actually do, where they do it and their experience of doing it." (2009: 471) And concludes "Home visiting is the most*

> *fundamental act or step that child protection workers have always taken, yet is the least well understood aspect of its practices." (2009: 478)*

Some research has been completed into the social work task: e.g. Ruch, has undertaken research into 'reflective practice' (2005) and has linked this approach to relationship-based practice (Ruch 2005 and Ruch, Turney and Ward 2010) in addressing the need to re-think the task of social work in the light of the obvious deficiencies of the current position, dominated by managerialism and risk averse functioning. Whilst recognising that the 'burgeoning' of procedural and bureaucratic responses have been provoked by the anxiety inherent in the task of child protection Ruch argues that these responses are inevitably flawed and incomplete as they are based on a reductionist reasoning that clients of the services are 'straightforward rational beings' that denies the complexity of the human condition and the uniqueness of the social work task in the intervention of every family/individual (Ruch 2005). Ruch (2014) found when undertaking '*practice near'* research into social worker's communication with children that:

> *"...how practitioner's commitment to child-centred practice was constrained by contextual factors relating to the physical, relational and emotional dimensions of practice."* (Ruch 2014: 2145)

Writers such as Howe and Hinings (1995) and Howe (1997) also propose relationship-based practice as an approach that accepts and engages with the complexity of human behaviour and the uniqueness of each family, case or specific situation.

PSYCHOANALYTIC THEORY IN CHILD PROTECTION:

The Climbie Inquiry, (and more recently the case of Peter Connelly also in Haringey), I consider particularly significant in that in at least academic social work circles, has provoked debate as to the value and purpose of the inquiry and most particularly what it might tell us about aspects of child protection work hitherto not raised in such a shocking and stark way, e.g. the poor level of practice and how the professionals involved in the case saw but 'did not see' the abuse and suffering that was right in front of their eyes.

Margaret Rustin (Rustin 2005) in her 2005 paper explored the states of mind that may have existed in Victoria, her Great Aunt, the professionals and the organisations they were working in. Rustin uses psychoanalytic theories to address the more difficult questions of why and how this situation might have arisen and persisted despite what appears to be with the benefit of hindsight, overwhelming indicators that should have raised serious concerns and prompted action.

Rustin suggests that processes of splitting, projective identification, mirroring were in operation and links the apparent presence of these processes to borderline functioning, that is, a manner of organizing psychic defences against anxiety and conflicting intense feelings such as love and hate. She draws on Steiner's concepts of 'turning a blind eye' (Steiner 1985) and 'Psychic Retreats' (Steiner 1993) to make sense of how the professionals involved interacted with or related to Victoria and interpreted her presentation and communications.

Rustin states that work in the field of child protection induces in practitioners and managers:

> *"Feelings of helplessness, of deference to authorities, of not knowing enough, of sticking to the rules mindlessly like a terrorised child, of fear and of wanting to return to the 'normal' world as soon as possible." (Rustin 2005:13)*

Cooper (Cooper 2005) also has addressed the psychic processes involved in child protection work and suggests that there is a 'deep ambivalence' inherent in task for practitioners, organisations as well as society as a whole and that this ambivalence was present in the Climbie inquiry report in respect of the 'disconnectedness' between the intense emotion and outrage expressed by Lord Laming at the beginning of the report in contrast to the rather dry recommendations at its conclusion.

However, whilst psychoanalytic theory has informed the discussion around the failures in the child protection system, these comments have generally been in response to past events, and applied retrospectively rather than the examination of current practice in the field as it occurs on a routine basis. In

this research project one of the aims was to explore whether psychoanalytic theories may be of use in understanding the current day to day social work practice in the field of statutory involvement with children and families; social work undertaken in real time, without the benefit of hindsight.

Therefore, the following section will seek to outline and summarise the theories that appeared to have most relevance to the research, both before and after data collection and analysis. Due to the data that emerged from the research, classic accounts of: Psychic defence, Transference, Countertransference, Projective Identification, Creativity, (including development of thought) as well as material from associated fields such as neuroscience and psychology have been highlighted. Organisational issues are then addressed with reference to classic texts by Menzies-Lyth and Mattinson and Sinclair.

PSYCHOANALYTIC THEORIES WITH RELEVANCE TO THE RESEARCH:

Psychic defences and defensiveness:

Trevithick (2011) gives a very useful account of defences and defensiveness in relation to social work practice. She quotes Colman (2009) in defining unconscious defence mechanisms thus:

> *"… a pattern of feeling, thought or behaviour arising in response to a perception of psychic danger, enabling a person to avoid conscious awareness or conflicts or anxiety arousing ideas or wishes."* (Colman 2009:194)

But goes on to consider the more specific definition in psychoanalytic terms, such that:

> *"…in psychoanalysis the concept of defences is linked more specifically to an enduring range of behaviours that are designed to protect the individual from an awareness of thoughts, feelings, memories or actions that produces anxiety."* (Trevithick 2011: 392)

Trevithick argues that psychic defences reveal as much about the person and their particular difficulties and anxieties as they also intend to conceal and therefore, that it is vital for social workers to have some understanding of the mechanisms of psychic defences in order to assist them in making sense of

their clients preoccupations and anxieties. Trevithick also comments that clients or service users who are highly defended are likely to be some of the most difficult to engage and most likely to resist and reject support from practitioners.

Trevithick cites key defensive processes such as repression, denial, idealization, splitting, acting out, turning against the self and projective identification. In terms of the latter Trevithick states:

> *" Projective Identification describes how a person's feelings of say, anger or disappointment, are located in the practitioner* who *finds him or herself unwittingly and uncharacteristically feeling confusing or unsettling emotions for no discernible reason- a situation I describe as being mobilised by another person to act on his or her behalf …it is a situation that can mean that the worker, once mobilized, fails to notice or respond appropriately to dangerous or threatening situations, such as those encountered in child protection…"* Trevithick 2011:404)

Trevithick goes on to discuss the importance therefore of the practitioner to have an awareness of their own behaviour including method and manner of communication, so as to minimize the psychic defences from clients in order to develop positive working relationship. Trevithick also comments on the significance of the organisational context in terms of supporting the practitioners in undertaking the work and this will be explored further in this chapter when organisational issues are addressed.

However, at this point, after establishing the relevance of defensive process for the social work task, I wish to address in more depth some psychoanalytic concepts that I suggest are especially pertinent in understanding and making sense of social work encounters with defended clients or service users. So, the next section will look more closely at the theories of transference, countertransference and projective identification, the origins of the concepts and relevance to the social work task.

Transference and Countertransference:

It was Freud writing in the early twentieth century who discovered the phenomena of transference and countertransference (Freud, S. 1912) when undertaking analysis with patients. These concepts underpin the current theory and practice of psychoanalytic therapies and a vast and extensive literature has evolved to explain, explore and develop the original theory as expounded by Freud.

However, in regards to transference and countertransference as with the concept of projective identification to be discussed later in this paper, a number of differing definitions and understandings of what is meant and what is encompassed by the terms appear to exist.

Preston- Shoot and Agass offer a useful definition of transference as:

> *"...a projection onto the social worker of a client's inner models derived from feelings, images, experiences of previous significant people. The purpose of the projection is defensive and protective usually to avoid the full implication of these feelings and previous experiences (Skynner, A. 1976 and Blech, G. 1981)." (Preston-Shoot, M and Agass, D. 1990:34)*

So, transference is a phenomena which is relational, for example, when person A is communicating or interacting with person B, when transference is operating, person A relates to person B in a way that replicates or recreates aspects of a previous relationship; usually that which was experienced in childhood with a parent or other significant person. Racker (1968) explains how this phenomenon came to Freud's attention:

> *" It occurred that while Freud was engaged in interpreting the resistances and repressed impulses and experiences of the past, the patients, who up to a certain moment had collaborated in this task, lost interest in the past and turned towards the present, a very definite present which was none other than the person of Dr. Sigmund Freud himself. One of his patients, for instance, threw her arms about his neck in the middle of analytic work, and only the entrance of a servant saved him from the difficulties inherent in this embarrassing situation. Other patients demanded his love in various ways, in its sexual expression or a sublimated form. Freud easily conquered the temptation to assign these amorous successes to his own irresistibility; he suspected other causes and discovered a phenomenon soon destined to have the greatest importance in analytic therapy, namely*

> *the transference. Not only female patients but men too changed their attitude towards the treatment and the therapist. For instance, after a period of collaboration they frequently started to be come rebellious towards Freud, and it was more important for them to be right, to owe him nothing, and to show him his impotence, than to be cured." (Racker, H. 1968: 12)*

Freud originally perceived transference to be a nuisance and a barrier to the real work of the analysis, but this view gradually changed as he realized that it gave important information as to the patient's unconscious and repressed infantile feelings of love, hate, anger, desire etc.

Freud differentiated between a 'positive transference', that is feelings and expressions of ' affection and esteem' from the patient to the analyst (Racker, H. 1968:13) and 'negative transference' which could include strong sexual feelings and desires, or anger, hate, mistrust etc. from the patient to the analyst. Freud went onto to consider the transference to be vital in accessing and working on repressed feelings, which when brought into the conscious domain could be addressed and overcome, leading to improvements in the patient's mental health and well being. (Freud, S. 1912)

So, if the transference is the phenomenon of the patient's feelings about and relating to the analyst or therapist as though they were a figure or person from their past, then what constitutes countertransference?

Frosh (Frosh, S. 2012:198) uses Laplanche and Pontalis' (1973:92) definition of countertransference:

> *'The whole of the analyst's unconscious reactions to the individual analysand-especially to the analysand's transference." (Laplanche, J. and Pontalis, J. -B 1973:92)*

Frosh then goes on to suggest that Laplanche and Pontalis' definition of countertransference is actually a combination of two different aspects of countertransference, i.e. *'Countertransference as the analyst's transference and countertransference as a response to the patient's transference.' (Frosh, S. 2012:198)*

Heimann writing in 1960, in an update to her 1950 paper on Countertransference comments:

> *"The analytic situation is a relationship between two persons. What distinguishes this relationship from others, is not the presence of feelings in one partner, the patient, and their absence in their other, the analyst, but the **degree** of feeling the analyst experiences and the **use** he makes of his feelings, these factors being interdependent. " (Heimann, P. 1960:9)*

Ogden (1992) comments:

> *"The concept of countertransference in classical theory has become dynamically disconnected from that of transference and, there is little recognition of the component of countertransference that is complimentary, to the transference, the part of the countertransference that is the 'patient's creation' (Heimann 1950). Without an understanding of this aspect of countertransference, there are no terms with which to conceptualize a process in which the therapist is pressured to **participate in** and **experience** aspects of the patient's internal object world. One regularly encounters in case presentations at scientific meetings and in the classical literature, the tacit assumption that a thorough analysis of the clinical material under discussion is possible without a single reference to what it feels like for the analyst to be with the patient or what the analyst has learned from the countertransference." (Ogden 1998:81-82)*

Ogden goes further in the footnotes, linking Winnicott's statement 'that there is no such thing as an infant' (Winnicott 1960a: 39), meaning that an infant does not exist without someone to take care of him/her, so there is always a dyad; with Ogden's view of transference-countertransference as a 'two person' system with 'neither element' being able to be 'meaningfully' understood without reference to the other.

Occupying similar and related terrain to Transference and Countertransference is the psychoanalytic concept of Projective Identification. In the next section I will attempt to introduce and summarise this rather enigmatic, complex and difficult concept.

Projective Identification:

Hinshelwood defines 'Projective Identification' as:

> *"This is the more traditional view of projection in which a part of the self is attributed to an object. Thus part of the ego- a mental state, for instance, such as unwelcome anger, hatred or other bad feeling- is seen in another person and quite disowned (denied)." (Hinshelwood 1989:398)*

Klein:

It was Melanie Klein (1882-1960) a psychoanalyst, who in 1946 first used the phrase 'projective identification' (Klein 1946 and 1952) although commentators such as Britton (Britton 2012) suggest that Freud had noted such phenomena around 1915 in a paper entitled " A Case of Paranoia Running Counter to the Psychoanalytic Theory of the Disease.'' And Rosenfield's papers from 1947 and 1949 also comment on and highlight a similar process.

However, in the intervening near seventy years although much has been written on the concept, of projective identification, it remains a very difficult one to understand and get to grips with, not least as there appear to be a number of differing views as to what is actually meant by the term as well the mechanisms by which it operates. I will briefly outline Klein's theory of Projective Identification and then go on to consider other theories of this phenomena.

Origin of the concept:

Klein's theories on psychoanalysis followed from Freud's in terms of the central importance of instinctual drives- of life and death, but as Klein's work developed she began to depart from Freud's position and was instrumental in the establishing of the 'Object Relations' school of psychoanalysis. Mitchell summarises:

> *"Klein developed a model of mental development which she amended and amplified throughout her life…Klein's basic model is that the neonate brings into the world two main conflicting impulses: love and hate. In Klein's later formulations, love is the manifestation of the life drive; hate, destructiveness and envy are emanations of the death drive. The life drive and death drive are two innate instincts in conflict with each other. From the very beginning the neonate tries to deal with the conflict between these two drives, either by bringing them together in order to modify the death drive with the life drive or by expelling the death drive into the outside world." (Mitchell 1986:19)*

Klein proposed that the infant gradually develops a sense of self and other- an awareness of their boundaries and what is them and what is not. A rudimentary sense of what is internal and external. As a way to manage the negative and positive feelings of love, desire hate, frustration, anger, envy etc.

the infant develops the mechanisms for splitting off and projection of these feelings into an 'object'- most usually the mother- or specifically the mother's breast which is perceived as something which sates hunger and gives pleasure, or, when not present, can be experienced as a source of frustration, discomfort and anxiety.

The infant, according to Klein, also has phantasies (the use of 'ph' in the word denotes that this is an unconscious process) about the object- of wanting to take control of, or invade or plunder.

Klein (1952a) proposed that the infant when his/her 'libidinal and aggressive desires converge' (Goretti 2007:389) has phantasies of attacking the mother and:

> *'The onslaughts follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother's body of its good contents… the other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother. Together with these harmful excrements, expelled in hatred, split-off parts of the ego are also projected on to the mother, or, as I would rather call it,* ***into*** *the mother." (Klein 1952a: 300 in Goretti 2007: 389)*

At this early stage of psychic development the infant cannot perceive that the 'good' and 'bad' breast might be the same and they are experienced as separate and distinct- what Klein termed the Paranoid-Schizoid phase. The fear,frustration, envy and anxiety experienced by the infant, is then defended against by the processes of splitting and projection.

So, for Klein, the infant at this stage of his/her development has some awareness of him/herself and his/her boundaries- the sense of being able to take in milk and excrete or expel urine or faeces and of the digestive tract being full or empty with commensurate sensations. Intolerable aspects of the ego are split off and projected into the body and mind of the mother. Goretti (2007) understands Klein's comments on projective identification to mean that the 'goal' of the projection 'into' the mother is to:

> *'…not only to injure but also to control and to take possession of the object." (Klein 1952a: 300)*

However, Goretti is of the view that Klein does not specify that there is a 'discharge' function to the projection in the hypothesis, but quotes Klein again when she states that when the mother receives the negative aspects of the split off ego, the infant experiences this as the mother not *'being a separate individual but is felt to be* ***the*** *bad self."* (Klein 1952a: 300) Goretti goes on to suggest that:

> *"Since the object is twice damaged- by a predatory incursion and by an invalidating colonization- projective identification is, according to the words in the text, 'the prototype of an aggressive object relation.' " (Goretti 2007: 391)*

Goretti comments that Klein also allows for the a more 'benign version' of projective identification which is critical for normal psychic development. She then goes on to consider papers by Rosenfield (1947, 1949) on projective processes which he saw the origins of being in: *'The early oral sadistic impulses of forcing the self into another object." (Rosenfield 1949:44)* and later work by Klein (1955) in which she expands further on the concept of projective identification, which is 'driven' by '*Greed, envy and hatred.' (Klein 1955:324).*

Goretti highlights how Klein appreciates the process of projective identification has something in common with empathy, in that: *'the process which underlies the feeling of identification with other people, because one has attributed qualities or attitudes of one's own to them.' (Klein 1955: 311)*

The difference between empathy and projective identification is that a person is able to recognise one's own feelings and own them, rather than projecting them into someone else and denying or dis-owning them. The latter process operating as a psychic defence against unbearable negative feelings of envy hate or conflict.

<u>Bion:</u>

Whilst Klein's concept of Projective Identification originated from the sadistic impulses and phantasies of the infant, which in turn were produced from the life and death drives, other psychoanalysts have a different understanding of the origins and meaning of the phenomena.

Bion (1959) in his paper "Attacks on Linking" proposed that Projective Identification was the *"mechanism employed by the psyche to dispose of ego fragments produced by its destructiveness." (Bion 1959: 308)*

In this paper Bion goes on to consider the containing function of the object in regards to the infant's projections. He suggests that the role of the object- usually the maternal breast is to receive, introject, contain and then manage these emotions and projections, whilst not being overwhelmed or annihilated by them and retaining a '*balanced outlook.'*

Bion also introduces the idea- very different to Klein that projective identification is a method of communication, rather than a sadistic attack or attempt at controlling the object and can be understood in this manner in the analytic encounter. He makes a clear distinction between normal (routine in the individual's development) and pathological forms of projective identification.

Bion's hypothesis is that if the object is able and willing to take in, receive and tolerate the projected aspects from the infant, especially any overwhelming or intolerable emotions or feelings, such as hate, aggression, anxiety and yet maintain mental balance, then this process, if repeated consistently, allows for the emotional and cognitive development of the infant or child, including the capacity for thought.

In his later works Bion (Bion 1962a, 1963, 1965 and 1970) further advances the use of projective identification in his highly influential theory of containment in the role of emotional, cognitive and personality development.

<u>Ogden:</u>

Another psychoanalyst who has written extensively on the concept of projective identification is Thomas H. Ogden.

In his 1979 paper entitled 'On Projective Identification' Ogden ' uses the term 'Projective Identification' to:

> *"…refer to a group of fantasies and accompanying object relations having to do with the ridding of the self of unwanted aspects of the self; the depositing*

> *of those unwanted 'parts' into another person; and finally with the 'recovery' of a modified version of what was extruded." (Ogden 1979: 358)*

In this paper Ogden goes on to state that projective identification should be understood as a three part process; part one as the fantasy of projecting a part of oneself into another person and taking or exerting full or partial control of the other's mind and body; part two when the person receiving the projection feels pressure to think or act out or behave in a manner directly related to the particular projection and part three when the 'projections' have been processed by the recipient and re-projected- returned- to the projector in a more acceptable or tolerated form. (Ogden 1979: 358)

Thus the basis for the phenomena, according to Ogden, is different to the theories of both Klein and Bion, in that the unconscious intention is to:

> *"..to rid oneself of a part of the self either because that part threatens to destroy the self from within, or because one feels that the part is in danger of attack by other aspects of the self and must be safeguarded by being held inside a protective person." (Ogden 1979: 358)*

Ogden states that the desire, the 'fantasy' of putting a part of oneself into another person indicates a fundamental characteristic of projective identification that is:

> *"... the person involved in such a process is operating at least in part at a developmental level where there is a profound blurring of boundaries between self and object representations." (Ogden 1979: 359)*

Ogden goes on to emphasise that in the second part of the process; the pressure exerted by the 'projector' onto the 'recipient' for the latter to experience the feelings or emotional state of the former and act in a manner commensurate with the 'projected fantasy' is very real:

> *"This is real pressure exerted by a means of a multitude of interactions between the projector and the recipient. Projective Identification does not exist where there is no interaction between projector and object." (Ogden 1979: 359)* and *"..it is an external pressure exerted by means of interpersonal interaction." (Ogden 1979:360)*

<u>The experience of Projective Identification:</u>

It is clear, then, that for this phenomena to occur there has to be direct contact and interaction between the projector and object and furthermore, whilst the

projected elements represent a fantasy from the projector, that the impact on the object is experienced not as a fantasy- but as a real- in the here and now- pressure on their minds and bodies; for them to feel, think, and act in a way that is concurrent with the projected fantasy.

It 'feels' alien and not of oneself, but is experienced internally- hence in my view this is the origin of the sensation of intrusion and invasion, with the additional confusion because the sense is of an *internal* experience, which causes anxiety (of mental breakdown- the feelings are inside the person but do not *feel* like their feelings hence a fear of going mad or of psychic boundaries having disintegrated in some way).

Alongside these sensations the recipient is under pressure to act out in line with the feelings that have been generated in ways or manners that do not feel right or as though the behaviour is not fully owned by or belonging to them. This experience of being the recipient of projective identification is profoundly alarming and disorientating for the individual and can have immediate and long lasting impact on the psyche.

Kernberg (Kernberg 1989) states: *"Projective identification is an attempt, in primitive fantasy to separate from what is unbearable in order to control it." (Kernberg 1989:100).* Kernberg goes on to give examples of projective identification in clinical psychoanalytic practice:

> *"…the patient may communicate by means of his nonverbal behaviour or may use words not as communication but as a means of action, a direct expression of unconscious material and the defenses against it. While all patients' express significant information by nonverbal means, the more severe the character pathology the more nonverbal behaviour predominates. Here projective identification is usually employed in modeling the nonverbal aspects of the patient's communication, diagnosable through the analyst's alertness to the interpersonal implications of the patients' behaviour and the activation in himself of powerful affective dispositions reflecting what the patient is projecting." (Kernberg 1989:101)*

Weiss (2014) referencing papers and writings of Klein (1932, 1946), Rosenfield 1949, 1971) Money-Kyrle (1932, 1956), Brierley (1945), Bion (1957, 1958, 1959, 1962a, 1962b, 1963, 1965, 1970), Feldman (1997), Joseph (1987), Ogden (1979), Sandler (1987), Steiner (1993 and 2000, 2006a), O'Shaughnessy (2003), Spillius (2007), Spillius and O'Shaughnessy

(2012) proposes understanding projective identification by using a 'multiphase' model. Using Klein's writing on projective identification as a starting point, Weiss suggests six phases' 1.Adhesion 2.Intrusion (of the projection), 3.Linking of the projection with internal object of the recipient (in this case the analyst), 4.Transformation (of the projection), 5.Interpretation and re-projection, 6.Re-introjection of the modified projection. (Weiss 2014: 744-750).

Weiss suggests that the first phase, 'adhesion' where the projection must reach the analyst and 'adhere' to his/her 'psychic surface'. As well as the projection from the projector, there needs to be a receptive surface available from the recipient (the analyst in this scenario) to allow the projection to stick, so to speak.

In the first phase of this process Weiss proposes that the internal world of the analyst is not 'fundamentally affected.' Although acknowledges that the degree by which the analyst is affected by the projection might 'vary considerably' and differentiates between a projection in which 'leads to an enactment' and projection which does not 'permanently alter the internal state of the analyst.' And concludes: *"Clinically, there seem to be different grades of intrusiveness which influence the reaction of the analyst and his capacity to interpret in different ways." (Weiss 2014:745)*

In the second phase, intrusion, Weiss states:

> *"If the projection penetrates into him, it will affect him internally and trigger feelings, thoughts and possibly a readiness to act (see Steiner 2000). The psychic equilibrium of the analyst will be affected; he will have the feeling that he is under the influence of something internal, which affects his capacity to observe and to interpret." (Weiss 2014:746)*

Weiss states that this second phase is not always successful, due to the projection not being 'forceful enough' or the analyst's defences, which may operate to prevent 'penetration', possibly due to fears of being 'swamped'.

In the third phase the projection links with the analyst's internal object where, if there is adhesion to the 'analyst's own non-assimilated psychotic anxieties, the penetrated projection will be experienced like a foreign body in the

countertransference.' (Weiss 2014: 747). In the fourth phase, the 'Transformation' phase, the analyst attempts to determine what are the 'elements' projected into him/her by the patient that may be similar to elements in his own internal world and objects, with the aim of 'transforming' the projection into a 'comprehensible', conscious form. Weiss suggests that if this 'transformation' does not succeed the projection:

> *"either gets stuck as a 'bizarre object' in the internal world of the analyst (haunting him like an alien body or 'concrete thought' in his psyche) or else forms a* ***permanent alloy*** *with an internal object of the analyst and thus creates pressure, which he would like to be rid of in one way or another (e.g. through defensive measures, hidden acting out or defensive re-projection)." (Weiss 2014:749)*

The fifth phase involves projection that has been worked on and 'modified' by the analyst, being re-introjected by the analyst and then returned back and offered back in this amended form to the patient. The sixth phase is when the modified projections are received, 'absorbed', according to Weiss, by the patient, so that the projections are not only introjected but the 'transformation' is undertaken by and within the analyst. Weiss proposes that if this process is successful, that the patient will have experienced a sense of 'containment' as well as a sense of 'genuine separation.' This leads to a sense of being 'understood', but that these are linked and that: *"There is actually no real understanding without prior containment and the experience of* ***being understood****." (Weiss 2014:753).* Weiss further suggests that as this process continues 'feelings of shame and embarrassment' may emerge and cause more projections and defensive splitting as the patient experiences and struggles with 'relinquishing the protection of his pathological organisation' (Steiner 2006a)' Weiss 2014: 754.

From the excerpts and discussion above, it seems to me that whilst the concept of projective identification has gained near universal currency as an important and vital process, different analysts or therapists may have quite different views on the theoretical basis of the phenomena and the meaning of the process in each individual case.

I would also suggest that one of the reasons why the concept took hold so quickly and subsequently gained such prominence in the field of

psychoanalysis, is that it is a phenomenon that most, if not all, can relate to and have some experience of, even though this might be understood or explained in very different ways depending on the theoretical background of each clinician.

What I understand from the literature to be generally agreed is that projective identification is a defensive phenomena in that it operates to reduce or eliminate psychic pain: intolerable emotional or feeling states in an individual. It is a very primitive process (in operation from early infancy) which continues throughout the individual's life span with varying degrees of intensity and frequency and with, I would suggest, different aims depending on what is being defended against and the level of threat to psychic integrity.

Therefore, I understand projective identification to function as a defence mechanism, with different meanings for different individuals and with varying degrees of intensity and pathology and perhaps also with fluctuating levels of conscious awareness. However, whilst the theoretical concept of projective identification has been the subject of much discussion since Klein, the mechanism by which this phenomena functions or operates, that is, how exactly does the emotional state of one person effect the emotional state or another, has perhaps been less considered let alone confirmed. Recent advances in the field of neuroscience seem to offer clues on how projective identification operates and this is considered in more detail the next section as this field appears to offer a link and a way to understand the physiological origins and events that underpin the phenomena of projective identification.

PROJECTIVE IDENTIFICATION AND NEUROSCIENCE:

Schore writing in 2002 suggests:

> *" An integrative model is proposed which suggests that projective identification is an early appearing yet enduring intra-psychic mechanism that mediates the unconscious transmission of psychobiological states between the right brains of both members of an affect communicating dyad."* (Schore 2002:1)

Schore, referring to Klein (1946) proposes that projective identification emerges very early in life as a primitive form of communication between the

infant and caregiver, which involves communication between the unconscious of both. Schore further suggests that:

> *'Primitive mental states… are much more than early appearing 'mental' or 'cognitive' states of mind that mediate psychological processes. Rather they are more precisely characterized as psychobiological states."* (Schore 2002:4)

So, that at this stage of development, primitive mental states are inseparable from the physical state and are experienced as such, so that distress for the infant is experienced as pain and communicated through the body. Schore argues that from this 'psychobiological' perspective that 'affective' states are transmitted between infant and caregiver. He adds:

> *'This highly efficient system of somatically driven, fast acting emotional communication is essentially nonverbal.'* (Schore 2002:3)

Neuroscientific research has demonstrated that different areas of the brain are involved in management of different functions, i.e. the right side of the brain is involved with recognizing and responding to affect or emotional states or communications- embodied and non-verbal cues such as facial expression, gesture, posture, tone and volume of voice etc. The left side of the brain is dedicated to the symbolic cognitive, i.e. use and interpretation of language.

Schore is therefore proposing that in early development, prior to the infant being able to use symbolic expression or interpretation, (language) that affect and emotional and feeling states are communicated through right brain to right brain functioning and that these exchanges are very fast and below the 'radar' of conscious awareness. Schore goes on to describe projective identification as:

> *" …an early organizing unconscious coping strategy for regulating right-brain to right-brain communications especially that of intense affective states. Since affects are psychobiological phenomena and the self is bodily based, the coping strategy of projective identification represents not conscious verbal linguistic behaviours but unconscious nonverbal mind-body communications."* (Schore 2002:8)

As the infant communicates affective states through nonverbal means, it requires a reliably receptive and responsive care giver, who can receive, accept and contain these communications and respond in a manner that

allows for the infant to experience a lessening or alleviating of the felt pain and discomfort. This could be through, touch, sound, holding, feeding etc.

However, Schore suggests that where the infant experiences adverse care or abuse, in that the communication of affective states is not responded to or receives a negative response, that the infant will, if this situation continues or if the affective state becomes so intense that it is overwhelming, switch to a dissociative state. That is, close down emotionally and physically with the aim of regulation and return to some sort of homeostatic balance. He suggests that this pattern of unconscious functioning can then become established and persist as the infant develops:

> *"Defensive projective identification which we can now define as an early forming right brain survival mechanism for coping with interactively generated overwhelming traumatic stress, is activated in response to subjectively perceived social stimuli that potentially trigger imminent dysregulation. I suggest that at the moment of projection, the patient's disorganizing right brain (fragmenting self) switches state from a rapidly accelerating, intensely dysregulated, hyperactive distress state into a hypoactive dissociated state."* (Schore 2002:21)

Thus, projective identification can be understood as a primitive mechanism for communicating and transmitting information on affective states, i.e. embodied feelings to another person, usually someone that the infant is in a close, intimate (physical and psychological) relationship with (and this relates to central tenets of attachment theory as initially proposed by Bowlby (1969, 1973, 1979, 1980)) and later developed by Ainsworth (1973, 1979), Main (1985), Main and Solomon (1986, 1990), Crittenden (1995, 2008) etc. This is a phenomenon that occurs when one is in close physical proximity with another- or where it is possible to see, hear, feel, smell non-verbal cues and actions. Schore references Ryle (1994) when he quotes:

> *' …the 'force' of the projective identification 'will be greatest where the reciprocal role pattern concerned carries a high affective charge and where the projector's sense of self is precarious.' "* Ryle 1994:111)

Schore proposes that this phenomena is repeated in the therapeutic encounter, with the therapist in the role of the mother or care giver to the 'infant' and that this will be disturbing for the therapist as the transmission (through projective identification) will be unconsciously picked up by the right

brain and crucially for my research, experienced in the body of the therapist (due to the right brain's connection to the limbic system). In addition, he argues, that the moment of projective identification is the shift, the switch, from an intensely dysregulated state to a disassociative one, with the effect that the therapist experiences a sense of the dysregulation, but the patient is 'cut off' from this state and may give no sign of it. As Schore explains:

> *"The ensuing amplification of the patient's psychobiological state is thus subjectively experienced by the clinician as what Damasio (1994) calls a 'somatic marker', 'gut' feelings that are experienced in response to both real and imagined events, including threatening stimuli. The therapist's detection of his or her interoceptive responses that resonate with the patient's autonomic responses to threatening stimuli is especially important to the reception of defensive projective identifications. These are registered in the therapist's right brain, since this hemisphere, dominant for the corporeal self (Devinsky 2000) contains the most comprehensive and integrated map of the body state available to the brain (Damasio 1994), processes the autonomic correlates of emotional arousal (Wittling and Roschmann 1993), plays a special role in the perception of affective qualities of somatic signals coming from the body (Galin 1974), decodes emotional stimuli by 'actual felt (somatic) emotional reactions to the stimuli, that is, by a form of empathic responding' (Day and Wong 1996 p651) and is dominant for attentional processes (Coule et al 1996, Heilman et al 1977)"* (Schore 2002: 26-7)

In the therapeutic relationship, the task of the therapist is to be able to receive, hold and contain these projections, without defensively rushing to left brain- language response, Ellman (1991) quoted by Schore, describes this as *' the most difficult part of the treatment.'* Schore explains that this process is difficult because *'intense resistances'* are aroused within the therapist by the transmission through projective identification of the patient's 'toxic' material.

The patient and analyst therefore, are involved in regulating negative affect which originates in the patient, that has been triggered by internal or external stimuli, which has led to an accelerating state of dysregulation, which at the moment of projective identification shifts to a disassociative state, with the therapist experiencing the communicated dysregulated state in the right brain- i.e. in bodily sensations. This occurs in milliseconds (the speed at which non-verbal signals and cues are picked up by the eyes, ears, etc. and transmitted to the brain and before symbolic, linguistic meaning can be assigned).

This can be experienced by the therapist as them being 'flooded' or overwhelmed by the patient's toxic projections. Schore quotes Stark:

> *" The therapist's handling of the feelings the patient projects requires considerable effort, skill and strain on the therapist's part, because the feelings with which the patient struggles are highly charged, painful areas of human experience that are probably as conflictual for the therapist as for the patient."* (Stark 1999: 276, from Schore 2002: 44)

Schore (2012) further suggests that:

> '*…the coping strategy of projective identification represents not conscious verbal- linguistic behaviours but unconscious non-verbal mind-body communications. The right brain is centrally involved in unconscious activities; and just as the left brain communicates its states to other left brains via conscious linguistic behaviours, so the right brain nonverbally communicates its unconscious states to other right brains that are tuned to receive these communications.'* (Schore 2012:171)

Schore also links the phenomena of projective identification as encountered in psychotherapy sessions with experiences of early trauma, (especially in relation to attachment figures or relationships) which occurred prior to the development of language and such that the impressions, memory, recollection in relation to the original emotional state is not part of a narrative able to be described in language, but is triggered in the relationship and interaction with the therapist and 'relived' in the sessions (Schore 2012: 169) Schore goes on to say that in analysis or therapy when what he terms these 'enactments' occur the 'right brain fear system and the right brain attachment system' are activated for the patient and the therapist's fear system is also triggered as a response to the enactment or projective identification (from the patient) and this 'fear' may not be conscious but will be experienced corporeally (Schore 2012:175) He quotes Sands:

> *" This form of implicit communication, an emergent property of the analytic process, is characterized by a powerful and visceral resonance between patient and analyst, as something dissociated in the patient grabs hold of and enters into deep communion with something dissociated in the analyst and opens up a channel of unconscious empathy…Then, during the rapid sequence of reciprocal interactions that follow, the unconscious affective communications become amplified within the intersubjective field to the point of intolerability. Patient and analyst will become joined in a momentary traumatic state…"* (Sands, S. 2010: 365)

Schore comments that this is not just a psychic communication between two minds- the patient and the therapist, but between two bodies (Schore 2012:179). The communications, are projected, received, experienced in the bodies of the patient and the analyst and that this is primarily unconscious and automatic as processed by the right brain and limbic system.

Schore's work as referenced above, pertains to the analytic endeavor and implications for clinical practice. However, the research and theory as outlined above are of use when considering the data that emerged in this research project, as in the accounts of social work practitioners, where they talked in detail about the emotional and embodied impact of direct work with certain individuals and families.

Schore relates the unconscious responses of dissociation and dysregulation within therapeutic practice to early trauma experienced prior to the development of language and which is linked to the development of attachment relationships between the infant and care giver(s). He suggests that when this results in an 'enactment'- projective identification within the therapy that this is re-lived or re-experienced as trauma, both for the patient and also experienced by the therapist as traumatic, with corresponding somatic responses.

This highlights a link between the phenomena of projective identification and trauma, both past and present; that is, trauma for the patient (or in this research project, I also suggest service users) that can be triggered and then re-lived in the context of a therapy session and for the therapist who through the embodied unconscious communication received via the 'right brain', then experiences in his/her body feelings of arousal and emotional states. In the next section theories relating to trauma, including vicarious or secondary trauma will be considered.

PRIMARY TRAUMA, SECONDARY TRAUMATIC STRESS (STS), VICARIOUS TRAUMATIZATION (VT) AND COMPASSION FATIGUE:

Secondary Traumatic Stress (STS), Vicarious Traumatization (VT) Compassion Fatigue (CF) and Burn Out are all terms used to describe the effects on clinicians or workers from working with victims of trauma. Primary trauma is the traumatic event or occurrences directly experienced by a person. A traumatic event is defined as Garland (2002) states:

> *"So a traumatic event is one which for a particular individual, breaks through or overrides, the discriminatory, filtering process, and overrides any temporary denial or patch up of the damage. The mind is flooded with a kind and degree of stimulation that is far more than it can make sense of or manage. Something very violent feels as though it has happened internally, and this mirrors the violence that is felt to have happened, or indeed has actually happened in the external world. There is a massive disruption in functioning, amounting to a kind of breakdown.'* (Garland 2002:10/11)

Secondary Traumatic Stress occurs when others (workers, clinicians but also close family and friends) are exposed via the client to the details of the traumatic event and impact (on the client) of this trauma.

Symptoms of Secondary Traumatic Stress or Vicarious Traumatization, mirror the symptoms of Post Traumatic Stress Disorder and can include intrusive thoughts and images, dreams relating to the primary traumatic event, problems sleeping, hyper-arousal, difficulty in concentrating irritability and embodied symptoms such as stomach or gastrointestinal tract problems, headaches, palpitations etc.

However, STS appears to occur once the client has divulged details of the traumatic event to the social worker- so that there has been a level of engagement through symbolic means, that is language, that is a conscious and articulated communication. Whilst, the workers may feel 'penetrated' by the images or thoughts related to the trauma from their clients and there is no dispute that this is unpleasant and disturbing to cope with, there seems to be a clear understanding that the images/thoughts etc. that are invoked clearly originated in the client and that the sharing of this material, information or experience is as a result of successful empathetic engagement between the worker and the client. In addition, that the empathetic response suggests a

level of positive identification from the clinician or worker to the client e.g. as the worker hears or learns of the client's traumatic experience they are able to put themselves into the other's shoes so to speak and gain awareness of the meaning and experience for the client.

It is this gradual and perhaps increasing awareness of the internal world of the other, in the context of a clinician whose role it is to engage in this process, that the symptoms of secondary traumatic stress can emerge. Pearlman (1995: *xlix*) writes of how after working with survivors of the Rwandan genocide on return to her home, how it took her some weeks to realize that she was experiencing symptoms of Vicarious Traumatization and that this came as a 'surprise' to her despite her 'immersion' in the concept for many years. So, these symptoms had a quality of creeping up slowly into the worker's awareness.

Pearlman (1999) writes:

> *" Vicarious traumatization is a process of change resulting from empathic engagement with trauma survivors…it is neither a reflection of inadequacy on the part of the therapist nor of toxicity or badness on the part of the client. It is best conceptualized as a sort of occupational hazard…anyone who engages empathically with trauma survivors is vulnerable to vicarious traumatization."* (Pearlman 1999: 52)

Pearlman goes on to state that undertaking this kind of work and '*engaging empathically'* with clients has a significant impact on the practitioners or clinicians. Specifically that this kind of work can be *'draining'* and that workers may respond by '*shutting down emotionally.'* Pearlman quotes from findings of a research undertaken by Schauben and Frazier (1995) who found that *'behavioural disengagement'* (i.e. shutting down emotionally) had a positive correlation with their assessment of the level of vicarious traumatization, so that (emotional), *'withdrawal was directly related to the negative impact of trauma work.'* Pearlman 1995:58)

Pearlman also makes clear that the effects of vicarious trauma are *'cumulative'* and *'permanent'* and that this exposure can effect how practitioners and clinicians think and feel and *'their beliefs about oneself and the world.'* (Pearlman 1995:68)

Pearlman (1995:56) also conducted research into the effects of vicarious traumatization on practitioners and clinicians in a study involving 188 trauma therapists. At the top of the table for activities the clinicians identified as helping them 'balance' the work was 'discussing cases with colleagues' which 87% of the sample said they did on a regular basis and 85% found this helpful. 'Socializing' was identified by 88% of the participants as being performed on a regular basis but only 64% found this helpful. Second in the list of most helpful activities was 'attending workshops' with 84% saying they undertook this activity on a regular basis with 76% finding this helpful. The most 'unhelpful' activity identified by these respondents was 'engaging in administration' which 40% said that they undertook this activity regularly but only 16% finding it helpful.

Therefore, this seems to infer that clinicians working in the field of trauma and dealing with vicarious traumatization found the support of work colleagues, and by association, the organisation in which they worked, to be the most oft sought and most helpful intervention in assisting them to process and manage the impact of their work. This may also apply to social work practitioners and there was evidence of this in the data collected in this research project. The significance of organisational dynamics, context and support will be addressed later in this literature review as well as in the final chapters.

However, in addition another impact on practitioners and clinicians of working in this field, is the effect of stress on a person's functioning and capacity to complete the required tasks and this is the next issue to be considered in this literature review.

IMPACT OF STRESS ON FUNCTIONING:

Stress affects a person's functioning, including their capacity to think and process information. Walter Cannon (1915) described the 'fight or flight' response also known as the 'acute stress response', in which animals (including mammals and vertebrates) respond to real or perceived threats in automatic, physiological ways that involves the functioning of the central

nervous system and the release of hormones such as adrenaline and norepinephrine. This results in changes in heart and breathing rates, tension in muscles, effect on skin temperature etc. General alertness is also increased.

Research into stress response in humans (Mogg et al 2000: Wilson and MacLeod; Mathews and Mackintosh, 1998 and Mogg and Bradley 1998) found that *'high threat pictures capture attention in all individuals."* (In Koster, Crombez, Verschuere and De Houwer 2004:1185) and that *'threat, if it exceeds a critical threshold, captures attention in everyone.'* (Koster et al, as above 2004) Koster et al confirmed that *'selective attention to threat is relevant for all individuals' (*Koster et al 2004:1189) and that even '*mild threat'* had an impact on majority of the research subjects. The researchers in this study also commented on not just how threat appears to capture a person's attention, but also when this response has been triggered how (and this can vary from person to person) there then may be a difficulty of *'disengagment'* from the threat and this leads them to comment:

> *"A difficulty in disengaging attention from threat may result in prolonged anxious states. Furthermore, problems in shifting attention away from threat may cause only limited attention to fear disconfirming information and active coping strategies."* (Koster et al 2004: 1190)

Also in this study Koster et al found that:

> *"…we observed that the probe response was delayed on presentation of threatening pictures. This effect has been reported in earlier studies….but has received limited attention. This is remarkable since it is often proposed that selective attention to threat is an evolutionary relevant mechanism that facilitates responding to potentially dangerous stimuli, and therefore interrupts ongoing behaviour…in the light of these theories, the emergence of an overall task-interference effect during the presence of threatening stimuli is not surprising. As yet, it is unclear which processes are responsible for the task interference. It may reflect the allocation of additional attentional resources to the threatening pictures distracting one from probe responding, or a motor response (e.g. freezing) as part of a defensive reflex."* (Koster et al 2004:1190)

So, this seems to imply that once aroused with fear of threat, a person may find it difficult to shift their attention away from the source of the threat and that they may then be sensitized and hyper-vigilant to threat in general, and that their capacity to utilize active 'coping strategies' or even take in and

acknowledge information that indicates the threat has been reduced is impaired. Also that arousal due to potential or actual threat *'interrupts ongoing behaviour.'*

Certainly, this seems sensible, as if one perceives oneself to be under threat, then it is appropriate for attention to be diverted to the source of the threat to maximize survival chances. There is no suggestion from this research that these responses are anything other than automatic, i.e. not generally within conscious control of the individual, although one might suggest that people could certainly be trained and prepared to deal with stress and certain stressful or threatening situations.

Nevertheless, the research then seems to indicate that under conditions of stress or threat that cognitive and task performance is adversely affected, although the extent and intensity of the reaction may be vary from person to person.

Even when not under stress or fears of actual or potential threat, research indicates that attention is finite, i.e. that having to attend to multiple tasks simultaneously leads to reduction in capacity and ability to complete tasks effectively and that *'intense focusing'* (Kahneman 2011:23) *'can make people effectively blind, even to stimuli that normally attract attention'* (Kahneman 2011:23). Kahneman cites the classic 'gorilla' experiment as an example of this:

> *"Chabris and Simons…constructed a short film of two teams passing basketballs, one team wearing white shirts, the other wearing black. The viewers of the film are instructed to count the number of passes made by the white team, ignoring the black players. This task is difficult and completely absorbing. Halfway through the video, a woman wearing a gorilla suit appears, crosses the court, thumps her chest, and moves on. The gorilla is in view for 9 seconds. Many thousands of people have seen the video, and about half of them do not notice anything unusual. It is the counting task- and especially the instruction to ignore one of the teams- that causes the blindness. Seeing and orienting are automatic functions of System 1, but they depend on the allocation of some attention to the relevant stimulus. The authors note that the most remarkable observation of their study is that people find its results very surprising. Indeed, the viewers who fail to see the gorilla are initially sure it was not there- they cannot imagine missing such a striking event. The gorilla study illustrates two important facts about our minds: we can be blind to the obvious and we are also blind to our blindness."* (Kahneman 2011:23-4)

In terms of relevance to social work, the above research and theories suggest that, how maybe under certain conditions, the attention and focus of the social worker may be drawn away from the child or children and then how it may be difficult to regain that focus especially under stressful or threatening situations.

The following section will consider instead what might assist a social work practitioner in terms of undertaking the primary task, with particular reference to creativity. As a social worker, this has long been a special interest of mine: how to initiate and maintain creativity in the work; how to be able to think, process and respond in real time, in what I experienced sometimes as extremely adverse and difficult conditions. It was this interest and those questions that formed the primary motivation for determining this field as the focus of my research.

I had been influenced by my experience of undertaking an institutional observation (as part of the taught Doctoral programme) at the Financial Times. I was impressed with how the journalists, editors and managers worked together to create a newspaper (and online editions) every day. It got me thinking as to the similarities and differences between the primary tasks of the Financial Times as a newspaper and statutory children's services.

It seemed to me that it was much harder to be consistently creative in children and families social work and I wanted to explore why this seemed to be the case. What was it about the task of helping and protecting children and their families that appeared to me to have the effect of exhausting my resources and draining my sense of creativity? It seemed to me, that to be an effective practitioner, one had to be 'alive' in the sense of being able to provide appropriate and authentic responses in real time to the situations encountered and to have the ability to be able to gather and obtain relevant information from a variety of sources (including of course direct work with children family members) and then to think, analyse and interpret this data for the wellbeing and benefit of the child(ren).

I began by thinking about theories of creativity, especially psychoanalytic theories of creativity, which appeared to me to be most relevant to social work, due to the reference to unconscious processes.

Therefore, in the following paragraphs I will briefly outline and consider theories and concepts of creativity and thinking from writers such as Freud, Klein, Bion, Winnicott and Alvarez.

CREATIVITY: THINKING AND LINKING:

Social work requires the capacity for creative thinking and action, which ultimately affects the quality of decision making, including in the field of child protection or safeguarding. When considering creativity in the context of children's services, I am not thinking of artistic creativity, i.e. such as in the field of art, music or literature, but rather the creativity involved in linking ideas and information and making sense of the complex social world as experienced in every day social work practice. Rayner states:

> *" In its broadest sense a created product must have something of a new form about it. Its newness makes it distinguishable from repetition or reproduction, but it is the production of a unique form that is the very essence of creativity…a created production must possess a validity or authenticity which achieves a 'fit' with reality."* (Rayner 1991: 67)

Freud:

Freud presented his paper 'On Creative Writers and day-dreaming' in 1908 and since this seminal work, there has been significant attention paid to the origin and nature of 'creativity' in the field of psychoanalysis. The literature is so extensive, it is beyond the scope of this paper to address in too much detail. In this thesis the focus is on key theories and ideas from a number of writers, commencing with Freud's 1908 paper.

Trosman (1995, 2013) suggests that when considering creativity, psychoanalysts have '*concerned themselves with three main areas of investigation.'* Broadly (i) the biography of the artist and how the created work is a reflection of the artist's personality; including psychic and unconscious

defences and conflicts; (ii) interpretation of the meaning or understanding of a particular work of art and (iii) the fundamental origin or sources of creativity.

Freud (1908) makes a clear link between creativity and fantasy and between fantasy and how this develops through play in childhood. Freud states fantasy as only occurring through absence or lack of satisfaction and explicitly states: *"A happy person never phantasies, only an unhappy one."* (Freud:1908:146). For Freud childhood play therefore arises when the reality is disappointing or not what is wanted e.g. a child making a 'castle' out of bricks or sand or imagining a doll as a 'baby'; with the toys or play materials being actual objects in the real world, that function as external representations of internal wishes and fantasy.

For Freud, the pleasure of creativity in writing was derived from as Trosman states *'with the gratification of unconscious fantasy.'* (Trosman 1995, 2013:37)

Klein:

Klein following from Freud's work, suggested that creativity is borne out of the desire to make reparation for the envious attacks on the object, so that creativity is seen as a response to and consequence of, previous destructive impulses. In essence, Klein proposed that the infant relates to its care-giver (usually the mother) - the object as a provider or denier of sustenance (the breast) and that these feelings and perceptions are internalised to create internal objects. Klein considered that the infant could perceive the object or part -object as either satisfying or withholding. This in turn could evoke feelings of envy and subsequent attacks on the object and then feelings of guilt, which would lead to an attempt to repair.

Bion:

Bion's (1962) theory of thinking is that our ability to think and make mental representations and links starts in infancy. The infant's capacity for thought which develops in the presence of and interaction with an emotionally attuned caregiver, who is able to accept the communications and projections from the infant, to contain & then return them in a more manageable & digestible form.

Then, when the object is absent, this provokes the thought of the object- so the thought and thinking arises from the absence of the object.

According to Bion this involves the process of projective identification (from the infant to the caregiver) and the reverie (usually of the mother) in containing and thinking about the communications from the baby and 'trying to understand' (O'Shaughnessy 2007) the affective state for the infant and what it needs to restore equilibrium and calm, e.g. is the baby hungry, in pain, startled or afraid etc. As an infant has repeated experiences of a mother or carer that is able to take in, respond and hold the him/her in mind, this allows for a 'transformation' in the infant's 'entire mental situation' (O'Shaughnessy 2007:183) and she states:

> *" Instead of a pleasure ego evacuating unpleasure, a new structure is slowly achieved: a reality ego which has unconsciously internalized at its core an object with the capacity to think, i.e. to know psychic qualities in itself and others. In such an ego there is a differentiation between conscious and unconscious, and the potential also to differentiate between seeing, imagining, phantasizing, dreaming, being awake, being asleep. This is the normal mind, the achievement of which depends on both mother and infant."* (O'Shaughnessy 2007:183)

Symington (1996:81), state that Bion considered that the ability to think (the physiological capacity) most probably arose, as a response to an infant's need to attend to his/her physiological sensations, which occur in his/her body. That is, the processes of digestion, excretion etc. Symington point out that:

> *"The language we have developed to think about mental processes is frequently based on these bodily functions."* (Symington 1996:81)

Symington states Bion's position to at least initially separate the *'apparatus for thinking'* as against *'thoughts'* themselves. That is, one would have to possess the apparatus for thinking to think a thought, but that there are *'thoughts awaiting for a thinker.'* As Symington states:

> *"Using this idea it is possible to focus independently on the so called 'apparatus' of thinking and its development, but it also conveys a picture of an infinite number of potential thoughts available to the mind engaged in learning from experience."* (Symington 1996:82)

Therefore, thought, which arises out of an awareness of an absence of something, has what Symington states is a *'constructive'* function in that it

"Creates the basic elements of experience into a meaningful pattern." (Symington 1996: 84) Thus, thinking it seems, allows for links to be made between internal sensations, feelings or states, with external sensory information. The transition stage in childhood development through play, when external objects are required to represent internal fantasy, wishes or thoughts and acquisition of language affords more ability for abstract thought as symbols are utilised rather than actual objects.

Winnicott:

Winnicott postulated the link between creativity and playing. Stating that ability of the infant to explore and play arose from the consistent and good enough care provided to the infant or young child by their caregiver.

Wright (2013) quotes Winnicott:

> *"… the infant has the experience 'creating the breast' ('primary creativity') but only when the mother is attuned enough to give it in a way that corresponds to the baby's anticipation (Winnicott 1953). It is important to note that that this way of thinking subtly transforms the classical concept of wish- fulfillment by stressing its object- relational aspect: primary creativity is more than libidinal satisfaction- it involves finding by the baby, and provision by the mother, of an external form (the breast) that corresponds to the baby's inner, subjective state."* (Wright 2013: 251)

Winnicott's theories on the 'transitional object' (Winnicott 1953) are relevant to his theories on creativity as the transitional object, typically a soft toy or piece of material, are essentially a special object to the infant that *they* have made special. Winnicott (1953) argues that infants create these special objects, which becomes for them *'an experience of the mother's body.'* (Wright 2013:251)

Crucially, though, this creation comes about through the mother's 'devotion' to her infant, which allows him/her to begin to conceive of the satisfying breast before the actual experience of a feed. Therefore, primary creativity is dependent on external conditions, i.e. an attentive and devoted primary care giver. But if these conditions are satisfied, Winnicott states:

> *"…Every detail of the baby's life is an example of creative living. Every object is a 'found' object. Given the chance the baby begins to live creatively, and to use actual objects to be creative into and with."* (Winnicott 1967a/1971: 101)

Winnicott also writes about how the mother's (or primary carer) responsive facial expressions, when communicating with her infant are another sort of transitional space, as the baby begins to anticipate the mother's/carer's responses and feels held and contained by this interaction. As the infant develops and continues to experience their mother or primary care giver as reliable and reliably responsive, they are able to begin to play creatively in what Winnicott terms as the '*Potential Space'* (Winnicott 1971). Lanza, Picece Bucci and Chagas Bovet state:

> *" This is the space where the capacity to form and use the symbol is situated as the first creative expression of the mind. It may be that in his developmental process, the subject now finds himself in the state of the first mental formulation of the Self; the mental Self that by evolving on the basis of all the preceding sensory, perceptive and affective experiences, is now able to subjectivize the Self, to define its own personalization and complete its process of integration. It is the point of arrival of a meaningful relationship between the baby and its identification which, after satisfactory processes of incorporation and introjection of mental representations, then become organized as psychic reality. It is, then in this way, that the boundaries of the psyche are established together with the boundaries of the body. (Winnicott 1988) " (Lanza, Picece Bucci and Chagas Bovet 2001: 22)*

So, the individual's capacity for creativity emerges and develops through early experiences and presence of a devoted and attuned care giver; the environment is benign and positive, so that the infant and then child is able to develop their capacity for play, thinking and learning.

The child experiences him/herself as being 'emotionally held.' Winnicott summarises thus:

> *"This early stage in development is made possible by the mother's special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists. This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creating scientific work."* (Winnicott 1958:242)

Alvarez:

Alvarez's (1992) theory is fundamentally different to that of Klein in that creativity is not the product of destructive impulses, but emerges from a loving, containing, lively and responsive relationship between an infant and their primary care giver: that the individual develops through the sensitive, attuned relationship with the primary care giver, that is characterised by its dynamic, mutually satisfying nature; that the primary care giver, usually the mother, is not simply a concave container, a recipient for the infant's projections, but that she is active in drawing the child out, by actions that are surprising and often joyful and that the infant also has some vital capacity for engaging and drawing out the mother.

As the above theories of creativity suggest, it appears that if conditions in which psychic and cognitive development flourish this allows for the development of thinking and linking, which it seems to me to be the fundamental requirements for creativity as defined above. This is not solely the province of the artist- writer, sculptor, painter, musician etc. but the everyday capacity for thought and the ability to make links and analyse data and information from vast array of sources that we experience as part of our ordinary lives.

However, the capacity of the individual for creative thought and action, I contend, can be influenced by their environment and in the next section I will briefly explore issues and concepts in regard to organisational theory.

ORGANISATIONAL THEORY:

Jaques and Menzies-Lyth:

Jaques,(1951,1953) applied psychoanalytic concepts of psychic defences against anxiety when thinking about organisational structures and dynamics. Hinshelwood and Skogstad state:

> *"Jaques (1953) proposed that a social system can support the individual's own psychological defences. His core idea is that, unconsciously, individuals*

> *can use the social system to help defend themselves against their anxieties. Although it is the individuals who feel anxiety and operate the defences, a defensiveness can also be locked in to the social system. As a whole, the system then operates in a way that allows the individuals to avoid certain anxieties and conflicts, in particular those that the primary task generates"* (Hinshelwood and Skogstad 2000:4)

Menzies-Lyth's classic and oft quoted study of nursing practices in a hospital in the 1950's proposed that the anxieties aroused for the nurses by undertaking the primary task, i.e. caring for seriously ill people led to the establishment of particular psychic defences which were reflected in behaviour and splits and conflict in the nursing hierarchy.

Menzies- Lyth suggested that for individual nurses psychic defences would be in operation to assist them to deal and cope with the anxieties and phantasies aroused by the task of caring for very sick and vulnerable people. For example, the emotions and feelings engendered by undertaking intimate care tasks, the proximity to vulnerability and mortality, led to patients being perceived as 'symptoms or conditions', rather than individuals requiring care and attention. Further splits were noted between the student nurses and the more senior staff. Hinshelwood and Skogstad state:

> *"The crucial significance for the dynamics of an institution is that such projective processes do not remain on the psychic level, but become a reality within the organisation."* Hinshelwood and Skogstad 2000:6)

So, that these defences and the actions, behaviours and strategies that manifested as an unconscious means to deal with the anxiety provoked by the primary task can become embedded and firmly established in the organisation, such that it creates a culture and ethos, which new members would all unconsciously be invited to accept, but if they were not able to fit in and agree to this then they would very likely leave, so the situation is self perpetuating.

Bion:

Bion (1961) made the distinction between a '*work group'* and a *basic assumption'* group, both of which terms have been used extensively to examine the behaviour and functioning of groups in organisations. A *'work group'*, which Bion originally called the *'sophisticated group',* is a group that is

capable of addressing and thinking together to meet the primary aims and tasks. This group is functioning on a mature level and is committed and able to completing the designated task or tasks. This is in contrast to the *'basic assumption group',* which is severely effected by as Hinshelwood and Skogstad describe *'unconscious needs and anxieties'* and engages in behaviours and discussion to avoid the primary task. Armstrong (2005) states that the *'basic assumption group'* is dominated by three basic assumptions: fight, flight or pairing (dependence) but that the two types of group represent a fundamental conflict in group life and functioning, i.e. that it is hard work to express and sustain the commitment to development and task expressed in the *'work group'* which the '*basic assumption group'* appears to have some awareness of. These two types of group functioning can be present in the same group as the functioning may oscillate or waver between these two positions.

Unconscious process in groups and organisations:

Kahn (2005) makes explicit how the nature of the primary task affects the particular unconscious psychic defences and processes for each organisation of institution. He argues that for '*care giving'* organisations, by which he means institutions such health and social services, education and churches and other religious organisations, the work involved *'puts a special stress on individuals'* (Kahn 2005:3/4) because these areas of work are concerned with *'peoples needs…emotions and anxieties.'* Which is not the case for other institutions that provide a service to the public, such as banks, hotels etc. Therefore, what is different is the anxieties and other intense emotional and affective states that the clients or recipients of the health and social care services bring to the equation, and that these affective states have an impact on the individual workers and the structure (including the psychic defences) of the organisations.

Kahn goes on to state:

> *"Care givers may be filled with or emptied of emotional resources in the course of their interactions with other organisation members, which shape*

> *their abilities to perform their roles effectively. This makes explicit what is implicit in job burnout literature: the extent to which caregivers are held within their own organisations affects their abilities to hold others similarly. This is the organisational analogue to Gaylin's (1976:63) statement 'To be cared for is essential for the capacity to be caring'. It reflects Lyth's (1988) ideas about caregiving organisations as therapeutic milieu, in which the quality of patient or client care depends on the extent to which an institution as a whole becomes therapeutic and its members model caregiving behaviours toward one another."* (Kahn 2005:71/2)

This raises the concept of the organisation or institution, functioning as a container for the anxieties and concerns for the individual workers. This might be manifested in say, Pearlmann's (1995) research into practitioners and clinicians working with survivors of trauma (see earlier section on Secondary Traumatic Stress and Vicarious Trauma), when they stated that what they found most helpful in assisting them to deal with the material their patients presented and the feelings and emotional states it aroused in them, was to speak with their colleagues.

Kahn suggests that the organisation or institution may function as a 'secure base' using the terminology from Bowlby's (Bowlby 1980) theories of attachment and this may be evidenced both in terms of the geographical, physical environment as well as the *'organisation in the mind'.* Armstrong (2002) comments that this term was first used by Turquet following attendance at a group relations event, but was later expanded by Shapiro and Carr:

> *"(Any) organisation is composed of the diverse fantasies and projections of its members. Everyone who is aware of an organisation, whether a member of it or not, has a mental image of how it works. Thought these diverse ideas are not often consciously negotiated or agreed upon among the participants they exist. In this sense, all institutions exist in the mind, and it is in interaction with these in-the-mind entities that we live."* (Shapiro and Carr 1991: 69-70)

Armstrong (2002), also suggested that the function of leadership within in an organisation might be thought of as analogous to Alvarez's idea that the presence of a good internal object is 'co-created in the interplay between the parent and child.'

Pecotic (2000) has built on Alvarez's work with special reference to groups and institutions highlighting the idea that organisations may not just function

as a defence against anxiety and psychic pain (Klein) but that organisations may also function as a containing object that 'promotes growth and development'.

Another dimension to be considered when thinking about organisational issues, especially in regards to statutory children's services, is the wider society and cultural norms and preoccupations in which these services operate. Kahn comments:

> *"Caregiving organisation members' attempts to resolve the various tensions, splits and ambiguities associated with the primary tasks are made difficult by the anxiety those tasks trigger within the larger society."* (Kahn 2005: 145)

Thus statutory children's services could also be thought of as having a function as a focus and container for societal anxiety in regard to child abuse and neglect, hence perhaps the visceral and extreme public reactions to (some) child deaths as social worker's have not just failed in the explicit and 'surface' primary task of protecting children but also failed at a 'deeper' level in terms of the unspoken and articulated primary task of keeping the anxiety around child abuse and neglect safely contained and away from society at large. A kind of mass denial and dissociation as a psychic defence, which is blown apart by such tragedies as the death of Peter Connelly and previously Victoria Climbie. This subject has been addressed by Cooper (2005, 2008).

After having sketched the theoretical terrain considered most relevant to this research project, the following Chapter, Chapter 3, is the Methodology chapter, in which the research design, execution and modes of data collection and analysis are outlined and detailed before then moving onto Chapter 4, in which the data that emerged from the research will be presented and explored.

CHAPTER 3: METHODOLOGY

WHY, WHAT AND HOW:

Why:

> *" Throughout, we have all kept a clear focus on the facts and on finding out what happened to Victoria, why things happened the way they did, and how such terrible events may be prevented in the future. I am convinced that the answer lies in doing relatively straightforward things well." (Laming: 2003: Para 1.66)*
>
> *"…we do not dissent from most of the conclusions of these reports, yet there remains an uneasy feeling that something has been missed. It is clear that the workers missed cues, failed to communicate or failed to communicate what was important. Quite rightly the reports say this should not have happened. To draw such obvious conclusions, however, does not advance our understanding of why such mistakes continue to be made by intelligent, concerned and frequently well-trained and experienced people." (Mattinson J. and Sinclair I. 1979:3-4)*

As a social worker with substantial experience in the field of child care and child protection, my aim in this research project was to attempt to explore the practice of child protection from the perspective of the social work practitioners. How they approached the task, their thoughts and feelings when undertaking the work and the impact on them and their supervisors and managers.

I wanted to get beneath the superficial and access the deeper experience and impact of the work. I wanted to know more about how the social workers and their managers thought about the task as well as how it made them feel; what they did with these thoughts and feelings and how the organisation, the psychic and practical, assisted the individuals and teams to contain and process the impact of the work.

The specific aims of the project and questions I wanted to answer were stated in my research proposal:

- To provide an in depth examination of the day to day practice of child protection social work: to gain information on how social workers assess risk, what they say & do, their actions & what influences their assessments & decision making.

- To provide ‘thick’ description of front line child protection social work: what happens and the experience & impact of undertaking this work on the practitioners. With this data to test the hypothesis that the personal anxiety involved in the primary task along with the wider societal, professional & organisational anxiety, has a significant negative impact on practice and hence decision-making.

- To test whether psychoanalytic theories of creativity are of use in understanding the processes and outcomes of social work practice in this field and whether a particular theory may appear to possess more relevance than others, or alternatively that other more complex modes of creativity might be operating.

- To attempt to identify internal and external factors which may help or hinder the worker’s functioning and capacity to complete assessments and make appropriate decisions. Including identifying processes that may encourage more open, flexible thinking- such as the team or organisational culture and supervision as well as what each individual practitioner might bring to the task.

I wanted to hear from social workers in their own words, their experience of their work. Not the edited or refined comments offered to politicians or media by senior Local Authority managers or the guarded and anxious testimony provided at inquiries, but the real life day to day experience of social work practice with children and families. I wanted to observe the routine practice encounters, especially home visits, but also office appointments and meetings that involved direct client contact. I wanted to spend time in the working environment, the office, the team room, attending meetings and accompanying practitioners on home visits, immersing myself in the day to day rhythms and ebb and flow of the practitioner’s and manager’s tasks as they went about their work. I wanted to be with and alongside the social workers in any situation they encountered as part of their daily routine.

My starting point was that from my personal experience, social work is not straightforward; that all kinds of complex dynamics are in play at any one time and that these affect the workers and managers in conscious and unconscious ways.

In my experience, direct work, that is, client contact, could have an immediate and powerful impact on me and that the apparently irrational behaviour and responses of both clients and practitioners needed to be examined- not dismissed or denied, in order to understand what might be going on and therefore give clues as to how best to intervene or perhaps even reconfigure services or the organisational structure so as to manage this.

It seems simple really; the idea that how social workers think and feel about their work, the clients, their organisation and that these thoughts and feelings are likely to impact on how they approach and undertake their tasks and the possible outcomes. It is my view that insufficient attention has been paid to the emotional experience of practitioners, particularly that is generated from direct encounters with clients. Social work involves interaction with people and families often at periods of intense crisis or heightened anxiety. Direct contact with individuals and families at these times are emotionally laden and rarely emotionally neutral. The practitioner has to try and find ‘a way in’ to facilitate genuine and meaningful communication, which involves use of self and attempting to build some kind of relationship with their clients. They have to be receptive to the conscious and unconscious communications to try and pick up and make some meaning from the situation to assess the risk to the child(ren) and formulate (ideally in partnership with the adult caregivers) a way forward.

It is my contention that the intensity of the conscious and unconscious communication, along with the multiple anxieties surrounding the whole endeavour has an immediate, potent and possibly long lasting impact on the emotional wellbeing of the practitioner. I suggest that the impact these experiences have on the worker can affect their capacity to undertake the primary task, including their capacity to think.

However, despite all the volumes written from the various child death inquiries and the Serious Case Reviews (SCR's) there has been in contrast minimal research into routine social work practice in the field of statutory work with children and families.

The notable exception is Ferguson (2008, 2009, 2010 and 2013) who has and continues to undertake research in this much-neglected area as discussed in the previous chapter.

What:

In this research project I would have no agenda above being a researcher and social worker with a desire and passion to hear, to know and to hopefully understand.

Therefore, I envisaged the design of this research to be fundamentally in the classic tradition of Ethnographic study:

> *"…ethnography means describing a culture and understanding a way of life from the point of view of its participants. Ethnography is the art and science of describing a group or culture (Fetterman 1989, Neuman 1994)" in Punch K.F. 1998*

Madden (2010) describes Ethnography as:

> *"Ethnography is a qualitative social science practice that seeks to understand human groups (or societies, or cultures, or institutions) by having the researcher in the same social space as the participants in the study...it is a practice that values the idea that to know other humans the ethnographer must do as others do." (Madden 2010:16)*

Geertz (1973):

> *"Doing ethnography is like trying to read (in the sense of 'construct a reading of') a manuscript-foreign, faded, full of ellipses, incoherencies, suspicious emendations, and tendentious commentaries, but written not in conventionalized graphs of sound but in transient examples of shaped behaviour."* (Geertz 1973: 10) and: *"…anthropological writings are themselves interpretations…"* (Geertz 1973: 15) and: *"Anthropologists have not always been as aware as they might be of this fact…To become aware of it is to realize that the mode of representation and substantive content is as undrawable in cultural analysis as it is in painting: and that fact in turn seems to threaten the objective status of anthropological knowledge by suggesting that its source is not social reality but scholarly artifice. It does threaten it, but the threat is hollow. The claim to the attention an ethnographic account does not rest on its author's ability to capture primitive facts in faraway places and carry them home like a mask or a carving, but on the degree to which he is able to clarify what goes on in such places…this raises some serious*

> *problems of verification…of how you can tell a better account than a worse one. But that is precisely the virtue of it. If ethnography is thick description and ethnographers those who are doing the description, then the determining question for any given example of it…is whether it sorts winks from twitches and real winks from mimicked ones. "* (Geertz 1973:16)

As well as classic ethnography, I also had in mind, and was very influenced by, the work of Mattinson and Sinclair (Mattinson 1975 and Mattinson and Sinclair 1979) who undertook action research in the 1970's in the field of social work. These classic texts take as their starting point the experience of the practitioners and managers- and they stood out to me even forty years later, as vital and rare descriptions of the complex tasks social work practitioners are involved in and the impact this has on them.

As Packman stated in her foreword to 'Mate and Stalemate':

> *'There are books about theories which underlie, or perhaps ought to underlie, social work practice; there are a few works which describe and analyse in detail what social workers do with their clients and occasionally, what clients do to their social workers; and there are texts which examine the structure and functions of social work organisations…but it is rare to find a book which grapples with all three perspectives." (Mattinson and Sinclair 1979: ix)*

In addition, from my own background as a practitioner, who has used psychodynamic theories and principles in my work and found them to be very helpful in my attempts to make sense of what I observed or experienced, I also wanted to undertake an in depth examination of social work practice from a psychoanalytic perspective: to consider relevance of psychodynamic theory in making sense of what I observed in the research project and what the social workers and their managers encountered. My starting point was that unconscious process and dynamics had a very real and powerful impact on the primary task and this warranted closer attention. I intended to bring my psychoanalytic sensibility to the research to try and make sense of these encounters and relationships.

As such, I envisaged my research project to be located clearly located in the field of psycho-social research:

> *"Psycho-social studies is also informing the development of new methodologies in the social sciences, including the use of free association and biographical interview methods, the application of infant observation*

> *methodologies to social observation, the development of psychoanalytic ethnography/fieldwork and attention to transference-countertransference dynamics in the research process." (Clarke and Hoggett. 2009:2)*

Hollway (2009) also talks about the *'potential of psychoanalytically informed research methods' (Hollway 2009: 461)* and of adapting the psychoanalytic paradigm for research (Hollway 2009:463) and of finding a *'psychoanalytic "sensibility"' (Hollway 2009: 463)* and she goes on to state:

> *'In summary, there are two grounds for believing that a psychoanalytically informed paradigm can enrich psycho-social research methods; epistemological and ontological. Epistemologically the paradigm can help the use of researcher subjectivity as an instrument of knowing. Ontologically it can inform an understanding of participant subjectivity. Of course these two reasons are intimately linked because a psychoanalytic emphasis on unconscious dynamic intersubjectivity ensures that the focus of both epistemology and ontology is on the affective traffic within relationships, be it the relationship between researcher and researched or those of the participants in their life world, past, present and anticipated future." Hollway 2009: 464)*

As part of the Professional Doctorate I had already undertaken an observation of an organisation, The Financial Times, and I had experienced this as thought provoking and highly illuminating when thinking and learning about how an organisation functions in relation to the primary task. I wanted to try this out and apply my learning, as well as the thinking and theory, in an area 'closer to home.'

Observation from psychoanalytic principles, although rooted in the classic tradition of anthropological research incorporates the theories and practice derived from the practice of psychoanalysis and utilises the observer's subjective responses from the transference and countertransference as material and information that is useful in understanding the functioning of the individual or organisation. Therefore, I would not be positioning myself in the role of a 'participant observer', which is typical for many ethnographic research projects, but I would be getting to know the individuals and the team and organisation and trying to see (and feel) the work from their perspective. I would use the transference and countertransference to try and increase the understanding of the dynamics and emotional impact of the work.

How:

I planned to undertake observations and interviews in two different social work teams in two different Local Authorities. However, although I did complete observations for this project, due to the amount of data generated in the research in discussion with my supervisors it was decided that in this thesis I would focus almost exclusively on the material derived from the interviews with the practitioners.

I approached a Local Authority, which had been identified as performing well, rather than one that was perceived as struggling or had been rated as such by Ofsted. My rationale for this was that the defences in operation- (personal, professional and organisational) would be less likely to be activated in such a local authority. I was concerned that to undertake observations and research as I planned in a Local Authority that was or had been identified as underperforming, would increase stress and anxiety for participants and could be unbearable for them and experienced as persecutory and traumatic, which I considered would be unethical, as well as affecting the nature and quality of the research data.

Secondly, I wanted to examine ordinary, day to day social work practice as undertaken in a routine manner by practitioners, as far as possible with minimal external (and internal) levels of anxiety, which I hypothesised could have a significant impact on how the practitioners carried out the primary task.

With this in mind, I used a personal contact to make my initial approach to a suitable Local Authority. By this route, appropriate permissions were obtained initially via the Assistant Director for Children and Families and then through the organisational hierarchy to the team who put themselves forward for me to observe and interview.

I had sent my research proposal and copies of the consent forms as information to the Assistant Director and Senior Managers. I met with two Service Managers to discuss my research and they agreed in principle and went away to talk with the social work teams. The team I observed expressed

an interest and I met with them and the Team Manager to introduce myself and explain and give the background and detail of my proposed research project and what it would entail.

I addressed the issue of consent; that anyone could withdraw their consent at any time to being part of the research but individuals would be required to give written consent to being observed and/or interviewed and service users would need to give verbal consent prior to any observations and this confirmed with written consent on specific forms (examples of which were provided to the team and available in the team room). See Appendix II

ETHICAL APPROVAL:

I submitted my request for approval from the Ethics Committee in July 2011 and was informed by my then research supervisor on 27.7.11 that approval had been granted with only minor *('very minor'*) amendments, but that I was able to proceed and commence the observations in the identified organisation. It was on that basis that I started the observations and data gathering.

However, there was a change of supervisor, and it was my mistake that I did not submit the amendments to the ethics committee and therefore the final approval was not received until November 2015. (Appendix IV)

It was made clear to all research participants that neither they, nor their clients or indeed the organisation, would be identified in the research and with names and locations changed.

In order to arrange for me to observe home or office visits, the social worker or practitioner would obtain agreement from the clients beforehand and I would confirm this with the client when I met with them and provide them with written information about the research project and if they consented to the interview or session being observed they were asked to sign a consent form.

It was made clear that anyone was free to withdraw their consent at any time, either client or practitioner.

THE OBSERVATIONS:

I spent time with the team observing them in the office, on home visits, in team meetings and in office appointments over a period of approximately five months. I total I attended twenty-seven sessions, consisting of observations and/or interviews, from 27.9.11 to 27.7.12. This did not include introductory meetings with senior managers or meeting the CIN team who had put themselves forward for my research project. These sessions could range from several hours to a whole day and were conducted in the main, from the end of September 2011 to the end of February 2012.

My observations included my own feelings and experiences as an observer/researcher to capture the transference/countertransference and other unconscious material.

I had discussed with the team that I would like to observe home visits as well as undertaking observations in the team room and from these discussions it was agreed that I would use the team diary to state what days or sessions I would be coming to the team. Depending on my (external) workload this could typically mean a couple of days a week or a day.

When I undertook the observations in the team room, I would position myself at an unused desk and stay there observing and making notes. I would greet members of the team and respond to questions, formal or informal, but attempted to maintain the stance of an interested but benign observer. Generally, the team appeared to increasingly accept my presence and as time went on, I felt that my presence for the team was less awkward or artificial. I think they got used to me being there.

I was able to undertake a number of observations of home visits over the first few months of observing the team, but it took from September 2011 until January 2012 before I conducted the first interview. My sense was, that it took this period of time, with me regularly attending the team and developing some

rapport with the individual members of the team, before they were willing to engage in the interviews and perhaps expose their thoughts and feelings to me.

I think they needed to feel that they could trust me, and this trust developed over a period of time. It had to be earned. It was not given easily or lightly. This does raise an issue of how this relationship, that I had a relationship with the individual members of the team, impacted on the quality and content of the interviews. They were not being interviewed by someone who they had just met, they were being interviewed by someone they were familiar with and had developed some awareness and impression of.

My countertransference was to feel very protective and defensive about the team and the individuals within it. I was also determined that the trust they appeared to place in me by exposing their practice and their feelings and beliefs about the work would not be exploited or misplaced. My sense was that they felt vulnerable and struggled at times with feelings of anxiety, about the work, their performance; particularly as compared with others; other practitioners, other teams, other managers, other local authorities etc. I had noted this from one of my first meetings with the team, when having introduced myself and given details of my experience and local authorities, I had worked in, one social worker made a comment that the authority I had worked for was known to have much higher caseloads than their authority and therefore that she hoped that I would not think less of them for that. This had surprised me and I had been rather taken aback as it was not an anxiety that I had been anticipating. The Team Manager in his interview commented:

> *"…There's always a nosiness about when someone is going to come into a team; what is their perception of it and what they made of it. When you first came to the team, I wasn't sure…because in terms of your role and what you could do as you've been with social work teams…I thought you might have been a guardian, or something so in terms of how we do it and what… it's that thing about comparing I suppose; where you saw that and what we did compared to other teams. Where you've worked before maybe, or where you've observed before, that was one thing." (Interview 4 p22 Para 5)*

I will address this and other themes that emerged over the course of my research in chapters five and six in this thesis.

I undertook semi-structured interviews with seven social workers/practitioners, the team manager and the service manager- nine interviews in total. These interviews were recorded and transcribed and along with observations were discussed and considered in sessions with my supervisors and in the Professional Social Work Doctorate seminar group.

Whilst my original plan as presented in my research proposal had been to undertake observations and interviews in two separate local authorities, in discussion with my supervisors it was felt that the material I had gathered from the first local authority was so rich and detailed that I would not need to approach a second local authority and should instead focus on the material I had already collected.

I was happy with this, as my impression was that the information and material obtained from the first organisation was valuable and deserved as full and thorough examination as I could give to it.

OBSERVING IN ORGANISATIONS: THE TAVISTOCK MODEL:

The development of the method for observing organisations that I employed in my research project originated from the psychoanalytic practice of infant observation as pioneered by Ester Bick (Bick 1964) and continued by others such as Miller et al 1989, Reid (1997) and Urwin (1983). The aim of this type of observation was stated by Hinshelwood and Skogstad:

> *"The aim was to develop a sensitivity to the human dimension and culture of an institution and to the anxieties and pressures within it." (Hinshelwood and Skogstad (2000: 18)*

Although possessing similarities to classic ethnographic studies, where this method of observation differs is that as suggested by Hinshelwood and Skogstad (2000:17) is:

> *"…a way of observing with 'evenly hovering attention' and without premature judgment; the careful employment of the observer's subjective experience….the capacity to reflect and think about the experience as a whole; the recognition of the unconscious dimension…" (Hinshelwood and Skogstad 2000:17)*

Initially the practice of undertaking this kind of observation in an organisation, was for training purposes as it enabled trainee medical students to *'develop their sensitivity to ward atmospheres and team morale.' (Hinshelwood and Skogstad 2000:18)*

In this model the observer would typically undertake observations of an hour at the same time each week for a period of three months. Observations would be written up after the session and presented at a seminar group for discussion. The process notes would *'…not be completely accurate in an objective sense…the observer's recall inserts certain links and emphases that have been picked out by him/her without conscious understanding.' (Hinshelwood and Skogstad 2000: 23)*

The advantage of this kind of observation is that the observer/researcher is afforded the opportunity to get beneath the surface of the organisation: to feel and experience the dynamics, and pressures and to think and reflect on the meaning and function of the actions, communications etc.

In my research I adapted this model somewhat to fit my research design and the resources I had available for the task. That is, I wanted to observe social workers undertaking home visits, which could not be guaranteed to take place at the same time each week, so I observed for longer periods of time- ranging from a few hours to a few days. The purpose was two fold: (i) to develop my relationship with team members and (ii) to ensure that I fitted in with their schedules for home visits- not the other way around. I wanted to ensure as far as possible that I did not influence their work schedules for appointments etc., so that the only difference would be my presence as an observer and they would not have to make any other changes to their schedule or their practice. I wanted to 'tag along' whenever and wherever I could (with of course, agreement from the client and the practitioner).

As observations were of an extended duration, I took detailed notes as I went along. In these notes, as well as recording events and exchanges, I also commented on my internal state- my thoughts and feelings and impressions.
I was able to present some of these observations in the seminar group for students of the Professional Doctorate in Social Work, which met on a monthly basis as well as in my individual sessions with my supervisors. Presentation of excerpts from the data allowed for extended discussion in a different forum, to provide different insights and comments as well as triangulation of the material. Unfortunately, the membership and attendance at these seminar groups fluctuated, so that this did in my view, have an impact on the quality of the discussions and the subsequent relevance to data analysis.

As work on the data analysis progressed it was decided, in discussion with my supervisor to focus on the interviews with the social work practitioners rather than the observations. The rationale for this was two fold; one that I had amassed an enormous amount of data, probably too much for the professional doctorate, as I would not be able to consider it all in the detail required and two, the primary reason, that it was my view that what the social worker's were communicating to me in the interviews, especially in regard to how they experienced the work and how the clients could make them feel, was saying something that could be extremely significant in making sense of and understanding the primary task and therefore that this warranted much closer examination.

In addition, as my observations of home visits/office appointments generally had not included the families that the social workers were particularly preoccupied with, I decided that I would use the observations to primarily provide background and context on the social worker's experience.

THE CASE STUDY APPROACH:

My view was that my role was not to corroborate actual events for veracity; my research was about the experience of the practitioner undertaking work with families, which is highly subjective and personal, as well as the states of

mind this work provoked and the emotional impact it had/continued to have on them. So, in this sense, whilst I had initially perceived (and planned) for the research project to be ethnographic and observational, it evolved so that the focus became increasingly on the interviews and material derived from them, so as to more resemble the 'Case Study Approach' (Byrne, D and Ragin, C (Eds) 2009, Hammersley, M and Gomm, R. (Eds) 2000) in that the research focus was on a *'small number of cases…in considerable depth."* (Hammersley 2012: 279)

Yin (2004) comments that the advantage of the case study method is: *'its ability to examine in-depth, a 'case' within its 'real life' context.'* And that this method of research design *'enables you to investigate important topics not easily covered by other methods.'* However, Yin also states that for full application of the case study approach, the researcher should undertake data analysis alongside the data collection, which was not the method I followed in this project. This was due, as stated above, to discussions with my research supervisor after I had completed the observations and interviews. However, as Yin writes, the case study approach, adopted in my close analysis of the interviews, addresses '*descriptive or explanatory questions and aims to produce a first- hand understanding of people and events.'* (Yin 2004)

OBSERVATIONS AND LIMITATIONS IN THE RESEARCH PROJECT:

In regard to observations of home visits, my view at this stage of writing up, is that it was not possible for me to have observed the families that the social workers brought to the interviews, as it was these families that caused the most (highest) anxiety and that the levels of anxiety and feelings of persecution were so heightened, that neither the practitioner or the family concerned would have wanted or agreed to me observing a home visit. These sessions were difficult enough already without the presence of an observer, which I think would have been intolerable for all and consent was not and probably would not have been granted. This is something to take into account in planning any further research projects in this area.

THE INTERVIEWS:

Thinking and Planning:

As well as material obtained from the observations, I had also proposed that I would undertake interviews with practitioners in the team, their manager and the service manager.

It took some months before it seemed to me that the social workers were willing to be interviewed. This was not something that was articulated, rather it was the impression I had and I did not want to place any pressure on them. I had to have confidence that they would agree to this as time progressed and with one exception all the social workers did agree to be interviewed by me for the project.

I had envisaged undertaking semi-structured interviews to allow for the interviewees words and communications to be the focus and the discourse to follow their lead. Rubin and Rubin state:

> *"…qualitative interviewing is more than a set of skills, it is also a philosophy, an approach to learning. One element of this philosophy is that understanding is achieved by encouraging people to describe their worlds in their own terms. A second component of this philosophy is that interviewing involves a relationship between the interviewer and interviewee that imposes obligations on both sides. Third, this philosophy helps define what is interesting and what is ethical and helps provide standards to judge the quality of the research, the humanity of the interviewing relationship, and the completeness and accuracy of the write up." (Rubin, H.J. and Rubin, I.S. 1995: 2)*

Hollway and Jefferson (2000) introduced the Free Association Narrative Interview structure (FANI) as a method of narrative interviewing developed to *'accommodate the psychoanalytic principles of the defended subject.' (Hollway and Jefferson 2000:4)* I certainly wanted to allow the interviewee to be able to be free to give their thoughts and feelings but anticipated that psychic defences may be in operation or activated within the interview when sensitive or troubling issues were raised.

With this idea in mind, with my then supervisor, I devised a basic framework for the interview and set of questions as follows:

" 1. You are aware that I've been spending some time with your team and observing home visits etc. I just wanted to talk with you about your experience of the work, especially visiting children and families in the community. (including confidentiality, recording, storage, and consent).

1a. Perhaps we could start by you saying a little bit about yourself, how you came into social work etc.

2. What is your experience of undertaking home visits?

3. How does it make you feel?

4. Does a particular incident/occasion/family come to mind?

5. What happened?

6. What did you feel (at the time)?
What did you do (at the time)?

6a. Has this affected how you work with this or with other families? If so, how?
7. Why did you choose this family?

8. Have your feelings changed over time?
If so how?
If so why?

9. Looking back now do you have any further thoughts/views?

10.Is there anything else you think it is useful/important for me to know?

11. Do you have any views/comments on the process of this interview?

12. Ending. "

I wanted to ask open questions to elicit as full a response as possible from the interviewee with minimal input from myself. As the interviewer, I planned to use the above questions as a starting point, but would be flexible in the interview to pick up on the cues from the interviewee to explore and discuss their feelings and experiences in regard to social work and home visiting in particular.

Apart from the first interview, which took place following an observation of a home visit and therefore, I felt it was more appropriate to start with reference to this, I used the above questions as a template for the subsequent interviews, though where appropriate with as Rubin and Rubin comment: *"Find out what others think and know, and avoid dominating your interviewees by imposing your world on theirs." (Rubin and Rubin 1995: 5)*

In terms of location I found a small, quiet and unused room on the top floor of the office- so the social workers did not have to travel far and it was on their territory, but removed from the team room and the general working environment. For the interviews with the Team Manager and the Service Manager, these interviews took place in their offices, which seemed to be where they felt most comfortable.

The interviews were recorded with a digital recorder (and this was a significant anxiety of mine that there would be a technical malfunction and that I would lose the valuable interviews.) Another anxiety that I brought was the concern that the interviewees would not be keen to talk- but in reality it was my impression that the interviewees spoke freely and openly, so that often my experience of the interviews was that I had to say very little and prompt even less. It seemed to me that the issues the practitioners brought to the interviews were ones that lay very near the surface and experienced as perturbing and perplexing to the practitioners. The interview, I surmised, may have been an opportunity to get this material out and perhaps to explore these experiences and thoughts in a confidential, secure and containing environment.

I had explained to the interviewees that the interviews would generally take one to one and a half hours and times were agreed that fitted into their schedules. I made it clear that they could be re-arranged if for any reason the original date/time was no longer convenient. Most often, the interviews were conducted on the planned date/time, but my interview with Kate had to be re-scheduled a couple of times due to her work commitments (I comment on this in the discussion later) and it took until mid 2012 for me to be able to confirm the interview with the Service Manager.

Adult Attachment Interview (AAI):

In addition to the FANI method, my interview technique has also been very influenced by the Adult Attachment Interview (AAI).

In 2004, I trained with Dr. Patricia Crittenden in undertaking and coding Adult Attachment Interviews (AAI) in the Dynamic Maturational Model (DMM). This training had a significant influence in my practice with children and families, especially when conducting interviews for family assessments. I found the interviews to be extremely useful in eliciting information, that would have been less likely to be forthcoming using routine interview structure and techniques.

Also, it allowed me to gain experience and confidence in undertaking interviews, following a specific format, being disciplined and intervening as necessary to get the interview on track. I gained experience in listening to the interviewees responses and judging when to use follow up questions and seek more detail.

I was clear that there were significant differences though in the interviews I planned to undertake for my research. That is, the Adult Attachment Interview (AAI) is the means by which discourse is analysed to determine an individual's attachment strategy. (Crittenden 1995 and 2008).

A specific set of questions is given by a trained interviewer in a particular order. This is vital for the later coding of the interview. The interview is

recorded and transcribed in great detail and then coded, by a trained 'coder'. Instructions for transcribing the AAI interviews are very precise and include:

> *"1. Provide a verbatim, word- for- word text.*
> *2. Include all stutters and non-verbal sounds (e.g., um-hum)*
> *3. Note pauses with one (.) per second of silence, i.e., … is 3 seconds of silence.*
> *4. Note (in parentheses) laughs, crying, etc. or unusual aspects of speech. E.g., very slow, fast, loud, nervous speech. Describe the quality of these sounds as specifically as possible, e.g., giggle, guffaw, chuckle, snicker, cackle, snort.*
> *5. Note interruptions and incomprehensible sections where both the interviewer and the speaker and are speaking.*
> *6.Indicate speech that cannot be made out with parentheses: (incomprehensible words).*
> *7. Print interviewer's questions in bold.*
> *8. Transcribe the interviewer's words and major dysfluencies, but do not worry about minor dysfluencies.*
> *9. Change the name of the speaker, but give him or her an alternate and culturally appropriate pseudonym." (Crittenden 1999: 19- Training Manual available on AAI training course).*

The aims of my research were different to the AAI, in that it was not my intention to deliberately raise interviewee's anxiety to activate their attachment strategy. Rather, I would seek to make the interviewee as comfortable as possible, so that they would feel free to share their thoughts and feelings with me.

However, I had found the aspects of the AAI useful in planning and undertaking interviews in general; for example, how to conduct the interview, the recording, transcribing and then making sense of the responses and ascribing meaning to the discourse. This training has had a significant influence on my practice, which I carried through into this research project and

more generally into my roles as an Independent Social Worker and Independent Reviewing Officer.

One element of conducting and recording the AAI that gained prominence in the interviews for this research, was the requirement to note or highlight non-verbal communication. I had been taught on the AAI training that I should, when transcribing the interviews, note the changes in volume, tone, inference of the interviewee's speech, as well as any non-verbal or somatic behaviours. The way I found most useful to do this, say for example, I noted that the interviewee's leg or arm was twitching or moving repeatedly or in marked manner, I would comment on this during the interview, (so that it would be transcribed) but carry on with the questions in their prescribed order.

This allowed me when transcribing the interview to know exactly when this behaviour occurred in the interview process, which would not otherwise be captured in an auditory recording. In the AAI, such somatic behaviour - named 'Expressed Somatic Symptoms' or 'ess', if they are repeated throughout the interview (Crittenden, P.M. and Landini, A. 2011: 270) indicate arousal:

> *"Nonverbal behaviours that could function as [ess] should always be analysed in terms of their effect on (a) the interpersonal process of the interview and (b) the relative attention given to some information as compared to other information. The distribution of the [ess] can signal which topics are most threatening to the speaker, that is high frequencies of [ess] signal high threat and the absence of [ess] signals safe topics (from the speaker's perspective). Usually, ordinary discourse markers vary similarly, thus marking unspeakable and "speakable" topics. Noting the topics under discussion when the rate of [ess] increases can help to identify what unspeakable information is being represented organically. Expressed somatic symptoms can be thought of as maximizing expressivity at the expense of specificity. That is, the speaker "lives" the representation and imposes it strongly on the listener, but neither is clear about what it means or even that can contain useful information." (Crittenden, P.M. and Landini, A. 2011: 273)*

In these interviews the social work practitioners gave very detailed and frank accounts of their experience of direct work with children and families. These interviews conveyed- often in a very powerful fashion- what the workers experience had been and the impact it had had (or was continuing to have) on them.

I found the experience of conducting these interviews as profoundly moving, as it seemed to me at the time as well as with each subsequent listening, that the social workers were opening up to me just how difficult the work could be at times, the impact it had on them and how they felt about this. These were not in my view, easy or light topics. There was a sense that they did not tend to talk much to anyone about how the work could make them feel. I felt and continue to feel, that what they were telling me should be treated with great sensitivity, care and respect as my view was that by sharing these experiences with me the social workers were exposing their personal and professional selves and making themselves vulnerable.

I had planned to undertake two interviews with each worker, but the interviews seemed so detailed, so full and rich, that I did not feel that further interviews were required. That was also the sense from the interviewees, who seemed to feel that they had had the opportunity to say what they wanted to say and the end of each interview appeared to be a satisfactory one.

When transcribing an Adult Attachment Interview (Crittenden 2004) one is asked to note any ‘unusual’ aspects of speech and describe the quality of the speech as specifically as possible. All stutters or non-verbal sounds to be included and any pauses noted and timed.

In listening to and transcribing the interviews, I noted how the social workers would sometimes communicate their experience and feelings about specific families or sessions using physical gesture and movement and it seemed to me that in some way that these experiences had become embedded in the individual where they were not able to be expressed symbolically through language, but were expressed somatically.

It was my impression that the workers often were aware of the impact that a particular child/young person/family was having on them, but had not been able to fully digest or process the experience. In the interviews it was my experience that these ‘undigested’ elements were and continued to be, very

troubling to the worker and would rise to the surface, given specific conditions such as provided by the interview space, with a (by then) familiar but independent and neutral observer/researcher.

It seemed to me that the workers were preoccupied with certain experiences or encounters with families and that they were willing and keen to talk about these events. My sense was that it was perhaps a relief for them to be able to express their feelings and the interviews served a function as a containing and reflective space. It was also my impression that the interviews allowed the workers to re-live or re-experience encounters or events, these perhaps being unresolved and unprocessed elements for them.

The intensity of the worker's accounts was striking. The experiences they recalled were profound, powerful and often deeply disturbing, even to hear of them months or years later. In fact, social workers would sometimes describe events using the present tense, when it actually occurred months or years previously. My view is that this indicated that it was 'alive' and unprocessed in their mind despite the passage of time. The meaning of this, for the practitioner and the social work task I will address in detail in the Discussion and Conclusions section of the thesis, but suffice to say at this point that this seemed to me to be of vital importance in developing an understanding of and making sense of the emotional impact of the work.

The next task was to consider the best and most appropriate method of data analysis that would capture and illuminate in a systematic and rigorous way, the issues that seemed to me to be emerging from the material.

DATA ANALYSIS:

Grounded Theory:

In my research proposal I had stated that I planned to use Grounded Theory as developed by Glaser and Strauss in the later 1960's (Glaser and Strauss 1967). Braun and Clarke (Braun and Clarke 2013) suggest that Grounded Theory *'is an approach to qualitative research (not just an analysis method), concerned with constructing theory from data.' (Braun and Clarke 2013: 184).*

However, use of Grounded Theory involves line by line coding, memo writing and other procedures and for the researcher not to engage with the relevant literature beforehand so that the codes emerge only from the data. (Braun and Clarke 2013:186).

For my research project in which I was already working with psychodynamic theories and thought I could see these as having relevance to the material I did not think that I could start with a blank slate so to speak and that I would clearly be positioning myself as a researcher who was and continued to be influenced by psychodynamic theory. In addition, I was not convinced that line by line coding was the best or most effective way of analyzing the interviews. I felt I needed to keep a mind on the process as a whole- not to reduce it to a few words, which in my view could mean losing the gestalt of the encounter.

Interpretative Phenomenological Analysis (IPA):

I also considered Interpretative Phenomenological Analysis (IPA) (Smith, Flowers and Larkin 2009) as a method for analyzing data. Smith, Flowers and Larkin describe IPA as:

> *" A qualitative research approach committed to the examination of how people make sense of their major life experiences…phenomenological in that it is concerned with exploring experience in its own terms." (Smith, Flowers and Larkin 2009: 1)*

I was interested in the IPA approach as *" (IPA)…wants to know in detail what the experience for this person is like, what sense this particular person is making of what is happening to them." (Smith, Flowers and Larkin 2009: 3)*

However, it seemed to me that my research was not solely concerned with the participant's views and understanding or sense that they made of their experience, but also the unconscious; ideas and feelings not fully available to them in their conscious awareness, that were, I thought, making themselves evident in the interviews. IPA also did not take account of the transference and countertransference phenomena that I wished to utilize and comment on as an integral part of this research.

Thematic Analysis:

In discussion with my supervisors I then considered Thematic Analysis (TA) as proposed by Braun and Clarke (Braun and Clarke 2006):

> *"TA is relatively unique among qualitative analytic methods in that it only provides a method for data analysis…one of the main strengths of TA is this flexibility. It can be used to answer almost any type of research question…and used to analyse almost any kind of data." (Braun and Clarke 2013: 178)*

Thematic Analysis presented a relatively simple and straightforward method for systematically examining the data from the interviews and also afforded me some flexibility to telescope in and out and to keep the bigger picture in mind whilst I was combing through the fine detail of the text. It meant I could drill down into the data, whilst not losing sight of the aims and theoretical underpinnings of the research.

So, using TA each of the interviews was systematically coded to derive themes that emerged from the data. The tables and themes for three of the interviews are included in Appendix III also included non-verbal communications, which as used in AAI's included change of tone, repetition, dysfluency, significant pauses as well as somatic expressions, laughing/coughing or behaviours such as gestures, facial expressions, actions etc. I noted where in the text these themes or non-verbal communications occurred.

I commenced this process after reading and re-reading and listening to the interviews, by establishing some categories that seemed to be relevant to the data and then refining and adding to them as I went through each of the transcripts on a word by word and line by line basis. For example in this section of Kate's interview (page 11-12 Paras 1-21): (Please note the interviewers words are in bold).

> *"She does. So her thing is that every time I...she obviously...if I if I arrived at 4.22 she'd put 4.22 and if I left at 5.15 she'd write,* ***literally*** *to the minute, so every single figure. It's the only family I've ever worked with...*

What do you think the purpose of that is? … When you're there and then when you come back what sense do you make of it and how does it impact on you? … It's two separate questions there sorry.

The clocking or the...?

Well, when you're there - what does it feel like?

It feels awful, if feels quite lonely and it feels (sighs)...as I said I feel the tension and I feel it's quite stressful.

How do you feel it because you're sort of pointing to your chest .. does it affect you physically?

*Yes because I think I used to get real pains across my back like stabbing pains um and I think I've never...**every** single sentence I'd be thinking about before I even spoke, even talking about banal things like Jamie what do I respond? I'm **really very** careful about **every** single thing I say.*

So self censoring?

All the time, all the way through.

To a very high degree?

Absolutely yes all the way through. All the way through, watching …. I do a lot more observation, I think all my senses are quite heightened… So slight things, you know, nuances between mum and stepdad I pick up on all that. Sometimes there's more said, not being said than than

So you're hyper vigilant?

Very much so. (slight laugh)

Like the child?

Yes, yes. So we're all like that, I think the child's like that.

And the child's like that.

And mum's like that – we're all like that.

And the other child as well.

Yeah so we're all there going through this charade of a home visit.

And it's always been like that?

It's always been like that yes, always. Slight...no it's always been like that because even as I said when you get them on their own, um I've been there and had an hour and a half conversation with mum about doing direct work, explaining it, dealing with all her her queries and and things talking about that the court process everything an hour and a half and you think right I've got somewhere and then you get a letter – you know a six page letter right at the end which basically, after you've gone through an hour and a half of explaining and still get a letter you think... um part of me, when I leave them, I

think why does she still give me a letter after we've just spent an hour and a half discussing every single thing that's in your letter, why do you still give me something to stop it but I think it's all about control, it's all about control it's all about contrived situations. They must think I'm absolutely stupid you know if I don't feel like it's not orchestrated let's all sit in the kitchen because we're controlling you we don't like you spending 45 minutes with Frank getting on and he's told you that we're moving and we doing this, that and the other and I think that's what that was all about and how we actually don't want you to have any more visits so we're going to make it as awkward – let's all sit in let's endure this in the kitchen and it's been like that ever since. So it's not .. I absolutely (quieter) used to dread it and I'm experienced I've done a lot and I've been into families all sorts of different...and those I think particularly they get they got inside my head." (Interview 8,'Kate' pages 11-12)

In the analysis of the data, various themes were identified in this section of the interview, some articulated by the interviewee, others communicated through non-verbal means, which I present below as an example of my coding process. Please note, the first number in brackets denotes the interview, the second gives the page and the third identifies the paragraph. Where there is an asterisk or two or three, this denotes passages of particular interest to me as I was working through the data in relation to my research aims.

- Anxiety about the adult (8:12:1)
- Stress from the client (8:11:5; 8.12:1)
- Stress of direct work (8:11:5; 8:11:7; 8:12:1)
- Symptoms of stress (emotional) (8:11:7; 8:12:1)
- Symptoms of stress (physiological) (8:11:5; 8:11:7)
- Emotional state of the worker (aroused) (8:11:7; 8:11:11)
- Emotional state of the worker (alert) (8:11:7; 8:11:11)
- Emotional state of the worker (tense) (8:11:5)
- Emotional state of the worker (self monitoring) (8:11:7; 8:11:11)
- Emotional state of the worker (alone/isolated) (8:11:5)
- Time- specific mention of (8:11:1; 8:11:13; 8:12:1)
- Affect in the interview- physical acting out: (8:11:5- pointing to chest)
- Affect in the interview- auditory expression: (8:11:1 dysfluency, tails off x 3, emphasis on word 'literally', 8:11:5 sighs, tails off, use of emotive word 'awful', 8:11:7 use of strong word 'stabbing', tails off x 1, emphasis on words 'every' x 2 & 'very careful', 8:11:11 use of emphasis -(absolutely) & repetition of 'all the way through' x 2, tails off

x 2, 8:11:13 slight laugh, 8:11:19 use of unusual word 'charade', 8:11:21, dysfluency x 2, 8:12:1, repetition of 'an hour & a half' x 3, repetition of 'control/controlling' x 3, use of emotive word 'endure', tails off x 3, speaks more quietly)

- Use of the interview to reflect/relive/process/encounters/direct work- (8:11:1-21, 8:12:1)
- Effects on the unconscious- thinking about clients outside of work (and not being able to stop oneself) – (*8.12.1)

Therefore, using TA allowed me to examine the interviews and the data they contained in a very detailed and systematic manner. It helped in identifying emerging themes and the inclusion of the non-verbal expressions and communications also gave access to unconscious aspects of the encounter that were not easily expressible through language and therefore not so immediately available in the transcript.

The prevalence of these non-verbal expressions was extensive and permeated the discourse and for me, evidenced the 'aliveness' of the interview encounters, which is often not captured in typed transcripts. As Hollway comments, an interview is so much more than words on a page:

> *"… there are many features in trying to preserve the aliveness of participant's data throughout the research process…one time…I returned to a very old audio recording…I got a shock. The person who came across from the voice was not the same one that I had re-envisioned…in retrospect, it seems obvious that the transcript loses layers of meaning conveyed in tone, pace, emphasis, flow, rhythm and so on." (Hollway 2009:462)*

The total experience of an interview as with an observation, cannot be ever entirely captured; the experience is invariably subjective and no one interview is the same, even if conducted with the same interviewer and interviewee. It is a snapshot, a unique instance in time that is perceived and felt from an individual's subjective experience. It can never be replicated exactly. As Lucey, Melody and Walkerdine state:

> *"The affective dynamics of the research encounter are also influenced by what each person brings to it, some of which will not be accessible to conscious thought. Irrespective of whether this is simply tacit and preconscious, or part of the dynamic unconscious to the extent that it cannot be thought, it will be communicated affectively. Such affective and non-discursive communications have been conceptualized by psychoanalysis in*

> *terms of the transference and countertransference. As psychoanalysis has become increasingly relational, so it has tended to consider the transference-countertransference relationally as a co-produced dynamic process (i.e., no transference without countertransference). These concepts have been adopted by psycho-social researchers to examine some of the 'affective ways of knowing' that may be available to the researcher (Lucey, Melody and Walkerdine 2003: Walkerdine, 1997, pp. 66-75).*

However, if themes or dynamics can be evidenced over a number of interviews, such as I conducted, then this for me was worthy of attention and this is the approach I have taken in this project.

THINKING AND ANALYSIS:

I viewed Thematic Analysis as one way of approaching the data in order for me to make sense of it as a whole, a part of the process of putting the 'jigsaw' together. But this process was not linear, it involved focusing in to examine the data under a metaphorical microscope and then panning out again and reading and re-reading; to examine the fine detail and then moving away to get a wider perspective. Using Thematic Analysis allowed me to drill down into the data in a careful, thorough and systematic manner and to identify and confirm themes that emerged, but then I had to take some distance again, to consider the possible meanings of the data, looked at as a whole. This process was and continues to be, ongoing throughout the research project.

To illustrate the process and how and why my thinking evolved as it did, a further example maybe useful. I wrote the following paper as I was working with my supervisors and the Professional Doctorate seminar group and it tracks my thinking around 'Kate' the principal social worker in the team and my attempts to understand and make sense of her experiences in relation to direct work with clients and families.

Using material from my observations in the team room and on home visits in addition to the interview, I attempted to join up these encounters and think about possible meanings of what I had seen, heard and experienced. What follows then, is one of my first attempts to put the pieces of the 'jigsaw' together:

"Kate:

The observation of the home visit took place some months prior to the interview with Kate. The two cases or families that Kate talked about in her interview were also the ones that she was thinking and talking about during the observation. This suggests to me that something about these families was unprocessed and troubling for her. These two cases seemed to co-exist and perhaps link in some manner that was unable to be articulated and perhaps were not available to conscious thought.

In the interview Kate talked and acted out the physical effect these individuals and families had on her- suggesting that something had been projected into her- communications that had not been able to be processed and 'translated' into conscious thoughts or words and continued to some extent to be experienced in a visceral way. The sense was that these communications were not pleasant- they could be intrusive, persecutory and/or disabling, varying in intensity and impact and perhaps persisting long beyond the actual encounter.

In the observation (12.1.12) Kate seems reasonably relaxed and working in the team room until she receives an email communication, which appears to cause her to tense or give out some signs of agitation or anxiety, which prompts a colleague (SW9) to ask Kate 'what has happened?' (Pg1 Para 4.) I don't catch or record Kate's response to her colleague, but soon after she makes a comment about me observing and writing *'it all down'* and the stress and worries that she will be '*identified as the mad woman in the corner-I'll get the sack'* (pg. 1 Para 6). My thought is that Kate is anxious about me observing the home visit that we had pre-arranged and I check out with her that its still OK. She says yes, but my sense is that there is something troubling her- unsaid. I record in my observation: *'She (Kate) seems preoccupied with a particular case and the sense that it is with her and troubling her.'* (Pg1 Para 6) I think now that she experienced the email communication as attacking and persecutory in regard to her professional self and this was too difficult to contain at that moment and was therefore projected onto me as the observer/researcher.

Kate's remarks had an immediate and powerful effect on me and I record that I feel a 'bit manic'-disturbed and unsettled- wanting to act to assist rather cause additional burden, however I sense that it is less to do with me and my role as researcher/observer and assess that origin of the anxiety and disturbance in Kate is from the family that she received the email about/from and this prompts me to ask her: '*Is this about the court case?' (*Pg. 2 Para 1).

I wonder if I had felt compelled to assist Kate and my communications were a response to her emotional state, an attempt to relieve the pressure? To try and identify the source of the communicated anxiety and discomfort and somehow put this into words? And/or whether I was being invited/encouraged to act in this capacity? Whatever, It seemed to be effective- for Kate and for me as I recorded that she responded in the affirmative 'yes' and *'starts talking about it and seems to relax'* (pg2 Para 1). Kate then continues to talk about the family in court case and it seems that the anxiety subsides and then we leave to visit another client- the first family she talks about in the interview- a young mother with a child aged about eighteen months to two years. The young woman is socially isolated and the concerns have been such in regard to her capacity to meet her child's needs that he is subject to a Child Protection Plan.

I record:
'Kate drives and talks about the client we are about to visit. Basic background- appears routine and my sense is that she is fairly comfortable with me observing this client." Pg. 2 Para 2)

The visit does seem pretty routine but Kate appears to attend and respond to the young mother and her child sometimes simultaneously in what appears to be a smooth and skillful manner.

In the interview when talking about this family Kate said:
"Yes. If I start with her because she can be quite interesting because she's another one that sometimes I get there and her energy levels bring my energy levels right down and it's a sort of…you can almost feel the sort of…

And you're doing a kind of sucking motion with your mouth…on the tape.

Yes, well it is, she sort of sucks the life out of you and I (laughs) have to go and just getting her to sort of…it has been a struggle." (Interview 8 page ? Para?)

In my observation on 12.1.12 I describe the young woman's response and communication with the SW as 'flat' (page 4 Para 2; page 5 Para 6; page 5 Para 7; page 7 Para 4;) and perceive a lack of energy and liveliness from her. In the interview Kate describes the effect this client has on her during and after the home visits:

"…she sort of sucks the life out of you and I (laughs) have to go and just getting her to sort of...it has been a struggle. I've worked with her now … for eighteen months, just over eighteen months and … there have been visits when I have been talking about really ***serious*** *concerns around relationships with her partner and issues around the child protection plan and I'm there with sort of all the gravitas of it and saying how serious it is and then you get this flat (and I have to do the voice because it's the voice - I do it in the office laughs) sort of, oh yeah everything yeah everything and that's the response you get to anything even the most* ***serious*** *matter and I just think am I getting through to you? How am I communicating with you? But I go away thinking...I get in the car and I go...oh…*

And you're bodily showing me that you sag.

Yes, (raises voice) I do sag and I just think oh goodness me you know and I sort of go ooh...do that with my head sort of shaking my head and I just think did I get through to her at all and as I say really difficult things or it can be really positive things I'm going with and I still can get the same response. Um, It's getting slightly easier sometimes you get flashes of emotion and um response and I think maybe its the home visits that I enjoy where you get something back even if it's it's anger or discussion or something in return that you you can feed off and sort of communicate that, but you know I feel like that. If I feel like that what does her poor little son feel like and you just think poor old him, but he's such...she must be doing something really good, and she is doing something really good because he's language is great and he's playing. She's going now to different groups and everything with him and her relationships she's put to one side and I think oh I must have done something in those visits when I've been you know talking to myself sometimes I used to think you know-

That's what it felt like.

It did very much feel like I was talking to myself over and over and saying the ***same*** *thing. That's quite disheartening going* ***every*** *visit, sometimes two, three times a week when it's really serious and saying the* ***same*** *thing over and over again but (hits table/chair) reflecting back I think well actually all that hard work you put in with her Kate has paid off because some of it must have soaked in because she's changed slowly by slowly maybe at her own pace but she has actually made progress really but …"* (Interview 8 page 6)

However, the frustration and lack of feeling- what I think of now as the 'deadness' from this young mother contrasted with the aliveness of her child and the intensity of his emotion and communication I experienced at the end of the home visit, which I found almost unbearable. But interestingly, Kate seemed less affected by. It seemed to me that the little boy was desperate for us not to leave him and I found this very

> painful (still do even after two year interval when reading my account) and describe my feelings as I return to the car as: *'Heavy, distressing from the child's response to us leaving- in the car as though carrying the weight of the session. I try not to talk first- I want to hear the SW's response- but it is almost unbearable. Kate talks (resigned, despondent- little energy or sense of optimism or hope)? About her sense of Mum being 'flat' which is what she leaves with, but how she (client) has made progress…"* (Page 8 Para 2)
>
> I wonder now whether as I experienced the despair from the child, the SW did not have to and instead she reflected the emotional state of the young woman- flat, dead, resigned? And that how Kate talked in the interview suggested that she was still processing the impact of working with this young woman and her child and that these feelings, originating from the conscious and unconscious communication and projections had yet to be translated into symbolic thoughts or language as Kate communicated to me how she felt working with this young woman and child by physical actions, facial expressions etc. Suggestive of communication at a most primitive level?"
>
> I wonder perhaps until this process had been completed that the sensations and experiences remain lodged in the body? I wonder too about the fact that Kate chose this home visit for me to observe and talked about it in her interview. What may be the significance of this? My sense is that there is a significance, my hunch being is that Kate was looking for some response from me and/or wanted to communicate something to me about her experience- perhaps that I feel what she has experienced?" (April 2014)

In the Thematic Analysis of Kate's interview the indicators of arousal, dysfluency, repetition, changes in tone, volume and rhythm of speech as well as somatic expressions occurred when Kate was talking about her direct contact with clients.

These expressions and behaviours far outweighed any articulated or verbally expressed anxiety or other emotions, suggesting to me that the impact of these encounters had not been able to be processed to the level of conscious thoughts and translated into language. The evidence for this from the transcripts is clear in the number and range of the non- verbal communications in each interview: the somatic affect, movements and actions, dysfluencies, repetitions, pauses, changes of tone, volume etc. Suggesting that these 'communications' were at least as important as the articulated thoughts and views and possibly even more so.

Themes identified in the Thematic Analysis that Kate was able to put in words related to the emotional impact of the work, the general difficulty of the social

work task, feelings of being 'penetrated' or of 'isolation/aloneness', and support (from colleagues, the team and the support she offered to others).

However, whilst I found Thematic Analysis useful in allowing a systematic, consistent and detailed examination of the data from the interviews, I was keen not to lose sight of the whole- the experience of the interview and the meaning and process. Hollway comments:

> *" Detailed transcription conventions attempt to capture these (layers of meaning)…but in my view lose the meaning of the whole (the 'gestalt') in their preoccupations with detail…it seems to me that, whether we like it or not, we use our imaginations to make meaning out of the information at our disposal, however threadbare, and that the danger is in the denial that this is the case as opposed to recognizing and reflecting on such use." (Hollway 2009: 462)*

The findings from the data will be discussed in the next chapter, but in essence, my view is that the data from the interviews with the social work practitioners indicated how the emotional state of the client can affect the social worker and that the projections and projective identifications can impact on the social worker with profound and alarming affect. Also, that these projections and communications are related to the level and nature of psychic defences, the location and origin of which are with the client and not the worker and that these projections and communications are experienced as unwanted intrusions into the mind of the social worker, so that they feel they are inhabited by these projections and this has the potential to stultify creativity and 'aliveness'. They have a deadening effect, which is in stark contrast to the powerful and persistent impact they have on the practitioner. In a 'live' and persistent way, they constrict, immobilize, disable, so they present as 'alive' in the minds and bodies of the workers a kind of psychic alien invasion!

This took my thought back to the work of Anne Alvarez (Alvarez 1992) and her ideas on the 'aliveness' and vitality in the relationship between infant and care giver. That is, that joy and pleasure in the relationship can bring out and develop the internal world and psyche and that this relationship has a dynamic and 'live' quality; there can be much creativity in this kind of interaction.

However, in contrast, for some families in their interaction and encounters with social work practitioners, although the process appears to be 'live' and ongoing, the function and unconscious aim appears to be directed at attacking creativity, and shutting down or curtailing any thinking and/or linking. Nevertheless, the power of these defensive processes is potent and primitive and has an immediate and sometimes long lasting impact on the practitioner, including being expressed somatically through their bodies and non-verbal communication.

In the social worker's narratives of their experiences with particular families, that is with individuals or families that they appear troubled by and preoccupied with, it was clear to me that the quality of these relationships is and was different. The impact is toxic and persistent; like a chronic serious infection that takes hold; it is an unwanted invasion that is difficult to eradicate and takes time and energy to fight and recover from. It is experienced as troublesome and troubling and resistant to treatment.

The next chapter will address in detail the interviews with the social work practitioners, in order to illustrate and evidence the issues and thoughts touched on above. Full transcripts of three of the interviews are included Appendix I, so that the reader can have the option of looking at the interview (although just the transcription) in its entirety. I hope this will allow the reader to get to know the social workers and gain a sense of their experiences as communicated to me in the research project. A summary of each interview is provided in the next chapter, along with the key themes and issues that were identified.

CHAPTER 4: THE INTERVIEWS:

The interviews with the social work practitioners are numbered in the order in which they were conducted, i.e. 'Mandy' was the first to be interviewed and 'Kate'- interview 8, was the last. Interviews 4 and 9 were interviews undertaken with the Team Manager and Service Manager respectively, which I do not intend to address in this thesis as it is the impact of direct encounters between practitioners and their clients, which in discussion with my supervisors, was decided that this should be the area for me to focus on in this small-scale research project. To ensure confidentiality all names have been changed.

INTERVIEW 1: 'MANDY'S' STORY- 'TURN THE HEATING ON.'

This was the first interview I undertook and was different to the others as it was arranged on the same day following an observation of a home visit with the social worker, Mandy. Mandy was and is a very experienced social work practitioner and this was reflected in her role in the team as the Consultant Social Worker. This observation had been of an initial home visit to a young single mother and her under six-month old baby.

My sense was that this visit and direct contact with this young woman and her baby had had an strong impact on Mandy and therefore on the way back to the office I asked her if she would be willing to be interviewed any time that day. Mandy agreed and the interview took place a few hours later at the office in a small, quiet, unused room on the top floor.

Mandy seemed at the time of the interview to have processed some of her initial anxiety and nervous energy and appeared willing to engage. Given the timing, it was not surprising to me that the majority of the narrative related to

Mandy's experience of the morning's visit- her feelings about this and the impact it had had on her.

The structure of this interview was also different from the others with practitioners, in that I decided not to commence with the introductory general questions (route into social work, experience, etc.) as my feeling was given the impact of the morning's visit that this would seem odd and out of tune with where Mandy was at in terms of processing the encounter. It was my sense that the experience was still live in her (and my) mind and raw to us both.

I wanted to try and capture these feelings that had been aroused, as for me this was a prime example of how direct contact with individuals and families could have an immediate and longer lasting impact on the worker, the examination of which was the aim of my research.

So my initial question was around how Mandy had experienced the morning's home visit and Mandy quickly brought up how she had been unsettled and had concerns about the young mother's care of her baby and the family situation. Mandy was able to communicate in the interview what had caused her anxieties and also what her immediate and main concerns were.

> *"I was thinking 'oh my goodness, four-month old baby, high risk of cot death', that's truthfully what I thought. (laughs)*
>
> **And you've put your hand on your chest now.**
>
> *Yes, cot death, cot death, that's what I thought, that was my first thought. I thought cold.. chest infection.. cigarettes.. mum's a smoker in the home, that's what I thought, that was my biggest concern, just too… all in a high risk group all cot death, that's what I worried for. Sigh." (Page 7 paragraphs 8-11)*

The repetition i.e. 'cot death' times x three, the hesitations, dysfluency and the affect of laughs and sighs, all serve to indicate the level of anxious arousal for Mandy in the original encounter and in the interview itself.

Mandy was quite clear that what she encountered on this visit was not at all what she had been expecting:

> *"I thought that it was a new case; that I hadn't met the mother or baby, so I think that… it as always you do have a precon… I read the paperwork from*

the previous social worker and had created an impression that this mother was doing, fairly well… (page 2 Para 4)

"So I went with probably a level of um complacency… What I was faced with when I arrived was something very different, which kind of, it did unsettle me." (p2 Para 5)

In the interview Mandy appeared to be particularly concerned and struggling with why she had not been more direct with the young woman to get her to turn the heating on as the room was cold and she seemed to be perplexed as to why she had not just asked the mother to do this. She seemed preoccupied with this in the interview and rationalized why she behaved in this way. She spoke of her concerns about gaining access to this young woman and her child as there had been information to suggest that this was an issue as well as how being directive and forceful on a first meeting might adversely impact on the subsequent engagement and working relationship:

"As much as I'm I can be very direct and clear.. and very clear about my concerns, there was something in me that thought it's not really the right you know… to come down heavy, because I did question myself when I came out, I thought should I have been a bit more directive and saying 'do this, put on your heating, do such and such'. But.. " (page 4 Para 3)

"What stopped you do you think? I'm not saying that you should have done.

No, I don't know, I came back and…

But these are the things that happen, don't they? It was your first visit to this woman.

Yes, I suppose there was a part of me you know that I just might (pause)… it was that real balance that she obviously brought something out in me that made me feel her vulnerability and I didn't… and I suppose I want to keep… it's it's engaging someone and before you've even got lost the opportunity for that work…" (Page 4 Para 7)

And:

*"**Yes and you said that beforehand, didn't you, there was a history for her not turning up for appointments and not making herself available.***

And cancelling cancelling at the last minute saying she wasn't well, cancelling the visit, cancelling the visit. .." (page 5 Paras 4-7)

Mandy did seem bothered by why she had not been more direct with this young woman and told her to turn her heating on and although intellectually she could present reasons to her self as to why she had not said this, these

did not appear to satisfy her. Mandy talked of how she had asked colleagues in the office on her return what they would have done:

> *".I came back and I seriously questioned why didn't I just say 'no I really seriously think you should put on your heating', why didn't I tell her? And I'm I still still… was I not that directive because there was… I struggled with feeling empathy with her and wanting to keep her engaged and didn't want her to shut down you know on the first visit, or whether or not even sometimes.. it is taking onboard, it's hard times, out there and do we have a right to say? If I walked into everyone's house who didn't have heating on at the moment, is it you know not good enough, do I have the right to tell people actually? But then, the baby's not old enough to speak and has a right to be warm.. so it's really hard*. " (page 8 Para 5)

> And:

> *"And I spoke to one of my colleagues and interestingly I said to her afterwards 'do you think…?', you know and it was maybe looking for a bit of reassurance but also '…would you have told them to put on the heating? Would you?', and I suppose that was a question. And she said 'interestingly, as you were saying it, I was in my head wondering would I have asked her to put on the heating' and she said 'and it's a really hard call', she said, 'because I don't know, I wasn't there'" (Page 9 Para 7)*

From her account of her actions immediately following the home visit, it was clear that Mandy had sought support and containment from colleagues in the team and the Team Manager:

> *"I came back into my office, I spoke to my colleagues… excuse me (drinks water)… spoke to my colleagues, which I think really had an offload, came in and spoke to the principal and a couple of the other social workers in there and said sighs 'it's cold, it's cold'. I think I must have said it's cold, it's so cold in there several times and …. and shared with them what I'd seen or how I felt and then I suppose um my manager had been in his office and I went in and spoke to him briefly. " (Page 7 Para 13*)

Following this opportunity for 'offloading' and discussion with the team manager, Mandy then stated the actions she had taken i.e. texting the young woman and telling her to take the baby to see the GP that afternoon and to inform her (Mandy) of the outcome of the appointment, as well as a telephone conversation with the Health Visitor. Mandy was able to articulate that after all of the above that her anxiety which had been acute *'eased somewhat' (page 8 Para 2)* and she was able to be thinking about planning the intervention with the family over the next few weeks.

What was apparent to me is that Mandy had needed and used her colleagues and the team manager to be able to manage the impact of the encounter with

this woman and baby and that she had had to communicate and get rid of and/or ‘offload’ the experience in order to begin to be able to process, digest and think about what had occurred. This reduced her arousal levels and in turn allowed her to be able to think, take and plan appropriate action with the aim of safeguarding the wellbeing of a very young and vulnerable child.

The sense of Mandy carrying a burden- an unpleasant experience of anxiety or concern- away with her from her contact with this young mother and her baby- was very powerful. As was her response to rid herself of these feelings. I contrasted this with my experience of the young woman who presented as flat and depressed. This suggested to me that within this encounter that projective identification occurred in which the mother’s intense feelings of anxiety and concern were projected into Mandy- so that the young woman could be rid of these unbearable thoughts and feelings but that these could be experienced perhaps vicariously through the social worker, but with Mandy experiencing the young woman’s fragility and vulnerability- which was one of her stated reasons for not telling her to put her heating on. That is, the anxiety around the fragility of the mother and adult and possible denial of access, impacted on decisions and actions for the child.

This is an example of decisions and judgments social work practitioners are called upon on a daily basis to make and it is not my intention to ascribe blame or comment negatively on this decision; rather to examine what was behind that particular decision by the social worker for that particular family at that particular time and how it seemed to be troubling the practitioner. It seemed to me that Mandy regretted not telling the mother to put on her heating and could not understand why she had not done this as it was out of character with her usual practice. It seemed to me that Mandy felt bad about this and seemed to perceive this as her failing. I think this prompted my rescuing interjection on p4 Para 6. Reflecting now, I question whether I as researcher in a kind of parallel process, wanted to ensure I would ‘gain access’ and as this was my first interview not want to be perceived as negative or judgmental which might have shut my first interviewee down.

Mattinson (Mattinson 1975) talks of how dynamics and psychic processes between practitioners and their clients can be re-enacted or displayed in the supervision session and therefore, I suggest that it was the unconscious projections from the mother that caused Mandy to hesitate and decide not to confront this young woman- with the anxiety that if she was to be more forthright at this stage the young woman and her baby would disappear.

I wonder also if the impact of this projection was amplified for Mandy on this occasion as it had not been what she was expecting and she had been unprepared for this kind of experience. It was not as it seemed to me, just the physical presentation of the mother and baby or their living environment that raised Mandy's anxieties so high, it was the apparent inability of the mother to hear, take in and respond appropriately to Mandy's comments, which raised concerns in regard to the mother's mental capacity and functioning, including her ability to meet her baby's physical and emotional needs. Her grasp on reality and ability to assess and manage the situation for herself and her child seemed tenuous, increasing the sense of fragility of her as a person that could not withstand a stronger communication from the worker at this stage.

Whilst Mandy appeared to have been taken by surprise and alarmed by her visit to this family, it was not the only case she talked about in the interview and it seemed although this second family presented her with a very different experience, the concerns were no less intense and perhaps even more so:

> *"I've been seeing that family for 18 months and they know me so well and I can be very direct with them, but it hasn't eliminated any of my concerns or how much I worry, or the sense of responsibility that I still feel for those girls… yeah" (page 11 Para 11)*
>
> *"I'm familiar with the family, I've built a rapport, I can be quite clear, with the parents, I'm very direct, although it's not 'there's this big elephant in the room, is dad you know sexually abusing the children?'" (Page 13 Para 9)*

When Mandy was talking about this second family, she appeared to be quieter and more reflective than she had been when talking about the mother and baby she had seen that morning. Mandy said that what she found difficult in regards to the second family, was the fact that *'nothing has moved on in 25 years.' (Page 14 Para 1).* Mandy considered how the case was

'huge…overwhelming' (page 14 Para 1) and how she thought two workers might be needed- *'one to do direct work, one to try and do some work with the parents.' (page 14 Para 1)* She commented:

> *"…this mum spent the first few months thinking I was there for her and not for her kids and wanting to talk to me about an affair she'd been having and I had to be very clear about, what my role is with her without being, disrespectful or seemingly.. disinterested. " (page 14 Para 2)*

Mandy had been able to raise and talk through her concerns in regards to the children in this second family with her managers, the Local Authority's systemic therapist and had attended specialist training, but the sense was that she continued to carry and be burdened by her thoughts and feelings as to what the children in the family might be experiencing, which she feared was sexual abuse. The impression was that nothing had really helped and there was no way out and no real confidence of progress at this time, which Mandy seemed to carry. I had the sense that this was a heavy burden that remained with her on a daily basis.

Summary:

I experienced Mandy as being cooperative and forthcoming in the interview. Her primary preoccupation and anxiety in the interview centered on the home visit that had taken place earlier in the day, which I had observed. In the interview Mandy expressed and communicated her anxiety through body movement and gesture as well as being able to articulate her feelings. Her feelings of anxiety were expressed in regard to a number of issues, especially potential of death or serious injury to a child on her case load, which was articulated three times. Mandy also expressed her anxiety through her actions and behaviours in the interview. For example, by putting her hand to her chest and when talking about her fears of 'cot death' there were multiple dysfluencies and repetitions in her discourse.

Later in the interview Mandy said that she suffered from Irritable Bowel Syndrome (IBS), which she linked with her anxieties about the social work task *'Did I do the right thing?'* ('Mandy' interview 1 p 9) and said that she felt *'really tense and weak- kneed.'* ('Mandy' interview 1 p9).

Mandy expressed her concern that she had not been explicit enough in her discussion with the young woman and suggested that this was because she was concerned about gaining access to the baby in the future. Mandy did appear bothered and somewhat puzzled as to why she had not been more forthright, and although she was able to rationalize this, the reason she came up with did not appear to satisfy her and seemed to fall somewhat short of providing an understanding of why she had behaved in this way. I note how my interjection had a sense of rescuing Mandy, possibly due to me as interviewer not wanting to 'close' my first interviewee down and therefore, that there was a parallel process in operation in the interview which linked directly to the encounter with the client.

Mandy described how on returning to the office she had spoken with the team manager and the sense was that she had offloaded her feelings aroused from the visit into the manager and the team and that this had assisted her to process the experience and then to think and then to take constructive and appropriate action.

The second case that Mandy brought to the interview seemed to be a source of longstanding concern that she had carried over an extended period. This case involved children whom Mandy had serious suspicions that they were being sexually abused. The children had not articulated this- the sense from Mandy was very much of things being unsaid and it was very noticeable at this stage in the interview that the tone and volume of Mandy's speech changed in that she spoke much more quietly, perhaps reflecting the difficulty of hearing and/or speaking about this type of abuse.

Another issue Mandy articulated in this second case was the tension between trying to maintain the focus on the child when also dealing with and endeavouring to develop a positive working relationship with the adult parent or carer. This was one of the main themes that emerged in this project and which I will explore and comment on further in this thesis in the 'Discussion and Conclusions' chapter.

Key words and issues:

Anxiety: (around child death); Offloading (immediate) onto colleagues/team/manager. Non-verbal communication around issues that raise anxiety or are unprocessed. How the different families and concerns about them are reflected in the discourse in verbal and non- verbal ways. Impact of the encounters, somatic and embodied symptoms. Parallel process between the encounter and in the interview.

INTERVIEW 2: 'AMANDA'S' STORY' – 'COOKING IN THE DARK.'

Amanda was a relatively newly qualified Social Worker (around eighteen months). In her interview she talked in the main about two families: an adolescent girl and a young woman with two young children. However, Amanda also spoke about her experience of undertaking home visits and the impact this could have on her and how she used the support of colleagues in the team as well as her manager through supervision.

Amanda spoke about her work with these families in an authentic and thoughtful way. She was able to express with honesty and clarity how she felt (and continued to feel) about these encounters. In the interview she presented as engaged in the process with a capacity to reflect on the situations that she had found herself in and work she had undertaken. In the first of the two main cases that Amanda spoke about I was left in no doubt that her experience of working with this mother and daughter and especially the girl, had had a huge impact on her, which it seemed Amanda was continuing to try and process and make sense of.

When I asked about her experience of undertaking home visits to the adolescent girl she told me:

> *"If I tried to see the child, on a number of occasions she would just simply refuse to talk to me, so I'd sit in her bedroom with her under the duvet and I might be able to get one or two words out of her. Sometimes I would give up after five minutes, other times I would sit there for half an hour just kind of talking at her*
> *or just not talking at her.(Laughs: nervous self deprecating?)" (Interview 2 p3 paragraph)*

And:

" Um I mean She is a fascinating one, I hope someday she gets through all this and is able to look back on some of it. But she.. really knows how to manipulate people. She knows I I have never seen anyone be able to give you a look that makes you feel less … I mean in one look she makes you feel, like you are the worst person on earth, the most disgusting person on earth. I have never known anything like it… just by the way she looks at you, you question your own, professionalism, you question what you are doing and what you are saying & you have to sort of shake yourself and say she she is the child in this and I need to stay strong and be the adult."(Interview 2 p3-4)

Amanda appeared to view her work with this young woman as not only significant in terms of her (Amanda's) learning and professional development, but also as an opportunity to reflect on how social work had changed in regard to approaches and interventions from the organisation, specifically that she thought the local authority would *"do things differently now." (page 7 paragraph 5).*

Then Amanda went on to talk about another family with a mother who had been diagnosed with a personality disorder, but she spent little time on this case (which appeared not to evoke so much anxiety) and instead introduced another family she was working with.

Amanda's account and communication is clear and coherent and although she did not express herself using physical gestures, actions, behaviours or re-enact events as other practitioners did, closer examination of her speech identified certain characteristics that suggested deeper, more hidden emotions and feelings that had been evoked for her as for example in the following passage:

"Um, I mean..another case I have at the moment, she is the one that I was telling you doesn't have any furniture, so when you go round it is a really awkward experience because.. the carpets are filthy, there there is nowhere to sit and it is generally a bit difficult, and she is quite um takes a bit of warming up as well. Initially when you go round, she is a bit rude and a bit cross and you have kind of to warm her up, (laughs) in a way. But she has got.. mental health problems that are not being diagnosed & I think um her mental health is probably a little bit similar to the first case in that she has these sort of breakdowns and these episodes where she goes a bit crazy & she attempted suicide, she sort of gets very drunk and has been found by police passed out somewhere in random parts of London, and things like that & um…I think um…" (Interview 2 p9)

The repeated use of qualifying words such as ‘quite’, ‘bit’, ‘little’, ‘sort of’, ‘random’ & ‘things like that’ appear to minimize anxiety. There is a link to the first family Amanda raised in the interview, but qualified by the use of the words ‘probably’, ‘little’ and ‘bit’. I asked Amanda for her experiences of undertaking home visits to this family & she proceeded to give details over pages 9-15. Including:

> *“…And so she'll often open the door and she does that.... a quick 'Hi', - I don’t really want you here, but I am going to pretend you know & I’m gonna And she has this thing about, she doesn’t like shoes on the carpets even though the carpets are filthy, so you either take your shoes off or you stay on in the hallway bit that doesn’t have carpet, or pop into the kitchen quickly, which doesn’t have carpet. She doesn’t like you sitting on the bed in your clothes that you have been outside in, so you can’t sit on the bed; then there is nothing literally nothing else to sit on in the flat. The kids' room smells of urine; I am trying to sort that out, but that’s pretty so that’s not nice. She was cooking whilst I was talking to her, but wouldn’t turn the light on. It was this was December - it was a visit after school - so it was dark, um and she said that if she turned the light on the neighbours could see her cooking and she doesn’t like the neighbours being able to see in. So, she was cooking a proper dinner – cooking like, meat, veg and rice and stuff, in the dark.”* (‘Amanda’ Interview 2, page 10 Para 1)

As Amanda was talking about her intervention with this family I became increasing conscious of being concerned for the children and thinking this is extremely worrying and yet I had heard Amanda say in relation to the first family that she thought things would be done differently now and that children would be removed from the parent if such concerns were identified.

Amanda’s voice, her tone, volume, speed and intonation, remained constant: expressive but measured. Nonetheless I was conscious of my own rising anxiety levels and a sense of disbelief and disconnect, i.e. had I heard Amanda correctly earlier in the interview when after discussing the hostile young woman, that she thought the local authority would not make those mistakes now? And yet, within the same session she was describing to me a scenario occurring in the present which seemed to me to be extremely concerning for the safety and wellbeing of the children and involved a mother with serious mental health, personality or behavioural issues.

Amanda stated that before visiting the second family how she would try not to think about it and *'just go.'* She clearly stated that if she were to think about it then she would *'probably get quite anxious.'* ('Amanda' interview 2 p11), so 'not thinking' was a defence against anxiety.

Summary:

Amanda presented as cooperative and thoughtful in the interview and my impression was that she appreciated the space to think and reflect on her work and experiences. Her account of her experience of working with the hostile and aggressive adolescent girl struck me as being very powerful as did Amanda's descriptions of her home visits to the family where the mother 'cooked in the dark.'

My impression in the interview was that Amanda had not been able to fully make the link in her mind between the two families and that for her defensive processes were operating to stop her making that link and being consciously aware of the parallels. I do not think it was coincidence that she raised these two families for detailed discussion- she did comment on two other families but in much less detail than the hostile adolescent girl and the family who lived 'in the dark' in squalid and horrendous (as it seemed to me hearing about it in the interview) conditions. But that in the interview she had communicated to me her anxiety and disquiet, so that these feelings were located in me, but Amanda herself appeared to find relief from undertaking the interview.

A number of key themes emerged from Amanda's interview; the emotional impact of the work, including how the client 'makes you feel.' Anxiety around getting it right, of potential aggression or violence from a client, or death or injury to a child on your caseload; a sense of frustration, with the clients and the organisational and procedural issues.

Amanda did not in the interview use gestures, actions or behaviours as a method of communication, but her speech, including use of repetition,

dysfluency and evocative and emotive language communicated in a powerful way her experiences.

Amanda spoke of using the support of colleagues in the team as well as the manager and supervision and this seemed important and valuable for her.

My reaction in the interview raised for me the theme of the invisibility of the child. That is, when the practitioner becomes so focused and preoccupied or inhabited by the projections from the adult(s) the child(ren) seem to disappear from conscious awareness.

The tenor of this interview was quiet, serious and thoughtful, with a real sense of the enormous difficulty facing some children and families, as well as the gravity and general difficulty of the social work task in trying to assist them. It left me with a pervasive sense of sadness and depression. Perhaps regarding the hopelessness of the task and the question as to whether progress could ever be made? My impression was that Amanda was carrying these feelings as her discourse indicated that she had experienced the encounters with the young woman as troubling and disturbing and that these feelings had remained with her and that she continued to ruminate on the experience and the meaning of it for, I think, both her and the young woman.

Key words and issues:
Attacks on linking; Impact of trauma; invisibility of the children. The troubling impact of direct work; projective identification; Dysfluency, qualifying and minimisation in the discourse. Anxiety in relation to personal safety and what might be encountered on a home visit and risk of potential or actual aggression. Anxiety about getting it right. Commitment to the work. The impact on the worker of these encounters. Feeling of being preoccupied, haunted and/or assaulted/invaded by particular clients. The role and influence of the organisation, in terms of priorities, aims and actions, and frustration related to this. Importance of support from colleagues and team manager.

INTERVIEW 3: 'ISOBEL'S' STORY- 'ROTTWEILLERS AND POODLES'

Isobel was an experienced social worker, who had been in her position for a few years. She was an older woman, probably the most senior in terms of age in the team. Nevertheless, Isobel presented with great energy and vigour and an engaging style.

In her interview Isobel talked with refreshing candour and lively humour about her direct work with families on her caseload. It was Isobel who provided the memorable quote above- likening different cases/families to different breeds of dog, which gave an immediately understandable analogy that I think most practitioners would have no trouble recognising.

In her interview Isobel talked of how working with different families lead her to develop different approaches and ways of engaging: *"I'm more likely to stroke a poodle... with a Rottweiler Rargh (roars) don't come near my child…I'll knock you out, um I'll rip your face off (laughs)" (p7 paragraph 7).*

Different families present social workers with different challenges, no two families are the same and perhaps the same family can also present in different ways at different stages or times in their lives. As a researcher interested in the social worker's experience of undertaking home visits I had asked Isobel to talk about her experiences of seeing children and families in the community and she chose to focus on two families: one that I had observed a home visit (the 'poodle') and another for which she seemed to be very preoccupied with- the 'Rottweiler'.

Isobel was able to describe what she perceived as the difference between the two types of cases; that is the 'poodle' was able to articulate her wishes and feelings and had been able to develop a constructive relationship with her as the social worker and Children's Services in general. This included, according to Isobel, 'knowing' why a social worker was involved as well as how to access and make use of the system and be able to make a complaint if needs be. Isobel also proposed that the 'poodle' case had insight into her own difficulties (which for this particular woman and mother was mental health

problems). Whereas the ‘Rottweiler’ would tend to act out in an aggressive manner and he would struggle to use spoken language to express his views or emotions.

In her interview, Isobel used physical movement, gesture, sound and volume to illustrate this difference when she literally roared and moved her body forward to further emphasise how the ‘Rottweiler’ communicated and behaved. This gave me the clear impression that for this ‘Rottweiler’ attack seemed the typical response, perhaps indicating that for him attack was the best form of defence. The image conveyed from what Isobel said and how she talked about him, was that this ‘Rottweiler’ was a man, probably in his late thirties to forties who had had a number of children with a much younger partner. The couple relationship as Isobel described it, seemed to be extremely volatile and the family were well known to the department and the father had established what sounded to be a rather fearsome reputation in regard to propensity for threatening and aggressive behaviour towards professionals, including social workers. Isobel commented: *“…the family is well known to be really, really violent (cough) he had a really bad history of um violence and a **high** risk to children.” (page 2 paragraph 5)*

Throughout her interview, Isobel’s language- both spoken and non- verbal behaviour, communicated to me the sense that when she was undertaking direct work with this man, it was almost as though she had to prepare herself mentally and physically for a fight, including the possibility of an actual physical altercation. As the interview progressed Isobel’s preoccupation with this man and his family continued and she gave a detailed account of her most recent home visit.

When she spoke about her ‘poodle’ case i.e. when posed a query about this family, her response related to the ‘Rottweiler’ case, with whom she appeared preoccupied. For example, the trigger on one occasion seemed to be when she was thinking about the unpredictability of home visits and how ‘anything can happen’ and Isobel then went on to give an account of what sounded like

a truly terrifying experience that had occurred around six or so months previously.

As she talked, Isobel appeared to be re-living the events of that day, including to the extent of re-enacting behaviours she had witnessed or undertaken at the time e.g. the man grabbing his partner's face and Isobel holding her mobile 'phone in her pocket and having the emergency services on speed dial.

As an interviewer then and now, re-reading and listening to the interview, I felt it was important to hear and listen to Isobel's account, to allow her the space to say what she wanted about this experience, in the manner that she wanted to.

At the end of the interview I asked her what it had been like for her speaking about these encounters:

> *"…it's reflective, because its not everyday that you talk about what's happened. Um and in reflective, would I have reacted in any different way to that?...and the answer is No. Um… and even talking about it my heart's starting to race.*
>
> ***What today?***
> *Yes*
> ***Really?***
> *Recalling, I felt…*
> ***You could be going back to that time, the physical sensations?***
> *Yes, yeah physical sensations of it- Yes so in a sense its, a great to be reflective but it also pinpoints the difficult situations that Social Worker's go into, when they enter a home, you don't know what you are going to find and how are you prepared for that?'*
> *Yes, but its still there*
> ***Is it? OK***
> *Yes, the anxiety is still there but I know once I get up and move onto something else it will go.*
> ***OK***
> *And a bit breathless and that's how I felt on the day (takes a deep breath)… you know."*
> *(Page 15 paragraphs 6-12 and page 16 paragraphs 1-5)*

My response at this stage in the interview was to try and ensure that Isobel was brought back to the present time and not remain emotionally (or physically) reliving her traumatic experience.

I think it is relatively easy to understand and empathise with Isobel's experience and appreciate why direct work with this family might preoccupy her and hence why it was this family that she chose to focus on in the interview. The near constant threat of serious aggression and violence, the extreme volatility of the parents, such that it was difficult to predict what situation a social worker might face from one visit to the next and the tenuous capacity of the adults to contain their feelings of anger and distress so that these would spill over to others, including their children.

Listening to Isobel, it felt dramatic- akin to a soap opera- not just because of her speech, her tone, volume, energy levels etc. as well as her gestures and movement in the interview, but also in terms of the narrative and 'storyline'. However, it also rang true to me as a social worker with significant experience of practice. I found myself at the time and when listening subsequently to the audio recording, feeling 'sucked in' to the drama- vicariously experiencing Isobel's fear and anxiety; being impressed with her courage in the line of fire and incredulous and outraged at the behaviour of the Health Visitor!

Yet, yet, this made me think about how Isobel seemed so acutely attuned and alert to the behaviour and emotional state of this man, less so it seemed than with the female partner and although the children were definitely present (in the encounter as well as Isobel referring to them several times in the interview) as dramatis personae, they seemed to be minor characters- outlines only- with names, ages etc. and with few filled in details, in contrast to 'Mr. Rottweiler' who seemed to be portrayed in full and glorious technicolor.

I suggest, that maybe, in order to survive these encounters, the social worker may identify with the potential abuser. This is a dynamic recognised in Domestic Abuse and would occur in order to protect the worker physically and psychologically and allow them to continue to be able to function in a situation of ongoing threat and anxiety. This, I suggest is the origin of Isobel's slip of the tongue, when she hears me say 'pairing' rather than 'preparing' (page 11 paragraph 7).

As with ‘Amanda’ I also wondered about the process of the children tending to fade from view when a social worker is confronted with adult(s) who evoke such powerful responses, related it seemed to fear and intense anxiety, including fear of serious harm. The adults have the power, set the ‘scene’, direct the action and manage the whole production.

Isobel had been able to make a link between how Mr. Rottweiler viewed her and his relationship with his Mother (page 8 paragraphs 1-5), so there was some awareness and insight from the social worker into the possible dynamics of the relationship she had evolved with this man and the possible internal models. Isobel seemed to be able to use this understanding and formulation in a constructive way in order to develop a positive working relationship with this client.

However, whilst Isobel appeared preoccupied with this male client, she talked less about the children and their experience, despite there being evidence in the interview of Isobel being determined to protect them and to prevent them from coming to any harm.

Nevertheless, the clear impression from Isobel’s interview is that it was the adults, or specifically the ‘Rottweiler’ character that took centre stage in this family drama and that Isobel was primarily preoccupied with his emotional state and behaviours. The experience of each individual child living in the household received far less attention in the interview, as a consequence it seemed of the social worker having to deal with and manage what the adults projected at and into her. Isobel was still processing this experience some months after it had occurred.

I contend that this kind of experience is commonly encountered in direct work with Children and Families in the statutory sector. To get to the children- physically or to engage with them emotionally- the practitioner has to go via the adult(s) and can become entangled and embroiled in their behaviours and projections in the process, despite best efforts not to and this is not

necessarily related to experience or skills of the worker, rather it is response to the psychic defences of the clients involved.

In her interview Isobel said that the previous week she had spent several hours with this man (page 10 paragraph 3) and again acted out his behaviours (physical signs of anxiety) in her interview. (page 10 paragraph 5) so that there was ongoing evidence of how preoccupied she continued to be with this particular client.

Summary:

Isobel presented as engaged in the interview and what was one of the most striking observations was how preoccupied she was with the male client referred to as the 'Rottweiler' type of case. Isobel appeared to be almost 'inhabited' by this client and he seemed to have invaded her to the extent that her contact with him (and to lesser extent his partner and their children) was the topic she repeatedly returned to.

Themes of anxiety in regards to threats of aggression or possibility of assault or physical harm were raised by Isobel as was the unpredictable nature of the job and responses from clients. Isobel clearly expressed that she had felt frightened in her encounters and that she experienced physiological symptoms of stress.

The value of support from the team manager was evident as were incidents of Isobel using physical actions and movements in the interview to communicate how she experienced the male client, to the extent of almost re-enacting a particularly traumatic incident. In the interview itself after recalling this incident, Isobel stated that even just remembering the incident in the interview had caused a physiological response in that she felt her heart racing and had to breathe deeply to reduce what appeared to be a stress reaction.

Isobel's interview raised again the theme of the child(ren) receding from view when a social worker is involved in an emotional and/or arousing encounter with an adult(s). Also, that the kind of encounters described by Isobel

suggested the traumatic nature of these incidents, especially perhaps when the fear of violence or aggression is anticipated and the practitioner is hyper-vigilant as a consequence.

Key words and issues:

Children receding from view; traumatic event- primary and secondary; acting out in the interview; physiological reaction to recounting the experience; identifying with the aggressor; hyper-vigilance; use of team and manager to process the encounters; preoccupation with a particular family/individual; appearing 'inhabited' by thoughts of particular clients.

INTERVIEW 5: 'SANDRA'S' STORY-'FEELING THE HEAT'

Sandra was a social worker with 5 years post-qualifying experience in a Children in Need team.

At the time this interview was scheduled in early 2012, I had been spending time in the team, undertaking observations in the team room and observations of home visits for some months. Sandra had agreed to be interviewed but appeared somewhat subdued on the day:

> *"So, I'm feeling tired now. Yeah, being in there doing the same the same thing. " (Page 2 Para 3)*

When I enquired about her experiences of undertaking home visits and suggested she talk about any home visits that came to mind, Sandra seemed a little hesitant, asking about confidentiality, then talking about a family that she was working with- a mother with mental health and alcohol issues who had been physically and emotionally abusive to her children. The children were now subject to Child Protection plans. Sandra introduced them by saying:

> *"Well, let's say that it's a middle class family. And um.. That's a bit awkward for me because I'm thinking there are a lot of issues around um… image and status and that sense of stigma for child protection… I'm thinking I wonder if they are thinking whose going to visit this family? And I know that, with the mother, she has had a lot of issues around the stigma; I'm sure the dad, as well. But it does make me think and how come I don't think about it for the other families. " (page 3 Para 1)*

My sense was that Sandra was reflecting in the interview as to why this family had come to mind and she continued:

> *"I'm thinking I wonder if they are thinking whose going to visit this family? And I know that, with the mother, she has had a lot of issues around the stigma; I'm sure the dad, as well. But it does make me think and how come I don't think about it for the other families. (page 3 Para 7).*

Sandra continues and appeared to be to me almost thinking out loud, trying to understand something about why working with this family is more problematic for her than others:

> *"I try and be professional with all my families but, yet still, there seems to be something (chuckles) more heightened in this. And just trying to engage with the children, they're lovely; very polite. Um and I just It just makes me wary.. and feel awkward, yet, I'm thinking: I'm doing it with everybody else." (page 3 paragraph 8)*

The chuckle (affect) and repetition and dysfluency, suggested to me that Sandra was engaged and thinking about her contact with this family and attempting to pin down why working with them made her feel *'wary.'* The impression I received from Sandra was that the family- the mother- was very resistant to Sandra visiting and involvement of Children's Services in general and that she (the mother) was very defended in regards to her actions and behaviours.

As Sandra continued talking she spoke about the professional concerns, including the mother's need to control and Sandra's feelings about undertaking home visits to them, in which she stated she did not look forward to because *"I don't know how she is going to be." (page 7 Para 5) and:*

> *"And then I've seen them since for the um conference and they were presenting a united front and I'm thinking: I'm sure there is more to it than that. Um …..There was a united front.*
>
> ***So it didn't fit right to you; there was something that you ...***
>
> *…Yeah. I'm thinking: like yeah, they've been working at ... and I know that there are issues with their marital relationship but she wants to present this* ***positive front****. .. I suppose it's like for me having to work on her and breaking it down. Because, what I was trying to say to her: 'Yes, yes it's great that you are able to reflect that you have acknowledged about being controlling and where you allowed yourself to let go and we've seen progress again'. It's almost like locking heads; whatever way I tried it she just was not taking it on board and she wanted it out. And I'd be there late in the night ... it was about*

seven o'clock when I left and then by eight o'clock she sent um left a phone message on my BlackBerry and then she sent a text, and she sent another text.

What did it say? What were the messages?

'If you don't take it out (imitates clients voice)... it's a thing where our relationship is like' ... it's like Sandra that she was getting in that ... In the actual visit I was ooo thinking that she's getting really uptight. She's going to lose it. Shall I make my excuses now or just stay there and see you know see what happens? But about eight o'clock in the night she's sent a voicemail and then she sent a text Like ' Sandra, (imitates voice) if you don't remove it, I'm not going to come to the conference and it's really going to jeopardise our working relationship'. And I'm thinking: like boy, she's become really obsessive. And then, during that following following it was um the weekend, I'd had to put on my phone to look at the my diary/calendar and ***then there was another****. (High pitched voice for emphasis) And I thought to myself: God, and there was a panic in me. What is wrong with her?(Page 7 Paras 9-12)*

At this stage in the interview my impression was that Sandra was aroused and engaged and her account and communication to me of her encounter with this client was 'live' in that she imitated the client's voice, manner and tone, and changed the tone and manner of her speech for additional emphasis- almost as she was re-experiencing the exchange.

She was, I thought, telling me, by showing me through her voice and actions, how she had experienced the home visit and the subsequent texts and telephone messages – culminating in a 'panic in' her. The 'panic' having been put 'in' her by the communications from the mother, in what it seemed to me to be a persecutory and intimidating manner, possibly with the aim of wearing down and exhausting the social worker causing her to capitulate and accede to the client's views (and state of mind). Which was what in the next paragraph Sandra said she ended up doing:

"A text. A text, about three texts and one phone call. And she's already said to me about removing it and I'm thinking like... so I bowed down and I removed it because I thought it was ... and Team Around the Child minutes, whatever, but I will um speak to ... I'm even thinking about do I approach it tomorrow or choose my battles…" (page 8 Para 1)

It is clear that Sandra experienced her encounters with this client as a 'battle' and this is what she had to prepare herself for on home visits. She went on to

mention the children and when she talked about them she seemed to relax and smiled before going on to talk about the pressure of the work in terms of completing the records and reports that are required for all the cases she was carrying.

As she talked Sandra disclosed that she was also experiencing issues in her personal life and she seemed generally to flag a little and appeared tired and rather burdened. I checked out with her if she wanted to continue with the interview as I did not wish to add to her stress, but she said that she did wish to proceed and this seemed to galvanise her in that she stated she wanted a 'change', by which she seemed to mean a change of job from CIN Social Worker to a practitioner undertaking a counseling role with children. Then she talked more about specific children she was the social worker for: "…*he's a lovely little boy and she has a lovely baby…"(page 15 Para 5)* and their mother whom she described as having a chaotic lifestyle and how Sandra noticed that she (Sandra) is *'really harsh' (Page 15 Para 5)* with her and how the client's mother and sister 'make excuses' for the young woman, whereas Sandra said she was:

> *"But I'm, I'm so curt and I just I just observe myself the way I respond to her yeah and her…" (page 15 Para 7)*
>
> and:
>
> *"And then she comes back saying um, how I was shouting at her I'm thinking and you've got to choose your battles. There's a part of me I could feel as if I was being flippant, yeah and and I know it's not right.*
>
> ***Did you shout at her? Is that what she's saying?***
>
> *I was on I was on the phone and we were, more or less, shouting at her when I'm trying to say something to her. And she's like: Sandra this (imitates voice) and Sandra that. And I'm saying: Yeah, and this ... And you have to be there, you have to be there. I've got a I've got a, I have a deep voice." (page 15 Paras 7-9)*

Sandra had previously stated that she experienced this young woman as an 'adolescent' and it seemed to me that, although she knew 'it was not right' there was something about this client that brought out the parent in her who ended up raising their voice to their adolescent daughter. I wondered if this

was a projection from the client, in regards to her need for an adult to set and maintain boundaries when her birth parent was unable to do so?

Talking about this young woman and her two children seemed to raise anxieties in Sandra as to the possibility or likelihood of the children being removed from their mother's care. It was this scenario that seemed to raise the most anxiety for Sandra and she seemed to be exhibiting some signs that she was getting physically warm which I commented on:

> ***"You're warm.***
>
> *I'm hot now, yeah. I'm just thinking: how do we deal with it? You know, that that I am anxious for her yet she can't see it that if she is unable to do the basic stuff for her child, there is that point where we might have to remove ...*
>
> ***And what do you do with those feelings that you have?***
>
> *(audible intake of breath) I don't know…… Just talking about ... call it my initiation um from fire and the initiation where I had to organise or be part of the removal of my first lot and, of course, they always say that it always stays with you. And I'm just talking about it today because Kate was talking about her case and I said I remember how mum was shouting: 'I'm going to smash your face in' and yet all that kind of stuff where when I was in CP admin I want to say: you lot, ????? and [overtalking].*
>
> ***You're doing the actions now where you distance yourself.***
>
> *Yeah, and now I'm in it.*
>
> ***And now you're in it. " (page 16 Paras 1-7)***

Sandra then went on to talk about a family with two little girls and mother who used illicit drugs. Sandra said she had been extremely worried about the children and her anxiety about them coming to harm and how she called them 'my girls':

> *"And yeah I used to call them my girls, so it's like I took on them even though she's the one, she's the mother, she produced them. There's a part of me where, as if I had taken them on and I feel kind of guilty because I used to call them my girls. People were asking me: how are your girls?*
>
> ***Guilty for ...?***
>
> *Even saying 'my girls' .. because when they were in foster care I'd have to go and visit them. And she would have been: 'Aah, that Sandra, aah!' And um she'd miss the contact and give some excuse; You know blame me; blame*

something. And the elder one older one would beat up the younger one when there was no contact, and simple little things like that. But, yeah In the end, they were placed elsewhere in another country.

What do you feel about that now?

I think they are alright because they are with their family but it's just ...

Why does that case ... that family stick in your ...?

That was the initiation through the fire; the first one.

Your first removal." (page 17 Paras 2-9)

Sandra then went onto talk about her memories of the children and significant incidents that she (Sandra) had observed which had it seemed become etched in her mind and it was as though she was using the interview to replay or relive these incidents and this included using actions, movements and gestures in the interview:

"Yeah. Um, like, one time, I think I didn't want to believe it when I'd, more or less, got the case and the older one she was she was four and the younger one was two, and she'd lift up her legs (raises voice) and she was changing her nappy and I'm thinking: did I see that? I didn't see it. I don't think, I don't think I recorded it but that's what happened. Certain little things like that.

On one of your visits.

Actually, it was at a TAC meeting.

At a TAC meeting, one child changed the other child's nappy.

Mmm. Either she changed it or she was like like starting the process of lifting her up and ...

In a very practised manner; you're doing the actions." (Interview 5, p17. Paras 12- 17)

Sandra then went onto to describe how the previous night she had had what sounded like a heated discussion with her adult daughter whilst they had been watching a television programme about social workers. Sandra seemed quite aroused and intense in the interview at this stage:

"I hear you talking about how your views of things have changed over time and how you would have, perhaps, done things differently.

Different um …You give them chances. You give them chances, so yeah like last night, we were watching the TV - Protecting Our Children - and my

daughter was saying: 'Yeah, that's so Draconian; (imitates voice) why couldn't they have given her more than one day'. Because, in the end, it just didn't work out but they were going to be placed with the um maternal grandmother again where the older girl ... I don't know if you saw it. Did you see it?

I didn't see it last night, no.

And she said: 'Why have they got to be you know so Draconian?' And I'm saying: 'Hey, they've had lots of chances; she had the mother and dad that decided to focus and they were able to prioritise and show their commitment yeah to the little girl and that's why she's got to be placed with the gran and she's got to get on with her life. And she gets there one day because contact is not about ***the*** *mother it's about the child ?????'. And I'm trying to explain to my daughter and she said:* ***'Yeah, but*** *...'*

How old is your daughter?

She's a big woman now. I won't say how old she is because yeah she's a big woman but I'm thinking that think of the child. And I could feel my social work hat coming on and I'm fighting with my daughter.

Your hands and fists are ready to ...

Yeah, yeah fighting with my daughter. Yeah, saying: 'No, think about the child'. It's the child, it's the child, it's the child, it's the child.

As you're saying, it's hard to keep the focus on the child, isn't it, because you do feel so ... as I hear what you said before, feeling sympathy with the parents.

With the parents, uh huh, even the last one I had to remove was four children and she'd been, she'd had a messed up life and it was intergenerational; it was repeating itself. She was the one that had to … like her siblings; they went into long-term foster place. Um. The other one was adopted and um she just kept sabotaging her own um foster placements; long-term, but sabotaging and wanted to go back to her mum. She had four children and the same state; though her mum was a drinker, but the same state of the home. Chaos and not going to you know… trying to improve the children's opportunities like taking them to school, chaotic lifestyle; the same thing occurred. And it you know comes to that point where you say: 'That's it; you've had all the opportunities, all those chances been at, we're going to have to ...' Because it is like ripping I think those children." (Interview 5 p18 Paras 3-12)

At this point Sandra returned to talk about her experience of 'removal', i.e. removing children from the care of their parents. As she talked my impression again was that she was to some extent reliving what she seemed to have experienced as a highly traumatic event:

"…and um having to prepare up on the landing, waiting and then you hear the ***scream****: 'They're taking my child!' And it's still ... it's still*

You're holding your chest.

Yeah. There's something quite emotional about it. .. " (Interview 5 p 19 Paras 1-3)

Sandra then paused and seemed to be thinking about this family and then talked of how she had seen the children recently and how happy they had appeared and that this made her feel more positive about her work and the social work task in general. This was reflected in her facial expression at the time, as she smiled, apparently at the recollection of how the children had presented when she had seen then two weeks previously. The interview then seemed to shift to the wider societal perception of social work and the anxiety of being '*singled out'* and blamed if something were to go wrong.

Sandra then went to talk about how she would like to present a case study perhaps in the team meeting as a learning experience for herself and other colleagues, but commented on how there seems to be some hesitance in the team, I enquire as to why this might be:

"We have to force ourselves to have the meeting and there is other stuff on the agenda. I suppose we're not structured enough. " (interview 5 p20 Para 13)

The interview seemed to be approaching the end at this point and Sandra seemed to be more relaxed and thinking about options for moving forward and developing practice, so that the sense of the highly emotive or anxiety raising elements of the discussion had been expelled and processed during the course of the session and I decided to draw the interview to a close.

Summary:

Initially Sandra appeared rather apprehensive about undertaking the interview and I wondered if she was anxious about this. Nevertheless, she soon appeared to relax and introduced a family with whom she was working and whom she seemed troubled by. This was evidenced by both by her physical actions and movements in the interview as well as auditory expressions, such as sighs, repetitions, dysfluency, affect, imitating client's voice etc.

For this woman client Sandra spoke of how she had been pressured to change what she had written in a document about the family. Sandra seemed quite aroused when talking about this experience, evidenced by her imitating the client's voice, such that it seemed as though Sandra was re-living or re-experiencing this encounter. It was my impression that she felt harassed and persecuted by this particular client. As Sandra focused on this female client, their was little mention of the children and as in previous interviews they appeared, at least in Sandra's mind at this time to have receded from view.
Sandra was explicit in saying that she thought this particular client was defensive and how this affected her behaviour: *'Um and I just it just makes me wary…and feel awkward."* ('Sandra' interview 5 p 3 Para 8) So, there was a sense of a link between the level of the client's defensiveness and the impact on and experience of the practitioner.

Sandra also spoke of when working with one other young woman she found herself acting in particular manner, which she seemed to feel was unusual and not her typical response. She talked of how she found the young woman in question 'frustrating' and noticed that she was *'..really harsh with her, (laughs) like she's an adolescent.'* ('Sandra' interview 5 p15 Para 5) I took this to mean that Sandra was suggesting that there was something about direct contact with this client that invited, encouraged or inclined Sandra to present with a specific response, which she was aware of being different or not quite right in terms of how she would usually have responded to another client in a similar situation. Sandra appeared to me to be somewhat unclear as to where this was coming from, i.e. were the origins within herself or with the young woman and perhaps feeling guilty about her response.

Sandra talked about how anxiety about direct contact with clients could impact on her thinking and planning and how she had prepared for a confrontation (Sandra seemed aroused at this point in the interview evidenced by her gesture of raising her hands into fists) and then she had been so taken aback when the client did not present in the way she was expecting that Sandra 'forgot' to discuss one of the most important issues that she had gone to address! ('Sandra' interview 5 p 12 Paras 1-9)

Preoccupation with anxieties and experiences aroused by a previous incident when children had to be removed from their family appeared to be significant issue for Sandra and her discourse in the latter part of the interview gave me the impression that these experiences were still very live for her and had not been fully processed. The impression I had was of possible unresolved trauma through direct exposure to a traumatic event.

Sandra also talked in her interview of how she enjoyed working with the children on her caseload but that it seemed that she felt unable to do as much of this work as she wanted to in her role as a Children in Need social worker.

Societal response to child death and other tragedies where children's services were involved was also raised by Sandra as something that she found 'scary' in that the response is to 'single' out an individual practitioner to blame and this appeared to something that she was acutely aware of.

Key words and issues:

Anxiety; trauma- especially when linked to removal of children; the 'fight' to keep the focus on the child; acting out in the interview; reliving traumatic events- including physiological effects; Anxiety around threat of harm to self; preoccupation with certain individuals or families; societal response to social work- blame; use of the interview as reflective space.

INTERVIEW 6: 'KEISHA'- 'I'M A WALKER WITH MY DOG.'

Keisha was a newly qualified social worker and her caseload was protected. In her interview she talked in the main about a current case, which involved very serious domestic violence from the male partner to his wife. The family concerned was of a non-white heritage and English was not their first language. Issues of culture, interpretation and understanding were significant and complex. The impact on Keisha of her direct work with this family- especially the mother was huge; Keisha's views on engagement and assumptions about capacity to change were tested and it seemed the

experience had caused her to re- think and re-examine her role and future as a practitioner, as well as challenging her views of human nature. It was (and continued to be at the time of the interview) a learning experience.

Keisha presented in the interview as being self contained and rather reserved. There were few instances of Keisha using physical actions in the interview and her voice, speed, tone, volume remained generally level. However, the sense was that she had been tremendously affected by the work with this particular family (and the other young man she talked about) to the point of tears and I felt she carried –internalized- the burden of this.

From early in the interview Keisha identified a major dilemma for child and family social workers- the balance between the need to focus on the child whilst working with the adult(s) caring for them who almost inevitably have their own unmet needs and make demands of the practitioner:

> *"I think in a way I think what's been partially difficult about that case is the fact that you are the children's social worker and ultimately that's my job to safeguard them but mother is a victim in her own right and has suffered prolonged abuse for many, many years and it's very difficult sometimes to balance both of those things." Page 3 Para 3)*

I sensed that Keisha was preoccupied with this particular family and asked about her experiences of undertaking home visits to them.

> ***"Going back you know I've been looking at home visits and thinking about social workers' experience of home visits maybe staying with this case because I sense it's with you?***
>
> *Very much so, everyday." (page 3 paragraphs 10-11)*

Keisha's response was to talk at some length and in detail about her experience of the mother and the issues this had and continued to present her with as a social worker. Repetition of certain words emphasised what Keisha was trying to convey to me as in the following examples:

> *"…I think that whole language barrier is really quite difficult – difficult for mum and difficult for me because I wasn't really aware of that and then very difficult because she uses the daughter to translate." (Page 4 Para 1)*

and:

> *"Oh it was very...she was very passive, very passive…"(Page 4 Para 5)*

and:

> *"I think the children are really lovely children and I used to think to myself, gosh they're such lovely children. They've had such horrendous experiences but such nice children, weren't willing to talk about what had happened very much but such nice children…"(Page 4 Para 9)*

As Keisha talked of her difficulties in understanding and communication with the mother in this family; the sense I had was that Keisha thought that if she could just find the right intervention/worker for the family that this would be the key to them being able to make progress and change:

> *"So I was always looking for an intervention that I thought might help the family which was quite difficult to find actually in this state, day, age of an intervention where she would actually be able to talk without that language barrier with a cultural understanding I thought that was really important I thought that I'm...for as good as you can be with people that that's missing and I really struggled to find that and that was something that really frustrated me as well because I kept thinking if only I could find somebody/something for her, an outlet for her. And she started going to women's group – very reluctantly going into the women's group and I felt like I had to force her to go and that doesn't sit...you know when you work with people it is about them because I always think if people don't want to do anything it doesn't work. So I felt like I had to force her…"(Page 5 Para 1)*

Here, as later in the interview, Keisha appeared to be talking about her discomfort in terms of working with a woman who had suffered severe domestic violence and yet Keisha found herself working in a very direct manner – the word she used twice in the above quote is 'force', which is not what she seemed to have either wanted or envisaged. In the same paragraph Keisha talked about being optimistic (repeated three times) and concludes that she thought she had been *'too optimistic.*' (Page 5 para1)

Keisha seemed to struggle to comprehend what was going on for this woman: in that she had to be forced to attend the group, but once she was there was reported to disclose more details of the controlling and emotionally abusive

behaviour of her husband and then started to get angry with the group and would use any excuse not to attend.

Keisha went on to describe a particular home visit that stuck in her mind; when she had to confront the mother with irrefutable evidence that the father and husband (who was in custody at the time for the serious assault on the mother) had threatened to kill their oldest child:

> *"I mean I...the principal of the team came with me and when I asked her about it she just absolutely was panic stricken that I knew and she was like, you could literally see it on her face trying to work out what it is she should say to me and when I said to her you know that I'd read the transcripts and this is what he'd said she said, 'no, no, no he'd never he loves his children he would never do that, he never said that' I said but he has said that, 'but no he wouldn't say that' and I said well I don't believe you anymore I know that he has said this to you and then she started saying 'oh no', like people do 'it's a mistranslation he didn't mean that', and I said no, I said you know I know that he said this and I said we have to take this really, really seriously. And she was just...she started to get annoyed and then she just deflated and just went back to that minimising, 'I'm not going to do anything'. She was very upset, she started crying. But it wasn't the reaction that I thought I would get from her really I thought she'd...and I knew then that we didn't have the relationship that I thought we'd had. " (Page 6 Para 9)*

Keisha said she would take this case to supervision and discuss with the principal social worker, who also accompanied her on some of the more difficult home visits. But the sense was that this family, or perhaps more specifically, Keisha's relationship with this mother was intense and that Keisha had been inhabited and preoccupied with her and really wanted to believe and had invested in the idea that progress was being made. As with the other social workers, there was little mention of the children themselves, Keisha's narrative almost exclusively related to her relationship and interaction with the mother.

The turning point seemed to come with the risk management meeting (that turned into a legal planning meeting as it progressed) that was chaired by the Service Manager, a woman who had a significant experience in the field of domestic violence. I asked Keisha about her experience of that meeting (which I had observed) as my impression was that it had not proceeded the way she had thought it might:

"How was that for you – that meeting?

Oh that was like...because obviously the first I've ever done – I think I'm always quite nervous when I do things...like most people you're quite nervous for the first time because you're not quite sure and I think as I was talking in that meeting and you're kind of laying out the whole...I just thought oh my word this sounds awful now and I know how awful this sounds.

But that was different to how you felt about it before you think?

I think up until that point I was always hopeful that she would safeguard the children, I suppose, appropriately in the future.

What did you feel before going into that meeting because I observed that meeting if I remember rightly?

You did. Well I felt very nervous about going in there because when they were talking about a risk management meeting and then it became a legal planning meeting I thought oh...I think sometimes you think of things – not in isolation but you don't...and although we would talk about the initial incident and what's happened recently, sitting in a legal planning meeting kind of reeling off the facts of how you're seeing...I had the whole case in front of me and I was seeing it and I was looking at T M's face and he was...didn't say very much and I could see him not...you know as if hmm this is not...this actually sounds really, really worrying. When you put all the pieces together it's really very concerning and I think...(Page 8 Paras 2-7)

Keisha said her feeling on leaving this meeting was one of 'horror' that she would have to inform this mother of the Local Authority's decision (to initiate care proceedings and removal of the children) as this woman had always been 'nice' to her; it seemed to be for Keisha that she felt as though she had betrayed the mother and it was her who was going to be delivering what sounded like a fatal blow:

*"**How did you feel coming out of that meeting?***

Oh, I was absolutely horrified that I was going to have to tell them, I thought how am I going to tell her we've worked together you know she's always been...she's not an aggressive person as I say she's very passive, she's very nice. Can she get me a cup of tea? Can she get me something to eat? And I knew that I was going to have to tell her and I didn't know if I could do that – I really didn't know if I could do that. I thought how am I going to tell this person that I've been working with all these months that actually we're now..."(Page 8 Paras 8-9)

And:

"…I don't think she acted any differently to how I thought it would be it was just worse than I thought it would be." (Page 9 Para 1)

In what way?

Because I think she has some real strengths about her parenting and I don't think separating the children it helps. Again it's something that I've struggled with internally about. Can't leave the children there for anything to harm them but you know the attachment they have with their mother is huge and there's a little voice in the back of my head saying children who are placed into care don't do well and you know you have all the placement issues don't you to deal with." (page 9 paragraphs 1-3)

"And how did it end?

She...the other thing that I wasn't prepared for was I thought it would be a short meeting and it was...we were here for hours." (page 9 paragraphs 12-13)

"...what was awful about that meeting is that Kate did a lot of the talking and it was me she was looking at – she wouldn't look at Kate, she wouldn't look at Kate at all. So although Kate was telling her that we were going to court blah, blah, blah she only looked at me – 'how could you do that to me'? she said but why aren't you looking at Kate and Kate is saying, you know this is a local authority decision it isn't personally aimed at Keisha she doesn't...although I'm the one who worked with you and it is...I thought this, it isn't just Keisha but she couldn't hear anything else apart from she could only look at me and I really struggled to look at her at that point but I did. It was just...you kind of think how thing are going to be but in real life they're slightly different and as bad as you imagine it - it was worse than that

Worse than that?

Worst than that yeah for me it was and I had to think...I went home and thought I can't do this job now that's it for me - done.

You felt that was...it was that bad?

Oh, yeah I thought I can never do that to somebody again – I'll never be able to do that.

What did you feel that you'd done?

I just, I suppose I think as much as I feel that that was the right decision I think in some ways she...what concerned me about that case was that she'd had a very controlling husband who directed her to do this and that and then there were times when I thought she was placing me in that same position that I was the one that was now controlling her and directing her and I don't feel comfortable...still don't feel comfortable because I still feel she sees me in that role and that doesn't sit comfortably with me at all because that isn't how I see my role. " (page 10 paragraphs 5-11)

So here again, Keisha drew a parallel to how she had been made to feel like the abuser in the family- how this was not what she wanted or intended and yet it seemed to have been a role that was forced onto her and how unpleasant and uncomfortable this was for her. Her description of how the

mother spoke directly to her, eschewing the principal social worker who was leading the interview, had for me echoes of how an abusive and controlling partner might communicate and respond.

Keisha went onto give details of how during that session she and the principal social worker 'Kate' (Interview 8) attempted to get the woman to take in what they were saying and how she appeared to be so resistant to this:

> *"She just couldn't...she couldn't hear she said 'I can't hear it I can't hear what you're saying' and she cried, she couldn't take it in and I expected...I suppose in some ways I expected her to get angry then to begin with and then maybe get to tears but she didn't she just went to tears straightaway and said, 'I can't hear it…… So she just wouldn't...so we spent a lot of time just trying to get some information into her really, yeah." (Page 10 Para 1)*

> *"So I think when I was talking to her about our concerns and why...and I know she was just saying things but you can't help but take on...you know when she was saying 'oh I trusted you, I told you things and the children like you', 'and they need to be with me', it's hard not to, at that moment, although you know that that's not the issue, it's hard not to take it personally what people are saying 'well why are you doing this to me now'? 'Why is it now?' That's what she kept saying to me 'why is it now?' 'Why are you doing this, why are you taking my children from me now'? And I think that was...yeah I should never have told...I think that was the other thing you know people always have their children taken away it they do...she talked quite a lot about that and I kept saying to her, no that isn't why, you should always come forward about domestic violence but I felt like I'd come...kind of all her fears that she had I'd kind of lived up to them in some way and that wasn't how I wanted her to see it. " (pages 10-11 paragraph 11).*

In the interview there was the very strong sense for me that it was important for Keisha to be able to have the space to talk about this case; her feelings about her work and this family, especially the mother and how this had and continued to impact on her. I felt the situation was very grave, the tone was solemn, perhaps tinged with a sense of disappointment and disillusion. It seemed unfinished and perhaps that there was more that she wished to say, therefore I asked her how she felt now about this case:

> *"Oh, still struggle with that case actually – I'm still struggling with that case.*
> ***Can you say more about that?***
>
> *Because although we've put things in place and the children are still with mum at the moment she's still not honest with me even now and I find that difficult." (Page 11 Para 11)*

Keisha then gave an update on the case and indicated that she wished to continue as the social worker-*" …don't you when you have a relationship with people don't you?' (Page 12 Para 15)* and her feelings of frustration, which she said she took to supervision and discussed with the principal social worker. However, Keisha added:

> *" I suppose I'd like to know that other people are feeling the same way as me, do other people get frustrated with their cases too? I can see clearly working in this team that people do get frustrated and it's not just me but I do think is it just that that frustrates me or if other people in my position would it frustrate them as well – I do wonder that in quite a lot of cases." (page 13 paragraph 8)*

Keisha told me that she did think about this case outside of work and that:

> *"Oh yeah. I think I spend way too much time thinking about a lot of my cases outside of work. I'm not happy about that but I can't seem to stop myself and I don't know if that's because I haven't been a social worker particularly for years and years – I don't know how other people manage that." (Page 14 Para 2)*
>
> *and:*
>
> *"I feel like sometimes my life's taken up with social work. " (page 17 paragraph 8)*

Keisha then talked about the impact a MAPPA (Multi Agency Public Protection Arrangements) meeting had had on her, to increase her anxiety about the family and she reflected on this before we returned to think about home visits and how direct contact with clients had affected her:

> *"I suppose one of my concerns about the kind of work that we do is that the situations that we sometimes face I don't want that to become normalised and I'm sure lots of people share this in the fact that quite often we do deal with situations that people don't deal with in everyday life, hopefully, I don't ever want that to feel like it's just routine that's something...I always want it to have an impact on me I think that's important to me. I think if I ever felt that it was not having an impact on me I think that would be the time I think oh I can't do this. I think there was a time recently when I thought you know given everything that had gone on recently I thought you know it's fine but I went to see somebody and they told me something that I wasn't quite expecting and I came out and I had to sit in the car for a while thinking about what they'd said – it was a boy who told me that his stepdad, when his stepdad was in the home, had been showing him pornographic films and they were around people having sex with animals and I wasn't expecting him to...and I came out to the car and that upset me very much so and in a way I don't see that as a good thing but I think at least I still know that I haven't got used to everything." (page 18 paragraph 8)*

and:

"I think we do, we do, I think we deal with difficult things daily sometimes it feels...at the moment it just feels to me like its daily. It feels like there are things coming all of the time, really difficult traumatic things going on for families. " (page 19 paragraph 11)

I asked Keshia how she dealt with being a social worker and the impact it had on her:

"I think, yeah, I think I walk a lot of things...I'll go home I'll get the dog and we'll be off walking. I go to the gym sometimes as well and I think it is nice to have that distraction…" (page 19 paragraph 15)

This prompted her to think about how other social workers might deal with the emotional impact of the work:

"… I've never actually asked other people what they do to kind of...

Why is that do you think?

I don't know.

People talk about these things - what they do with all this?

I don't know why we don't talk about things like that actually.

It's kind of a rhetorical question maybe that's it.

I know people deal with things in very different ways. My friend goes home she has a glass of wine and then once she's...but she's happy to work from home whereas I'm not and lots of people in the team are happy to work from home so it obviously feels different to them than it does to me. But I know I'm always going to have that boundary between work and home.

But we don't talk about it much do we, I suppose?

No we don't I've realised that sitting here talking with you that actually we don't do we, very much, talk about that.

Well that's a lot of what I'm looking at not just talking about it but how you process it.

Is that because we're so wrapped up in things that have happened because we're so busy processing the actual things that have happened to families and how we're supporting them dealing with it that we don't have time to think about more than that." (Page 20 paragraphs 3- 19)

This seemed to bring the interview to a natural close at this point in terms of talking about the work but Keshia asked me a few questions about my

research i.e. asking about whether I planned to undertake research in another Local Authority and when I thought I would finish, including when I would have completed the observation in her team. My impression was that for Keisha, participating in the research by being interviewed had been difficult at times, though she had clearly talked openly about her experiences.

Summary:
Keisha had agreed to be interviewed, but my impression was that she presented as rather self-contained or guarded, perhaps suggesting anxiety about the process. My sense was that she was not so comfortable talking about her experiences of the work and her comment that she dealt with the stressful aspects or encounters by taking her dog for a walk or going to the gym, suggested that she managed the stress with physical actions rather than through symbolic language. I wondered about this, in terms of what this response might suggest in regard to the nature of the stress itself? That is, it may suggest a primitive embodied response to a primitive form of communication, projective identification.

The sense I had of a guarded response from Keisha, may also be a reflection of the issues and dynamics originating from Keisha's encounters with the woman who had suffered serious domestic violence. Keisha was aware of and able to articulate how she felt that she was being placed in the role of the 'abuser' and how the woman targeted Keisha asking *'how could you do that to me?'* ('Keisha' interview 6 p 10 Para 5)

Keisha powerfully conveyed the intensity of this session and generally her relationship and interaction with this particular client. As in previous interviews, it was very striking how the children, the main objects of concern, appeared to recede from view while Keisha struggled to develop her relationship with the mother and assist her to change to reduce risk to them all. It seemed to me that Keisha had been 'forced' to direct her focus at the mother and had been invaded and inhabited by the projections from this particular client, which my impression was that they seemed to be imbued with a rather angry and resentful desperateness.

The theme of support from colleagues was evident in Keisha's interview, especially from the principal social worker Kate and the team manager as well as how she used the drive home, which took about an hour, to help her process the experiences and how for Keisha it was important to maintain distinct home work boundaries. This suggested to me that the experiences of the work had a strong tendency to invade or infiltrate private and personal space and that Keisha worked hard to set and maintain these boundaries, which were it seemed vital for her. In this part of the interview, towards the end, Keisha seemed to question why the issue of how people dealt with the impact of the social work task was not talked about. She asked:

> *"Is that because we're so wrapped up in things that have happened because we're so busy processing the actual things that have happened to families and how we're supporting them dealing with it that we don't have time to think about more than that."* ('Keisha' interview 6 p20 Para 19)

Key words and issues:
Trauma- primary and secondary; preoccupation with certain individuals and families; impact of direct work, including exposure to distressing encounters and information; children receding from view and primary focus being on the parent; importance of support from colleagues, the team and the Team Manager; Parallel process in terms of dynamics in the family being reflected or replayed in the social work intervention; sense of disappointment, despair, depression and use of physical action to process the impact of the work.

INTERVIEW 7: 'TANYA'- 'SUPPORT'

Tanya was an experienced social worker that held a dual role as a practitioner in the CIN team and social worker in a local children's centre. This gave her a unique perspective on family's attitude to support and intervention especially from statutory services. Tanya was involved in group work and other preventative intervention in the children's centre and appeared to be perceived as a very useful resource and source of expertise by her colleagues in the CIN. Tanya seemed very positive about her dual role. In the interview she presented as calm and composed, perhaps a little hesitant initially. However, as the interview progressed, she talked frankly about her experience of direct work with a particular family and her concerns about how

the organisation had dealt with her concerns and the support she felt she had not received.

In discussing her dual role in the initial part of the interview Tanya raised the issue of clients or families perception of social workers and it was very interesting to hear her comments on this:

> *"I get to meet a lot of families, although initially, the families, they meet me and oh you are a social worker, they just think what society thinks, social workers are there to take the children away…" (Page 2 Para 9)*
>
> *and:*
>
> *"…but I suppose families see us, because we have a statutory duty when we are actually in children's services, they tend to see us in a different life and so they don't see as wanting to work together in partnership and stuff…" (Page 2-3 paragraph 11)*

Tanya also went on to describe how families perceived her in her role as social worker in the children's centre in contrast to how she was perceived as a social worker when working in the CIN team and as a consequence how she had experienced this to affect the quality of relationships and engagement from the family:

> *"…the health visitor or the family support worker might say to me well the family was a bit reluctant initially but when I explained what your role was and the capacity that you are going to be visiting them in, it is not social services, you are a part of social services but you are there to provide support of the services, all the stuff that I would do if I went along as a CIN social worker, the families, they are a bit more accepting and when I do go along you know in terms of how open they are and about just stuff that they discuss, I tend to find them a bit more relaxed." (page 3 paragraph 7)*
>
> *"…I probably got from here what, as a CIN worker, it would take me probably about four or five or six visits to actually get." (page 3 paragraph 9)*

Tanya also commented on how she thought the different reception, access and quality of engagement she achieved with families when in her different roles, was not solely due to the client's differing perception of what kind of social worker she was, but also how the other professionals 'sold' her to them:

> ***"How do they present your role?***
>
> *Well you know, she is a social worker but she is with us a few days so it is not children's services so she is just coming round to try to support you and I say but this is what I do in my role in children's services as well, so they make it*

as if I am a social worker but no so much a social worker, I am more of a friendly person coming in and I think they do that because they know that families will be a lot more open and engaging if they actually do that." (Page 4 Paras 2 and 3)

Whereas with a case from the CIN team the client's response was entirely different:

"…mum was why are you here? What is the purpose of your visit, why are you working with me, I thought my case was closed? I mean even yesterday, I have been working with her for some time and I rang her yesterday to say I need to come out and see you, will that be your last visit?" (Page 4 Para 7)

Tanya talked of the general difficulty of getting engagement with families especially in her CIN social work role and her views on this:

"…all I want to do is work together to actually ensure that their child wellbeing is taken care of, but families are not able to see that, there is always this big thing of why are you here, what do you want from me, regardless of you know there is a clear assessment that says, you know, this is a difficulty, that is a difficulty, this is why you need to be involved, most times you don't get that families are actually getting that." (Page 5 Para 5)

Tanya then went on to talk about her experience of direct work with one family, a young woman diagnosed with ADHD, from a troubled and insecure background, who had two young children, the father of whom Tanya suspected of being violent and emotionally controlling. This young man had also threatened Tanya on her visits and she was understandably very concerned about this:

"…I am trying to work with Mum in the CIN framework to get all the support and stuff but when I do go round, I am greeted by insults, I have been threatened twice.

What kind of threats?

That you know I shouldn't worry about, Dad has said you know I shouldn't worry about his children's effing safety, worry about my own. I mean this family, I am going in and I there are times when I have no idea, because Mum has got a dog, Dad has got a dog, brother has got a Dog, paternal uncle has got a dog and you now I am terrified of dogs and they are all Staffs and you know they know that I am terrified of these dogs so he has threatened me in all different kinds, he has used verbal threats, as I said worrying about my safety and you know if I see you, I am going to slap you in the face…" (Page 5 Paras 7-9)

Tanya's repetition of the word 'dog' emphasises the point she is making- her fear and anxiety of dogs, so apart from the actual threats of violence, she is giving a glimpse of what she has to prepare herself for in undertaking home

visits to this family and went onto describe her reaction: "*so for me it is frustrating, sometimes I think to myself what is the point, you know I am not asking anything that I wouldn't, that I as a parent wouldn't actually do for my own children." (Page 5 Para 9)*

Tanya was able to articulate her feelings of frustration with a parent or parents who seem unable or unwilling to appreciate that she is trying to assist them and that she is able to understand how this might be so difficult for them and possible reasons for this. As she talked she moved from feelings of frustration with the clients to her feelings of frustration with the department as: "…*not much has happened in terms of supporting me*." (Page 6 Para 3) and goes on to talk about how she felt the organisation has not dealt with the situation well and how she seemed to feel very unsupported and frustrated by the apparent lack of action from the team manager, even though meetings had been held and discussions undertaken, the situation had not been resolved to her satisfaction.

Tanya talked about the anxieties that this situation raised for her- that as she was not undertaking home visits to the family due to the threats from the male partner, she did not know 'what was going on' in the home. I asked her about this:

> ***"And it sounds like you feel you are carrying that anxiety for that family, that is what I am feeling now, is that …***
>
> *Yes, I do, definitely.*
>
> ***What is your worst fear?***
>
> *That I will end up in the papers because something has gone really wrong and it won't be, there won't be a full story in terms of what my efforts have been, it will just be that children's services or social workers have failed another child so that is my biggest worry, yes, I mean apart from the fact that it would be quite horrible if something happened to this child, that is also my worry." (Page 10 Paras 1-4)*

Tanya said she had not actually seen the family for some months at the time of the interview, yet the impression I had was that they were very alive in her mind, so I asked her about the last time she had met with them:

"So what happened in that visit in October, that was the last time you saw them …

That was the last time, I actually went round, that was after I had been threatened the first time, when Dad had told me not to worry about his children's safety, worry about my own effing safety because he is not afraid of me and he will take me down or whatever, I don't know what that meant.

What did you think he meant?

If you take someone down, I don't know, could mean anything, could take you down, kill you, whatever, I don't know, you know and that was quite worrying as well, you don't actually know what he means by take you down. I actually went round with, after that I had a meeting with, the threats were made in the September and I had a visit with another social worker who agreed to come along with me and at that visit Dad was there and it was quite, you know I went in but I wasn't able to focus on doing what I wanted to do on that visit because I was just worried about what if, you know, what if he did, because the dog was there, he was there and he was quite threatening in his manner, so although I had gone in, I don't think it was a very productive visit because of the worries that I had.

What happened?

I went in and you know Mum was okay, she spoke to me and she engaged in discussion quite well but Dad, there were things, if she mentioned certain things she would give me signals …

Okay you are moving your head slightly so …

She would give me signals to point to him …

You are going to trigger him, okay.

So I wasn't able to ask, so it was a very short visit, you know, I initially didn't actually know that he was in the house and that is the thing as well, I went in and it was only after I started talking that she was giving me these head signals to say you know, he is here because he was hiding away, the non verbal cues, he was hiding away in the kitchen. At one point, when I was talking to her, the dog was in there with him and he kind of jumped over the stair gate and that totally frightened me as well, so it was …"(Page 10 Paras 9-12 and page 11 Paras 1-7)

At this point in the interview Tanya re-enacted the behaviour she had observed from the young woman client, which alerted Tanya to the fact that the male partner was present in the property. This gave me the impression that she was to an extent re-living and indeed, re-experiencing this encounter in the interview.

Tanya went on to say that she was not able to discuss the issues that she had planned to with the young woman because the partner was present, but was able to leave the property with her colleague without further incident.

In the interview Tanya continued to talk about how she felt this case had been dealt with, action not being taken when it should have been etc. and how she intended to discuss taking the case to conference today. I had the impression that being able to talk about and reflect on her experiences in the interview maybe had helped her move or shift, to this more definite position.

I asked Tanya why she thought she had talked about this family:

> *"I think because of all the difficulties that I have had and my frustrations with the family, my frustrations with the department and the fact that you know it is one that, there is so much uncertainties and you know maybe there is some element of control with us as social workers as well, we really like to know what is going on, I don't know, but it seems as if there is so much that has happened with this family and so much work that I have put in but I don't feel, I feel in terms of, I think it is my frustrations with the family and with the department, I think that is probably why." (Page 16 Para 1)*

I asked Tanya what she would have liked the department to do:

> "*It would have been nice if I had felt a bit more supported." (Page 16 Para 11)…* "*There were times I was in the team room but I didn't feel as if I was actually in the team room, so it would have been nice if I actually had that support to deal with what was going on with that family." (Page 17 para1)… I suppose it really would have been nice to start, to say what is happening for me to actually get me to talk about how I am actually feeling, because sometimes it helps just to be able to talk about how you are feeling, the anxieties that you are having…" (Page 17 Para 3)*

Summary:

Tanya presented as rather quiet initially at interview, but then appeared to talk very frankly about her experience and thoughts of direct work with one family in particular. It was clear that she had felt very threatened by the male partner, evidenced repeatedly in her discourse by the words, tone and manner in which she spoke as well as one instance of physical gesture and behaviours, (re-enacting events of a home visit to this family) on p11. My impression was that this was a highly traumatic event for Tanya that she had not been fully able to digest or process. The impact of a high level of fear and anxiety related to fear of injury or assault was pervasive, disturbing and toxic. As with

other practitioners who were interviewed, Tanya's account indicated that she had been very involved and concerned for this family, and they dominated her discussion of direct work, so that there was the sense that she had to some extent been inhabited by them- specifically the parents.

Tanya seemed preoccupied not just with the experience of these troubling encounters, which she recounted in some detail, but also by the lack of support she had received from the organisation, including the team and senior manager. It seemed as though after voicing her concerns Tanya felt that little had been done and therefore that she would still be held responsible if anything was to happen to the child as she remained the allocated worker, so that she was carrying a double burden i.e. fears for the welfare of the child and fears for her own personal and professional wellbeing. Nevertheless, whilst Tanya was able to give a live (to the extent of re-enacting the scenario on the home visit) account of her interaction with the young couple, she gave few details of the children and their presence in the interview was much less than the adults Tanya talked about.

Tanya was able to comment on and think about in the interview her experience of how client's responses to her were often quite different depending on how they perceived her role. That is, when she was understood to be functioning as a member of the family centre then she had found it easier to gain access to families and engage with them, in contrast to the resistance she encountered when visiting as a social worker from the CIN team. This appeared to be due to two reasons: (i) the level of psychic defences activated in the client; (ii) partner agencies would minimize the statutory aspect of Tanya's role as social worker in the family centre and: *"so they make it as if I am a social worker, but not so much a social worker, I am more of a friendly person coming in and I think they do that because they know that families will be a lot more open and engaging if they actually do that."* ('Tanya' interview 7 p 4 Para 3)

Tanya too, appeared to obtain support from her colleagues and also was committed to providing them with advice and support. She expressed what

seemed to me to be some disappointment, that she had not been given the opportunity to talk about her feelings (in regard to working with the family she brought to the interview) in the organisation, either perhaps with the team or with other professionals, the latter to plan and support her work with them.

My impression was that Tanya may have found the interview useful in that it did allow her some space to talk about her experiences and feelings and that this seemed to crystallize certain aspects and when towards the end of the interview she stated that later that day she was going to discuss calling an initial conference and that: *'we are going to book a date today.'* ('Tanya' interview 7 p15 Para 5). My sense that this was with an increased air of confidence and clarity.

Key words and issues:

Access; Engagement; Trauma (primary and secondary; Preoccupation with a certain case- the adults being the focus; Children less visible; feelings of being unsupported by team, manager and organisation; Desire to talk as a way to process the experiences and feelings generated by direct client contact; Anxiety about death or harm to child on caseload; Anxiety about risk to self from blame within and external to the organisation; Client's defences more likely to be activated with involvement of children's services (contrasting with response and engagement with perceived non- statutory services) ; use of interview to reflect on practice, the specific case and her feelings about this.

INTERVIEW 8: 'KATE'S' STORY- THE 'NIGELLA' FAMILY

'Kate' was and is a very experienced and skilled social worker, who was confident enough in her skills and abilities to be able to reflect on her practice and did not appear defended in her stance. In fact, she consistently impressed me with her willingness to explore and confront the difficult and painful aspects of the social work task with dry wit and humour.

However, the second family that she talked about in the interview- seemed to have almost exhausted her and caused her great stress and anxiety. The impact this family and the communications from the parents had on her was

apparent in the observation on 12.1.12, which was communicated directly to me and to others in the team. The communication appeared to have an immediate effect on mood, palpably increasing tension and anxiety.

It also appeared to impact on Kate's engagement in my research in that the first appointment to undertake the interview was re-scheduled at her request due to the ongoing legal proceedings with the second family. The interview was finally conducted some weeks after the legal proceedings had concluded and after I had ceased my observations in the team. It seemed to me that Kate could not bear to undertake the interview until some time had elapsed, as this would have been too emotionally painful for her to cope with, as her experience with these parents would still have been too 'raw.'

In the interview itself Kate controlled when and where in the session she talked about her experience with these parents, as though she was protecting herself and ensuring that it was a 'safe' space for her to recount her feelings and get in touch with her experiences of working with this family. She first introduced them early in the session when I was asking her the initial questions about her role as Principal Social Worker in the team and started to speak about them so I invited her to continue:

> ***"…****You know I ask people now. I'm the principal and I can say I've got this visit to do can I talk it through you know and ask for a bit of advice even if it's just a bit of moral support that I've got to go and visit my favourite family and sit and twiddle our thumbs and smile politely at each other. (laughs) Um sighs.*
>
> ***Is this the family that you are in court with?***
>
> *Yes. and that is...you know you can always cut the atmosphere, with the elephant in the that we're all not talking about and as I said I qualified a long time ago but dread them absolutely dread them every month having to go. It's um*
>
> ***Can you talk about that because obviously that's your experience of doing home visits really? Sometimes it's useful to focus on a family and think about that.***
>
> *Well maybe I can think about them with you but also you know the mum and the young baby as well because we did that..."* Interview 8 page 5)

It appeared to me that this family 'intrudes' into what appears to be a safe and easy question about roles and responsibilities and support to and from colleagues in the team and that despite this surfacing easily, Kate is not ready to talk about them at this stage. I also link this to her comment at the very beginning of the session when after I had given my preamble she responded: *'That's fine. Do you publish your work?'* (Interview 8 page 1)

In the session this latter question had struck me sharply, as though highly significant but I was not sure what was beneath it and what the importance was for Kate. I only felt that it was significant-something about the speed, manner and tone in which the words were uttered communicated that this was very important for Kate. My hypothesis now is that she feared retaliation/attack from the parents and was anxious that no identifying details would be included in my thesis.

However, after talking about her first case, Kate moves on to speak about the second. The transition goes like this:

> ***"What happened when you went in like that then thinking right I'm going...this...?***
>
> *I'd get a bit more from her not quite as monotone, still a bit monotone and she'd say the same things over and over again but a little more fight and she'd fight back so we'd have more of a discussion and conversation. Um cos I think it those are the times I enjoyed more because we were talking about what we needed to talk about and she was saying...I don't mind her fighting with me, or not fighting but being more vocal in what she thinks because I'm I'm then she's telling me probably more the truth rather than what she thinks I want to hear so we can talk about it. We can talk in relation to her child and its about supporting what we can and um empowering her to think about things – yes she wants to be in a relationship that's fine but these are the things that you need to think about within that relationship that's all I was asking her to do really and sort of the impact on her & her son So those were much easier, they were hard work I'd stay there a lot longer than the other visits but there were I felt I'd accomplished more than those ones were it was literally, yes he's been to do this and no he hasn't done that and oh I'm so tired (sighs) I want a break, I want a break, I want a break. A break from what, you know this is motherhood? So but It makes a difference. It makes a difference. Whereas the other family I absolutely dread.*
>
> ***You've put your hand to your head like you've wacked yourself.***
>
> *I just...I don't know I, I I think they got to me on many levels not just having to go and visit them because it was it was literally … you know they'd time me when I arrived and they'd time when I left and it all felt very orchestrated, the*

visit, they'd make sure it was all set up in the kitchen so actually spending some time with the child would mean me having to literally drag him out..” (Interview 8 page 7-8)

Kate then went on to talk at length and in some detail about her experience in working with this family. It seemed that the anxiety and discomfort was directed at her by the parents and that this was experienced by her as persecuting, threatening and as though almost it was a fight for survival. Kate gave details of the superficial communication, which observed social conventions and presented as polite and appropriate, but that this was in stark contrast with the underlying communication, which was dismissive, hostile and aggressive, perhaps seeking to belittle and humiliate:

*“…I used to absolutely dread going um and they were very nice, they were very polite - make me a cup of tea, nice home .. let's talk about, social conversations about you know Nigella and her cooking and the rest of it but let's not talk about what we're supposed to be talking about. You know Now it's the politeness...that that really was going into polite society and and being ever so, felt like ever so middle class so conversation but it was **absolutely exhausting** and I absolutely dreaded going. I used to have everybody psych me up to go and supporting me to go because it was just...just-“* (Interview 8 page 8)

I asked Kate to describe what it felt like undertaking a home visit to this family:

“Well, when you're there - what does it feel like?

It feels awful, if feels quite lonely and it feels (sighs)...as I said I feel the tension and I feel it's quite stressful.

How do you feel it because you're sort of pointing to your chest .. does it affect you physically?

*Yes because I think I used to get real pains across my back like stabbing pains um and I think I've never...**every** single sentence I'd be thinking about before I even spoke, even talking about banal things like Nigella what do I respond? I'm **really very** careful about **every** single thing I say.*

So self censoring?

All the time, all the way through.

To a very high degree?

Absolutely yes all the way through. All the way through, watching …. I do a lot more observation, I think all my senses are quite heightened… So slight

things, you know, nuances between mum and stepdad I pick up on all that. Sometimes there's more said, not being said than than

So you're hyper vigilant?

Very much so. (slight laugh)" (interview 8 page 11)

And:

Yes. (Definite, quiet) It's felt like two years .. of emotional and psychological warfare with them literally that they're at me the whole time. So I think going into their their home environment with them both together – I mean they they can be very pleasant but they can turn on a...and I don't mind people standing up for themselves I'm ***not*** *saying that at all. All power to parents who who challenge and want to know but in it's different with those two it is like bullying it has felt like bullying and it's felt* ***very*** *lonely, doing those, and actually dealing with them in my head and trying you know okay TM will come along and do different things but for me it's been on my shoulders and you know you, (sighs) have to know them to understand and really have met them and worked with them. The solicitor who I've worked with he's been really supportive because we've been he's been the worst at court you know all the...but it's just been...yeah it is like bullying it just where's the next attack where's the next criticism, where is the next...why are you...but also Charlotte sometimes I think why are you talking about that there's a bit that sort of says, why do you want to talk about something seven, no fourteen months ago when we're actually talking about this we've moved on. So they can have what feels like quite an intellectual conversation with you and very you think actually...I get stuck on the first bit because I'm thinking why are you talking about that when we're talking about this and in fact I don't know if I'm explaining that very well - sorry.*

I understand but what do you do with that?

.. um, I do challenge them and I did. Sort of you know I do psych myself up to challenge them and (chuckles) that always turned in to me being the aggressor, well it was just a really powerful thing to do sort of chuck back at you. So I used to, so there are times when I've gone and I've thought don't get into a row with them, don't get caught in, don't let him suck you in because once he starts, because he used to love telling me what I'm thinking and what I'm feeling and what my...I used to start psyching myself don't do it Kate whatever you do, but then you do. Sometimes I would because they'd say something so outrageous or so left park." (Interview 8 page 13)

Kate talked of how she would dream about this family- particularly the male partner, which she was upset about. My sense was that she felt psychologically invaded and intruded upon and that working with this family had been an extremely traumatic and unpleasant experience which threatened Kate in her personal and professional role.

The impact on me on hearing her account, was to be almost have the sense of holding my breath, as what she was saying appeared to be so significant

and difficult for her to think about or express as it required courage and strength to re-engage and to an extent re-live the experience. As I write this now, I make the connection between hearing Kate's account of her experiences of working with this family and my experience of hearing a child or young person make a disclosure about abuse for the first time; listening, containing, a state of hyper alertness, so as not to intrude or deny, but to accept and receive the experience of the other.

In the session and re-reading and listening to the interview, I had no doubt about the genuineness of Kate's account now or then- it came across to me as totally authentic and honest and not defensive in nature.

Also in the interview I was conscious of the desire to have more information about the family- the alleged offence/assessed risk, family composition and history of Local Authority involvement etc. but had to work to keep myself on track to stay in touch and hear what Kate was communicating to me and how painful this experience had been for her, which was the focus of my research.

However, when I presented this transcript at seminar group, I was rather surprised and taken aback by the reaction of other seminar participants. In the room it seemed almost as though I was on trial and put in a position of defending Kate. I perceived the atmosphere to be slightly hostile (to the social work role in child protection and myself as naïve and gullible researcher?) and dismissive of the social worker's experiences in a rather macho manner. This was not what I had been anticipating. I therefore wonder about how difficult it is to stay with and consider the impact of direct work with clients who are very defended and where the projection and unconscious communication is extremely hard to bear, perhaps especially the case with concerns around child sexual abuse. Also as with previous interviews, I questioned whether the dynamics from the family, of hostility and dismissiveness, could be transferred into other situations, (including a seminar group) such as described by Mattinson (Mattinson 1975).

Summary:

Kate engaged well in the interview process, despite having to be re-scheduled as stated above. My impression was that the issues she raised in regard to the two families she discussed were very near the surface and that Kate valued the opportunity to speak frankly about her work, including her feelings and experiences.

As with some of the other practitioners Kate expressed her views and feelings through physical gestures, actions and behaviours in the interview. This occurred when she was talking about clients that appeared to have had had a particularly troubling and disturbing impact on her and the impression I had was that as well as this behaviour being a form of communication it also indicated the primitive nature of the original encounter or experience, in that it was felt, experienced and held in the body and that to some extent it could only be re-communicated or expressed through physical and non-verbal means.

The theme of feeling personally (and I would add professionally) threatened in regard to the sessions with the second 'Nigella' family was strongly transmitted. With this family my impression was that Kate experienced these encounters as traumatic and immediately threatening, though not in terms of possible physical assault, so that this presented as a primary trauma. This contrasted with Kate's description and discussion of her work with the young single mother and little boy, which had the 'deadening' impact on her. Although Kate seemed to feel drained, exhausted etc. by this young woman, she did not appear to feel threatened physically or in her psyche as she did with the other family. My sense therefore, was that this could be an example of the practitioner experiencing a secondary trauma, the experience of the original trauma from the client being unconsciously communicated through projective identification and countertransference.

Kate was confident enough in her skills and abilities to be able to seek and receive advice and support from her colleagues in the team and this appeared

as with others to be a very important source of emotional containment and support for her.

The extent of the practitioner's struggle to gain access to the child in the face of concerted opposition from the parents, was made explicit in Kate's narrative. This confirms the power of these dynamics in some families and the lengths and energy that practitioners have to expend to overcome these defences.

Key words and issues:

Incidents of physical actions, gestures and behaviours in the interview to communicate experiences and emotional impact; embodied impact of the encounter with clients; trauma- primary and secondary; anxiety about harm to self- including damage to professional reputation; preoccupation with certain individuals or families; focus being on the adult parents or carers and child(ren) receding from view; projective identification; importance of the support of colleagues and the team, team manager and the organisation in processing the impact of the work;

OVERALL COMMENTS AND SUMMARY:

This section has attempted to convey the practitioners' experience as recounted in the interviews. The summaries and notes of key issues are interpretations based on my experience of conducting the interviews and subsequent re-listening and re-reading. I would not claim that the list is exhaustive, but that these were the issues that claimed most prominence for me in the research process, as outlined in the previous Methodology Chapter.

Full transcripts of three of the interviews are included in Appendix I: 'Isobel', 'Amanda' and 'Kate' so that the reader can examine these in more detail if so wished.

What was so striking from the interviews is the 'aliveness', power and potency of the psychic processes in operation with the apparent contrasting

impact of ‘deadening’, shutting down or curtailing the practitioner’s capacity to think and how close to the surface these experiences appeared to lie, so that with the space to reflect as afforded by the interview the practitioners very quickly, talked frankly about very difficult and disturbing encounters.

The re-enactment in the interview; the physical actions, gestures and behaviours, in the form of gestures, movement, facial expressions and other actions was a prominent feature and seemed to be employed when practitioner’s were attempting to communicate aspects of their experiences that had not been processed cognitively to the level that they could be conveyed by symbolic means, that is, through language. This suggested that a more primitive level of communication, exchange or encounter had occurred that the practitioners were attempting to digest and process. These communications were experienced and held in the body and then when memories or recollections of the original encounter were triggered these bodily sensations or responses were re-activated. For example, in Isobel’s interview when she stated: *“…and even talking about it my heart’s starting to race.’* (‘Isobel’ p15 para.6) and Sandra when she was talking about her particular experience of removing children from their parents when she started acting out in the interview as though distancing herself, a repetition it seemed of her response in the original encounter and Sandra goes on to state *‘Yeah, and now I’m in it.’* (‘Sandra’ page 16 Para. 6) indicating that she had somehow been taken back to the time and experience of this traumatic incident.

This phenomena was not just expressed in embodied form, in actions or gestures in the interviews, but also evident in the discourse itself. This could be through tone, speed, volume and pitch of the voice as well as the words used and dysfluency and features such as repetition or use of emotive language, or with patterns in the speech in terms of use of qualifying words or phrases. For example, in Amanda’s interview the repeated use of qualifying words such as *‘bit, quite, kind of, sort of’* etc. and repeated hesitations, *‘ums’* etc. indicated that she was attempting to minimize the anxiety and concerns relating to a particular family and that she was defending herself against the anxiety this family invoked within her.

In addition of very significant importance for social work in the field of statutory children and family intervention, is the way in which under certain conditions the practitioner's focus on the child appeared to slip and they receded from view as the workers became preoccupied and overwhelmed by the presentation of the adults.

What sense, I made of this and hypotheses I suggest will be considered in the next two chapters of this thesis: Chapter Five will explore and address all of the above, linking with relevant theory in order to come to some understanding of the phenomena and experiences recounted by the practitioners. Then Chapter Six, will summarise the research, give conclusions and provide recommendations for future research.

CHAPTER 5: DISCUSSION AND FINDINGS

The data from the interviews with the practitioners in this study, working in the field of statutory work with children and families, showed that direct contact with certain individuals or families had an immediate and often long lasting negative impact on the social workers. These effects persisted over time and when recalled by practitioners could evoke physiological symptoms, that appeared to be the same or similar to those experienced at the original incident or exchange.

Not every family was experienced in this manner, but those that were seemed to be well known and accepted as being challenging to engage with. In this research it appeared that this constellation of phenomena, the families that had this effect on workers, the practitioners themselves and the organisation, presented as a 'triangle', (Fig. 1). With three sides or perspectives that should be considered in order to be able to have some appreciation and come to some understanding of the context and dynamics as a whole.

THE 'TRIANGLE':

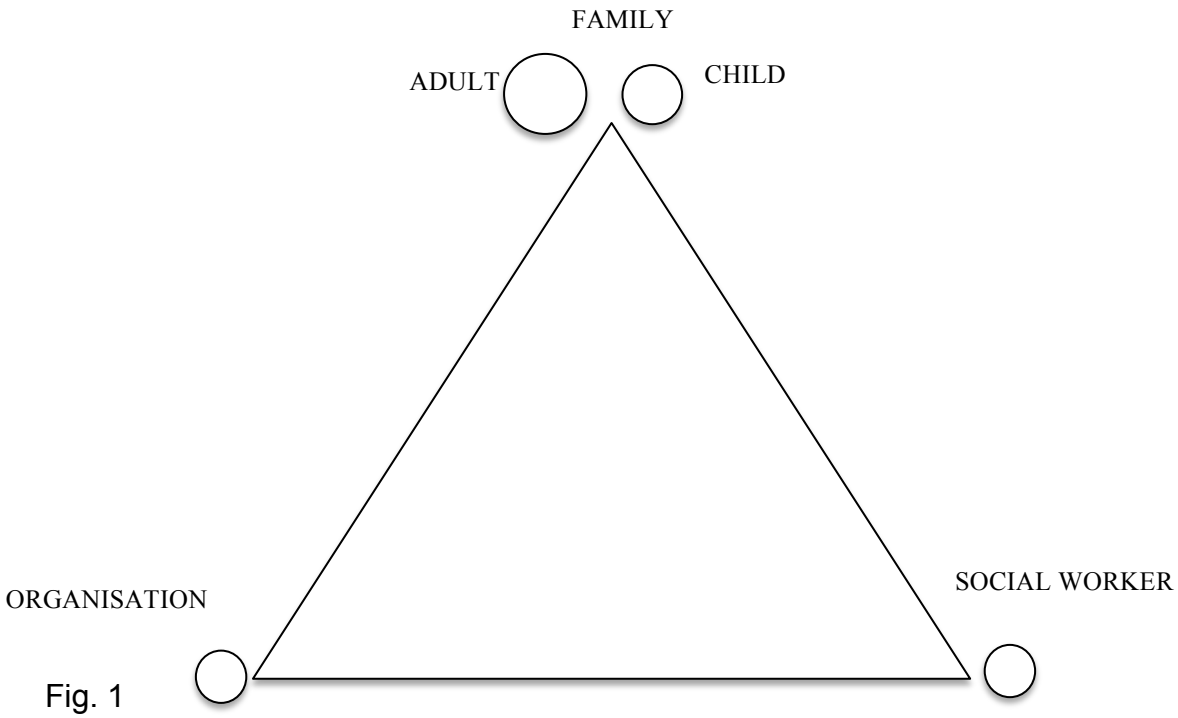

Fig. 1

In this chapter each of the three sides of the 'triangle' will be considered. That is, the families, the workers and the organisation and organisational and other issues that appeared to be relevant to this project. In the following paragraphs, the focus will be on the families, the recipients of the service and explore the types of families that tend to be referred and receive intervention and support from statutory services and the issues and backgrounds they present with.

After considering the families, the next side of the 'triangle' will be examined i.e. the social worker: and address issues for practitioners and their experience of direct work. The third side of the 'triangle' will explore the role and function of the organisation as it related to the data that emerged from the research.

THE FAMILIES:

Families receiving intervention from UK Children's Services usually are identified as experiencing (or have experienced) a number of problems or disadvantages; including mental health issues, domestic violence, drug/alcohol dependence, cognitive impairment and/or learning disability, significant loss and attachment difficulties as well as poverty, discrimination, poor housing and limited family or social support. Families coming to the attention of Children's Services tend to be from the lower end of the socio-economic spectrum, but not exclusively so.

Families who receive social work support are likely to present and be identified as having multiple issues from the above list, with domestic violence, substance misuse and mental health concerns being predominant. Whilst children and adults may self refer to UK Children's Services, most referrals come from outside the family. Most recent statistics on referrals to Children's Social Care (DFE 2015) identified the highest number of referrals coming from the Police (26.4%), then schools (15.4%), health services

(14.9%). Referrals from individuals were at 9.7% and referrals from anonymous sources 2.5%.

Most families who have a child or children identified as being a 'Child in Need' or 'Child in Need of protection' did not volunteer to receive the intervention, so that they are *'involuntary'* recipients of the social work attention and service. That does not necessarily mean that children or families in these situations might not welcome or engage with a social work practitioner, but that it is important to acknowledge that where there are issues or concerns in regard to the wellbeing of children, families will not routinely tend to perceive or approach Local Authority Children's Services for assistance and support and may be quite resistant to such intervention.

It appears as though being a recipient of intervention from Children's Services could be viewed as negative and shameful (more on shame and relevance to the social work task will be addressed later in this chapter).

However, my contention is that the sense of shame may be very powerful and relevant in terms of eliciting engagement with families; and this might possibly be even more acute for families who perceive themselves as being middle class as they may perceive themselves as having more to lose in terms of status and position in wider society.

Perception of what it means and what it says about you and your family to be known to children's services and having a social worker visit, is quite different from how engagement and support from other services such as health and education is perceived. Indeed, Tanya made this explicit in her interview:

> *"….because I haven't got a statutory role when I am out in the children's centre, most of the cases that I work with in the children's centre, are actually allocated within the team so they see me as not a social worker, but I am a social worker so it, the way they receive me is totally different…."* ('Tanya' page 3 para1)

Tanya also highlighted the common perception that the role of the social worker is to remove children from their families, and in my experience this is one of the most frequent and oft expressed anxieties from families, that social

workers will remove the children (and that they are keen to do so!) It often takes time and significant effort to address and manage this anxiety. This in turn, requires skilled and sensitive intervention from the practitioner to be able to achieve some kind of working relationship with the family in order to progress the assessment or other tasks that have been identified. Again, in Tanya's interview she makes this process explicit when talking about her experience of trying to engage with a particular client:

> *"Well mum was why are you here? What is the purpose of your visit, why are you working with me, I thought my case was closed? I mean even yesterday, I have been working with her for some time and I rang her yesterday to say I need to come out and see you, will that be your last visit? And I am like no, I have explained to you that this is what happened, the case was referred for issues of DV, whatever, whatever and you know I am actually working on it because they felt that, in terms of the DV, they feel that my role, I can support you with that because of all that is going on within the locality, whatever and I need to visit for this amount of time… but Mum is just adamant that no, I don't want to see you, what is your role, why have you come in and I have explained this to her several times but she is just not accepting."* ('Tanya' page 4 Para 7)

Therefore, this suggests that social workers are likely right from the outset to encounter resistance; a defensive response from families so that even gaining access can be extremely problematic. Then, once access has been achieved, the reception can be tense and fraught and social workers routinely experience hostility, aggression, threats and sometimes violence from individuals and families.

The sense is that social workers present an unhelpful, persecutory and intrusive presence in the family and this anxiety has to be addressed even before the 'real' (i.e. identified by the organisation) task can commence.

Environment and Anxiety:

From the data that was obtained in the research, the location and environment of where social workers undertake their tasks appears to be an essential component in any exploration of the experience of practice and face-to-face work. Firstly, because there is inherent anxiety about these encounters, as Amanda commented:

> *"So you don't ever really know what what you are going to get then and, obviously, they are anxious because they don't know who you are.*

> *Sometimes, they you know are pretty hostile because they don't want you, they don't know you, and things things like that, really."* ('Amanda' page 9 Para 1)

Anxiety is likely to be present for both the clients as well as for the practitioner and that this tends permeates the whole situation. The social worker is concerned about the unpredictability of what they might encounter, including fears of threat and harm; the service user or client is concerned about the state, in the form of the social worker intruding into their home, the private and personal domain and the possible negative outcomes. For example, at the extreme end of the spectrum, the loss of children through forced removal.

Child in Need or Child in Need of Protection?

In this research project time was spent with practitioners in a Child in Need team, although it seemed to be fairly common for the concerns to fluctuate and if increased, the case could be redefined and categorized as 'Child Protection', so that there was a sense of fluidity in terms of the issues and level of concerns for the children at any given time and that the anxieties could ebb and flow. However, it may be useful to recall the precise definition of a Child in Need (those that were ostensibly to be the main focus of this teams work) as:

> "Section 17 of the Children Act 1989 defines a child as being in need in law if:
> - He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;
> - His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;

He or she has a disability." Coram

The families that practitioners talked about in the interviews:

My impression from my observations and interviews was that the families the social work practitioners were involved with in this Child in Need Team were fairly typical- exhibiting a range of problems and concerns as stated previously. The families the practitioners spoke about in the interviews were:

Interview 1: ‘MANDY’- two families: one a young mother with new baby and two, a family of several children with longstanding concerns including neglect and possible sexual abuse.

Interview 2: ‘AMANDA’- three families: one a difficult to engage adolescent girl; two, a mother with mental health issues and two children and three, a mother (of two children) with drug/alcohol issues, who had attempted suicide.

Interview 3: ‘ISOBEL’- two families: one a father with history of aggression and violence towards professionals, misuse of alcohol, several young children and a much younger partner who presented as volatile and emotionally unstable and two, a single mother of two children. This woman had been diagnosed with mental health issues.

Interview 5: ‘SANDRA’- two families: the first a middle class family with mother who had issues with alcohol use and concerns around emotional and physical abuse of the two children and family two, a single parent mother with two children. Mother had long history of chronic mental health problems and there were ongoing difficulties in the mother’s relationship with her adolescent daughter.

Interview 6:‘KEISHA’- one family with extremely severe incidents of domestic violence- whose first language was not English and significant issues of cultural norms, understanding and expectations as well as social isolation. Keisha also mentions another child who had disclosed being exposed to highly inappropriate sexual images by his stepfather.

Interview 7: ‘TANYA’- one family consisting of two young parents- mother with mental health problems and father who is consistently threatening and aggressive towards professionals. There were concerns around domestic violence and gaining access to see and monitor the young child.

Interview 8: ‘KATE’- two families: the first a young mother with a young child and concerns around the mother’s capacity to meet his needs and her general

flat and depressed presentation and the second family described as middle class where the male partner had been identified as possessing and viewing sexually explicit images of children and communicating with girls on the internet.

As the focus of my research was on the social worker, that is, their experience of practice and especially of undertaking home visits and direct work, I did not seek or obtain any additional information on the families raised by the social workers other than that they were willing to share with me in the observations or interviews. It is worth noting at this point though, that although I undertook several (ten in total) observations of home visits, this did not include any of the families that the social workers seemed particularly preoccupied with and talked at length about in the interviews. My view was that if the practitioners were already so disturbed or unsettled by their encounters with these families, so that for a number of reasons they were not able or willing for me to observe home visits with them that this reflected the level of psychic defences in operation.

My sense was that it would have felt too risky for both practitioner and for the family and raised anxieties from what appeared to me to be an already heightened level, to consider having an observer present.

Focus of the interventions: Child v Adult:

A typical caseload for a social worker in a Child in Need team would be anything from approximately fourteen to twenty children. There may be several children in each family and large sibling groups of six or more children are not uncommon. Although the child(ren) were the objects of concern and the social work task was to ensure the child's needs and wishes were paramount, there is an uneasy tension, with the fact that to gain access to the children, the practitioners have to engage with the adults, most usually the parents and that this process could be extremely challenging and problematic.

Ferguson writing in 2014 on his research into face-to-face practice commented:

> *"…the duration of social worker- children encounters was influenced by several factors: parental cooperation or resistance; the child's readiness and willingness to communicate; organisational pressures; the amount of time social workers had available and worker's level of knowledge, skill and confidence. Some encounters were terminated and cut short by parental resistance and obstruction. They did this by initially giving their permission for the worker to see the child alone and then walking into the room or by making a noise nearby to signal that enough was enough. Resistance was so great in a couple of instances that for the worker to have managed to spend any time alone with the child in the home was a testament to their skills and persistence. These findings show how talking alone with children in the home when parents are in the building can be deeply problematic."* (Ferguson 2014: 6)

So, it seems, that the 'straightforward' task of a social worker seeing and engaging with a child or children in the home, may not be quite as straightforward as suggested and is in fact, fraught with real and frequent challenges, including physical barriers (not being able to access the home, or then not being able to speak or interact with the child freely when inside) as well as strong and persistent resistance from the adult care givers, usually parents.

In regards to the latter, from the research as well as from my own personal experience, it seems that there can be significant variation in the intensity and nature of the resistance within families and that this too can also fluctuate over time. Nevertheless, it is my experience that certain families, that is the adults, present as being much more difficult to engage than others and that this resistance, which I understand as defensiveness, can manifest and be exhibited in a number of troubling and disturbing ways.

Difficult and challenging families:

In the research project it appeared as though that each practitioner tended to have one or two cases that particularly preoccupied and troubled them and that it was these families, and usually almost always the adults, that the social worker's talked about at length in the interviews.

Isobel gave an apposite assessment of the difference between families as experienced by the social worker by likening them to different breeds of dog. Memorably she described one case as a 'poodle' and another as a

'Rottweiler.' These images I would suggest being immediately recognisable to practitioners and clinicians working in this field.

This suggests two things: (i) That the difficult and troubling families are unusual in some way (ii) that each practitioner is likely to have at least one such family on their case load, but that these do not generally comprise the majority of the cases (unless as a worker you were very unfortunate) (iii) that because of (ii) that there is likely to be at least some recognition (conscious or unconscious) of the difficult nature of these particular families which is taken into account and acted upon by the manager and the wider organisation in terms of case allocation and workload. It therefore appears that these 'toxic' families (or sometimes individuals) have to be carefully managed to minimize negative impact on the team and organisation, and this is tacitly acknowledged but not openly talked about or considered.

A common feature of these families or individuals, is the hostility and resistance (conscious and unconscious) that is expressed to the worker and or the professional network and towards children's services in particular. Issues of access and engagement are commonplace and these themes were noted in the interviews.

Bower (Bower 2005) has written of families who abuse or neglect their children as sometimes being *'immensely difficult to help.'* And suggests that the concepts of:

> *"…internal object relations and pathological defensive systems allow us to look at the totality of the family's interactions as a defensive system and the way in which worker's are drawn into enacting he defensive system in a way which perpetuates it.'* (Bower 2005: 154)

She adds:

> *"In the types of families that we are concerned about as social workers there is not simply an absence of loving and containing figures, although this is very serious in itself, but the presence of actively cruel or violent adults who not only fail to contain or respond to the child's emotions, but may use the child as a receptacle for unbearable states of mind of their own."* (Bower 2005: 156)

Bower goes on to highlight the importance:

> "… *in these situations to be aware of the way in which the interactions of family members function as a defensive organisation, and the pressure on the social worker to enact a role which fits in with the organisation…how projective identification is used to rid family members of intolerable emotional states."* (Bower 2005: 159)

These difficult and troubling families preoccupied the social work practitioners interviewed for this research project and were the central feature of their discourse in the interviews.

Why should there be such resistance from families to social work involvement? This warrants considering this question in a little more detail as it may pertain to the state of mind of the adults and children involved and therefore likely to have a significant impact on their engagement and how the intervention and encounters may be experienced by the practitioners. Possible influences could include:

1. Sense of shame and/or failure as a person/family or parent; having a social worker involved with you or your family means that you have been identified in some way as failing, inadequate or abusive (regardless of the definition of a Child in Need as quoted above)

2. Fear or resentment at the state's intrusion into intimate family life: anxiety around loss of control or authority.

3. Fear of loss of children and break up of the family. The over riding perception of social worker's is that they remove children from their families. (A perception that is often cultivated and promoted by the media and used to criticise the profession and individual practitioners, but contrarily the same media will also sometimes simultaneously it seems, criticise social workers for not removing children and not acting quickly enough)

4. Anxiety that the true nature of an individual or family situation will be exposed. Including incidents or patterns of abuse; physical, emotional, sexual and neglect.

Defended subjects:

My hypothesis is that any or all of the above in any combination are likely to create resistance from parents or children in regard to engagement with social work practitioners by inducing psychic defences. It is these defences that social workers must often struggle to overcome in their direct work with children and families and which could be critical in understanding and gaining greater awareness of the social work task and have significant implications for practice and how interventions might be made more effective.

From this research it appeared that the greater the psychic defences and the higher the levels of anxiety within a family that this has a direct correlation with the anxiety levels and emotional state of the social worker. From the material gained from my observations and especially the interviews with the practitioners, it appeared that the emotional states of the individuals and families and the nature of their psychic defences affected the social workers on a very primitive and profound level in that the disturbance was felt in their bodies and unable to be articulated symbolically through spoken language. Instead this was communicated through non-verbal actions, movements, sounds, gestures and affect.

The next section will focus on the second side of the triangle mentioned above, that is, the social worker practitioners themselves.

THE SOCIAL WORKERS:

This section will consider the impact of direct work on social work practitioners as emerged from the interviews. I provide some background from my own experiences as a social worker to illustrate the situations and events that transpire when unconscious processes are not attended to or are or appear to be, overwhelming for the worker and organisation.

Comments from the interviews:

Firstly, though, the following extracts from the interviews with the social work practitioners provide some illustration of the impact that direct face-to-face encounters with clients or service users had had on them:

> *"I mean in one look she makes you feel, like you are the worst person on earth, the most disgusting person on earth. "('Amanda' interview 2 p.4)*
>
> *"Sighs…….sighs It's like anyone you know who's been shouting at you or swearing at you, it does penetrate." ('Isobel' interview 3 p.5)*
>
> *"Ah.. and I notice that I'm really harsh with her, (laughs) like she's an adolescent;" ('Sandra' Interview 5 p. 15)*
>
> *"...if I need you to attend a developmental assessment for your child, I have got to ring you the night before at eight o clock, texting you, sometimes ringing you in the morning at seven thirty while I am getting my own children dressed at home, don't forget to take Harley to get this done or that done, I shouldn't have to be doing that you know, if you are saying you don't want me involved and when I do come round I am being threatened and sometimes it is just like what is the point, so it is frustrating." ('Tanya' Interview 7 page 6)*
>
> ***"Well, when you're there - what does it feel like?***
>
> *It feels awful, if feels quite lonely and it feels (sighs)...as I said I feel the tension and I feel it's quite stressful.*
>
> ***How do you feel it because you're sort of pointing to your chest .. does it affect you physically?***
>
> *Yes because I think I used to get real pains across my back like stabbing pains um and I think I've never...**every** single sentence I'd be thinking about before I even spoke, even talking about banal things like Nigella what do I respond? I'm **really very** careful about **every** single thing I say."* ('Kate' Interview 8 page 11)

Impact of direct work on the practitioners:

It seemed evident from the interviews with social workers that took part in this research project, that they had been (and continued to be) profoundly affected by the direct work with particular individuals and families and that this was experienced as an unwanted invasion of their minds and bodies.

The impact of this ‘onslaught’ was perceived, that is, picked up and ‘felt’ by the practitioners immediately in real time, yet they found it difficult to put their experience into words and it seemed that their experiences could be relived in the interviews conducted with them, and expressed through gesture and actions, but also tone of voice, volume, level of dysfluency and in the discourse itself by repetition, use of emotive words and language etc. Also, that these effects persisted over time and continued to ‘haunt’ and trouble the practitioners but in such a way that they found it difficult to articulate or make sense of.

It appeared therefore, that the impact of these encounters had been picked up and responded to at an unconscious level, below the level of conscious awareness that allowed for symbolic thought and for the experiences to be put into language. This indicated that powerful unconscious processes were in operation and as the workers related how these encounters may have occurred some weeks or months (or perhaps even longer) earlier, that these encounters had not been able to be ‘processed’ or ‘digested’ by the individual.

As a social worker myself, I too was familiar with how unconscious processes could have powerful impact on the work and the practitioner’s experience. For example, when working with a family I would be aware of the direct contact affecting my mood, thoughts and feelings and even invading my unconscious to the extent that I would repeatedly dream about certain individuals or families. The sense was that I had been invaded and that I could not get these people out of my head.

Although in my research project, the practitioners expressed themselves in different ways the common theme was how certain individuals or families had *gotten into* them and *under their skin,* leaving them to struggle with very powerful and unwanted thoughts and feelings. The social workers in the study used the team and support of their colleagues and manager to assist them to ‘offload’, apparently in an attempt to process these ‘intrusions’ and the feelings and emotions, including intense anxiety, that had been stirred up in them. However, there seemed to be little open discussion about this, let alone

acknowledgment by naming of this phenomena, even though it seemed that this occurs frequently and all front line practitioners and managers, including senior managers are very aware of existence and the powerful and disturbing nature of these encounters and dynamics.

It is almost that it is so obvious a process and routine experience that it is taken for granted, so that it goes unremarked and unconsidered, and yet, in my research it appeared that whatever 'it' was and is that was and is occurring between the practitioners and clients, that 'it' had severe and immediate and pervasive effects on the recipient; including affecting them in their bodies causing somatic symptoms and behaviours; in their thoughts and feelings, inducing feelings of anxiety, despair, depression, anger etc. as well as disrupting their capacity to think and very significantly impacting on the worker's capacity to keep the focus on the child. Specifically, the interviews evidenced how little attention and focus was devoted to the child(ren) in comparison to the discourse in regards to the adult, that is, parents or care givers. The child, literally in the interviews, seemed to have receded from the worker's mind.

Understanding these encounters:

The question was what might be going on? What was or could be happening between the client and the worker that causes the practitioner to come away from certain encounters and individuals or families feeling invaded and burdened? And what could explain this process or processes that caused social workers to make comments such as the following:

> "*I spoke to my colleagues… excuse me (drinks water)… spoke to my colleagues, which I think really had an offload…" ('Mandy' Interview: page 7 Para 13)*

and Kate:

> *"Well I go in the car and just like mutter away to myself and I talk about it all the way back and then I get back to the office and sometimes I do I like oh. (weary sigh)…. and I have a bit of a rant as I do in the corner and they all roll their eyes at me and say oh right there's Kate again but and I just think oh do I have to go out again and you'll do fine and they say they give you a bit of encouragement and think about it." ('Kate' Interview page 7 Para 1)*

One of the aims of this research project was to explore whether psychodynamic theories could be of use in explaining phenomena experienced in social work practice and it was the theories of Projection, Projective Identification, (Klein 1949, 1952; Bion 1959; Ogden 1979; Kerneberg 1989; Weiss 2014) Transference and Countertransference (Freud 1912; Heiman 1960; Ogden 1992) that seemed to me to relate most directly to the social worker's experience that was emerging from the data.

There appeared to be parallels with the research undertaken by Mattinson and Sinclair and colleagues from the Institute of Marital Studies (IMS), in their action research within a social services children's department in an inner London borough in some forty years ago.

Their detailed and evocative descriptions of the face-to-face work with clients and families resonated with my experience and the experience of the social workers and managers in my research project, as exemplified in the following extract:

> *"There then followed a long argument, with her (the client) alternately demanding money to see her through the weekend or that we take the children from her. The area officer and I needed each other for support to withstand the fury and obstinacy with which we were confronted. In desperation I asked Mrs. Yates why she had to make us behave like such bastards towards her. She screamed that we were bastards and rather wearily I agreed that maybe we were. Almost at once she began to soften and decided to leave with the children. She left us drained and shattered."* (Mattinson and Sinclair 1979: 139)

Such incidents as Mattinson and Sinclair wrote about in 'Mate and Stalemate' (Mattinson and Sinclair 1979) brought to mind incidents from my career as a social worker and the power of unconscious process; i.e. how these encounters could be so intense, troubling, disorientating and confusing. Leaving me wondering 'what on earth happened there? Being aware that something had occurred, but not being able to say what or make any sense out of the exchange at the time. It was only *over time*, with support of colleagues, supervision and I venture, the thinking space afforded to me by my attendance on training courses at the Tavistock, that I could begin to reflect and process these encounters and obtain some sense of meaning for myself, the individual and the family concerned.

My view is that the phenomena occurred on a pretty much daily basis, but some have stood out in my mind as being especially memorable. I recall one example, a woman with mental health problems and children at home who presented as particularly challenging and disruptive. Constantly calling the social workers and turning up at office taking up much time and attention and exhausting all who came into contact with her. Most workers in, as it was then, the local area office, had had some contact with this client and she had gained quite a reputation. Constantly complaining, and nothing was ever experienced as good enough and all attempts to improve the situation for her and her children seemed unsuccessful. This client also presented with rather unusual and specific paranoid and persecutory delusions, which took the form (from her identity as a Polish woman whose family had suffered serious trauma during World War II) as feeling that social services were acting on behalf of a Nazi organisation to persecute her and her family.

When a fresh young male social worker started in the team, experienced and keen, with a calm presence and sensitive manner, it was unanimously agreed that he should be the new worker for the family- fresh eyes and a fresh start! No one expected the immediate and uncontained outpouring of rage and angst from the client- How dare we persecute her and her children in this manner- and now she had absolute proof that children's services were in league with Hitler and part of a Nazi plot against her and her family! She was beside herself, screaming and raging in phone calls and coming to the office- how dare we send this member of the SS to her home. Then it dawned on us the name of the worker was Herman Fritz (not his real name- for obvious confidentiality reasons, but it was as German sounding a name as one could imagine), as he was originally from Germany! Not one of the team had considered the impact of sending a social worker of this identity and background to this client. We had all just thought of this practitioner as ideal in temperament to work with her and the children, and it had not crossed anyone's minds (consciously that is) of how this would be perceived by the client.

Now, reflecting back, I suggest, that this was an unconscious retaliatory response to the 'attacks' or 'siege- like' mental state that had been induced in the team and the individual social workers and managers by this client but at the time we were not aware of it.

I also recall an incident whereby a social worker with a rather 'fiery' reputation was sent out on a duty visit to a client about whom there were also concerns about their tendency to be angry and act out. The visit descended into chaos when the client took a swing at the worker who responded with a right hook, the altercation spilled out onto the street, the police were called and reinforcements from the office including the area manager, were drafted into defuse the situation and prevent a community uprising.

I'm not condoning any of the above, thankfully these were extreme and unusual incidents, but although at one end of the spectrum, they have remained with me as memorable examples of how not thinking things through or attending to unconscious process could have devastating and unpleasant consequences for all concerned.

Social work practice: similarities and differences with psychoanalysis:

Previously, in the Literature Review, I have explored theory relating to the concepts of projective identification, transference and countertransference, almost all of which relate to psychoanalytic encounters. (Klein 1949, 1952; Bion 1959, 1962a, 1963, 1965, 1970; Ogden 1979, Kernberg 1989, Weiss 2014).

The classic scenario is of an analyst or therapist with one client in a consulting room. This, of course is very different to the usual social work experience, where one typically sees a child or parent in the family home, where the environment is unfamiliar and sometimes downright hostile and boundaries are not safe or secure, and events most often not under the practitioner's control.

As a social worker, I was very aware that when undertaking home visits that I was out of my territory and was never sure what I might encounter. I would

suggest that for social worker's even on what one thinks will be a straightforward visit, (such as was anticipated by 'Mandy' in interview 1) you have to always expect the unexpected and never be complacent.

Amanda's comments on her experience of home visits in comparison to office appointments seemed to summarise the issues and anxieties:

> *"…It is when people say about taking work home with you, that is the kind of occasion where you do. And I think you do that more when you come away from like a home visit than you would sort of a meeting or an office visit even…' ('Amanda' interview 2 p19)*

and:

> *"Because I think that.. if you are in a meeting, then there are other people having their say, or if it is an office visit, you have people at hand or you can pop up and speak to someone, you know you know or if you are at the school, you are in a more protected environment. But you're here, you are the only one hearing it and you are the only one seeing it, and you are out of any support other than being able to phone someone.. and I think you just think it makes you much more vulnerable and it makes you.... I probably question my practice more, when I am doing a visit than I do any other time, um and I think that might also be because sometimes I worry that I am not forthright enough when I do visits & things that I do Maybe I am a bit woolly about things or maybe not as confrontational because, quite frankly, you don't want to be. And, actually, if you can go away from a visit.. and have everything having been alright, then that is what you will do. And I think that is a danger because you are so, worried about it being a difficult situation and in a difficult environment then you don't do things that you need to do... & I think you know*
>
> ***When you say difficult, what do you mean? What is your anxiety?***
>
> *Well, that that something they are going to do something awful, say something awful, a real safeguarding thing. And I know it is not right that you would want...it's not that I would ever want to close my eyes to that, but you kind of go into these situations crossing your fingers that they nothing are not going to turn around and do something that is going to up your concern levels through the roof & yeah… I think you do have to check yourself that you are not just, doing it as an exercise to tick off and it has to be meaningful, but that is not always easy…" ('Amanda' interview 2 p19)*

Another very important aspect of social work, which often appears not to be acknowledged, is that practitioners typically conduct home visits alone, often in less than salubrious neighbourhoods, frequently in the late afternoon or early evening (after school or work). Visits to families in their homes by the very fact that they are in a location and environment over which the social worker has little if any control, is a significant source of anxiety for

practitioners as events or occurrences are not always predictable; one is never sure what might be waiting for you and there is a sense that anything could happen. Ferguson (2014) notes:

> *'The vast majority of the face-to-face work is done by social workers on their own, which is questionable because of the difficult and sometimes dangerous situations they have to deal with.'* (Ferguson 2014:3)

Amanda commented on her feelings and anxieties in regard to undertaking home visits in her interview:

> *"So you don't ever really know what what you are going to get then and, obviously, they are anxious because they don't know who you are. Sometimes, they you know are pretty hostile because they don't want you, they don't know you, and things things like that, really."* ('Amanda' page 9 Para 1)
>
> And:
>
> *"I had to do a duty visit on Monday to one of my colleague's and um she is notorious for being difficult & so when I heard I had to go, I was ... that's not really what I want to do last thing on a Monday; I have loads of work in the office and I could just do without it, really. Um, she has you know been quite threatening to the other social worker, but she is generally alright to other people who aren't directly involved in what is going on. (Sighs) In the end, there is a part of you when you go and you are on the bus that you just think: I hope you are not in (laughs) and I hope I don't have to deal with this'. Because, you are often doing visits late at night because you have to wait for the kids to get back from school and, some days, it is the last thing you want to do; you just don't want to do it… But, at the same time, I don't know the family; I know that she has this history of being pretty aggressive.. and it's the last thing on a Monday, it can be quite.. its not. I think (laughs) I dunno I deal with it by kidding myself a little bit - which I don't know if it is the safest way - by saying: I have got to do it, just get on with it. And there is no point in worrying about it because you have to do it and it's there whether you worry about it or not, so I may as well not spend my day worrying about it and just have a think about it on the bus and then deal with it. But it turned out that she wasn't...well they were in, because I could see the light on, but no one answered the phone or the buzzer or anything, so I didn't end up doing the visit, anyway.* " ('Amanda' page 11 Para 5)

And:

> *"And I think um, that is something that, you're because you are out on your own and often it is at the end of the day, that something you have to deal with then and there and make those decisions.*
>
> ***On the spot decisions.***
>
> *On the spot decisions. & um you are, you are vulnerable and you are out there on your own and.. you don't know what is going to happen; you don't know what you are going to walk away from. "* ('Amanda' page 18 Paras 9-11)

Undertaking social work in people's homes is an entirely different experience to that of the therapeutic consulting room, with its secure boundaries in terms of the actual physical environment (comfortable, warm, quiet, consistent, reliable and safe), which facilitates the focus on the exchange and development of the therapeutic relationship and exploration and understanding of conscious and unconscious processes.

The therapeutic/analytic environment is structured to screen out the 'white noise'; irrelevant material, so that the focus can be on the patient's internal world. In addition, as a voluntary client, the patient agrees to attend the sessions under these conditions. If the patient does not attend, therapists would not usually visit their address as follow up and the patient's decision to cease treatment would ordinarily be accepted as their choice, even though the analyst or therapist might attempt to work through the reasons why the patient wishes to end the therapy to ensure the ending is as positive and beneficial as possible and not repeating old patterns by acting out.

This is in complete contrast to the experience of the social work practitioner and the service user in the field of statutory children's services. The social worker will typically undertake sessions with children and families, on the family's territory and is therefore reliant to a great degree on the family to grant access and provide space for these encounters.

The practitioner has limited control of the boundaries and may have to contend with all manner of distractions and interruptions, including those that are engineered consciously or unconsciously to derail the session and push the social worker off task. In addition, whilst the therapist or analyst will have to contend with the transference, countertransference and projective identification from the patient, this is on a one to one basis, where the patient is the sole focus of the session. For the social worker, *the child(ren)* is or should be the focus of the intervention, but *it is the adult(s)* most often the parents or carers, with whom the practitioner has to engage, both to gain access to the child(ren) and to develop some kind of working relationship so that the intervention may take place.

These sessions routinely involve more than one person, so that the focus of the work can be diluted and/or limited. If in the sessions, the social worker is subjected to the disturbing encounters described in the interviews, then this has an immediate impact on their capacity to keep the child(ren) in mind and ensure their interests are 'paramount.'

Examples that come to mind from the interviews are 'Kate's' family timing her arrival and departure and making strenuous efforts to prevent her from having meaningful communication with the child, as well as the mother of the silent young woman that 'Amanda' spoke about, when the mother would monopolise 'Amanda's' time by constant talking and demanding her attention.

The practitioners expressed concerns about undertaking home visits and these anxieties reflected real, that is, genuine, environmental issues, such as aggressive dogs, chaotic, sometimes very unwell and angry people who present as highly anxious and resistant.

The contrast to the psychoanalytic consulting room is significant, yet it appears from the data that emerged in this research project, that the dynamics and phenomena observed and noted in psychoanalytic practice are also present in routine everyday social work encounters with clients.

However, whereas psychoanalysts are trained to work with the phenomena such as transference, countertransference and projective identification, social work practitioners, by and large are not. Nevertheless, it appears from the data that these psychic processes can have a profound impact on practitioners and the social work task and may explain and help develop an understanding of the social worker's experiences as recounted in the interviews.

As stated previously, the phenomena of projective identification (Klein 1949, 1952; Bion 1959, 1962a, 1963, 1965, 1970; Ogden 1979; Kernberg 1989; Weiss 2014) as experienced in a social work setting appears to be primarily defensive in its aim and nature; to avoid the client experiencing psychic pain from unbearable feelings or states of mind. In the analytic setting, the client or patient will have consented to the sessions and have agreed to, at least

superficial engagement with the analyst for the purpose of therapy, therefore there is a starting point of a sense of a shared objective and intentions and an explicit contract for the working relationship. This is very different to the situation that social workers in the field of child protection encounter where there may be little or no shared or common ground and clients are likely to be extremely resistant to any social work involvement. It could be argued that even just taking this significant difference into account, that the psychic defences that social work practitioners experience from their clients are likely to be at least or perhaps even more, acute than with patients in analysis or therapy.

Social work and primary and secondary trauma:

In addition to considering the relevance psychoanalytic theories of Projective Identification, Transference etc. (Klein; Bion; Ogden; Kernberg; Weiss; as above and Freud 1912; Heiman 1960; Ogden 1992) issues of trauma, (Garland 1998; Pearlman 1995) both primary and secondary were examined as theories that might assist in making sense of the experience of the practitioner and the client(s).

In thinking about the impact on the practitioners, the concept of secondary trauma in considering the pervasive and intense nature of the intrusive thoughts and experiences seemed relevant. It appeared from the data as though the social workers' were compelled at some level to replay and rehearse their troubled and troubling encounters with clients, including in the interviews.

The symptoms identified by the social workers in this research project appear to bear some similarity to those experienced by clinicians identified as suffering Secondary Traumatic Stress (STS). However, in this research project it seemed that often the workers were aware of an experience taking place in real time, as which they experienced the clients as directing something at them *in the session*.

For example, Mandy, Amanda, Isobel and Kate all talked in their interviews of how the encounter with particular clients caused them to act (or to refrain from

acting), which was contrary to their intentions. Keisha also gave an account of how after hearing a disturbing disclosure from a young male client she had become very distressed immediately on leaving the session.

It appeared that the experience the practitioners were describing did not arise from empathetic engagement with the client or the articulated concerns of traumatic or any other consciously available experiences; rather they related to unconscious material from the client(s), the aim of which was defensive and was either perceived by the practitioner as an 'attack', intrusive or persecutory to some degree or avoidant and obfuscating. There was little or no 'shared' ground or common understanding.

This appeared to bear more resemblance to the process Steiner describes (Steiner 2000):

> *"The state of mind produced in the analyst was partly an evacuation of states that the patients could not cope with, but it also represented a means of enlisting me to carry out functions that they could not or would not tolerate."* (Steiner 2000:11)

For Kate and for Keisha, the symptoms of stress they talked about in their interviews suggested not that they were experiencing a secondary trauma, but actually, their experience was of a primary traumatic experience as their minds and psychic structure and integrity was threatened and assaulted *in the sessions*. The client's appeared to be resistant to social work intervention and defended against what this represented for them.

The responses from these clients and their families, therefore constitutes a primary traumatic experience for the practitioners. Previously in the Literature Review, Schore (2002, 2012) postulated that projective identification is a defensive process, that in an analytic session when it occurs, that simultaneously at the moment of projection to the therapist the patient is in such an intensely dysregulated state which is unbearable and overwhelming such that s/he dissociates- splits off; these feelings are projected into the analyst who experiences this as discomfort and disturbance, and can be thrown off balance and out of equilibrium and rhythm.

This experience is both traumatic in real time for the therapist, as s/he experiences this intrusion, often experienced somatically, with physiological signs of arousal, such as increase in heart rate, blood pressure, tension in the body and discomfort in the digestive tract and likely incurs release of stress hormone cortisol. But also indicates according to Schore (2002) communication relating to the patient's experience of *primary trauma*, which has occurred in early life at the pre-verbal stage that is not available to left brain, symbolic, awareness (language). Instead, these primary traumatic experiences will have been perceived and held in the right brain, below conscious awareness and triggered in certain circumstances or environments.

The task of the therapist is to be able to withstand these projections and to create space (psychically speaking) for the patient to gradually be able to think about and re-experience their feelings and emotional states, so that they are more available to conscious thought and processing.

However, for the social work practitioner, it appears from the data that these phenomena when encountered (and this is what I suggest is indeed occurring with the difficult and damaged families who so preoccupied the social workers in the interviews) can be experienced like a physical assault, and has immediate physiological impact and lasting psychic one, such that discussion of the exchange or event such as in the interviews, will trigger re-occurrence of the somatic symptoms, as described by Isobel, Sandra and Kate, similar to the experience of re-living trauma.

Schore (2002) explains that the above phenomena occurs in the context of communication between a 'dyad'; the projective identification is aimed or targeted at *one person* in particular, as for example in Keisha's interview she described how even though Kate was talking to the mother, the woman's focus was directly on Keisha. Keisha recalled this in her interview and the impact it had on her:

> *"…what was awful about that meeting is that Kate did a lot of the talking and it was me she was looking at – she wouldn't look at Kate, she wouldn't look at Kate at all. So although Kate was telling her that we were going to court blah, blah, blah she only looked at me – 'how could you do that to me'? she said but why aren't you looking at Kate and Kate is saying, you know this is*

> *a local authority decision it isn't personally aimed at Keisha she doesn't...although I'm the one who worked with you and it is...I thought this, it isn't just Keisha but she couldn't hear anything else apart from she could only look at me and I really struggled to look at her at that point but I did. It was just...you kind of think how thing are going to be but in real life they're slightly different and as bad as you imagine it - it was worst than that."* ('Keisha' page 10 Para 5)

It appears from the data that another effect of this projective identification, is to 'hook' the recipient into an intense psychic relationship with the projector. This is perceived as an unpleasant and threatening incident and incursion, that interrupts and interferes with the recipients cognitive functioning with the effect that the focus on the child(ren) is lost as the recipient struggles to contain, process and manage the psychic communication. This is conveyed through non-verbal signals; i.e. proximity, gesture, posture, facial expression, tone and volume and delivery of language etc.

Schore (2002) suggests that what is required for this phenomena to occur is for the defensive anxiety to be triggered in the patient and for the analyst or therapist to present as willing to receive and contain psychic states, i.e. in Freud's (1912) view offering 'free floating attention' or Bion's concept of 'reverie' (1970). I suggest that this phenomena as experienced by the social work practitioners in this research project, occurred with workers who were attempting to engage with and understand the situation and concerns from the client's perspective. That is, they were 'open' to 'empathic engagement' (Pearlman 1995) and willing to receive communication from the service users as a way of getting to know the family and with the intention of developing a positive working relationship.

One can perhaps consider that if a more 'defended' practitioner was working with the individuals that so seemed to preoccupy the social worker's in this research, that they might have been more 'closed' to the projective identification, so that if it was attempted, it might not have had the same intensity, unsettling impact or adhesion. There may also be an issue of personal valency, if for example as Garland (1998) suggests that unresolved loss or trauma experienced by clinicians or practitioners working in this field,

may evoke a more intense or disturbing response in terms of secondary trauma, if the secondary experience has resonance with the earlier trauma.

Nevertheless, it appeared that the phenomena as recounted by the practitioners in this project, had their origins with specific clients, quite separate from the individual responses that might be invoked between different workers. This was evidenced by the fact that when working with certain families, the practitioners experienced the encounters quite differently and there was a marked contrast in how they experienced working with the families that they appeared to be preoccupied and inhabited by in the interviews.

These troublesome or 'toxic' families appeared to be exceptional, but were routinely experienced in the team and the organisation (and external agencies such as health and legal services) as difficult and challenging and acknowledged as such. Examples of this given in the interviews came from Isobel and Kate:

> *'…it was reported that he had been violent towards us, that he'd kicked a social worker, the family's known to be really, really violent, (cough) he had a really bad history um of violence and a* ***high*** *risk to children. Um… ('Isobel' interview 3 page 2 Para 5) and: '…Um, many professionals, didn't want um to work with him.' 'Isobel' interview 3 page 3 Para 1)*

and 'Kate':

> *'…but the barristers were all extremely anxious - a very experienced set of barristers but all extremely anxious about this cluttered complaint culture that they create and litigation and everything and having to litigate on every single thing and you think gosh they've also been working under this this cloud in that they create and you think gosh why are they so* ***powerful*** *that they can...anyway that was interesting." ('Kate' interview 8 page 16 Para 5) and: Um..Well they shouldn't be powerful because part of the things that they complained about are actually inaccurate and wrong –um …. I don't know. …. There is something about their emotional... It is something it is all about emotions and how they intellectualise… there's something on that level it's not an intelligence thing. It is a bit like bullying a pair of illogical bullies...basically saying (laughs) if that makes sense to me but I don't know because it was quite...just sitting there listening to the whole room, four of them and they were all worrying and saying we'll back you up in this and let's get the judge. and you think..and what's that that's quite...*
>
> ***Four barristers was it?***

Four barristers were saying all of this and they acknowledge, also that some of them had just come on and were dealing with this, but it's just and they said gosh Kate has had two years of dealing with this but you think where do they get all that power from? …" ('Kate' interview 8 pages 16-17.)

and:

'…*She went through six solicitors .. he went through three or four…'* ('Kate' interview 8 page 18 Para 13)

Therefore, it appears that the origin of the 'disturbance' lies with the client or service user and that this is significant for a number of reasons, including to reduce the sense of personal shame or vulnerability that individual social workers might feel following such encounters. The emotion of shame will be explored in more detail, as it appeared when conducting the research and when analyzing the data, that the 'shame dynamic' seemed to have particular resonance for all involved in the delivery and intervention of statutory children's services. This concept will be considered later in this chapter, but the following section will focus on the third side of the 'triangle'; that is, the role and function of the organisation

THE ORGANISATION AND ORGANISATIONAL ISSUES:

The role of the organisation: the team as container:

One of the most consistent comments and communications from the practitioners in this research project, was how they valued and made use of their colleagues and Team Manager in order to deal with the emotional impact of the work. This was evidenced by almost all of the practitioners interviewed and appeared to be highly significant for them and something that they were almost *driven* to seek out as the following number of quotes indicate:

"Gosh, I came back into my office, I spoke to my colleagues… excuse me (drinks water)… spoke to my colleagues, which I think really had an offload, came in and spoke to the principal and a couple of the other social workers in there and said sighs 'it's cold, it's cold'. I think I must have said it's cold, it's so cold in there several times and …. and shared with them what I'd seen or how I felt and then I suppose um my manager had been in his office and I went in and spoke to him briefly. " ('Mandy' interview 1 p7)

"I think that I use peer support, you know I'm definitely an off-loader, I'm not a bottler-up and I wouldn't keep things to myself. So its very important for me to be able to come back and talk to, my colleagues when I return and if I, I will seek someone out to share, regardless of your position I think its really important to be able to peer support…" ('Mandy' interview 1 p9)

" And I spoke to one of my colleagues and interestingly I said to her afterwards 'do you think…?' you know and it was maybe looking for a bit of reassurance…." ('Mandy' interview 1 p9)

"…because you're out and you're in isolation generally. We're very much way out on our own. We do this job..as much as teamwork is emphasised and you know you are part of an organisation and you're in a team, you do work in isolation, you are very much on your own. You make a lot of judgment calls and so when you're on a home visit… its your impression, its your view and so when you doubt that you know or, (pause) its nice when you do joint visits because you often get that opportunity to discuss afterwards 'what did you think?' Because regardless of how long you've been doing this, you know its always about people's different perceptions, but also I'm constantly challenging my own values as well and you're balancing so much thinking about you know..' ('Mandy' interview 1 p 10)

"Um of late I have conversations with other people about this and you know people reassure you…" ('Amanda' interview 2 p 3)

"…but, also, if I have particular anxieties or concerns, that that is a forum.. and an informal supervision where I would just pop in and we would have a chat, that's there.' ('Amanda' interview 2 p 15)

"I did I did think about that one a lot and and quite the fact that I spoke to SW1 about it. We sat down and planned it, and we went through, sort of what I could offer mum.." ('Amanda' interview 2 p 17)

"…and I've still got that relationship with TM I came back and I talked to TM about it. That open door policy TM runs is very useful and very supportive because its something I can come back and say you 'he was saying this, he was saying that, yes I absorbed it, what he hates I absorbed it.' I absorbed quite a lot of negative things. Really…so coming back to TM and talking to TM about it was helpful." ('Isobel' interview 3 p4)

"How did you feel when he left?

Shaken … shaken, I was quite shaken.

And what did you do?

I spoke to TM I was speaking to TM and just told him what happened and told him what stage it was at and what I was doing. Yeah." ('Isobel' interview 3 p 14)

"I would take that case to supervision yeah and I'd also speak to the principal about it as well. And I think the team where quite good here because we…if I try and work something out or find a resource or something they're quite good at. You know you're able to talk to them and they might come up with something that you can't think of or know of something that you don't know-

so I think they're quite good like that but I also know that case has…I think I've changed as I work with people because of that case as well." ('Keisha' interview 6 p7)

" I asked other people of what their experiences were like at the time." ('Keisha' Interview 6 p 9)

"And I speak to the principal about them really. I suppose I'd like to know that other people are feeling the same way as me, do other people get frustrated with their cases too? I can see clearly working in this team that people do get frustrated and its not just me but I do think is it just that that frustrates me or if other people in my position would it frustrate them as well- I do wonder that in quite a lot of cases." ('Keisha' interview 6 p13)

"…and then I have that discussion with the team manager and he shares my level of anxiety about how people say these things to you and you're… it's the duty of the social worker you're left to deal with that." ('Keisha' interview 6 p 15)

"…I told TM about it which was good because I realized that he shared my…because you know sometimes you do think is that just me, did I come away from there thinking…but he felt exactly the same as me and I think that made me think yeah actually. I don't know.. I don't feel there's anything more we can do than what we've already done and if I felt there was more I would say that I think we could be doing more." ('Keisha' interview 6 p16)

"…I suppose it really would have been nice to start, to say what is happening for me to actually get me to talk about how I am actually feeling, because sometimes it helps just to be able to talk about how you are feeling, the anxieties that you are having, so that could have been a meeting just to say how I am feeling…" ('Tanya' Interview 7 p.17)

"…I suppose I have expressed a lot of anger about it, maybe not to the right person, but I have spoken to other members of the team, I have spoken to the other principles on the team," ('Tanya' interview 7 p8)

"…but I think it's something I've always done thinking with colleagues about visits. You know I ask people now. I'm the principal and I can say I've got this visit to do can I talk it through you know and ask for a bit of advice even if it's just a bit of moral support that I've got to go and visit my favourite family…" ('Kate' interview 8 p5)

"Well I go in the car and just like mutter away to myself and I talk about it all the way back and then I get back to the office and sometimes I do I like oh. (weary sigh)..am I just banging my head against a brick wall and she just sits there and I have ***to*** *say the same thing over and over and I have a bit of a rant as I do in the corner and they all roll their eyes at me and say oh right there's Kate again but and I just think oh do I have to go out again and you'll do fine and they say they give you a bit of encouragement and think about it." ('Kate' interview 8 p7)*

"I absolutely dreaded going. I used to have everybody psych me up to go and supporting me to go because it was just...just-" ('Kate' interview 8 p8)

"…and I think my colleagues would know when it was coming because they'd worked out...they'd look in...they'd say oh you're going today you're going to be alright...it's tomorrow. (Bangs chair)." ('Kate' interview 8 p 14)

"They'd start being supportive and look in sympathy and crack a few jokes and everything and then they'd always ask me the next day how did it go and what was it like and all the rest of it. So I think sometimes I used to think gosh I need to hide or or deal with my emotions around this better I am the principal but, I thought no, why should I, I do need to share it because I couldn't... you know but it's.. you know" ('Kate' interview 8 p15)

The team, comprising of the individual social workers as well as the manager, appeared to be used for a variety of functions, i.e. to allow the practitioners to offload, eject, expel and evacuate the unpleasant and overwhelming feelings projected into them by the clients; to seek reassurance and guidance from others on how they might have perceived a certain situation or exchange and to consider what others might have said or done. So, there was the sense of a sharing, compassionate, concerned group, which also offered possibilities for learning and to assist workers to prepare for and undertake the often difficult and demanding work.

The experiences in this team appeared to facilitate and encourage a sense of togetherness and present the individual members with a sense of a group that generally could be relied upon for emotional and practical support in regards to the social work task. My sense of the team and of their working environment, was that it appeared to be experienced as a safe and responsive space in which members could express their anxieties and feelings about particular families or encounters.

The exception was 'Tanya' who was clear in expressing her view that she did not feel the agency had given her enough support in working with a particular family. However, the impression was that the criticism was less aimed at her social work colleagues, but more at the team and senior managers.

The practitioners appeared to appreciate the Team Manager's 'open door' policy and seemed to experience him as accessible and supportive. This seemed less related to managerial guidance than a sense of reassurance they gained from the Team Manager saying that he felt the same or had

experienced a situation in the way that the workers had. The Team Manager appeared to be generally available to the practitioners and that this was experienced as being very positive.

It appeared from the data that the practitioner's had a sense of the team and the organisation as a whole (but perhaps the latter to a lesser extent as they talked specifically about their manager and colleagues in the team) as benign and 'concave' i.e. receptive to the projections and communications from the members. Briggs (Briggs 1997) undertaking research into infants using the Tavistock model of infant observation, who proposed the terms 'concave, convex and flat' to describe states of mind of the infant's caregivers and their response to the child(ren).

It seemed that an organisation may be experienced in a similar way. That is, the organisation may be perceived and experienced by the social workers as receptive and containing of their anxieties and experiences, especially related to the primary task or it may be experienced as either unresponsive, that is, 'flat' or rejecting or 'convex' so that the projections and communications are not received, contained and processed but are bounced back unprocessed onto the worker.

Armstrong (Armstrong 2005) proposes that:

> *"The emotional experience of the organisation as a whole is a function of the interrelations between task, structure, culture and context (or environment). Members contribute individually to this experience according to their personality structure. They also contribute anonymously in 'basic assumption' activity. At the same time, you could say they* ***are contributed to-****that is, there is a resonance in them of the emotional experience of the organisation as a bounded entity, both conscious and unconscious."* (Armstrong D. 2005:6)

Within the organisation then, there is a complex interplay of internal and external factors and dynamics that influence and shape the internal model of the organisation for each individual, that they respond and relate to and which in turn responds and evolves to the projections and communications from the members.

It appears that in order to function effectively and to deal with the projections from clients and the overall emotional impact of the work, whether from clients or society, that social workers require a stable, responsive and containing organisation. The practitioners in this research project raised the issue of isolation and loneliness when carrying out the work. This appeared to relate not just to practical and environmental conditions, for example, having to undertake home visits alone, or whether there were enough staff to complete the work, but also to a more general sense of internal anxiety about the role and task. That is, what it is that the social worker is supposed to be doing and how etc. A kind of acute existential angst that workers were keen to address and reduce.

The anxiety inherent in undertaking home visits to families identified as in need or in need of protection, it seems should not be underestimated. There is the anxiety oft voiced by practitioners as to what might be waiting for them on each and every visit (e.g. 'Amanda' interview 2 p19 quoted above) and how, one can never be absolutely sure what might be encountered. There are also from the data, the accompanying anxieties of whether what the practitioners do is 'right' or 'good enough' compared to others, as well as the anxiety of what might befall them if they were to make a mistake or get it wrong. For example, as expressed by Tanya, the worst fear of a tragedy on one's case load and the devastating and career ending blame (Jones 2014a) that would be focused on the individual practitioner and line managers.

From my personal experience, an analogy would be of a diver in an old fashioned diving suit, descending into a cold, murky, hostile and alien environment, but linked to the surface and safety by a thin oxygen line, that maintained communication and could be triggered in an emergency. This is how I perceived the organisation and the team when I was in practice.

My internal models of colleagues and the team, were my 'lifeline' on which I could draw on and rely if the going got tough. In reality too, this was acted out on more than one occasion, as I clearly recall maintaining telephone contact with colleagues who were undertaking a home visit to a young couple, heavy crack cocaine users, who had a history of serious violence and aggression

towards professionals. My colleagues kept the mobile 'phone on, concealed in a pocket whilst I listened at the other end, ready to call the police and/or send reinforcements if required.

My positive relationships with colleagues and the team I felt, protected and sustained me through difficult, demanding and traumatic encounters with clients. This dynamic was reflected in the discourse from the practitioners in this research project, e.g. when Kate talked about how the team helped prepare her for and recover from the visits to her 'favourite family' and Amanda talking through her experiences with the silently hostile and with holding young woman. In this way, I suggest organisations may function in a psychic way similarly to how Alvarez describes the relationship between care giver and infant. (Alvarez 1992, 1999) That is, there is a lively interplay and relationship, that the infant can bring out the care-giver and vice versa, the relationship is a dynamic and evolving one, full of rhythm and vitality.

In my experience, some teams were more positive and functioned better in terms of the support they provided (practical and psychic), but it is the experience of the more positive and better functioning teams that I refer to still and are embedded in my psyche. They are my 'team-in-the-mind', essentially benign and responsive; containing, listening and not imposing and affording space for reflection and thinking. The team and the organisation's role therefore appears to be to assist the practitioner to process the negative, persecutory and toxic projections from the clients and to enable links to be made and thinking to be ongoing.

Containing or persecutory: the impact of different organisational culture and functioning:

However, if the organisation itself is also perceived by the practitioner as persecuting, imposing and not willing or able to contain, listen or process the experiences and communication from individual members, then the situation is likely to be felt as intolerable and will result in high staff turnover and instability of the workforce and deep dissatisfaction for staff that remain. I noticed an article in Community Care online, written by a social worker in the

north of England, explaining why he has decided to leave the employment of a local authority and join an agency:

> *"The reality is much simpler than that…the fact is…we don't like working for you. Not even a little bit. You've become bullying, aggressive, neglectful, overbearing, pernickety, insensitive* ***and*** *overly sensitive as employers….I've no desire to work for a local authority again. And the reason is very simple, I didn't feel valued…My last employer and I had a very imbalanced working relationship. When it came to wielding control they held all the cards and behaved exactly like they knew it, drenching my workplace in rules, regulations, policies and procedures, and sharply questioning anyone who strayed from or dared query them. A practitioner's own professional judgment was out; managerial directives in."* (Matt Bee: Community Care: online 17.8.15)

The necessity of the role and function of the organisation as a 'container' for anxiety and projections from individual members, may explain the resistance to working arrangements such as 'hot desking'. The reality of what this meant for practitioners was brought home to me recently when I asked a newly qualified social worker how she was getting on in the team and I was shocked when she said that although she had been working in the local authority for several months, she still did not know who was in her team, as there had not been a team meeting and due to the 'hot desking' she had to sit in a different place each day (in a large, noisy open plan office) depending on where there was a spare chair and computer terminal, so that for her, there was no sense of a team, as she related in the main to her computer and sometimes her supervisor.

In this working environment desks are to be kept bare (to maintain confidentiality) so the space is altogether, uniform, anonymous and completely interchangeable. Managers and practitioners as well as administrative personnel all work in the same space. The rooms for supervision are placed at the edges of the open plan office, facing outwards to the desks, with floor to ceiling glass panels, so that all in the main room can view the occupants. All is to be exposed or nothing to be exposed? There is little sense of the difficult, emotionally charged tasks routinely undertaken by the staff or of the thoughtful, skilled and sensitive work that is required with vulnerable children and families. It presents to all intents and purposes more like a call centre.

However, for the team involved in this research project, the working environment was more typical of the environments I had experienced in the 1990's when I was a practicing social worker, in that it consisted of a large room, which contained desks for each practitioner (they each had their own designated desk) plus the admin. officer. The Team Manager's room was partitioned off in one corner of the room, but the walls were plasterboard and the space for supervision and other sensitive discussions was private. There was a definite sense of team identity and absences were more obvious, important to monitor the safety and wellbeing of team members on visits etc.

Whilst the role of the organisation and organisation-in-the-mind appears to be of critical importance in assisting social work practitioners to be able to manage and process the impact of their work with children and families, organisations also are affected by wider society; the ebbs and flows of public opinion and policy changes.

The issue of shame seems particularly pertinent to social work and in the following section this will be explored.

SHAME:

> *" If distress is the affect of suffering, shame is the affect of indignity, of transgression and of alienation. Though terror speaks to life and death and distress makes of the world a vale of tears, yet shame strikes deepest into the heart of man. While terror and distress hurt, they are wounds inflicted from outside which penetrate the smooth surface of the ego; but shame is felt as an inner torment, a sickness of the soul. It does not matter whether the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, lacking in dignity or worth. " (Tomkins 1963:118)*

Whilst undertaking this research and thinking about and analyzing the data, the concept of shame kept suggesting itself: in perhaps the origin of the psychic defences of the clients or service users that the practitioners were most troubled by; in the social worker's themselves when they appeared to find it difficult to express with their colleagues, or managers, the impact of working with particular families or individuals had on them and within the organisation too, in terms of anxiety in regard to feelings of being judged inadequate through inspection or in relation to a tragic injury or death of a

child. Therefore, the concept of shame appeared to warrant further exploration.

Shame is a relational emotion, in that one feels shame in relation to others; shame being a sense of inadequacy in relation to others and cultural norms and expectations. It is experienced as an *essential and intrinsic* reflection of one's own worth. Gibson (2013, 2014) and Walker (2011) differentiate guilt from shame:

> *" Guilt is language based and less visceral. Shame develops through functions in the right hemisphere while guilt is a phenomenon of the left hemisphere. Because shame has its roots in the first two years of life it tends to be pre-verbal, bodily based and experiential, in contrast to guilt, which develops later and is more verbally based. Guilt is more related to unacceptable behaviours whereas shame is an emotion about the self that is internalized. Guilt is about something we have done; shame is about who we are. Thus guilt might make someone feel: 'I have done a bad thing', whereas shame would make someone think 'I am a bad person.'* (Walker 2011: 454)

Walker (2011) proposes a *'strong link'* between shame and child abuse, in that the child may trigger a sense of shame and inadequacy in the parent/care giver, which may lead to an angry or aggressive response. The opposite of this response is avoidance or withdrawal (another pattern of behaviour associated with abusing or neglectful adults, Reder and Duncan (1993)). Scheff and Retzinger (1997) outline two responses to shame. The 'shame loop' and the 'shame-anger loop.' Walker (2011) also suggests a link between shame and dissociation and quotes Ikonen and Rechardt (2010) who state that *'avoidance of shame prevents a person from thinking and perceiving reality."*

Therefore, it seems in considering the above, it is not difficult to contemplate how and why shame may have particular relevance for both clients and practitioners in children's services. For clients, simply being the recipient of such services, (willing or unwilling) indicates that you have fallen short in some way. For parents, this suggests that an aspect of their parenting has been judged by others as being at best deficient and worse abusive or neglectful.

Meissner (2007) also specifically links shame with the phenomena of projective identification:

> *"…the process as I conceive it begins with the conflict in the subject involving some aspect of the self that is felt to be repulsive, shameful, embarrassing, painful, or intolerable. The affective response then triggers a defensive response resulting in a splitting off of the painful element from the rest of the self-image and its rejection, disavowal, and denial effected by the projection of this aspect of the self-image onto an object representation. This is basically a fantasy process operating intra-psychically and effecting a modification of the object representation by the projective content. "* (Meissner 2007:112)

Meissner also references writers such as Lansky (2005) who specifically link the 'shame dynamic' in which 'unbearable shame gives rise to motivation' for projective identification. So, they suggest that shame could be or is, one of the main emotional states underpinning the phenomena of projective identification. My thinking is that the 'shame' experienced by the clients or service users can be especially acute for all the reasons outlined above, but that it also finds resonance in the social work practitioners and the organisations in which they are working; perhaps leading to amplification and a particular resistance that almost seems to make it too toxic an idea to address.

For social workers, it seemed that as they were troubled by their encounters with clients who could evoke strong and often negative feelings in them, that this was a source not just of psychic and physical discomfort, but also caused a sense of shame, as there were concerns that this should not be occurring and the fault/blame for this was located in the individual worker; that is, that they were inadequate in some way, as other more competent practitioners would not be effected in this manner. As these experiences were not often talked openly about, (perhaps due to the fact that these primitive projective communications/identifications could not be put into symbolic language and could only be expressed by or experienced in the body), that practitioners were or continued to be in, a state of some confusion over psychic boundaries as to what was theirs and what belonged to the client.

In addition, social work as a profession has a history of being placed under extreme scrutiny by society. Most usually in high profile cases of child deaths, it is the social workers that have been 'named and shamed' and lost their jobs, careers and livelihoods. The rise of managerialism and the audit culture as a response to these high profile tragedies has emerged over the past twenty or so years and has resulted it seems in a split, in that practitioners have to serve and meet the needs of both the clients and the organisation and that very often there is tension between these two, or even that the demands placed on the practitioner in terms of what is in the client's best interests is in direct conflict with those of the organisation. Gibson (Gibson 2014:423) gives the following example:

> *"In a study by Balloch et al (1998) which included structured interviews with 144 UK social workers, the greater the conflicting demands between what the social workers felt the 'organisation' asked them to do and what they believed they should do, the greater the psychological distress as measured by the General Health Questionnaire. Indeed, borrowing from the nursing literature, such a phenomenon is referred to by Weinberg (2009) as 'moral distress'. For example, practitioners can feel pressurized to 'complete' an assessment within the prescribed timescale despite not having all the necessary information to make the most accurate professional judgment."* (Gibson 2014: 422)

Gibson (2014) also highlights how 'cultural expectations' might *' drive some systems to be designed not only to improve practice but also to avoid a negative judgment of the service (Wastell et al 2010)."* (Gibson 2014: 422)

In this climate, then where 'shame' permeates the organisation and is amplified and perpetuated by societal attitudes and the role and function consciously and unconsciously ascribed to social work, it is not surprising perhaps that the impact that direct work or encounters with clients, intensely troubling as they can be, are not openly expressed in the workplace. As Gibson states:

> *"However, practitioners who complain or challenge the organisation, or are struggling with personal dilemmas and psychological distress, may be seen as 'unprofessional' and unable to cope with the social work role (Morrison 1990). According to Morrison (1990) practitioners must therefore hide the truth that they are struggling to maintain a denial of the human experience of social work in order to be seen as coping to*

> *achieve social acceptance. Personal integrity may therefore be undermined by adhering to organisational standards leading to practitioners to feel that there is something wrong with them that they are struggling, rather than question agency insensitivity or the nature of the work (Morrison 1990). An organisational culture that promotes conformity, secrecy and denial of human experiences may result in an environment of shame where practitioners blame themselves for poor practice, feeling stressed and ultimately feeling like they are not helping service users."* (Gibson 2014: 423)

There are several internet sites, whose specific aim is to 'name and shame' social workers. When writing the thesis I googled 'name and shame' and there were three separate sights identified on the very first page that were dedicated exclusively to social workers.

One of which was: 'nameshamesocialworkers.blogspot.co.uk' where disgruntled, angry and dissatisfied clients are urged to give personal details of the social workers:

> *"…its not enough to tell your story, naming names is imperative…provide any detail you have, car registration numbers, home addresses, even add a link to www.flickr.com with their photograph…' all 'without revealing your identity."*

Taking all the above into account, the sense of shame that appears pervasive and intense for the client or service user, the social work practitioners and the manager's in children's services as well as in societal attitudes to social work, may be a significant factor that impacts on practice in that it does not facilitate open and frank discussion of the social work roles and tasks. That is, it hinders any attempts to enter into genuine discussion, about practice or to consider successes and failures, through which learning and development of learning and reflective culture might take place. Shame appears to be a real and very serious issue in social work, that impacts on turnover of staff, burnout etc. and therefore the quality of the social work service to vulnerable children and families.

This was brought home to me very recently when a social worker who had been undertaking work with a family of several children with complex and difficult dynamics and background of severe abuse and neglect, said that they would be leaving the department due to the lack of support they felt had received from immediate and more senior managers. This included an

apparent attempt to shame the worker by direct comparison to other practitioners who were said to be performing better; that is, if these other workers were capable of producing the reports on time then why not this particular social worker? This was without any recognition of the issues the practitioner was raising in regard to working with a number of very difficult and challenging families.

From the interviews with social workers in this research, it seemed that the practitioner's talked almost exclusively about the adults they had encountered and the troubling nature of these exchanges. The absence of the child or children from the social worker's discourse was very striking. In the interviews, my experience was that as the social worker's focus was taken by the adults in such a marked and troubling way, that the child or children simply slipped from view. This was evidenced in the interviews and I would suggest was likely to have occurred during the original encounter. This has obvious significance for work in the field of statutory children's services and therefore will be considered in more detail in the following section of the thesis.

WHAT HAPPENS TO THE CHILD?

> *"Attention…is a scarce resource: if you focus on one thing you will lose awareness of other things."* (Syed 2015: 29)

The child may be the subject of the intervention but his/her interests must be the paramount consideration at all times (DFE 'Working Together' 2015) however, there is an immediate difficulty that presents itself. That is, whilst the child or children is the subject of the intervention and their needs must be kept as 'paramount' it is the *adults, the parents or care-givers* that are expected to change (their behaviours/attitudes/actions) for the benefit of the child. And it is with the adults that the social work practitioner has to engage or develop some kind of relationship with, most times even before they can meet with the child or children.

To undertake an assessment or intervention with a family where judgments have been made that the care of the child(ren) is not optimal and has met the

criteria to be considered a child in need (CIN) or child in need of protection (CP), the social work practitioner therefore has to engage and ideally make a positive relationship with the adult(s) in order: (i) to obtain access to the child and (ii) conduct assessments to determine and agree the intervention which will primarily aim to change the actions and behaviour of the adult(s) involved.

Schore (2002 and 2012) has made explicit a link between projective identification and data from neuroscience research, which explains how the brain perceives and processes data and the impact on conscious and unconscious behaviours. The experience as described by Schore (2002) that occurs in psychoanalysis is that it can be overwhelming for the analyst impacting on their capacity for thought and performance. The relevance for social work practitioners as evidenced from the data that emerged in this research project is that the same or similar process occurs in direct encounters with certain clients. So that intense defensive reactions such as negative projective identification (usually from adult parents or care givers) can have a negative impact on the ability of the social worker to undertake the tasks assigned to them. This includes being able to maintain the focus on the child or children.

In addition, social work practitioner's undertake their work in entirely different context and environment to that of an analyst or therapist. Different kinds of encounters or projections incur different responses from the workers, but can have similar effects, so that the focus on the child slips.

The effect of intense, negative and hostile projective identification evokes immediate fight/flight survival response (Cannon 1915) in the recipient, i.e. the impact of the projective identification as specified by Schore (2002 and 2012), so that the primary concern and conscious and unconscious response is to ensure one's own survival and action/thinking is focused on this.

Examples of this were noted in this research; that is, Isobel's experience, recounted in her interview when she detailed her valiant and strenuous efforts to ensure the safety and wellbeing of the children during a highly volatile and potentially dangerous situation or Kate's account of working with the 'Nigella'

family, in which she experienced herself to be under threat the whole time she was in the presence of this couple.

However, other adults, (usually, but not exclusively the parents) when in contact with the social worker could employ or establish less threatening modes of interaction and communication, which nevertheless enticed, invited and encouraged the practitioners' to focus on the adults rather than the children. For example, in Mandy's interview she talked about her difficulty in focusing on the children in the case where she suspected sexual abuse, as the mother would tend to monopolise and demand Mandy's attention on visits or in Amanda's interview when she recounted how the mother of the hostile and angry adolescent girl, would often take all Amanda's time and attention, so that it was hard to speak to or spend time with the daughter. Also, Kate's 'Nigella' family would employ tactics to invite and provoke Kate to engage in an argument, which when she did respond her focus on the child was lost.

It seems therefore from the data, that there are likely to be varying degrees of conscious awareness for the clients in terms of these behaviours. For example, again in Kate's 'Nigella' family, the parents made it very difficult for Kate to see and speak to the child and were angry when she did manage to do this. They also timed her visits, clocking her in and out! There was evidence of this being conscious behaviour, but it was perhaps less clear as to the level of conscious awareness for the male partner's strategy of trying to provoke Kate into an argument about reports or other interventions that had occurred previously.

Likewise, it was not clear in Amanda's interview as to how conscious the adolescent girl's mother might have been in regard to her (the mother's) behaviour with the social worker, or whether this was also an unconscious expression of unmet need and unresolved emotional issues.

Nevertheless, these phenomena, and others like them, are important to understand and examine, as in families where there has been a fatality or serious harm to a child, there is evidence that abusers or parents who are neglecting their child(ren) will often go to great lengths to conceal this both

from the professional network and also from themselves, in that the defence of disassociation can be in operation. An example of this was Tracey Connelly, the mother of Peter Connelly, who covered the bruises on her son's face with chocolate. On one level she must have been conscious of what she was doing, i.e. covering up the bruises, but perhaps simultaneously she was employing psychic defences of dissociation against the knowledge of the harm that was being perpetrated to Peter.

Cooper writes:

> *"Government-commissioned research into serious case reviews between 2003 and 2005 found that only 12% of the children killed or injured were on the child protection register. In other words nearly 90% of the most dangerous cases were not picked up by the very process designed to identify and protect them. The same report notes that often parents were hostile and workers were frightened to visit their homes; and that "apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child, and cases drifted".*
> *Surely there is something more at work here than practitioner incompetence, system confusion, or electronic communication breakdown. Two unpalatable factors need stressing. First, most people who abuse children over long periods need to go on doing so. They are expelling something terrible and dangerous in themselves, and to remove their chosen victim is to dangerously threaten their equilibrium. They are dedicated to disguising what is happening and know that what they are doing is a terrible criminal transgression in others' eyes. For such abusers, the stakes surrounding discovery could not be higher."* (Cooper 2/12/2008)

Therefore, it seems that this phenomena requires further research and exploration if, as this research indicates, the conscious and unconscious communication and projections from certain families has an immediate and powerful adverse effect on social worker's being able to maintain their focus on the child or children. Further research is required to determine how this can be addressed, managed and as far as possible overcome.

This leads on the next and final chapter the research is summarized, conclusions suggested and recommendations for further research are offered.

CHAPTER 6: FINAL SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

This was a small-scale research project, involving just one Child in Need team in one just local authority. Whilst the team, the practitioners, the manager and the senior managers were not randomly picked to feature in the research; that is, they put themselves forward and gave agreement to me observing and interviewing them, my view is that it is likely that they represent a fairly typical example of individuals and teams operating in this field. Certainly, the accounts, observations and expressed issues and themes were ones that I as a social worker with over twenty years experience of working with children and families was very familiar with. They seemed to me to be authentic and reflect current and ongoing issues in practice.

The social work practitioners' interviewed in the project were all women, with different levels of experience, different ages and racial and cultural identities. In my experience of working in inner London, the make up of the team was commensurate with my personal experience. Therefore, this team did not appear to me to be exceptional in any way.

I did not interview the sole male worker in the team for a number of reasons. The main one being was that he did not put himself forward and I respected his stance and did not wish to pursue this. However, I cannot therefore comment in too much detail as to possible impact of gender in terms of the research findings and conclusions. This would be an area that I would recommend further exploration and research.

What the practitioner's communicated to me in the interviews was that direct contact with individuals and families can have a profound impact on the body and mind of the practitioner and that this persisted over time and at its most intense was experienced as highly unpleasant and disturbing. These encounters were difficult to manage in real time, but also subsequently and left the workers variously feeling invaded, exhausted, agitated and aroused.

Each worker utilised their own internal and external resources to manage the emotional and physical impact of these encounters. Different families aroused different feelings and sensations. The research suggests that it is the families with the most intense and rigid psychic defences that evoked the most intense and negative feelings and impact on the practitioners.

Figs. 2-4 below, represent visually the psychic processes and dynamics in operation in the social work encounters.

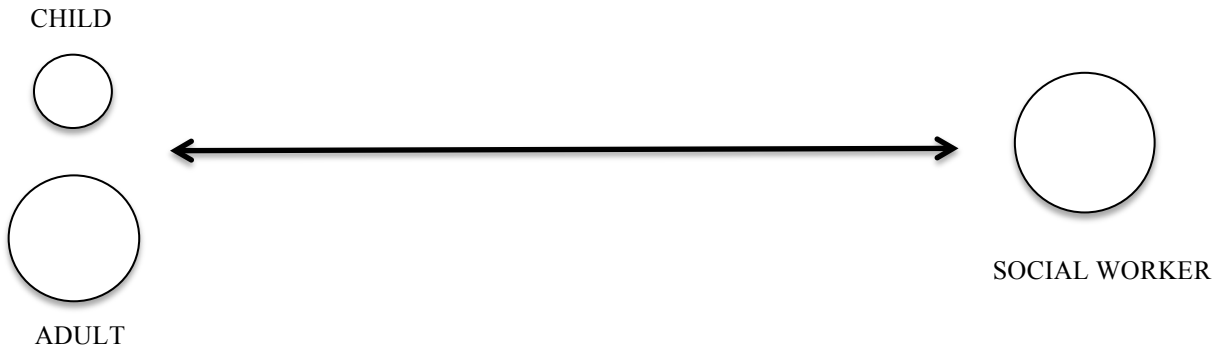

FIG.2

Fig. 2 represents a benign encounter with a family, which has less anxiety and psychic defences so as to allow for discussion and for the practitioner to be able to access and interact with the child or children.

Fig. 3 represents an encounter in which the encounter indicates higher level of defensive arousal from the adults, so that the practitioner's access to the child is limited.

Fig. 4 represents an encounter in which the psychic defences of the adult client(s) is aroused to the extent that the practitioner is overwhelmed by the projective identification, with the result that the child recedes from view. In this situation the practitioner will often seek to offload to the organisation.

FIG.3

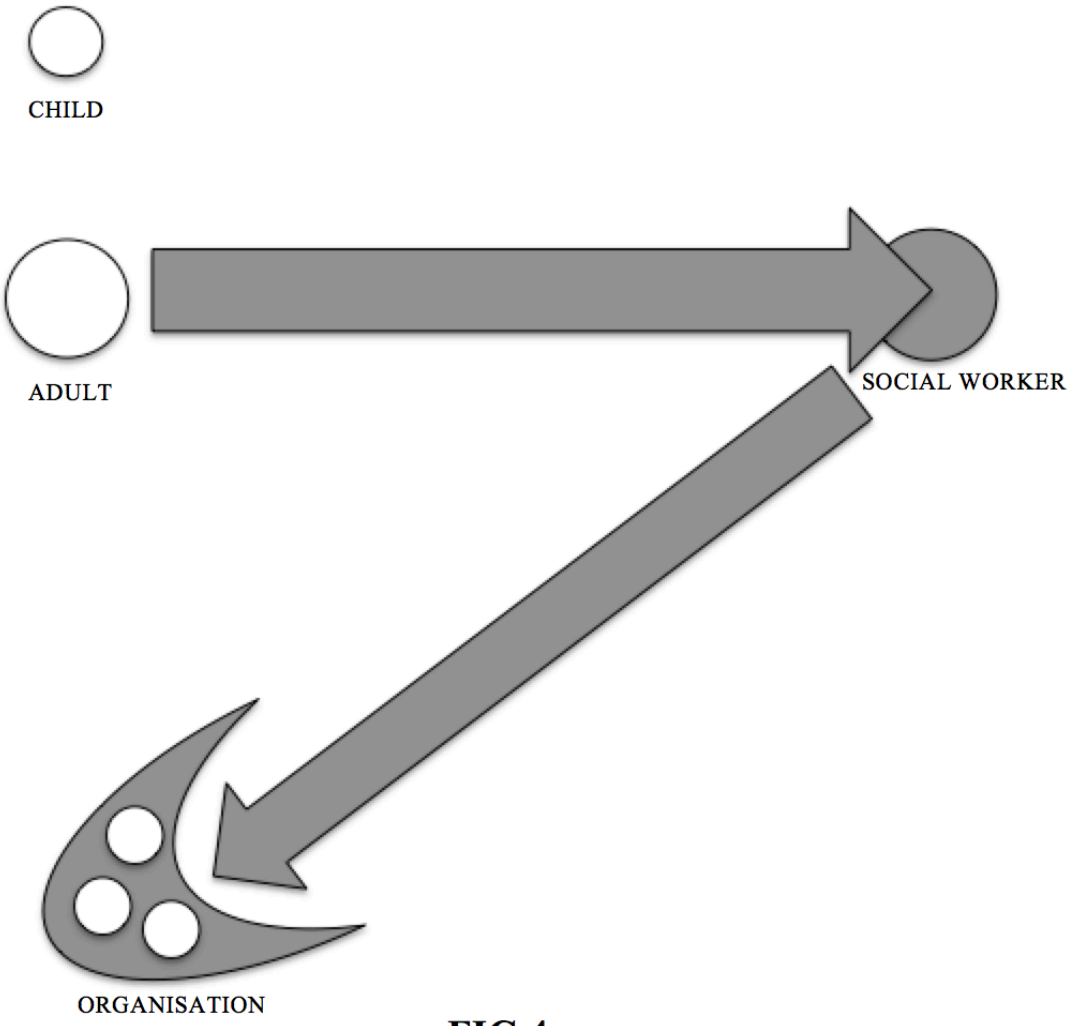

FIG.4

The projections from the clients may possess different functions, but in the more extreme and disturbing encounters, the stress response is provoked in the practitioner, with accompanying physiological and cognitive effects.

One of the most significant effects of this appeared to be, from the examination of the discourse in the interviews, is how the child seems to recede from view of the social worker; perhaps in direct correlation to the level and intensity of the psychic defensive strategy of the adult carer. This reaction is not conscious; the stress responses in the practitioner are activated without their conscious awareness and the aroused state will continue for some time and as evidenced in the interviews, can be invoked even some months later just by talking about and recalling the original incident or exchange.

This data was able to be obtained from the interviews by noting the non-verbal actions (in the interview itself) and by careful and tight transcription of the spoken words, which highlighted dysfluency, repetition, changes in tone, volume etc. These 'non-verbal' communications by the practitioners equaled or outweighed the articulated issues and concerns and indicated the 'embodied' and unprocessed anxieties and preoccupations, held by the individual workers.

The phenomena, identified from the findings from this research project, appear primarily related to the nature and structure of the psychic defences from the client, not from the worker. There may be some valency with individual workers, but predominantly the origin of the defence is located within the client. As Mattinson (1975) states:

> *"…it is important to remember that the more disturbed the client, the less he is in his own skin, and the more he psychologically bombards the worker, the tighter the external boundary around the working situation needs to be."* (Mattinson 1975:32)

> *"I am sure that many supervisors work with the reflection process without necessarily giving it this name and could quote numerous instances when they picked up the worker's over- identification or some feeling that he had introjected from a client. What I want to stress is that I am not happy when these phenomena are taken to be just the weakness of the worker with a complementary denial of the strength of the psychopathology of many social work clients. If workers are led, even very subtly, to feel ashamed of their interaction and inability to withstand some of its grosser manifestations, their professional growth will be inhibited."* (Mattinson 1975:47)

The social work practitioners' as part of their role tend to try and make and establish relationships with their clients, that is, they take a 'concave' (Briggs 1997) position, i.e. a less defended and more empathic (Pearlman 1995) or

receptive stance, to developing a relationship in an attempt to understand and make sense of the client's world, views and experiences. The hypothesis from this research is that this 'concave' or 'empathic' presentation makes the social worker more vulnerable to the negative and troubling projections from the clients who consciously and/or unconsciously seek to defend themselves against psychic pain or conflict. The intensity of the impact on the practitioner appears to be directly related to the intensity or strength of the client's psychic defences.

Furthermore, that the nature and quality of the impact on the social worker is related to the kind of experience or state of mind that the client is defending against and may communicate something about the client's previous early experiences of nurture, care (or lack of) and trauma. For example, Kate's experience of frustration, deadness and flatness of the young mother she talked about in her interview and with whom I observed a home visit, may in itself be an unconscious communication from the young woman of her own early traumatic and unresolved experiences. These are very early experiences as they are communicated, felt and expressed in and through the body, rather than through symbolic language.

The individuals and families that the social workers talked about in the interviews were the ones in everyday language that had got 'under their skin.' They were troubling because they had managed in some way to 'breach' the psychic boundaries and defences of the practitioners.

This breach is profoundly disturbing as it raises primitive anxieties as to self and other and fear of disintegration, contamination and confusion around one's psychological integrity. The mechanism by which this occurs is largely subliminal, below the radar of consciousness, but communicated through, sound, sight, smell; primitive, non-verbal and embodied signs and signals, processed primarily according to Schore (2002, 2012) in the right hemisphere of the brain.

This intrusion is very difficult for the psyche to manage and takes time and favourable internal and external conditions to process and repair. As it is a primitive psychological process it is not perhaps so easily addressed through symbolic means (spoken language), rather a calm, containing and benign environment may facilitate and allow these experiences to be digested and effectively de-toxified. It would require extremely skilled and effective supervision (such as the kind psychoanalysts receive) to be able to routinely process and integrate these experiences. This supervision is not provided in local authorities and it seems very unlikely that it could be available to the extent it is required.

The impact of this 'psychic assault' and intrusion, arouses the stress and threat response and causes the recipient to become preoccupied with the assailant and ensuring the worker's own safety and psychic integrity to such an extent that this is overwhelming. The response appears instinctual and unconscious and as a consequence focus on other things and most critically for children's services, the focus on the child is lost.

If simultaneously, there are other 'attacks' from other sources, i.e. maybe unsupportive partners, colleagues, team, supervisor/manager and/or the organisational structure or demands, then this could impede or make repairing the breach impossible or at least significantly lengthen the process.

I suggest that the practitioner has to feel held or contained for repair or processing to take place; similar to an infant's need for a reliable maternal figure or care giver for reverie and containment and to allow for development of thinking and sense of self as a separate entity.

If societal attitudes are experienced as punitive and attacking then this also makes the role and task of the social work practitioner more difficult, impossible even, as this gives further assaults on the individual who is already likely to be weakened in trying to process the attacks from clients, possibly also in a less than favourable work environment. This, I suggest is ultimately

not sustainable in the longer term and likely to incur increased staff turnover and work place stress.

Attack is intrusion, of either physical force on the body or the dominance and injection of a concept or state of mind. The psychic attack denigrates, dismisses and overcomes or seeks to obliterate the thought or state of mind of the other. The social worker responds to these attacks/intrusions and seeks to manage this using a self-protective strategy, which is largely unconscious and instinctual. In this process, which in my research seemed primarily to relate to the adults (parents or care givers) the child or children are relegated to the background and recede from view, as the worker attempts to process the intrusive projections and communications. It is very difficult to retain the focus on the child in this situation as the worker is caught up in a struggle for psychic integrity and anxiety about survival.

The negative impact of these projections on the practitioner, may not only effect how the social worker assesses or interacts with the child or children in that particular family, but may have a knock-on effect on their capacity to work with other children and families. That is, when the impact of projections is so profound and intense, the practitioner's functioning, cognitive and physiological, is effected so that their capacity to focus on, attend to and carry out other tasks, including work with *other families and children* could be adversely impacted. If one considers that practitioner's will often visit more than one family or child in a day, it is not hard to appreciate how a disturbing encounter with a client such as described in the social work interviews, would continue beyond the period of the actual session and impact on subsequent visits or sessions and impair assessments, judgment and decision making.

It seemed that without adequate time and conditions for recovery and processing, that this could then impact on the practitioner's capacity to complete other tasks, including assessing situations and risk for other children and families over a longer term.

Combine this dynamic with the competing demands of other cases or tasks and organisational context (lack of resources, agendas for avoiding children coming into the care system etc.) it is possible to see why the social work task is anything other than straightforward and how things might be missed or not addressed or followed up.

I suggest that the issue of shame permeates the whole terrain in the field of statutory work with children and families: from the families' sense of shame in regard to coming to the attention of children's services and what that might mean for each individual in the family; the practitioner's sense of shame about how they are affected by the work, whether this is a personal failing or lack of skills or experience (the origin I think of significant interest expressed by the subjects in this research project in the practice of others in other teams and other local authorities). There also appears to be an internalized sense of shame for all parties, including within the organisation itself and social work generally. This is reflected and indeed perpetuated, by hostile and reactionary reports in the media when reporting on social work practice. This in turn appears to fuel and amplify the shame and blame cycle, with the consequence that for organisations to reflect on practice is experienced as risky and anxiety provoking.

WHERE TO GO FROM HERE?

Further research:

Firstly, I would recommend further research in this field to confirm or refute the findings in this research. Can these themes and phenomena be recognised in other teams and with other social work practitioners in this field in a number and variety of local authorities? If so, what might this indicate in terms of practice, to improve the service for vulnerable children and families?

Implications for practice:

I suggest that one immediate way to assist practitioners would be for research to be able to confirm their own experiences; that the impact of direct work can be profoundly disturbing and generally the origin of this disturbance is related

to the psychic defences of the client, not a personal failing or weakness in individual workers. These phenomena, if confirmed, should be recognised and acknowledged as a real and frequent occurrence in practice, which needs to be addressed and managed by social workers, managers and the organisation in general.

Practitioner's might then be able to feel that they have permission to talk more openly about their personal experiences and this may minimize any sense of shame. This in turn, may have a beneficial effect on the social worker's capacity for creativity when undertaking the primary task.

If the phenomena of projective identification and primary and secondary trauma can be better understood in the social work context, then I would hope that the negative impact of some of these disturbing encounters could be 'de-toxified' to some extent. This would assist the practitioners, but could also improve the service to the children and families, as the clients or service users may feel more contained and supported by social workers if these phenomena could be considered as communications in regard to anxiety and early trauma and loss. This could, in my view go a long way in counteracting the negative impact of direct work with some very difficult and challenging clients.

For instance, if this phenomena was openly recognised and acknowledged, then strategies, could then be thought about and then employed to manage this. For example, in the local authority I am currently working in, I have recommended that for a particular family, with a mother with a personality disorder, whose impact on the children's social workers has been profound due the level and intensity of the negative projections to them, I proposed that another senior worker take on the role of the direct contact with the mother, leaving the social worker's to be freed up to focus on the issues for the individual children, so that their needs and wishes do not get lost or subsumed in their mother's projections and communications with the agency.

This requires close coordination between the professional team and it is early days as yet- too early to state whether it could be considered a success, but the social workers feel positive about the change and it is my impression that they have been able to focus on the children more than they had previously, when their time was taken up with dealing with and responding to the mother's constant 'assaults'.

Joint working in certain cases, may also be another strategy to work with particular families where this phenomena has been identified. This would require careful planning and consideration of the issues on an ongoing basis.

If further research confirms the findings from this project, then I would recommend that this be addressed as a core part of any social work training programme. For social work educators to be open and upfront with students about the situations they are likely to encounter and how this can impact on them emotionally and physically. The theory behind these experiences should be covered through Work Discussion, role plays etc. so that practitioners can prepare for direct work and be familiar with strategies of how to manage and deal with the dynamics in difficult encounters whilst maintaining the focus on the child.

I suggest that genuinely giving permission to social work practitioners to be able to talk freely about how the work has an impact on them, would go a considerable way in minimising or counteracting the negative impact of the phenomena as outlined in this research. Space for open discussion on the emotional impact of the work could reduce the debilitating 'shame' factor. A sense of shame could perhaps be viewed as being just one emotional response on the spectrum of possible responses for social workers being involved with families.

Social work training could consider how the emotional responses of the practitioners could be thought of and understood as giving information as to how a particular family functions; in terms of their psychic defences,

preoccupations and anxieties. This may in turn allow the social work intervention to be more effective.

Work Discussion Groups:

Work discussion groups could provide a suitable space for reflection on the task and emotional impact of the work. Sometimes, also named Reflective Practice Groups (RPG) there are a number of different models including 'Critical Reflection' (Fook and Gardner 2007, 2013; 'Relationship- Based', (Ruch 2007a, 2007b, 2009); 'Work Discussion' (Jackson, 2005; Warman and Jackson, 2007; Jackson 2008, Rustin and Bradley, 2008).

Fook and Gardner (2007) have highlighted that there has been limited evaluation of the effectiveness of Reflective Practice Groups, regardless of what model has been used. Such research would be useful to determine value to the participants (as well as to the organisation and services users) and identify advantages or disadvantages of any of the different models. Warman and Jackson (2007) have suggested that work discussion groups may have a value for social work practitioners to allow them to:

> *"… focus on relationships and provide the space that is needed to reflect on processes and the feelings that this work inevitably evokes. In addition, the opportunity to meet with peers would provide an additional source of support for social workers who rarely find the space or have a forum where they feel safe enough to share their experiences."* (2007:46)

The role of the organisation:

The role of the organisation, both practically in allowing and promoting practitioners to talk openly about their experiences, without fear of censure or compromising their career or position, as well as in terms of the 'organisation-in-the-mind' (Armstrong 1991) that workers carry with them as internalized ideals and ethos, appears from this research, to be of critical importance in managing and dealing with the emotional impact of direct work.

Evidence from this research project suggests that practitioner's have an acute need to use the organisation to assist them to manage and process the impact of the work, especially direct work with intense and troubling

projections from clients. It is to the organisation, their colleagues, the team and the manager to which the practitioners appeared *to turn to first* to assist them to manage and process difficult and disturbing encounters. If the response they receive is experienced as positive and containing, then the practitioners appeared more enabled to proceed and manage and process the emotional impact of the work, including being able to think, reflect and take action where appropriate. *This suggests that the role of the organisation is of critical importance in enabling the practitioner to retain (or regain) the focus on the child.*

Ideally the organisation needs to be structured in such a way that addresses this. That would encourage and facilitate thinking and creativity through providing safe and containing environments where these troubling and disturbing aspects of the work can be acknowledged and processed.

This will not in my view be either simple or straightforward given the nature of the social work task, the pressures (financial and audit driven) on local authorities, which can result in dismissive and denying responses as defences being provoked and maintained. Nevertheless, this attitude and general ethos is something that should be aimed for by organisations.

CONCLUSIONS:

So much of social work it seems to me, is about work at the boundary: of internal and external thoughts, feelings and experiences, between society, the family, the parents and children as well as the professional and organisational boundaries. Social work is a very complex task, with surface and depth layers of stated aims and primary tasks and unconscious unspoken aims and roles (Cooper 2005).

The practitioners in this research project provided compelling accounts of their experiences of undertaking direct work with children and families. They described and showed in the interviews the impact these encounters had had on them.

If I have learnt anything in my time as a social worker, it is that things are generally not simple and attempts to make them so suggest a fantasy and desire to deny and minimize the impact and effect of the irrational, messy, inconvenient and unpleasant aspects of (human) life. But, I argue, the latter is what practitioners in the field of statutory children's services have to contend and engage with on a daily basis and therefore, it is important, indeed vital, to explore and learn more about the day to day reality of social work practice in order to improve the service to vulnerable children. Most importantly how social workers go about their work and their experiences. This is what I have attempted to do in this research.

Charlotte Noyes
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APPENDICES:

Appendix I: Transcribed interviews- ‘Isobel’, ‘Amanda’, ‘Kate’

Appendix II: Pro- forma copies of the information and consent forms given to social workers/managers and clients.

Appendix III: Thematic Analysis Data tables: interview ‘Amanda’ and a combined table.

Appendix IV: Copy of UREC letter

APPENDIX I:

INTERVIEWS: ‘AMANDA’, ‘ISOBEL’ AND ‘KATE’

INTERVIEW 2 'AMANDA'

Present

Interviewer
Interviewee

I hope the red light means it is on; I am going to put it there. I hope that is not going to be too distracting for you. Alright, well as you are aware, I am undertaking some research on how social workers go about doing their job and how they feel about it. We went out together on a visit last week, you were kind enough to let me observe and said that you wouldn't mind being interviewed maybe.

Yes.

Is that okay? Alright. Some bits about confidentiality, you are aware it is being recorded, it is digitally recorded, it is uploaded to a secure site and it is transcribed and kept on my computer. This, I think will be destroyed, but it will remain on my computer, but the transcribed version will be kept in a locked cabinet for 15 years, that is one of the requirements for the doctorate. You will be asked to give signed permission, I've got a form which I think you have seen but we can do that when the end of the interview is up.

Yep, yes that is fine.

Any questions?

No, no. that's fine

Alright, well, I suppose what I would like to start with is, it has been a few days since we went out but generally, a bit about yourself, how you came into social work, what attracted you to this kind of work to maybe start off with.

Okay, I have been qualified for about 18 months now. Um, I previously to that, I worked in a few unqualified posts, I worked for Connexions and then I also did some work as a social work assistant in a sort of team dealing with child protection & children and families and things like that. Um. I did a first degree in sociology and social policy and I had always... & I just happened into a summer job actually as an unqualified post and I just quite enjoyed it really. I quite enjoyed the variedness of it, it was pretty hectic and, or I sort of did that and then after University I did a couple of office jobs and they just weren't for me in comparison to sort of what I was doing, I just wanted to go back sort of to doing social work side really and working with people and things like that. So I went back to University and did my Masters, I qualified in 2010 and then came straight to work in this team Um (pause) so, I have had quite a positive experience in the last 18 months working here um in terms of

the team I work in, but also, the Council, as a whole, from they are quite respectful of the work that we do in in general. There are always going to be elements which you kind of have little gripes and things like that, but in general I do feel the work we do is respected and the difficulties that we have with it are also respected. Um So in that sense, so in that sense yes, that is kind of why I came into it sort and why I am here and I don't have any plans to go anywhere else. The team doing this kind of work I still feel, even 18 months in and I don't even feel that I have scratched the surface really. There is a lot to learn, a lot to do, lots of different scenarios to deal with, but also my case load and the complexity has been managed pretty well for me actually. I feel like it has been done in as much as can be, cases have been given to me because it has felt like it is the right progression for me and kind of I haven't been dumped too much with really difficult things before I have done things really.

It is a Children in Need team isn't it?

Yes.

I know that as it has come through in... the interviews. So what cases, what children & families do you work with ...

We deal with child protection and also children in need so children in need is the slight link, it hasn't quite met the threshold for child protection. Um So initially they were the cases, I was dealing with. Um I mean they varied really. I had a few teenagers to start with and one of those in particular was quite a difficult one, she had a difficult upbringing, mum had really quite severe mental health, she sort of had bi-polar and a personality disorder and was in some phases of an episode all the time. So her level of normal wasn't really normal, it was still either very high or very low. Then on top of that the teenager was ..really difficult to manage, so I was sort of social working, trying not to social work the mum, but she would call me sort of up to four or five times a day, but then at the same time also trying to deal with the teenager who was just in this spiral, you know going out of control really. Um So that was one of the initial ones I had and that was really quite tricky, but a really good learning experience for me. Um She actually ended up being accommodated and it got moved to another t, team that works just with teenagers and children in care, so that was one of the more difficult ones, but....

What do you think you learnt from that?

Um,I learnt quite a bit about managing the mum who had mental health & I think the way I dealt with her from the beginning stages, to how I dealt with her at the end, were (laughing self deprecating?) probably quite different in that I had to set some boundaries and also be fairly assertive with her. Um, I mean it was incredibly frustrating because you would go over the same conversations and you would be quite clear about plans and you know what she her responsibilities were to do once the child was accommodated. She would just turn up on the doorstep and be really quite abusive, um you know kicking (pause) swearing swearing, throwing things, breaking things and

throwing things out the window you know and my line was always well you mustn't let her in and if this happens, you have to do this and if that happens you have to do that and mum was never able to follow through with that and it is very frustrating because it really limits what you what you're are able to do if she is not following through with that. I mean in terms of working with young person, I think I learnt a few things the hard way with her actually, in that um she would often refuse to talk to me and I would spend maybe half an hour just sat in her room (chuckle) whilst she was under the duvet but then but then I would often get dragged into conversations with mum and I think um mum would be quite negative about her towards me and I think that although we were in a different room, I think even the sense the child felt about mum talking to me and being quite negative about her she …

I think, I got it wrong quite early on in that that the child didn't get the point that I was, her social worker & I think there were a couple of things that I did along the way which she got arrested and went to the police station and was interviewed and um I stayed in the office and sorted out a foster placement for her and did all the paperworky stuff, when actually in hindsight I should have just gone down to the police station and sat with her, even if I wasn't of any use, just to sort of show that I was that I was there.

Why do you say that?

Just because I think that was like … she had called me to say that this was happening and I sort of had reassured her on the phone and all that, but I just think to some degree, by calling me had sort of reached out to me and um (pause) I just think it might have been an opportunity to sort of show that I was actually there there to support her & maybe things would not have turned out any differently & perhaps it wouldn't have, but that is one thing that stands out for me, which if I could do it again, or if I was in that situation again, I'd have used that point of crisis to kind of get in get in a little bit really. Obviously the paperwork and finding her a foster placement, I knew that was going to have to happen and ultimately it was my job to do that as well. So I think (pause) um I think you know …yes there were a few things along the line with that case and dealing with her, but she was had a difficult child and she had been through an awful lot and she had a real history with us, going all the way back and it was a really sad one actually, and you kind of read the chronology and everything that you can … in hindsight, but you can see that she should have been removed when she was … very, very early on and she wasn't. & I did feel a bit guilty... I mean she felt it as well, one of the things she said to me, she felt that we we had failed her and I think that is why she didn't want to bother with me because as far as she was concerned, we had our chance of doing something useful, which was taking her away from her mum & we didn't do it and she felt quite let down by that (pause) and didn't what to know because she felt, what... how she was behaving was perfectly reasonable and given what she had been through, she was perfectly entitled to behave however she wanted & I can understand that really.

What was your experience in undertaking home visits then to this young woman then?

To these, it was really … (pause) difficult, (pause) it was difficult because... it was difficult to describe how her mum is. She gets quite (pause) um… I don't know what the word is, but she is very very anxious. You don't really know what mood she is going to be in, she could be in a hyper state or she could be very depressed in which case you would you know barely be able to get a conversation out of her. She would chain smoke the entire the entire time I sat in the room. Um… When I went to see... if I tried to see the child, on a number of occasions she would just simply refuse to talk to me, so I'd sit in her bedroom with her under the duvet and I might be able to get one or two words out of her. Sometimes I would give up after five minutes, other times I would sit there for half an hour just kind of talking at her or just not talking at her.(Laughs: nervous self deprecating?)

What did you feel at the time?

Well you feel quite redundant really. Um of late I have conversations with other people about this and you know people reassure you that actually just by you persevering and sitting and you know showing that you have got the time to stay even if they are not you know… that is a good thing and rah rah. But it is really frustrating, because with her, it all, you can see it all, you can see why she was behaving like that, you could see why she didn't want to talk to me. You could also see what needed to happen to some degree to change, but- when they are like that … she she had a mind of her own, she had feet of her own, she could do whatever she wanted and.. so you kind of know that, and she knows that. She knows what can I do if she doesn't want to talk to me & (pause). You know… But, on top of that she was a very very aggressive child, so the referral came through initially because she had assaulted her mum. Um So, so she had beaten her mum up, given her mum a black eye, pulled out a large chunk of her mum's hair. So you are also going into like a home where you know there is violence and whether that is a child perpetrating it against their mother, it is … not the same, but it is still violence and you still don't know... I never knew what mood either of them were going to be in. Sometimes the child was, she could be quite passive and maybe just keep under the covers and not say anything, but then other days she'd be quite verbally angry at her mum and and me sometimes. Um I mean She is a fascinating one, I hope someday she gets through all this and is able to look back on some of it. But she.. really knows how to manipulate people. She knows I I have never seen anyone be able to give you a look that makes you feel less … I mean in one look she makes you feel, like you are the worst person on earth, the most disgusting person on earth. I have never known anything like it & all professionals have said it, just by the way she looks at you, you question your own, professionalism, you question what you are doing and what you are saying & you have to sort of shake yourself and say she she is the child in this and I need to stay strong and be the adult.

What did you do when she gave you...?

Well she did it frequently, she would give you these these looks of utter utter disgust, she was accommodated so so consequently I had to do visits to her foster placement & one of those broke down and she moved to another one and managing those visits with her and the foster carer, and the foster carer

constantly having difficulties with her. I mean it was a … that case took.... I probably spent 60% of my time on that case when I had it. It was was really difficult.

But when she fixed you with that look, what did you do?

Well you just just carry on really, I mean...

Can you remember a particular incidence?

Yeah, at the foster placement when me and the Education Welfare Officer went round because she was refusing to go to the school place that we had for her. She just simply, this was the frustrating thing, she would simply refuse to go and no one could make her go. Um, yeah, she looked at both of us, she had a particular dislike for this Education Welfare Officer and she just looks at you I mean (pause). I don't know where she learnt to do that. (pause) But you just have to carry on or you know end it. , There were times I went round and she was shouting at me on the stairs and asked me to leave and I had to had to leave. If you have got an aggressive 14 year old, basically telling you to leave because she can't be responsible for what she does, then you do leave. But these the Education Welfare Officer, she handed the case to someone else, because she felt she wasn't able to...

And on that case when you were both there, when she fixed you with that look, what did you do, the two of you?

I mean I think on that occasion we carried on. We we tried to compromise … w we were trying to compromise with her um and she just wasn't having any of it. I can't remember exactly how it ended, but I suspect she probably left the table and getting her to sit down around a table, I mean that was unusual in itself really. She never wanted to be part of any of the meetings, she didn't want to know. And that is what would really frustrate me is (pause) …well she had one support worker who she was nice nice to and worked with really well and this support worker couldn't really understand what we were saying because 'cos she was so nice to her. This is the child being quite manip … she can be quite manipulative. She knows who to … (pause) & I am trying to think what I was going to say now, I have lost my train of thought.

You were talking about the one worker that she got on well with but previously it was hard enough to get her to sit down at the table.

Yeah yeah, he would say to this support worker, 'no one listens to me, no one is hearing what I am saying', blah, blah, blah but not once did she sit down and tell me what she wanted. I would say to her unless you tell me what you are feeling, what you want, what you don't like, what you think I am doing wrong, I can't make it right for you. Even if you tell me that, I might not be able to make it right, but at least I am able to hear what you are saying & um you know… really frustrating, incredibly frustrating. I was pulling my hair out with her because you are up against it **all** the time and sometimes you kind of convince yourself, like on the way to a visit, maybe this time she might sit down and when I see her I am going to say this… this, this and this to her

and then you walk in and she won't even fully refuses to come down or you couldn't even get past that first initial...

So in planning the session on the way there and thinking, what was it like before going into a session or home visit?

Um, I mean I think when she was at home I was always quite anxious about it because I never knew what state she would be in, I never knew what state mum would be in. I would you know always worry that it would kick off whilst I was there and you know I would have to deal with a really volatile situation and think on my feet. And you know I knew that mum would always try and drag me … mum was difficult in that she would drag you into these conversations and you could be there be there for hours with her dragging you into it all, going back to things that happened you know when the child was a lot younger and things that we haven't done right… you know So I was always a little bit … probably a little bit reluctant really. I mean I probably didn't have one successful, you know, in terms of what you would hope for a visit, at all, in the time that I was going round there, which was … I had it in July and she was accommodated in December, so, five, six months worth of home visits and then another five, six months of visits in foster placement. I mean They weren't quite so bad. In the first placement it was quite bad because she hated it there and the foster carer was really struggling with her. So that was quite difficult because again you… I kind of knew I was going to get whinged at really. I knew the foster carer … because everyone looks to you to fix it...

So the Foster Carer would complain?

Yeah ,Yes and tell me how awful she was and then to a certain degree you think well yes, she is awful, you knew that and I know it is harsh but it is kind of what your job is, but you can't say that because you have to be sympathetic and you have to do what you can. But it is kind of everyone looks to you to to fix it, but you are no more powerful than anyone else and I had no better a relationship with her than anyone else. So, it always felt like it felt like a bit of a cop out - yes, yes, I know, but everyone wanting you to get your magic wand out and fix it, when you, when you are as powerless as anyone else dealing with her & .. you know So I would get a lot of whinging from the foster carer but then that placement broke down and we found her another placement and that initially went really smoothly and then that started to go a bit, um from what I've heard, so it went to another team so that was difficult as well; I didn't um...I wasn't able to properly tie that up. Um I mean I wrote her...I explained it to her and she did sit and listen… I wrote her a letter explaining why and what you know & what I sort of saw I saw of the situation was that she was a really bright girl; she was incredibly bright. And it was the fact that she missed a lot of school because of...she got excluded and then.. we had, she refused to go to any of the provisions that we gave her. You know But then I don't know if it's "water off a ducks back" really. I was always saying what her potential is and what I would hope for her and things like that. Um But.. to a certain degree, she's had so many professionals involved in her life; I mean this is a child who's had a social worker, on and off, from the day she was born and I just think there you probably comes a point when you get

professional overload and I think, another white female face... I mean I know I know who a lot of her previous social workers are and they are all white women and I think that I was probably just another one.

Her background was different?

They were of African African heritage and she had lots of issues about that. Her dad died, but was never around anyway;.. she she idolised him even though she didn't know him. And, actually, in the records if you look back, he says he is not the father; mum just put him on the birth certificate and actually there was a suggestion that she was the product of her mother being raped;.. I mean the history is just horrific in terms of that.

Has this affected your work with this family and this young woman and has it affected how you work with other families?

I think would be I think it must have, because it was the first big proper case that I had when I came here. And I was initially co-working it but then the the worker I was working it with left, only a couple of months in, so I ended up taking it on myself. And it was great in terms of it did mean I had to do & deal with a lot of things and I think it has...

How would you say?

I think it has made me a bit more aware of the child child in it all, like boundaries with with in terms of with parents. .. Then I had a phone call from the mother of the other teenager that I have just been given, you know and she was phoning to whinge about her daughter's behaviour over the weekend. I mean this is a family who doesn't want me to be their social worker and, yet, when the child misbehaves, now it is suddenly my job to to discipline her. & um and I think it is about being quite clear about what my role is early on and not being dragged.. you know everyone. because I found that, with the other case, I was being asked to be responsible for for...essentially being a parent to the child, which you know isn't my job, really. Um It made me more assertive, certainly. Um Right from the off you have to... you know the way I probably spoke to mum, in the beginning and then the way I ended up speaking to her, not in a rude way. But you have to draw the line; you've got to you can't pander to her. She had her own social worker, she had her own support network, and um I can't be her social worker as well as the child's social worker, but, it did make me more assertive. It made me um, I came across a whole host of professionals and, for a long time, I had to defend our line, that we, weren't going to accommodate her. Um Underneath, I worried every morning I came in that I was going to be faced with a police notification saying that I don't know she had assaulted her mum again, or someone in the household had been injured, because I actually believed that they were at risk. But the line I got from senior management was that we weren't accommodating her and it did actually take another incident where she assaulted her, to for her to be accommodated.

I found that quite difficult because it kind of isn't what you go into social work for, is it? I think we got it wrong on that in that there has to be a little bit of prevention. Um & we can't just sit around waiting for things to get really bad before something can be done. Because that is basically what we do; (laughs) a lot of it is waiting, not waiting; in order for you are doing things and that is because there is legislation and because there are rules, guidance and procedures in that you have to hit a certain threshold before something can be done.. but that, at times, can be a bit frustrating. And I and I did feel that it was a resource thing; it was because putting a child into foster care is really actually very expensive. Whilst she has got a somewhere to live at home, that is quite...it's a reality, it is a reality..obviously, and I found it difficult sort of when I had teachers, mental health social workers and support workers & you know all sorts, saying to me: when exactly how bad does this have to get before you are going to break up the situation and give them some space from each other? & you I had to sort of defend it and I (laughs) completely agreed with them, and I think that is just what you have to do. So I think that becoming more assertive with other professionals & um trying to get other people to share the responsibility really and make people accountable for what they have to do in it. Cos I think Not all the time, but, sometimes, other professionals feel that their job is done once they have told you something and then, they then don't because they have offloaded it onto you, it is your responsibility and they have done their part; & I think especially with this case, because there was one social worker that she had a good relationship with and she did appear to listen to. You know I had to use her I had to use her a lot to communicate with her and I think, not holding guilt or that you are not actually the one to be doing that.

Yes, I suppose, as a social worker, the reason why you go into it is because you want a relationship with these children. You want to be, not the one who fixes it, but you want to be sort of a part of it and, in this case, I wasn't at all and a lot of it was actually went through the foster carer, the second foster carer and the support worker. That I had to say: 'Well, that's okay so long as someone has got a relationship with her and someone is able, to some degree, able to have a conversation with her'… But then they would often feel a lot of pressure because of that because they didn't always necessarily feel it was their job to be doing that. So it is a kind of balance between what their goals are, what they are prepared to do, as professionals, and what my job is. & It is a difficult one; it gets a bit blurred and it....um , yeah..

But that case has stuck in your mind. It seems (pause).

That case is..., yes, absolutely, and I think you could write a book on that case. Because I think there are something like 18 files case history files; the chronology is over 100 pages long. Um I feel that that child was let down, early on; not through someone's fault, just by the way things happened & um and it has stuck with me, because I would really like to think, that we might do things differently now. And, I probably, from what I have learnt from that, if I ever had a mother with bipolar who had a new born baby with a personality disorder, I would think that, I would go: well, I hope this baby doesn't become the life that that other child had and maybe there is something I can do now.

But even if I can't then at least I can do my best in terms of like advocating and saying what I think, and and hope that certain things might be done differently, in order you know, to not go down that same path & I think that…

One of the social workers that had the case years ago, I know her quite well, and we have had quite long conversations about it & um…you know… This is a case that would be massively beneficial for someone to do a sort of study of, like, going back from day one, look at what decisions were made and learn take some learning from that. Because, I think no one could look at the situation as it is now, knowing that we did assessments on this mother when she was the baby was born and not say that we got it wrong, really. Because just this & the child Everything that we are dealing with now is a consequence of what she was subjected to and we did have the option to do to um you know.. something about it. The interesting things like, we had an assessment done of mum for court by a (specialist, ISW?) and you know it was thought that it would be more culturally sensitive or something; I can't remember exactly. But his conclusion was that African (specific country) women are 'needy'; she hasn't got a personality disorder, African (specific country) women are just 'needy'., which I think, probably now, we would dismiss & um but that was accepted as: 'Oh no, she doesn't have a personality disorder'. Um…you know

We have these massive assessments parenting assessments done and, basically, the whole assessment would say that we she can't be responsible. & there is this one assessment where it says: 'This child will grow up to have emotional and psychological problems in the future'. & then but then the last paragraph of the report says: 'or that, actually, maybe further assessments could be considered'. But, that is such a to me, that was a cop-out; he had made his assessment, which was that this mother isn't fit to parent this child… But I think the mother's demeanour and personality, is that people you really want her & really wanted her to succeed, so everyone gave her another chance, another chance, because she is a beautiful person underneath it all and she loved this child more than a mother could ever love a child, but she wasn't capable, wasn't capable & so yeah..

So this is a case, as you can tell, I have thought about quite lot and it has impacted upon me because, I felt that the child was let down. But I can see perfectly see why it happened, because, throughout the history and knowing what the mother is like, you can I can see how it happened; it can easily happen, but then I think, well, we need that could be all manner of my cases now.

Well, that was one of your first cases. I suppose I was going to ask how you carry that up to now; that is obviously still with you. Can you think of another family that you are working with now, or have in the past, that has affected you, or perhaps you have drawn on your experience with the family you have just been talking about? Because, I was thinking, the family we went out with last week and that mother also has been diagnosed with a personality disorder. Il didn't want to put words in your mouth but, what do you think? Because, you started off with...that was one of your first cases, wasn't it, and this research is about home

visits and what you are saying is absolutely pertaining to that. But I wondered if, given that experience of the first case and moving onto another case, how did it affect you undertaking home visits, perhaps to the family we visited last week?

Well, I mean you is sort of they are really a different family in that things aren't quite so chaotic so, in that initial case, I was trying to manage the child and the mother, which is a double whammy, whereas with this case there are issues with the children but it is not that I am kind of going into a 'war zone'. But I think, I think with this mum, the difficulty with her is that she....I mean I still can't quite get where the personality disorder, thing fits in with her, into the day-to-day things and how the personality disorder, fits in, with the issues that I am dealing with. So she gets very stressed, & very she can't manage her emotions and kind of gets very aggravated with the children very quickly…You know so that so they are the issues that I am dealing with. I think the personality disorder, means that she finds it difficult to make those changes, perhaps. Um so the home visits to them that I have had, to them all in all, have never been kind of stressful; I have always been able to get something out of them. Um I mean I suppose I had not me the family before I did the first visit I mean so you never really know what you are going to get, really. Cos some, often with child protection cases, so at least you have you will have met the family at the conference before you take on the case so at least in that they know your face and things like that. Whereas, child in need cases, it is often that you will write them a letter or give them a call and say: 'I need to come and see you and the kids; I want to introduce myself'. So you don't ever really know what what you are going to get then and, obviously, they are anxious because they don't know who you are. Sometimes, they you know are pretty hostile because they don't want you, they don't know you, and things things like that, really. Um…but I mean her….they..

They both have mental health issues within that first case and this mother, but they are completely different people and it is a completely different experience & I think um kind of…

What's the difference?

The mother of that first case, she is a whole different kettle of fish really um in her whole demeanour because she was always in some form of, episode, whereas this mother, on a day-to-day basis, generally gets gets by. The mother of the case at the moment is very coherent very coherent- she is very able to express her views in what she is feeling, and things like that. The similarity with them both is that neither of them are able to follow through on things that they say they are going to follow through on, so that but that is the case in a lot of things with half of these families; is that they they don't follow through with things. Um, I mean..another case I have at the moment, she is the one that I was telling you doesn't have any furniture, so when you go round it is a really awkward experience because.. the carpets are filthy, there there is nowhere to sit and it is generally a bit difficult, and she is quite um takes a bit of warming up as well. Initially when you go round, she is a bit rude and a bit cross and you have kind of to warm her up, (laughs) in a way. But she has got.. mental health problems that are not being diagnosed & I

think um her mental health is probably a little bit similar to the first case in that she has these sort of breakdowns and these episodes where she goes a bit crazy & She attempted suicide, she sort of gets very drunk and has been found by police passed out somewhere in random parts of London, and things like that & um…I think um…

What is your experience of undertaking home visits to this woman?

Well, pretty awkward, really. She doesn't want you there; So I probably get in 50 percent of the time.

And the other 50 percent?

Either she will cancel on me at the last minute or she just isn't in.

OK, When she is in?

When she is in kind of…with her, I feel like you go two steps forwards and one step back. She has a terrible experience of social work; she doesn't want a social worker - we have all been rubbish in the past so we are going to be rubbish again. Um, You she feel, so but at the end of a visit or dealing with her, that she has kind of warmed up a bit and you are able, to some degree, to get somewhere with her. But then you go away and on the next visit, you are back at square one again, so it is very frustrating; cos I don't it is like, in that time, she has rebuilt up in her head what a demon you are. And so she'll often open the door and she does that.... a quick 'Hi', - I don't really want you here, but I am going to pretend you know & I'm gonna And she has this thing about, she doesn't like shoes on the carpets even though the carpets are filthy, so you either take your shoes off or you stay on in the hallway bit that doesn't have carpet, or pop into the kitchen quickly, which doesn't have carpet. She doesn't like you sitting on the bed in your clothes that you have been outside in, so you can't sit on the bed; then there is nothing literally nothing else to sit on in the flat. The kids' room smells of urine; I am trying to sort that out, but that's pretty so that's not nice. She was cooking whilst I was talking to her, but wouldn't turn the light on. It was this was December - it was a visit after school - so it was dark, um and she said that if she turned the light on the neighbours could see her cooking and she doesn't like the neighbours being able to see in. So, she was cooking a proper dinner – cooking like, meat, veg and rice and stuff, in the dark.

In the dark. Could you see her?

Yes, I could see her, because the light was on in the lounge and it was shining through. Whilst you are talking to her so she she is cooking so you haven't got her undivided attention. But then it is difficult because you I have to go after school and the kids need feeding so so she has to cook the dinner and I am not going to tell her to stop cooking.

How does that feel?

Well, It is a bit frustrating (laughs) and I think she probably does it as you know it as a tactic to put you on it; I think you know she quite happily watches me squirm.

And that is what it feels like you are doing?

You're kind of a little bit, yes, a little bit, because you can't sit down and you are hovering at the door, she is doing other things, the kids are running riot a bit because she is not very good at keeping boundaries with them and then you are trying to... I have to hover at the bedroom unless I take my shoes off and then I can't sit down on the bed, anyway, because I need to try and talk to the children. So, that one is probably one of the more awkward, ones in the sense of what I am facing. But also she I have quite serious concerns about her; this is you know she is very cagey, I really don't know what is going on with her. She was found drunk Chris- on New Year's Eve drunk. She is three months pregnant and she was found drunk trying to harm the baby, saying she doesn't want it, she can't cope, and all this & there is there is so much going on with her, I don't really know where to start with her and she is so cagey. So I you & have got her to agree to a few things, like a family support worker and going to see the Alcohol Treatment Centre, and you know she hasn't followed through with any of these despite people putting themselves out there. But her mental health, the all the mental health professionals say that she hasn't got a mental health problem. Um, she..

The initial referral came through to us because she she'd had thrown herself off the platform at ??? (main train station) in front of a train or in front of a tube but, at the last minute, stepped back and so hadn't been hit by the train but was down on the tracks, and um the police spent an hour and a half coaxing her out from under the train. Um but, but she is always drunk, so the mental health professionals say she doesn't have mental health problems, this is an emotional instability that is exacerbated by being drunk. So, I think I do think there is an underlying depression there. Mental health, um substance misuse and domestic violence are like the 3, I don't have a case without at least one of those, I don't think it's sort of, It is massive, so it is important to take what you learn from other things, because they are such, prevalent things in our cases. But um so she makes life as difficult as much as she can...

What is it like on your way to visiting this woman and her children?

Well, there's a certain point, degree to which I try & um & um kind of um keep it out & not to think about it and just go, but that is not a particularly healthy way of doing it because you need to have some form of rough plan in your head as to what you want to achieve. But part of it is I do try not to dwell on it too much.

If you did think about it?

I would probably get quite anxious. I had to do a duty visit on Monday to one of my colleague's and um she is notorious for being difficult & so when I heard I had to go, I was ... that's not really what I want to do last thing on a Monday; I have loads of work in the office and I could just do without it, really. Um, she

has you know been quite threatening to the other social worker, but she is generally alright to other people who aren't directly involved in what is going on. (Sighs) In the end, there is a part of you when you go and you are on the bus that you just think: I hope you are not in (laughs) and I hope I don't have to deal with this'. Because, you are often doing visits late at night because you have to wait for the kids to get back from school and, some days, it is the last thing you want to do; you just don't want to do it. But, this on Monday, that is the tactic I took; I just thought that there is no there is no point in me worrying about it. And, actually, I didn't need to get embroiled in the ins and outs; I just needed to go, I needed to have a chat with her first to see how things are. There is a new born baby so you have got something to talk about, in terms of checking the baby is alright; you can could physically see the baby. You know and the other kids: you can see them, make sure the house is appropriate you know and so, in terms of that, I guess then you know I didn't need to go into the ins and outs. But, at the same time, I don't know the family; I know that she has this history of being pretty aggressive.. and it's the last thing on a Monday, it can be quite.. its not. I think (laughs) I dunno I deal with it by kidding myself a little bit - which I don't know if it is the safest way - by saying: I have got to do it, just get on with it. And there is no point in worrying about it because you have to do it and it's there whether you worry about it or not, so I may as well not spend my day worrying about it and just have a think about it on the bus and then deal with it. But it turned out that she wasn't...well they were in, because I could see the light on, but no one answered the phone or the buzzer or anything, so I didn't end up doing the visit, anyway.

So they were in, but they didn't answer the door?

Yeah, because I could see the light on but I couldn't get through to the... I could see it up on the second floor; I could see the door and the windows that were lit up. But I when I, I had to be buzzed into the entrance and I buzzed, waited, called the home number and no-one no-one answered so. And then your'e kind of…

What did you feel then?

A little bit relieved, a little bit pleased; I am not going to lie. I think most people would say the same. The thing was I know that um we were not out of time scales on this. I think I If I knew that we were out of time scales, I would be a bit more annoyed about it, also a bit more frustrated. I knew that it was an extra visit inside our time scales, but, you are a bit annoyed for have your time wasted ... a bit relieved. I guess there is a little bit... cos you have kind of you have build up for it. But then I had so much work to do; I got back to the office at a quarter to five and then worked late because I'd wasted my time on doing that. So all in all, it just wasn't particularly successful. (Laughs)

That was an extra duty visit that you did and I'm also thinking...you were talking about this woman. How old are the children?

The kids are three and six.

Okay, so they're quite little, aren't they? So you've talked about what you feel like before you go and what you feel like when you are there; what do you feel like once you have completed a home visit?

To her, when I have completed a home visit, I am like: phew, done that.. that's me effectively done for a couple of weeks at least. I would see her and speak to her in between those two weeks but I maybe don't feel the need to go to the house, so there is a bit of you that's like: phew, brilliant, I can go back and I can tick that off, record it and that is me kind of covered. I will always, always go away and question what I have said and done - always - in terms of what I have said and whether it was productive and whether I...

How do you actually do that, though; is that something you do yourself?

Yeah, internally.

Or with colleagues?

Often-always internally, unless, if I have had a visit,.. um um in the middle of the day when you get back to the office you might deconstruct colleagues and we are quite good at doing that quite a lot, but, you know you um within the boundaries of confidentiality and things. If I have had a particularly bad or frustrating visit or something funny has happened, I might sort of say to my partner about it, in a in a confidential sort of way. I might have a little bit of a rant about something that's happened or what, something I'm anxious about, um.. but I will always question what I have done & whether it was right or whether I did the right thing or said the right thing, or whether she's said the right thing, especially with her. I'm trying to find a balance between working with her and I think.. she hated the last social worker that she dealt with & I know the last social worker and I know the style of the social work that she did. and that obviously didn't work, because she, in no way, engaged with this mother.

How do you know that she hated the other social worker?

Because she has told me and she's so, reading the history, she used to avoid avoid avoid her. She rarely made herself accessible to this social worker and rarely went to meetings; you know in minutes she has been quite negative about the social worker. (sighs) So & I know that that style and that approach, perhaps, didn't work and I need I needed to consider how I was going to do it. So I am trying to find this balance between being...I don't know what the right word is but- I am trying to be really honest with her and just.. trying to be on a level with her about why I am involved and what my concerns are because my list of concerns is growing rather than diminishing with this case. Um… kind of I'm trying to find a way of working with her in which I keep my professional: 'This is what I expect of you; this is what my concerns are; this is what will happen if you don't start stepping up and you know acknowledging some of it', whilst, at the same time, working with her in a way that she is going to going to work with me. If I go in in a certain way, I think, with her, & if I do something, if I get it wrong she will close the door in my face, and that will be it; she will literally close the door in my face and she will give me nothing but

grief, and that is no help, to me or the children. Whether or not she refuses, if she refuses to work with me, it is just going to up the ante and it means that it is going to go to Child Protection. And that is when we start getting really, jumpy, when the parents won't work with us, and that is what I am trying to sort of say to her. So I am trying to get the balance right with her without being too soft, because I don't want her to think that I am a pushover.

And, its not always sometimes, with families they try and kid themselves that you are there for support, just support. It is not just about offering them support; it is about them taking responsibility for taking the support and then making changes changes. Whereas I am trying to keep this level this level… of a working relationship with her that she can work with whilst, at the same time.. keeping my boundaries and not being too soft on her and not letting her take the piss out of me, basically. And it is a bit of a balance because she is she is only young, as well; she's like she is only twenty-two, but she is quite a young twenty-two. I think I need to approach working with her maybe similar to how I would work with a 16-year-old in terms of creating a relationship, but then, she is a mother & she has got these and she does have these things and she needs to take responsibility for the children….. (Pause).And because I want to have a working relationship with her, I need to be careful not to be too soft in order to get that to happen, if that makes sense?

Yeah. Does a particular visit to her and the children stick in your mind?

But..

Probably that one where she was cooking the dinner.

Cooking dinner in the dark.

Yeah. The first visit, as well, when I perched on the bed and she made me sit on a towel. You know.. & I mean the flat is disgusting; there is this varying smell of urine, from a kind of very minor kind of slight smell to a very pungent smell, which I am trying to get sorted with her but all these there is always an excuse and there is always a reason. I have got funding to get the carpets cleaned and I have tried to arrange it on numerous occasions, but there is always a reason.

So it is in the carpet?

It is in the carpet because the three-year-old wees in the corner…so, but then the carpets are filthy dirty too and then there's no, even if you wanted to sit on the floor and talk to them as a family, you wouldn't necessarily want to sit on the floor… So those visits are always in my head (laughs) when you think back, because they have always been in the dark

So they have always been in the dark so far.

Yeah. Yeah. They are always in the dark, they are always, you know last thing. They are always, she is never particularly bothered about you being

there, at least initially; you know you are going to get a bit of attitude when you go…so, yeah…

Do you think your feelings have changed about working with this family, over time?

Um, I have not had it all that long.

How long have you been working with them?

Since probably September, October a few months

We are January now.

So three or four months, I suppose, I've been working with them (speaks very quietly). I think I have got her pegged. (louder) I think I get her. I think I can understand where it is coming from and in that sense. I think you know I think there is a lot that I don't know about what she gets up to and what is really going on for those children on a day-to-day basis and I think that is, that is where my anxiety is. I think I have got her understood you know in terms of working with her

What do you think might be going on?

I think she is depressed…she's got.. I think there is men involved. I think she makes herself very vulnerable to... I mean there was, she made an allegation, just before Christmas, that she was raped because she met this guy on a bus and went back to his house, um you know and it is that vulnerability; she puts herself in these vulnerable positions. And I think, I think looking back at some of her history, you can understand where this behaviour is coming from. Um I think she has never had the chance to properly grow up. I mean she got pregnant when she was 16 and then three years later got pregnant again, and now three years down the line she is pregnant again with her third. All three children have got different dads and none of the dads are particularly around… She is very cagey; we we don't know who the dads are; she has never told professionals who they are. So I can see where she is coming from and I think, you know, you know in terms of that, I can see why she behaves the way she does. But I don't know how much she drinks; I don't know what the children experience behind that door, really… I think she is really stressed. I think she- blames the children, to some degree, for the fact that she is twenty-two with potentially about to have three children.

Where do you take that?

What do you mean?

The feeling that you don't know about what's going on and

I think if you are really honest about it... & I mean & I kind I was thinking about this - I think it was last night as I was about to go to sleep (laughs) - and how I need to sit down with her and go through the list of things that are worrying me. Because we had a meeting yesterday and, actually, the children

are doing alright. The school have got a few concerns, but he is doing really well; his attendance is.. really good. The health visitor sees the three-year-old on a regular basis at the Family Children's Centre. The children are actually doing alright, so.. that is one thing. Um but I kind of need to be quite honest with her about all the other things, because there are a lot of things that have happened over the last month which are concerning, and I was thinking about this because I need to see her, because I have not seen her as she has had this injury & things. She says she she says she is going home, she is staying with family and she says she is going to go home on Monday, so I have pencilled in my diary to pop over and see her on Monday and I will be able to see her on her own then. But then it does, then you run through how that visit will happen in your head and part of that is there is nowhere to sit so where where am I going to do this; do I need to take her out to a cafe, do I actually need to go in, have a brief conversation, and arrange for her to come into the office so I can have a proper conversation with her?.. You know so, you do run through all that and I was doing that in bed last night. (laughs)

So you were doing that on your own in bed last night. How does supervision fit into any of this?

(laughs)

The supervision is probably more, less of a, running things, so, for the little ins and outs, the supervision would be: what what evidence have we got; what has happened; what are we worried about; what are the things that are protective factors; what are the risk factors; what is our plan, basically? Um I mean I had the TAC meeting yesterday because we have had quite a few things happen over the last um month...

And TAC is Team Around the Child

A Team Around the Child meeting. The school was there, the school nurse was there, the health visitor was there and the family support worker was there, and my manager came with me to that because of all the things; it was kind of like as a collective, we need to regroup. Normally mum would be there but she said she couldn't make it. So, in terms of management, he is quite on board with what is happening um and is aware of things. Um you know we do have supervision about the general case plan and how that is working and how I am managing it & not just in a practical sense but, also, if I have particular anxieties or concerns, that that is a forum.. and an informal supervision where I would just pop in and we would have a chat; that's there. But in terms of the actual. like..

With the manager?

Yeah, but in terms of the actual ins and outs and how I am actually going to have those conversations and do that, that's um… unless it is a particular thing that is in my head and that is what I do… all the time and that might spring to me at half past eleven when I am in bed or it might be when I am on the bus on the way to work. I mean there was there was a case where I knew I had to do a home visit to the mum and the dad; I never normally see

them both together because they're they both work and so either one is working or the other one is not. And I had some concerns about the way he, deals with...he was basically withholding her money, and things like that, so I needed to have a conversation with them about that and it had to be together, like and I was a bit anxious about that. But SW1, on the team, she runs a women's group and she deals with this and so, she sat down with me and we went through like what that meant and what how I could approach it and if he we went down that line how I could respond to it. So, she helped me with that and actually that was really beneficial when I went on that home visit. I was quite anxious about that because I knew I had to bring up this subject which was potentially quite...you know I might rub him up the wrong way, really.. and, actually, I was able to have a really positive, conversation with them about that. Um

You didn't want to rub him up the wrong way, but what was the anxiety if you did rub him up the wrong way? What did you...?

I don't know, really, and this one is a really interesting one [*overtalking*] because they are quite middle class.

Right.

And that adds its own... & I've, In supervisioning with other people, I have had conversations about that because it is a completely different way of working and they & he sees himself...

How is it different?

Well, I say it is completely different; it is not; it is exactly the same. They have the same issues, the same problems, but they don't think they do. So they, he does this thing where he says: 'Oh, you must see some awful things'. 'Well, well you actually, yeah, I did and one of them was you. You kicked your wife when she was drunk and you know, left your child with her and and two bottles of wine in the morning when you went to work, knowing that she was going to be drunk when you got home, but still left your six-month-old son with her' & you know (sighs) So he does this kind of thing where he is obviously not the bad guy. It is quite difficult and then he has a way of talking to me which...

It was coming from him, then; the male partner in this family.

Um, she had mental health problems and got, would get drunk whilst she was looking after the baby, but **he** could not have manage it. He ended up resorting to domestic violence because he says he was unable to deal with it anymore; it was out of complete frustration. But, at the same time & but he would leave the baby with her knowing full well that she was going to drink, and things like that. So, but he absolves responsibility for it; she led him to that rather than him saying: 'What I did was wrong', and he looks at it as kind of an inevitable outcome of her behaviour so he is not very good at taking responsibility.

Going into a home visit with him and his partner/wife, was, how did you...?

Well, they are very polite, they are very pleasant and they are very welcoming so..actually, that is alright; you don't you don't have those anxieties but at the same time.. you then have to bring things up or have a conversation with them that are outside of that politeness, whereas if you are going into a situation where they are a bit off with you, anyway, you are not upsetting the karma or the or the vibe in the thing. It is a bit uncomfortable; they know you are coming to and it is: 'Oh, do you want a cup of tea?' (Voice changes mimicking speech of clients) And you feel a bit of a traitor then, in a way, by then going: oh well, actually, I am a bit worried about this and I am a bit worried about that.

Um & actually, since we have been involved there she has completely stopped drinking, she, sought help for her depression, there has been no more domestic violence; so, they are fixed, in their eyes, so that is that done, we are fixed. Whereas, from my point of view, I can see, some of the chinks and where I can see, where all that led from, and I don't necessarily know if those have been healed or fixed, or even acknowledged by them really, in terms of the way he behaves and his attitude towards her; Um I do think you know he borders on emotionally abusive & um But I am not a marriage counsellor, so you with this one I am having to... sort of my job is to ensure the wellbeing of A. He's been, the house is fine, all his needs are being met, they look after him perfectly & you know there are no concerns there. So, where's my line is going in and telling him how to behave towards his wife, it is not really my role unless, it impacts upon the baby. If she decides that she wants to be with a man who, is a bit of an obsessive compulsive and who is you know not particularly loving towards her, that's really her responsibility that she has chosen this him as a partner and so there is a blurry line there. The thing that I was concerned about was that she was earning money; he was sort of controlling that money and, obviously, withholding finances & things is quite a marker for domestic abuse, and you know I was concerned about where that was leading and the reasons behind that & we had quite a good conversation about it and think I attempted to get him to reflect on why he was doing it & his kind of view was that she can't be trusted with it; she will just go out and buy cushions - that is what he said…Um, but I think my job, I suppose, was to try and get him to reflect on what that meant for her being told, as a 40-year-old woman, that she can't be trusted with more than ten pounds a day, and you know how that might actually impact you know upon her and her self esteem, and, actually, some of the issues with the drinking. She had terrible self esteem and she didn't leave the house; she sat there drinking because she felt rubbish about herself. You know, it is about trying to get him to join some of those dots.. without you know being a marriage counsellor.

Yeah. And the amount of preparation prior to that home visit, what I pick up from you is quite different to, say, the other families that you have talked about.

Yeah, I guess it is and I did I did think about that one a lot and and quite the fact that I spoke to SW1 about it. We sat down and planned it, and we went through, sort of what I could offer mum in terms of making sure that she knew where you know she could, go if she wanted help; if she wanted out & I think that for me, that's it; if she chooses to stay with him and then they then they have made that decision as adults, what I didn't want is that I got a sense that she was feeling like she was trapped with him. So my job was to make her aware that without being: 'Oh, you need to leave him', should you...yeah & so I..

How did you get that sense, do you think?

Because she told me. Laughs (Definite strong statement)

Well, there you go!

She said, basically, I haven't got a choice whether I leave him or not & this & that, but that was one visit out of quite a few and all the others she hasn't expressed that to me & …yeah. but but then she hasn't got any money, so she is essentially trapped because he is the budget man; he does everything because, he he is the one that is so sensible & with things like that (tails off & sighs)

This is a current case?

It is, yes. (quiet sigh)

Have your feelings about any of these cases changed, over time?

Um, I think they are always changing. You you have months where one case will be fine, you, you will happily go and do visits, & you know or not happily but you go and you don't feel that many concerns. And then something might happen which changes the whole context of the case. You know S and I co-worked a case and dad was out the home, because of bail conditions & so I would do home visits and that was fine; this is a case we will actually go to on Monday. Then dad returned home and it changes the whole dynamic of the case; it changes the whole dynamic of your visits; it changes the whole of what you are looking for; how people respond to you; so there is always- that aspect.

Did you expect that?

Yes, I think so, because the.. dad is really difficult. & he's, they are a Pakistani family so and you have to use an interpreter with him and that changes the whole dynamic, as well; he um is a very difficult man..um…

With Mum, do you have to use an interpreter?

We do use an interpreter with mum sometimes but she is quite fluent in English. But we use it when we are really trying to be clear about something to make sure she gets the gist…So I mean the situations are always changing...

So the cases are fluid.

They are always fluid, they are always changing, and you mustn't get complacent. I think you, you know The day I went to do the visit to the middle class family - just to the mum - and she started telling me all this, I'd gone...and actually I don't mind these visits; the house doesn't smell, (laughs) it's alright. You go in and, obviously, she was having a bad day or something had happened that had rubbed her up the wrong way and suddenly all this stuff starts coming out. That, in my head, this was going to be a nice easy visit, where I go and we have a chat, things are going alright and she doesn't have any worries, but then suddenly, she was giving me...and then I walk out of there with- a bit of a weight on me like: 'Oh no, I have got to take all this and do something with it' and I think it is that...um

What did you do?

Well that is when that's when I I spoke to SW1 and planned and arranged to see them both together. I think until there is always that when you go and do home visits, and anything really, but you are particularly vulnerable when you do home visits and I think there is always that worry that something is going to happen, which means that you have to suddenly sort something out or you are then burdened, with their, their ..rubbish. You walk out of there, suddenly, with like another 'to do' list or a 'worry' list or things you are worried about and you have to process that and decide where that is,.. you know on your list of worries. This house I went to that stinks of urine, well that is not acceptable, is it? If I said to one of my friends: ' Oh, these children are living in a house that smells of urine' they would ask me what I was doing as a social worker. But you have to dissect what you are doing and the threshold that it meets and whether or not it is acceptable. And I think um, that is something that, your'e because you are out on your own and often it is at the end of the day, that something you have to deal with then and there and make those decisions.

On the spot decisions.

On the spot decisions. & um you are, you are vulnerable and you are out there on your own and.. you don't know what is going to happen; you don't know what you are going to walk away from. You know and there have been visits that I have done...with the case of the Urdu-speaking family, when he, the dad went back into the home and I spent over an hour just talking to the eldest son about it… He was basically telling me he hated it. He was scared, he was worried, this and that, this and that, and you know at that point in time, there wasn't enough for me to whip him out- but I went home feeling **really awful**. I was leaving that house, knowing that he was in his room worried about the guy that was you know his stepdad. You know I think I called, I think I called my manager just to say, this is what he said and he has basically told me he is scared & you know, we had a discussion about it and it was that we would take that and I would go and see him in a few days or whatever & things like that. It is when people say about taking work home with you, that is the kind of occasion where you do. And I think you do that more when you

come away from like a home visit than you would sort of a meeting or an office visit even,…

In what way is that, do you think?

Because I think that.. if you are in a meeting, then there are other people having their say, or if it is an office visit, you have people at hand or you can pop up and speak to someone, you know you know or if you are at the school, you are in a more protected environment. But your'e here, you are the only one hearing it and you are the only one seeing it, and you are out of any support other than being able to phone someone.. and I think you just think it makes you much more vulnerable and it makes you.... I probably question my practice more, when I am doing a visit than I do any other time, um and I think that might also be because sometimes I worry that I am not forthright enough when I do visits & things that I do Maybe I am a bit woolly about things or maybe not as confrontational because, quite frankly, you don't want to be. And, actually, if you can go away from a visit.. and have everything having been alright, then that is what you will do. And I think that is a danger because you are so, worried about it being a difficult situation and in a difficult environment then you don't do things that you need to do... & I think you know

When you say difficult, what do you mean? What is your anxiety?

Well, that that something they are going to do something awful, say something awful, a real safeguarding thing. And I know it is not right that you would want...it's not that I would ever want to close my eyes to that, but you kind of go into these situations crossing your fingers that they nothing are not going to turn around and do something that is going to up your concern levels through the roof & yeah… I think you do have to check yourself that you are not just, doing it as an exercise to tick off and it has to be meaningful, but that is not always easy & the mum, where the house stinks, when I really needed to have a conversation with her, I always invite her into the office. To some degree, the home visits have become a necessity to see the children, check that it is semi-liveable, that they are eating and they have a bed to sleep on… The real stuff that I have to do with her can't be done then;, it has to be done elsewhere, so the most the most furthest I have got with her is when I have had her in the office and not and not at home and, sometimes.. it is just not appropriate to have those conversations when the kids are around, you need them on a one to one & things like that you know.

Goodness. Okay. Do you think there is anything else?

Oh, Probably; I could probably talk for hours. (laughs)

Do you have any comments on the interview?

No, I mean it is helpful, it is helpful to think about what you are doing and you asking how does that feel and why. It is easy to go through the motions and not...it is something I try not to do but, in a way, you do need to look at what you are doing and why you are doing it and how that makes you feel, because

how you experience it is then reflected in how they see you. They are watching you, their perception of how you are doing your job and what you are doing is impacted upon by how you experience it and what you are giving off. It is a tricky balance; you have to be respectful of their home but, at the same time, you have to be authoritative - this whole power dynamic. Whatever you say about working in partnership, we will always, to some degree with these families, have an element of power over them. I wouldn't want someone coming into my home and telling me how to be a parent, and things like that, so it is a real difficult balance to strike, I think. And then, on top of that, for you to be able to do anything meaningful, because essentially that is why you are there, isn't it; you are not there just to say: 'Hello' and have a cup of tea and go; you are there to be purposeful. I wonder if you asked a social worker, out of their ten visits, how many they felt were positive and purposeful, I don't know how many people would say...

Well, I think that would be a very interesting question, and that is why I am doing research; I feel it is a very complex piece of work - every home visit. I thank you very much for all that you have said. And if you would want to do another interview, I am quite happy to think about that. I think what I said originally, was that I would like to come back a little further down the line, because I think this process of the research and the interviews may also have an impact. I would like to know a bit about that: what it is like to be on the receiving end and if you have any comments that people have the space to do that. It's not just about talking about home visits; it's the experience of being involved in this kind of research. So is there anything else?

No, that is fine.

One thing I should have said at the beginning is that when the interview is transcribed, I anonymise it, so I take out all identifying names; you didn't give names but any names or any locations, will be changed - okay?

Yep, that is fine.

Thank you very much.

END.

INTERVIEW 3- 'ISOBEL'

Present

Interviewer
Interviewee

This is a new voice recorder so I'm not entirely familiar with it, but it seems to be recording now, so I'm going to pop it there. The battery seems okay, which is something to worry about. Okay, you've been aware that I've been spending some time in the team, going out on home visits, doing observations, talking with staff about the experience social workers have of the work, really, and particularly home visits. And that's why I'm interviewing social workers to get a bit more detail from them. I don't know, maybe it would be useful for you to say a bit about yourself, how you came into the work, what you feel about the work as a starter. Is that possible?

Yes, that is possible. How did I begin? I suppose I've always been in the social field for many years. Way back in 1972 I was working at a school in Hackney as an Assistant Physical Education Trainer. It was a new scheme that they were short of teaching staff so they were training you as you practiced. That was going well but then I think the structure changed again, as it does. So from there I worked sessions in play schemes and with primary age. Then youth clubs, so I was working with the older children and this is going along in the years. Then, from there, I went into mental health as a support worker and it was quite a unique setup because that's when Care in the Community first kicked in and this was a new project for people who had been incarcerated for most of their adult years. And that was quite interesting, in fact how I approach it, not really understanding what it feels like or what it entails to be incarcerated for so many years, I thought I could create miracles, but I burnt myself out trying to…

So from there, whilst working in the field of mental health, I went on a training course called 'Understanding Violence and Aggression' and the trainer, I spoke to her, and I said 'how do you get into Training?' And she said 'funny you should ask, but one of the co-trainers were leaving', so I actually got into training, running training courses, delivering training courses as well and then I went on to a Trainers of Trainers course with R….'s Women's Association and a diploma, I achieved from that. And then, as a consultant, I started working devising courses that I was delivering to various clients, nursery workers, project workers, a lot was then about project workers. And then I was requested if I could work with social workers and delivering this course it really didn't tally with how social workers work. So I thought what I would do, because I was working with probation, quite a wide field of workers who were in the social fields.

So I decided that I would do a two-year diploma so that I understood what social work was all about and here I am, I never went back into the consulting work, I went on to… because with social workers you really have to be in it to know it and it's not a course, I thought I'd do the two years, but to understand fully you need to be practicing and getting involved to understand the dynamics of families and understand the dynamics of practices, procedures, there's a lot.

There is a lot.

There is a lot to understand, so that's my history how I came to…

Okay, well what I'm asking social workers about in these interviews is your experience of undertaking the work, particularly home visits, as you say, there's a lot to think about. What is your experience of undertaking home visits generally?

I suppose undertaking a home visit you meet… for one instance, one visit, a family that I was working with, I met them in a different environment, it was through a review meeting; they were actually in a Family Assessment Unit. So that felt quite… first of all I have to understand the case, it's very important to understand the case, and sometimes because I started as an agency worker here you don't get the privilege of having a small caseload. As an agency worker you come in and you have a full caseload and I had the most complex cases…

And what would you be talking about then, in terms of a full caseload, what numbers are we talking about?

I believe I was at 18, yes, that was quite full for an agency worker. It's the complexities of the cases, one was in a Family Assessment Unit, quite a lot of CPs and a lot of child protection I think I had; I had yes, um (names) must have had four CP cases, one in Family Assessment. Yes So it was um hit the ground running. So in that environment, going back to what I was saying in the family assessment unit… during this review, so I'm picking up on the case and um learning about this, really violent man,..so part of me's thinking 'why the hell have you given me this case?' because I'm going to have to… and I can see the aggression in the meeting.. but it was quite contained because it was in the Family Assessment Unit. So my first visit to them ..was in their environment, in the assessment…um, in the Family Assessment Unit and again I can feel the anger..you know the dismissiveness because he's previously… it was reported that he had been violent towards us, that he'd kicked a social worker, the family's known to be really, really violent, (cough) he had a really bad history um of violence and a **high** risk to children. Um

Um, so you know that was in that arena so I came away and I thought this is going to be very, very difficult to meet him, because he's already very self-opinionated..disliked Children's Specialist Services um and has a really **high barrier** that blocks you from… he's not hearing what you're saying. So, first home visit um I went to um he contacted the office and he was *shouting* at me.. and I said look I have to arrange a visit, once they went back into the community I was sort of, visiting there, but I think my profile was quite low just trying to get to know them, that is I… well trying to understand you know, the dynamics, listening a lot. Um, So the tele-phone calls when they went into the community and he was like barking at me and I said 'I'd never, ever dream of speaking to you like that so don't speak to me like it' and that was the thing that broke that barrier. The frankness and not accepting it or you know, jiggling around it, but going directly and said 'you're in this position, I'm the allocated social worker, I'd never dream of speaking to anybody like that'.

Where did this conversation take place?

By phone in the office.

How did you feel, at the time?

At the time I felt a little bit, angry because he was shouting. Not angry, but it brought up an emotion in me that made me have to say now 'stop, because there's no need

for you to be speaking to me like that, it has to stop'. And that and that was the first sort of catalyst, but he understood that I cannot work you know with you if you're shouting and screaming, you have to learn to talk. So then it was a lot about just listening to him. Um, many professionals, didn't want um to work with him.

Why didn't they want to work with him?

Because of the way he speaks ..and it took me a while to understand.. that that is a defence mechanism for him. And we talked about him growing up in ------and what that meant for him, so I understood why he had this defence and his whole family were known in -------as a very, very violent family so he had to live up to the image, but underneath that he was a real softy. And then I saw how he worked with…you know, his care of his children, how he provided a home, I also understood that um he had um limited understanding.. very limited; his **cognitive** understanding of what you're saying was limited, so, it took a while, it took a while and…

Going back to your first visit though, perhaps, how did you feel, you'd had this conversation on the phone with this guy…?

I felt much more comfortable,.. much more comfortable and I think he understood also where I was coming from. Um, So the first visit to the home, um it was him telling me 'nobody's taking my children away', You know he'd keep repeating himself, and I said 'well this is why you're in assessment, you know nobody's, I'm not here to take away your children, I'm here for a home visit to see how things are going to the plan to safeguard the children. Um and I saw that he was a very caring man um and that first visit I suppose I sat in the home and just observed what was going on around me, observed how he interacted with the children, observed them, as, a couple.
Um.

How did you feel at the time?

…How did I feel?

Yes, in the session.

…Part of me felt.. slightly anxious, but a part of me felt, quite comfortable because that telephone conversation, I **knew** had changed something in him, because he went really quiet.. and he slammed down the phone, but then he phoned back and apologised. Yeah, so I knew that he um heard what I'd said and I think, because I was new um, they were testing a bit, there'd be a test, 'I'm not doing this and I'm not doing that' and I said 'well you know, you'd work to the plan, if you're not working to the plan then that's the sort of thing I report back'. So I was always open and honest 'I'm going to do this' I do this. You know, there can't be any um colluding, if you're not doing what you're supposed to then I will be you know taking that back, so they knew exactly where I was coming from. And that's one of the things he said was that later on he found it quite easier to relate to me because, he felt I was very direct, I always told him what I was going to do.

I always told, questioned things I didn't understand, um so, really what I wanted to do was to build a very open, professional relationship, so that you know that there's a flow going, don't, suspect I'm going back to do something… you know say one thing, because he said 'that's what people do, they say one thing and they'll go behind your back and do something else'. I said 'whatever I say to you here is what I'm taking back, if there's something, I don't like I will address it here with you'. Yeah, so yes, it's

through working with them, building that trust really. Um, building a trust that they understood that it's a two-way process and, I think it's very important also, of making them feel empowered, because we're in a position where… they felt disempowered. Um.. they felt that, they had no choice, so it's talking to them saying, 'but you do have a choice and this is the choice that you've made'. So it's showing them the positive areas where they have made choices.. and to build and strengthen that and also telling when they're doing well you know tell them they're doing well and keep encouraging D not to go back to drinking, D to keep taking his medication and showing them the progress, we've got this far. .. yeah

Okay and that first visit, I don't know when that was, about how long ago was that?

When did I go into the community? I came in June and met them and they went out into the community in…. August.

This year?

No, 2008.

Okay, so three and a half years ago?

Yes.

I don't know, OK but if you can go back to what you felt like after you'd finished that first home visit, do you remember how that felt?

..The problem is it's such a very long time ago, how did I feel?.... The anxiety, because you know, you remember the label that I'm working with, um I felt quite relieved, I felt quite relieved, and as I said, it's a lot of absorbing what he was giving off and me interjecting with very small amounts. But it was quite important for him.. to hear his own voice (low laugh) and for me to hear what he's saying.

What did you do, you said you absorbed a lot of that, when you were coming out of the session what did you do with all of that?

Well, I suppose I… what did I do? As I said, it's quite a long time ago, I suppose I came back… and I've still got that relationship with TM I came back and I talked to TM about it. That open door policy that TM runs is very useful and very supportive because it's something I can come back and say you know 'he was saying this, he was saying that, yes I absorbed it, what he hates, I absorbed it'. I absorbed quite a lot of negative things. Really… So coming back to TM and talking to TM about it was helpful.

..Right and that was three and a half years ago, have your feelings changed over time, the feelings that you get when you're undertaking home visits to this particular family?

100%, yes, um it's got to… and I suppose as the relationship went on I noticed a bit of co-dependency. Um… and..

What do you mean by that and when did you notice?

Well I suppose in the way that I had worked with them, supporting them, became quite dependent ..um in terms of say they're benefit claim's gone wrong, say their

housing had gone wrong, so you know he would always say 'my social worker would sort that out' but I had to keep reminding them I'm not their social worker, I'm the children's social worker. Um.. there was an incident of um.. where he had slapped on the bottom, his daughter with a slipper, leaving a red mark and I had to trigger Section 47. I remember him saying… he tried to blame… he said 'you, you didn't have to do that', I said 'what do you mean I didn't have to do that, I never, ever compromise my position. What you've done, you've left a mark, I've come and I've examined and there's a mark on.. her bottom', I said 'I can't compromise my position, this is what I do'. And he said 'no, no, I'm sorry, I understand, you've always been open that anything that you didn't like you would do what you have to do'. And we've still got a good working relationship, even after I triggered a Section 47. Um, so, yeah so, our relationship, it's not all been smooth, there's been fallings out and I think that… when I say fallings out, from their perspective, their, you know..

Can you think of a particular time?

Well yes, when they wanted their eldest child to be put into nursery school, but there's only so many amount of hours, the ethos of resources was shrinking. Um, so I couldn't get into something private and you know yes he gets very, very stressed but I said 'but you know in the real world, if you weren't with Children's Specialist Services how would you manage? And if you can't manage then we would really need to be looking at you know whether the children should be with you or not. So that was…that that…

What happened?

Um….I was told 'you're useless, you're useless, um…we need a place for her because she's getting on our nerves, getting on our nerves' and I said 'if you cannot manage the child then we're talking about do you want her placed somewhere else?' Um, it wasn't, what I found out later really it isn't mainly him it was the partner and this is where he I had to have a long talk with him and said to him 'she phones up and she's rude', when you go to challenge her she gives the phone to him and then he would say 'what… um.?' And I had to say 'she creates her own battles, she's given you a terrible name' because the health visitors didn't want to work with them, um even the IRO was a bit wary of him and I said 'the picture you're painting nobody really gets to see the true you'. I said when she creates trouble, and she created it with housing, she created it with **every** department she went to, I said because she's rude to people, swears at people, slams the phone down or swears and then give him the phone and he picks it up. I said that has to stop, she creates her own mess, she must learn to deal with her own mess, do not stand in for her. And he stops it, he did…you know ..(mumbles) and she stopped then being rude and aggressive on the phone when she didn't get what she wanted. So with this..

When they are going off like that, how did you feel at the time, can you remember?

Sighs…….sighs It's like anyone you know who's been shouting at you or swearing at you, it does penetrate.

And this was on the home visit or over the telephone?

She wouldn't do it at a home visit; she does it over the phone.

Right, she does it over the phone, okay.

Yes, she wouldn't do it at the home visit; at the home visit you know is something totally different.

But this was the guy who'd picked it up as well, he was going on?

Yes, he's the one that would come and…*urgh*

Okay, so this was on the phone?

That was on the phone, but when I went to the home visit I discussed it again, I said to her 'you have to stop it'. You know, everybody was complaining, all my colleagues were complaining 'that K's phoned again' and as I you know said to K 'there's no need for you to speak to my colleagues like that, there's no need for you to behave like that and in front of her I said 'and D…' I, said to him 'she needs to fight her own battles, you can create such friction, you must learn to deal with consequences of the friction and not pass it over to you.

And what happened?

It stopped… and none of my colleagues ever reported being abused on the phone when she called the office.

And how do you feel about undertaking home visits to this family now?

I look forward to seeing the children, you know in all this I was having to deal with the adults (laughs)… battling off the adults and focusing on the children and as parents… as parents ..you could see the care, you know they love their children, they care for their children but the main carer was always D he was the main carer, cook, clean and… he organised the domestic things and the financial things he gave to…um, where there's reading and writing he gave to K, you know that's how their roles were split. He actually went on a course to read and write um but if he tried to do anything K .. would make it go wrong. Um he was doing a reading and writing course because he was on probation, um and but she messed that up. He did really well at that, he was proud of his achievement, um but she tells him 'you don't really need to be doing that' so he stopped doing that. But yes, how do I feel about visiting the family now? I, It's a pleasure seeing the children, I really enjoy you know seeing the children, I've really enjoyed seeing them grow um because um when I took the case on L was a baby in arms around eight months, she's now a little three-year old and off to school, and tells me all about her uniform. Um, and it's a warm… I get a warm welcome, when they see me they run with their arms out. Yes, a nice relationship I have with the children.. and um with the parents, but you know as I said I had to battle the parents but still keep an eye on what was happening with the children. So, the dynamics, family dynamics or dynamics in social work and home visits is finding the equilibrium equilibrium where they don't feel that you're imposing on them but they're very clear what your job is, there, and any concerns that I have, discuss it with them first, but tell them exactly what I'm going to do and that seems to work for me.

Okay, right, because… you've talked about… I've heard you talk in the team room about this family before and I was with you on Friday, so it may sound a bit of a silly question, but why do you think this family or undertaking home visits was the one that immediately came to mind, today, when I was asking you?

Oh because I've dealt with them so much last week (laughs) and I think this was the most… that was the most complex, concerning for me, um family to work with. Umm I think it was a concern for me that sprung to mind and it's also…

What was your concern?

As I said, his history, you know the labels that people carry.

But what did that mean for you then?

Outbursts, what that is going to be thrown at me; that was it was going to be thrown at me; if there's any aggression towards me how am I going to deal with it? Um….er I think they were my concerns because its like you may have a poodle you might have a Rottweiler (laughs) but I'm less concerned about poodle but I'm concerned about the Rottweiler because it's stature and everything stand out more and it looks a lot more aggressive dog and that's, you know if you put it in that sort of method…sort of in that sort of…

So how's your approach different with a Rottweiler to a poodle?

A poodle, will have a small bark; (laughs) I'm more likely to stroke a poodle than I would a Rottweiler. So, let's take a poodle case, um… let's think of my poodle case, um…I suppose… the family I visited on Friday, um she's much more articulate, um. no outward aggression, um. she's very…um if there's something wrong, she knows how to use the system and complain. So there is.. she knows why we're involved, um..she's aware of her mental health, so, there was already something to work with, that was amicable, because of her understanding. With a Rottweiler, *Rargh* 'don't come near my child, you've taken away my children before… I'll knock you out, um I'll rip your face off' (laughs) that's the language from the poodle.

So how does that make you feel, that language, that communication from the Rottweiler?

Um…as I said, I felt quite nervous initially, but I think what happened, is having, the visits in the Family Assessment, that helped for me to.. observe.

In the Family Assessment Unit?

Unit, yes.

Were they resident there?

Yes they were, yes they were resident there so that gave me the opportunity to you know assess them. Um… It took a while to get to understand them, it's not until they went into the community really did I really **learn** about them you know learn about their personalities, learn about them. Um.. and, speaking to him on his own um.. he was less macho. Um When he was with his partner, he was **macho.**

And you're holding your fists up there in the interview; obviously you can't record… so indicating a different physical stance, basically.

Yes, it was a physical stance, yes. So um.. and also let them know, that I am a social worker but also human.. I am a social worker but also have family life, um yes I am a social worker and I understand the complexities of family life and I think that

helped also for them knowing that I had, children as old as he was and that was the other thing… I could be his mother.

..Do you think that made a difference?

I believe it did to him.

Right, how did you…

-He holds a lot of respect for his mother.. a lot of respect, but- yes you know there's different… the difference in personalities and I think I've always been a people's people anyway… um and if you I use language that makes people feel quite relaxed in your company, your tone of voice, don't raise it. Um, If you um have to.. say something that is you know uncomfortable.. though say it but again .. explain this is, what has to happen, number one there's a plan, there's a guidance that I have to work by.. Explain the procedures, sometime help them to understand what's happening instead, of just feeling they're being taken over and lifted here and put there. And and as I said, giving them back that feeling of control of their own life, it's quite important, then they don't feel as if their um (coughs) day-to-day life is out of their control, it's they need to feel in control.

Because you had a visit to this guy on Friday, didn't you?

Yes, I did. Yeah

Can you talk a bit about that, how you felt… how that felt and how that impacted on you? What you felt then and what you feel now maybe?

I think that (coughs x 2) with the visit on Friday I could sense he was quite high anxiety and . I think it was, rubbing off on the children, so .. I was sort of helping him with the children but he was talking a lot and he was worried 'what if my benefit stops?' He was worried 'what's going to happen about the unborn baby?' He was worried… he wanted to move- house, um… get rid of all K's clothes, take down every photograph of her in the house. At one stage I had to stop him from **tearing** a photograph. . So his behaviour was telling me… he was going 'and I don't care and I don't care' and his behaviour was telling me.. 'you do care, you do care, you do care, you love her so much'. Um.. In hindsight now, I I kept noticing him looking out of the window, but he didn't say why and I didn't ask why, you know every now and then he'd glance out of the window. Um he was doing what he's supposed to do with the children because he's a very hands-on dad. I was helping him with the one-year old, although he don't really want .. to look like he can't manage. I said 'it's not that you can't manage' you know but I could tell he was quite tense with what was going to happen.

So he said 'let's phone up P Housing and tell them I want to move'… So I sat down and talked with him you know in between the children and we had to get lunch ready, and I said to him 'I don't think to make any decisions yet', he needs to hear that advice. Then he was showing me all the texts, 'look, she keeps texting me and telling me she loves me, she loves me, she loves me', he said 'and then 11 o'clock at night . I get a phone call, it wakes me up, and she's playing loud music'. And then, the next text he show me she's calling him a drug addict, she's calling him a drunk, she's insulting his mother, she's insulting… I said 'look, she's all over the place'. You know She is all over the place so I said… well you know, he said 'phone P Housing, phone P Housing'. So, his anxiety then… you know, his actual anxiety, it was difficult to bring that down, but I was aware the children would pick that up, but I can see that

there was no.. harm to the children, and um environments, children will pick that up and this is reality, mum's left, dad's anxious, you can't iron that out, that's the reality of how he's feeling. Um .. Going away from the house and coming back…um..

How did that happen?

Well he said um.. could could I get him some milk… because it means getting everybody dressed and taking them out to the local shop. I said yeah yeah 'oh yes, all right, I'll get the milk', went and got the milk, dropped it off .. he said 'the children are sleeping', I said 'okay' um Walking up the road and .. number one I didn't have my travel card with me, but by the time I got to the end of the road I could hear him calling me and I went back … and he said 'K is supposed to be coming back today' … I said 'is that why you kept looking out the window?' …. And with that he just broke down. The children were asleep, so that helped, and he said 'she's just making such a fool out of me, this is the fourth time, or sixth time she's said, she's going to come home'. He said 'I didn't tell the children this time, I've been waiting and waiting for her to come; she said she was coming' and it just all came out. He said 'I can't talk to my mum; I can't talk to my sister about it, um because they think I'm a fool um for wanting her back.. So he was talking about that's quite natural and normal and don't deny what you're feeling, it's quite important. You know, um If that's what you're feeling, that is what you're feeling; it's quite natural to want to to have…

What did you feel about going back?

Ah..I felt very… I could see you know the tears in his eyes when he said well 'K was supposed to come today'. I t*hink* .. while I was there, he was hoping that K would come and I think, because he kept saying to me 'talk to K, talk to K' and I said 'well I can't…'

He wanted you to talk to her?

Well yeah yeah, but I didn't know that she was due to come to the house. So when I went back round see I really, really felt the hurt for him, I could see it in his eyes .. you know he's saying 'I've never, I don't want my children to be growing up without their mother, you know, a mother's so important in her children's life but I would always stand by my children and look after them.' So what did I feel when I went back? I felt…, I wouldn't like to say sorry for him, I could see that he needed, support, when you know see the tears welling up in his eyes, you know I just felt okay you know and it was good that the children had gone down to have a nap & it gave him a chance to talk and that anxiety level, had come down.

And then what happened?

Um, I suppose we talked about, not moving … staying where you are after you discuss all the dynamics with K, you know him racking his brain trying to find out why she left and .. he can't understand why she's left, and me thinking I know why she's left, but I can't tell you. This is the dilemma I'm going to have, um,…that's why I want to talk to K and tell her she needs to tell D why she's left. Because it's left with me, um I've got to look into his face and when he was so distressed it was on the tip of my tongue, but it's not my position, to be telling him, why, it's for K to tell him why she's left … So yeah, I … um really,… felt… you know and just keep telling him what a good job he's doing, also remind him, not to get drawn, into her .. very silly games, and go and act in a violent way, because he can resort very quickly to that, because if you do that the children will be gone, because K won't be able to look after those children.

So, it was just talking those through things through and 'why move from where you spent so much time to do up the, property .. and wherever you go it's going to go with you um and everything .. comes to an end anyway'. Nothing will run and run for ever, like the benefits being sorted out. um Whatever's happening with K the new baby you know that's another thing, you keep saying you know if it's my baby, he said 'I don't trust K to look after it; what is the department going to do?' All this was swimming round in his head. Um .. And I told him ' look this is what we're doing and this is what we're doing and this is what we're actually doing'. Um I've noticed that he's lost a lot of weight as well. I said to him 'are you eating?' He said 'sometimes I can't eat', I said 'well you need to eat to keep your strength up'. And what you know, he's a grown man and sometimes I wonder if it's the first time in his relationship that a woman has *left* him rather, than the other way round and that's probably why it's hitting him so hard and so deeply. Um and also what he's saying, you know he he pushed his family away for K, because the family are really not very fond of K and he stopped speaking to his mum, he stopped speaking to his sisters, he stopped speaking to his other children, his older children, and they're all back there to support him you know and he feels bad about that and he feels… you know his mum hasn't said 'I told you so', um but this feeling of wanting K back he couldn't discuss that with his daughter or with his mother or his sister. But it's a natural feeling, it's a natural feeling.

So how long were you with this guy on Friday?

Oh gosh, um the appointment was for 10 but I got there at 10.30. Um I must have left him at about gone 12, went to get the milk, but the time I came back it was about quarter to one. So, how many hours… I was counting the hours myself, I put in quite a few hours with D on Friday.

What did you feel like when you were leaving for the second time?

I felt, drained .. I felt really drained but I also felt more comfortable leaving, because his anxiety level, he'd actually . brought that down. Actually, as I said, he was managing but his voice was high pitched and he was you know 'what if this happened, what's…?' and you could see him biting his nails and all that.

Yes, you're doing the actions there, yes. Okay.

All that sort of calmed down, so on one hand I felt quite drained, on the other hand I felt much more comfortable. . um.. So there was a good bit of work went in there.

Okay, so you feel quite positive about that then?

Very positive.

Okay, I was just thinking then… was that Rottweiler case; is that a Rottweiler case or it was sold to you as a Rottweiler case?

Yes.

Okay, how do you think working with that family has impacted on you and your work with other families? Has it?

Has it? I think each family are individuals, all of us are individuals um and each family have their own dynamics. Um, what you find in one family you wouldn't find in another. Um. Management of how they manage their household you don't find in

another. So, it doesn't impact on me, in terms of, working with another family, that is that unique family set-up and another family has their own unique family set-up. So, I don't think it impacts but, if I go and visit another case, say W's for instance, (chuckles) it's much more relaxed, much, much more relaxed, that's quite a high tension…um. W's case is a lot more relaxed, um although I can sometimes pick up her… not anxiety, everyone's got their own anxieties really, I can pick them up and I know she's always trying to say 'look, the children are doing this and doing that', but I have to see that for myself um, and she wants to tell me what she's doing you know. On the visit on Friday she probably would have told me you know, because I'm asking questions about this new boyfriend um.. because emotionally .. she's quite fragile, and … she's been hurt an and .. I think it's also .. she's young, with mental health .. and it's hard to accept that, um.. for her. .. She just wants a family unit um, and, as normal a life as possible. Um.. She feels that the medication makes her very big… but she, presents the best that she can you know. What she's got she presents as well as she can. She seems very well at the moment but with this new boyfriend um I've got alarm bells going ding, ding, ding, ding; um he's much older than what she is ….an she can't always phone him .. she was saying, I said 'well why's that?' This was over the telephone not at a visit… That's the sort of thing I would have tried you know to work with the children and then had a few minutes to talk to her.

A separate discussion with mum.

A separate discussion. Um… Yes, she can't always phone him because he's working here or working there, um okay. Um okay Something, um don't feel right, but she's happy, it's making her happy, but I don't want to see that, impact on… because emotionally she never *expresses* what she feels emotionally I know when she's emotionally troubled because she says things like … if I'm speaking to her, she goes 'mmm, mmm …mmm', Yeah that's how I know emotionally she's hurting, but she never, verbalises and says exactly what it is. (tails off)

[Someone enters the room re booking it].

Sorry about that Q, I hadn't realised you had to book the room. I'll have to find out where you book the room from now.

Probably downstairs at the front desk reception; or Resources, go to Resources next door to us.

Um, Okay, so I was thinking that that was the visit we did on Friday, quite a different visit to the one you were describing earlier. What are your feelings about generally preparing for a visit to W?

With yourself you mean, pairing?

Well both, preparing.

Oh preparing.

You know, when you're on your way.

Well I more or less speak to W every day, she phones me, yeah so I always know what's going on it's an.. when she phones me, …. I always know… when she phones me every day it tells me the children are being late every day, um… but even if the children are not late she'll phone .. sometimes just to talk, so I'm glad she's back in

uni and basically, the CMHT workers change and she hasn't got a relationship with her CMHT Care Coordinator, which makes it quite difficult um if she wants to talk to anybody. So what was my preparation? You know

Well just generally when you're walking along the road on your way to visit her and the kids, what are your feelings about that?

I suppose my feelings are 'okay, how am I, what am I going to do with the children today; am I going to interact with the children today?' As I said, I always do some little thing with them or sometimes they just sit on my lap and watch television, in between we talk um and also to be open to whatever you know is there… I don't have any streamline thoughts on my visits, I don't think that… you know you've got to be open, because I could walk in that door, and absolutely anything can happen. Um. You know, going back to the Rottweiler visit, I was there in July and um.. it came um .. through that his partner… he found out… his brother phoned him and said 'she's been having an affair with this, man from Cash Converters' .. and he was quite calm, because we were having a team around the child meeting in the home. He was quite calm and he called her and said 'come into the kitchen a minute' and, then all hell broke loose, you know all hell.

What happened?

It was shouting .. it was in her face, 'I'm going to bury you under the patio', **real** loud so … his two older children P and R were there, so we brought all the little ones upstairs, I said 'keep them in the bedroom for me, just keep them upstairs and let me go down and see what's happening with mummy and daddy'. Um It was just what he was saying verbally and when I went in his face was really…

You're leaning forward now, so he was very close?

Close to her, he grabbed her face and I stepped in, Whoa 'no physical violence' but he was so angry that there was fear it could also be switched at me for getting involved, but I'm trying to keep…

So you're emotionally trying to get in between them?

Just to keep it all calm, to separate and don't let any violence occur. At this stage the health visitor .. said 'I don't think you need me do you?'

What, the health visitor was there as well? (Nods) Okay.

As she left she said 'will you be all right?'

So she left?

Yes.

What did you think about that? (Laughs) You're laughing.

Yes, well I just thought okay, who says 'will you be all right'? You know And I said… .that was the dilemma … I can't… do I leave for my own safety? Leaving the children, I couldn't leave. So what I did was just er dial 999 in my phone and just had my finger on it should I have to phone.

You're holding your hand down, what you were hiding the phone?

I had the phone in my hand, 999 was input. Anyway um……phew.. Yes it was quite a scary moment.

Then what happened?

Ahh..I took K out into the garden.. kept him in the living room, um .. then he phoned his daughter because the daughter… K was saying to the daughter 'can you say I've been staying with you at night?' So it was just getting bigger and bigger. I kept popping upstairs to the children, making sure they're all right, but I think because of the noise going downstairs the baby was you know …starting to get a bit…you know And the children, of course, R and P, the older two, wanted to come down and see what's going with the noise that's going on in the house. Um.. And then um..S, his daughter, I don't know how she got there so quick but she came down and I said to S 'look ask him manage the children' but then K started shouting at her and it was tipping outside & you know going out the front door with K screaming, getting bigger and bigger. I said to D 'look…' because he said 'I'm going to hurt…' um gonna I said 'before you do anything' and he started packing a bag, then his brother came round and I thought 'I don't believe it, this man's come round with a big pack of Heineken', … I thought 'we don't need alcohol in this situation'.

He'd brought it round or he'd picked it up?

He had it in his hand, he came to the house with it and um… I said um.. I said to D 'Look, go and stay with your mum' yeah he said he was leaving, I said 'go and stay with your mum'. I said to his brother 'take him to your mum's, he shouldn't really be drinking in the house' because he was fluctuating between disbelief and wanting to harm K you know and and the veins came up in **neck**, his face went **purple** um and I thought, you know if anything what I'll have to do is remove the children with me, I don't know how I was going to get five children out of the door and phone the police. Anyway I had to remove the children and and take them with me, you know it was a horrible position to be in .. but I said to him 'look, any violence in here I said I'll have no option but to phone the police, and of course he started shouting. (tails off)

Um…And I'm saying 'I don't think K would do that to you, I don't really think K would do that to you', I was saying that to him. I got K out in the garden and I said ' K did you?' and she went 'yes', …she said she did. So I keep her in the garden, I was sort of going in between the two, popping up the stairs, children coming down, if they were coming down I was sending them back upstairs, because the little ones… in the end, when his brother came and um I was there for hours. Um he took them off and took them to his mum's, round to his mum's house, and left K.

Did you phone the police?

No, I didn't have to. . It, It was just should I have to, then I was going to.

How did you feel?

..A little bit frightened I'd say, I would say a bit frightened, I think I felt my nerves buckle, . a bit there because um….um it's managing a situation you've never had to manage before at a home visit.

And that you weren't expecting when you went.

I wasn't expecting, this is what I say why you have to be open, you can't have little… there are certain things you may have to address with a family but you can't plan streamline.

How did you feel after that? Well how did it end?

Well, I got him to go to his mum's with his brother and K got his daughter out of the house, because that was a distraction for K um to start on his daughter. Um.. Yes, so he went to his mum's .. and I sat with K and (sighs) said to her 'why did you do that you know and so close to home? Um And why did you think that you could ask *his* children to lie for you? Said you can't do that'. Um, she's opinion is he's dim, as she calls him 'he's dim anyway'. So, so that's the conversation I had, that's what happened there, he went off to his mother's but apparently came back later in the evening…There there wasn't any violence and that was the main thing.

How did you feel when he left?

Shaken … shaken, I was quite shaken.

And what did you do?

I spoke to TM I was speaking to TM and just told him what happened and told him what stage it was at and what I was doing. Yeah.

What were your main concerns?

That it was going to be …you know a level of violence that I wouldn't be able to intervene with, but my main concern is how am I going to get the children out of the house, because its five children, .. and um . safeguard them really. That was my concern, the safeguarding of the children. Um you know Not that I think he would have…(tails off)

Has that affected how you work with the family since?

..That was an incident, it was fuelled by, and this is another thing we talked about on Friday, his emotions and how he can help contain them or control them um .. and I think that's what that was, he just couldn't contain his emotions and just before he left on that occasion of the violence, he's he just turned to her and said 'you've broken my heart', he said 'you've ripped my heart out'. He did well, he did well. (definite)

On Friday?

He did well on Friday; he did well on that day in July.

Okay, Okay, thinking back now, talking about it now, do any particular thoughts or views come to mind?

…I think the (chuckling) thing I laugh at most is the health visitor, she was (laughs) gone, I think that's the thing I laugh at, 'working in partnership'. Um yeah um Yes, I'm glad that I was available to find the *courage* to stay .. and I was able to see that, the children's safety was paramount. You know make a plan on how I will get these children out of the house if I have to. I don't know what I would have done.

But the health visitor wasn't, that was what… it was quite an obvious situation where you could have done with support and she was off out the door, that's

what you find funny now and you had to manage it on your own, that's what I understand you're saying.

Yes, but you know visiting the family afterwards I didn't feel threatened, I know it was in context, it wasn't that it was just him sitting there and just flipping, it was all in context. Um phew But I must say it did shake me, my heart did race um and it's trying to keep a level head, when everybody else's had fallen apart. Keeping a level head of what needs to be done & um you know safeguarding the children really. You know K K's an adult, I'm sure she can battle a bit more until the police arrive, although I didn't want anything spilling over and the children witnessing anything.

No, they had enough to cope with, they were upstairs anyway so they probably heard some of it, didn't they?

Oh of course they heard and they kept running down, I had to keep shushing them back up. Yeah so yeah, that was an eventful day.

It sounds it, it sounds it, okay well I think we've come to the end of the interview now, but are there any comments you'd like to make? How's it been talking about this stuff?

…It's reflective, because it's not every day that you talk about what's happened, um and in reflective would I have reacted in any other different way to that? .. And the answer is no. Um … and even talking about it my heart's starting to race.

What today?

Yes.

Really?

Recalling, I felt…

You could be going back to that time, the physical sensations?

Yes, yeah physical sensation of it… Yes, so in a sense it's, a great to be reflective but it also pinpoints the difficult situations that social workers go into when they enter a home, you don't know what you're going to find, and how are you prepared for that? Um I think it's the strength that I have that although my heart was racing I remained calm, was able to think, as I said 999 was in my phone, if **any** violence at all that would have dialled straight away. Um.. Getting five children out of the home…

Ranging from… the ages were?

T wasn't one, he wasn't one until August; B was two, L was three in January so she must have been younger, um R is six and P is, I think, about seven going on eight. .. So it was a handful.

A major feat that you were having to gear yourself up for. And how do you feel now, in this space and time now, in this room, in coming to the end of the interview?

…How do I feel? That I achieved a lot, I have achieved a lot.

But you said you'll park this.

Yes, but it's still there.

Is it, okay?

Yes, the anxiety is still there but I know once I get up and move on to something else it will go.

Okay.

And a bit breathless and that's how I felt on the day *[takes a deep breath]*…you know

Well you're not going through that interview now, you are just talking about it and recalling it for me, because it's a different day, it's many months on, are there any questions for me or any comments?

Um, how did **you** find that I explained to you, in terms of…?

Very clearly, very clearly and I think it's those kinds of situations… well not just those, it's the ordinary, like visiting W, but I think you explained it very clearly how you go expecting one thing and then something else completely is presented to you and you have to deal with it, and that's one of the things that I'm talking about. Plus you have to deal with it in someone else's territory, where things are out of your control, where you will feel physically and verbally threatened and intimated such that it does have a physical impact on you. And what do you do with that? And that's part of what I'm looking at, because I think it has a huge impact on work, which is not taken into account.

It's true, it's true. (raises voice)

Which is why I'm asking the people that do it about it because, as you say, everybody's different and I think you've been really, really clear; I'm sorry about the interruption, I've used this room before and it's not been a problem before. What I would say is that… I should have said at the beginning, the interview is obviously recorded, it's transcribed on a secure site, it will be kept, it will be written up but it will be totally anonymised, so all the names will be changed, all the identifying features. No-one… you won't be identified, the client won't, nor will any locations, it will all be changed.

Lovely, cool but I'm glad you've picked that up because there are difficulties, what do you do? You know I thought I'd dealt with it, but obviously, recalling it, I haven't. I think I have dealt with it but it just… that's what I felt on the day.

I think you have dealt with it because you've moved on and you're here, but I suppose my hypothesis is that you carry it with you, it affects who you are, how you approach the next piece of work and that is inevitable and that needs to be taken into the equation.

That's so true.

That's what I'm working with here.

Lovely Charlotte.

Well thank you.

And I hope you get some results.

You're shaking my hand, thank you very much.

Thank you.

END.

INTERVIEW 8 'KATE'

Okay...records us and I can't remember exactly where we got to before but basically the interview should take about an hour and a half. It's transcribed and all identifying details, names, places everything is changed. It's kept for about 15 years and it will be kept, the transcripts, in a locked cabinet as part of my doctrinal research. Is that okay?

That's fine. Do you publish your work?

At some stage I will yes I hope but it seems a long way off yet so I'm not even thinking about that but all the details will be completely anonymised so you won't know which local authority people are working in or where they are coming from. Okay any questions?

No that's fine.

Why I wanted to talk with you was that as you know I've been doing observations in your team particularly looking at how social workers experience home visits and I went out with you a couple of times, it was a while ago now.

It was the beginning of January wasn't it.

Yes gosh and where are we now, oh the end of April. So this interview is really to think about that with you to hear from yourself about your experience of doing home visits but perhaps to start off maybe you could tell me a bit about yourself how you came to be in social work how long you've been doing it that kind of thing.

I've been qualified now for twenty years coming up to, so worked primarily in sort of children in need teams since I've been qualified. So I've done a lot of sort of what I would call frontline child protection – looked after children, assessment work. Started in a generic social work team which did like referral and assessments so duty work, new cases, new referrals into the borough and sort of major assessments on sort of as well as long term family support child protection/child in need, looked after children which I think was actually really good learning and good grounding because it gave me the short term analytical assessment crisis intervention skills as well as the sort of longer term planning, you know direct work with children and making relationships with parents. So I thought it gave me a good grounding. Decided with restructuring which seems to be a favourite thing in boroughs so for a number of years we went from a generic team whether we wanted to go to a duty team or into a family support team sort of. So I decided on balance, and I think again it was quite a surprise to many people, my colleagues, that I would go into the family support team I think they thought I was more of a duty person, liked short term pieces of work and getting involved which I still do but it's just sometimes the mountain can grind you down. So that's now I've sort of...couple of years worked...in Q since about 2003. I moved to Q primarily, if I'm honest, because it's five/ten minutes from home and I had my two young girls at the time and just found the travelling and managing work with the travelling was just too difficult and wanted to be closer which has assisted me really but I think I've always been interested in social work and I find families quite fascinating it's a hard work job but it's a very rewarding job you know one day is never the same as the other and I think, as I said I've been doing it now for twenty

years and I still like...sometimes I think why are you still working in sort of frontline child protection, you know a busy child in need team in a busy borough in a busy team and I think I still find it incredibly rewarding and interesting with the families, I still get that buzz and that adrenaline charge. I like court work a lot and working with complex families but maybe getting to the stage, maybe a bit more management, stepping back and letting other younger people have a go.

You're in a different role to the other social workers in the team aren't you?

Yes because I have a duel role really because I still hold a case load, so I'm still similar to them in terms of holding casework and working with families but I also have this secondary role, or primary role they would say, as doing supervision and managerial tasks and sort of I suppose in a sense a bit like duty...we call it principal social worker but it's really essentially duty...those sort of managerial, like the duty team manager tasks. It can work really well but it depends on how your own cases are behaving and what's going on in them whether you are sort of betwixt and between. I think it helps me because I like practice and I like being a practitioner but I'm starting and enjoying the tasks of managerial and sort of looking at professional development with colleagues as well.

And how long have you been a principal social worker?

About four years now, since they brought it in yes.

And in your role as a principal social worker...I mean how many cases do you carry, sorry perhaps I should ask you that really?

I carry about six.

But they're complex cases I presume?

They can be yes. Mostly court and yes complex ones.

And then you supervise?

I supervise a social worker and a trainee, first year worker, so two people yes.

So it puts you in quite a different position in the team doesn't it?

Yes, it's funny because you're sitting in amongst them you don't have your own office so it's sort of on one level you're a colleague and peer and then on another level you're not you're in sort of a managerial role and I think with me, I think maybe the experience, my professional experience and so maybe confidence, I think less experienced principals might struggle in that sense I think some of it is about the professional authority that you bring and everything but it's still personality. Sometimes it works really well and other times you think I want to shut my ears or go, I can't deal with all the stressors, oh just leave me alone for five minutes while I do my casework, you know you're always on demand.

But people come to you?

They do yes.

If the team manager is not there or...?

They come to me both really, both yes. So quite used to being stopped in amongst things and I think that's another skill that you have to learn quick really how to sort of deal with questions, help people which is the bit I like as well I don't mind people asking and that and exploring things. Or they come to me perhaps when they're not sure or they don't like the answer they've got from TM, sometimes they'll come back to me and want to test it out a little bit, oh what's that about and everything? It's quite interesting in that dynamic. Or they go through what arguments they think they should have before they go to TM with me they maybe explore those sorts of things.

Okay they explore it, they'll rehearse it?

Rehearse it and what do you think we should think about? What do you think of this? How should I approach him about that and what would you do? And sometimes I think they want me to tell them what they need to go and tell TM really which is probably what I should be doing yes testing it out, similar to the consultant.

And does it sort of go back to the team manager, or what do you do with that yourself?

I think sometimes we can decide what we're going to do there and then and there's a sort of logical case planning around what we're going to do and it's fine. Other times you can say I think you need to go and talk to TM about A, B, C, D and E you know and talk to him about that, do you want me to do that? Do you want me to take this bit of that, of what you're discussing and have a word with him? Or they go themselves.

And I suppose I was thinking because you're in the team your experience in this kind of split role is one, your experience of doing the visits themselves on your cases but also your experience of your colleagues in the team coming back or preparing and being in the team room. Can you say a bit about that how that is for you?

Of doing visits?

Well holding those two things. One, you've got your own caseload but also you're seeing the feelings and the anxieties that others have in the team room around home visits and I just wondered what that feels like for you, because in your role it's different isn't it?

Yes. It's quite a responsible thing because it's a bit like...I can be getting on with my own work and my casework but you've also always got to have an ear out for other things and switch that management hat on and try and work out, do they want to talk about the visit? What are the issues coming up? What do they need to cover? You have to make sure you remember when are they supposed to be coming back and checking that everything is all fine. So sometimes it feels like...

And you do that?

I try to do that.

If someone goes out on a potentially tricky visit you've got to kind of...

You have to yes.

...antennae are there to think that they are going out...

Yeah.

Okay. Do you think that's different in your role to other people in the team?

No. I think it maybe more the responsibility comes back to me, I feel the responsibility but I think people are quite sensitive in our team about which cases and which families social workers are thinking might be difficult or a good visit or a difficult visit, might be problematic. I think we do flag up about issues and talk to each other and I think that is something that has come...you know there's lots of case discussions within the team, people talk about families. You do know which ones are the ones that are buzzing and which ones are...other times people can go and come back because you might not need to know they've come back. If they disappear for three hours you might be thinking where has such and such gone but not because it's a bad visit. Other visits you could be, at five minutes past when they should be back, thinking what do I need to do about it? So I think the responsibility comes back to me within the team and to TM really about if it's difficult what do we do with it? You know what are the concerns coming from that? What is the case planning? What do we need to do from that?

And what do you do with that?

What do you mean?

You said that it comes back to you and TM so what do you...?

I think it's about debriefing. It's about dealing with...I think it's two-fold. One is about the social worker and their feelings and all the thoughts and difficulties or the positives that have come out of that visit on a personal social work level and then there's the issues around case planning, what do we need to do? What has come out of that visit? Do we need to inform...is there any action that needs to come out? So I think it's a two-way thing really.

Do you think in your position as a principal social worker...what's your impression, with your kind of management hat on, about the impact of home visits on social workers – what's your view on that?

I think you shouldn't underestimate, you're walking into someone's home it's their life and I think you have to walk in respectfully and you've been invited, or we're inviting ourselves to go into a home I should really say and I think even routine visits can create a lot of different emotions in you. You know it's something that we hold inside. I think social work is something about keeping things in and keeping the lid on and it comes out in different stressors and different ways really so I think there's getting the balance. I think that's maybe where the management is, is that yes it creates all these thoughts and emotions and difficult feelings for people but it's also about how people manage those and how people deal with those in a professional way really. If people came back after it with histrionic every time then we might look at what support - what's happening for them really but I think the home visits, even the straightforward ones the level of anxiety, thinking about what you're going to talk about? What might come up?

Is it different to an office appointment?

Well the dynamics are different. I think office appointments because I always use office appointments when I think there might be problems and you know you want the support of your colleagues in the building and its more observed and everything.

As I said I think home visits can be quite lonely, you're on your own, you've got to think on your own, you've got to make decisions on your own and your risk assessment skills have got to be there really. You don't know who's going to be there but they also can be really nice because you see families at home doing really well getting on fantastic, you know getting on well with their children, children enjoying family time with mum and dad, or mums or whatever, it can be really positive but I do think there is a different dynamic to home and office, I think you chose. Certain things I wouldn't suggest you go on your own into a home you might have to go with a colleague if you can't get them to come into the office but I think you need to think about what you're going to be talking about in somebody's home because they're going to be left with it as well as with the kids really.

Is part of your role to think about that with your colleagues – to prepare them for home visits? Maybe if it's particularly tricky you could anticipate that it will be difficult is that something that you see as part of your role?

I think yes it is but I think it's always been part of my role, you know in social work with colleagues.

So it's not changed then?

Not particularly I think it's maybe more as a sort of hat on that I've got now because I'm called the principal and that but I think it's something I've always done thinking with colleagues about visits. You know I ask people now. I'm the principal and I can say I've got this visit to do can I talk it through you know and ask for a bit of advice even if it's just a bit of moral support that I've got to go and visit my favourite family and sit and twiddle our thumbs and smile politely at each other. (laughs) Um sighs.

Is this the family that you are in court with?

Yes. and that is...you know you can always cut the atmosphere, with the elephant in the room that we're all not talking about and as I said I qualified a long time ago but dread them absolutely dread them every month having to go. It's um

Can you talk about that because obviously that's your experience of doing home visits really? Sometimes it's useful to focus on a family and think about that.

Well maybe I can think about them with you but also you know the mum and the young baby as well because we did that...

That first home visit?

Yes. Yes. If I start with her because she can be quite interesting because she's another one that sometimes I get there and her energy levels bring my energy levels right down and it's a sort of...you can almost feel the sort of...

And you're doing a kind of sucking motion with your mouth...on the tape.

Yes well it is, she sort of sucks the life out of you and I (laughs) have to go and just getting her to sort of...it has been a struggle. I've worked with her now … for eighteen months, just over eighteen months and … there have been visits when I have been talking about really **serious** concerns around relationships with her partner and issues around the child protection plan and I'm there with sort of all the gravitas of it and saying how serious it is and then you get this flat (and I have to do

the voice because it's the voice - I do it in the office laughs) sort of, oh yeah everything yeah everything and that's the response you get to anything even the most **serious** matter and I just think am I getting through to you? How am I communicating with you? But I go away thinking...I get in the car and I go...oh…

And you're bodily showing me that you sag.

Yes, (raises voice) I do sag and I just think oh goodness me you know and I sort of go ooh...do that with my head sort of shaking my head and I just think did I get through to her at all and as I say really difficult things or it can be really positive things I'm going with and I still can get the same response. Um, It's getting slightly easier sometimes you get flashes of emotion and um response and I think maybe its the home visits that I enjoy where you get something back even if it's it's anger or discussion or something in return that you you can feed off and sort of communicate that, but you know I feel like that. If I feel like that what does her poor little son feel like and you just think poor old him, but he's such...she must be doing something really good, and she is doing something really good because he's language is great and he's playing. She's going now to different groups and everything with him and her relationships she's put to one side and I think oh I must have done something in those visits when I've been you know talking to myself sometimes I used to think you know-

That's what it felt like.

It did very much feel like I was talking to myself over and over and saying the **same** thing. That's quite disheartening going **every** visit, sometimes two, three times a week when it's really serious and saying the **same** thing over and over again but (hits table/chair) reflecting back I think well actually all that hard work you put in with her Kate has paid off because some of it must have soaked in because she's changed slowly by slowly maybe at her own pace but she has actually made progress really but …and I like her, I do like her, I've got a lot of empathy and sympathy for her. You know you know you I feel quite sorry for her because with her experiences and her child and I think she wants to be nurtured by me as well and sort of give her the positives and nurture and that's been a resistance in me because I'm **not** her mum and um don't want to be put into the mum role – having to be a bit more mum and sort of cajoling her along & sort of but it's a sort of carrot and stick with her all the time. So um-

So that one sticks in your mind?

It does yes. She's been quite a. (chuckles)..we've been on a journey together but it's doing alright but she has been just...

You shake your head now.

It's just that voice and I, it sounds awful for me to say but its just...you know my colleague who used to go and visit her as well and we both of us (**it's** the voice) we used share her we used to jointly work on it and it's just that sort of voice and you just I don't know if it's...it's just...very oh and all monotone and all everything, everything you say and I just think that is who she is you know but it isn't and I think she's starting to come out of her shell but that's...and then my other...(sighs)

But where do you go with that when you...you say you go in the car and...

Well I go in the car and just like mutter away to myself and I talk about it all the way back and then I get back to the office and sometimes I do I like oh. (weary sigh)..am I just banging my head against a brick wall and she just sits there and I have **to** say the same thing over and over and I have a bit of a rant as I do in the corner and they all roll their eyes at me and say oh right there's Kate again but and I just think oh do I have to go out again and you'll do fine and they say they give you a bit of encouragement and think about it.

Did you look forward to going to see her at the time?

Did I look forward to it..?.

How does that feel when you know you've got a visit coming up?

… Ah…it…I wouldn't say I look forward to going to see her. .. Sometimes I think what am I going to talk to her about and then I have it planned out in my head and then when you get nothing back its like...you know I'm trying to have a social conversation with somebody and getting **nothing** in return you sort of end up talking to yourself so the time used to be ticking, **slowly** by at times and I've been thinking right I've been here thirty five minutes can I go now? (laughs)

So you're kind of looking at your watch.

I am looking at my (laughs) watch thinking can I escape from this room and go and I used to think every time I'm finishing phew a little bit sagged- its done but I don't have to go for maybe two weeks but other times I've gone when issues have been...thinking right I'm going to get in there you know I'm going to get her to, really quite...maybe that's our relationship where we've got past the platitudes.

What happened when you went in like that then thinking right I'm going...this...?

I'd get a bit more from her not quite as monotone, still a bit monotone and she'd say the same things over and over again but a little more fight and she'd fight back so we'd have more of a discussion and conversation. Um cos I think it those are the times I enjoyed more because we were talking about what we needed to talk about and she was saying...I don't mind her fighting with me, or not fighting but being more vocal in what she thinks because I'm I'm then she's telling me probably more the truth rather than what she thinks I want to hear so we can talk about it. We can talk in relation to her child and its about supporting what we can and um empowering her to think about things – yes she wants to be in a relationship that's fine but these are the things that you need to think about within that relationship that's all I was asking her to do really and sort of the impact on her & her son So those were much easier, they were hard work I'd stay there a lot longer than the other visits but there were I felt I'd accomplished more than those ones were it was literally, yes he's been to do this and no he hasn't done that and oh I'm so tired (sighs) I want a break, I want a break, I want a break. A break from what, you know this is motherhood? So but It makes a difference. It makes a difference. Whereas the other family I absolutely dread.

You've put your hand to your head like you've wacked yourself.

I just...I don't know I, I I think they got to me on many levels not just having to go and visit them because it was it was literally … you know they'd time me when I arrived and they'd time when I left and it all felt very orchestrated, the visit, they'd make sure

it was all set up in the kitchen so actually spending some time with the child would mean me having to literally drag him out.

How old is the child?

He's um 12. 12. Um, I started visiting him, he'd just turned 11. I spent seven months trying to get into the home they wouldn't allow me to visit. Um, started care proceedings which enabled us to have the visits. So everything was done (sighs)...I suppose we came on a difficult basis they didn't agree with us being involved at all, didn't agree with court, didn't agree with our concerns or the risk assessment. So we had that sort of battle right from the start but the visits were,...the child knew nothing about why I was visiting, still doesn't know anything about why I'm visiting. So he thought that I'd just come to do this this project on keeping safe, which was mother's explanation. I'd you know I'd talked to him a little bit about what a social worker does. So throughout as I said it's like the elephant in the room, that me the dad and the mum knew and the child obviously didn't. **That** was really hard I used to absolutely dread going um and they were very nice, they were very polite - make me a cup of tea, nice home .. let's talk about, social conversations about you know Nigella and her cooking and the rest of it but let's not talk about what we're supposed to be talking about. You know Now it's the politeness...that that really was going into polite society and and being ever so, felt like ever so middle class so conversation but it was **absolutely exhausting** and I absolutely dreaded going. I used to have everybody psych me up to go and supporting me to go because it was just...just-

You'd go on your own?

I'd go on my own yeah and if I couldn't go TM went so it wasn't even a family we could send anybody else in the team to.

Why was that?

Um, I think it was just because they were so difficult and so problematic. One, to even arrange a home visit and two, with all the issues and, sort of no we didn't say that. Always minutia - querying and quibbling over and could be quite .. confrontational but passive aggressive confrontational. Um I think it just felt that if it wasn't me it would have to be TM because they've met TM at court it just felt easier because they were just a nightmare. (quiet)

What were the concerns?

Um, internet sex offending, or downloading pictures. Um they were on CP plans, the children, because there was the eldest child and then she's had two children two children with her new partner. Him, as I said wouldn't allow child protection visits, so hence we couldn't do our social work assessment, couldn't progress it going for a forensic risk assessment for him, so you know significant adverse for her. So we were into court and once we were into court.. it just ballooned it's like it had a force and momentum of its own which the court often can. Um, you know the home, visits were fine, it was a lovely family life, fine getting on but it was all – I don't know.

What did you talk about?

..Sometimes I could have discussions they'd work it so he, I'd go the son, would go out or go up to his room and then we'd have every start to talk about the issues and why we're in child protection, why we're in care proceedings and what sort of assessments we need to do with them but it was very that was incredibly hard

because then they'd be straight back with such and such a social worker didn't do that initial assessment right, the social worker didn't do that and she, particularly her, I couldn't get past that.

And this was before you?

This is before, they were before me I came in at the first initial conference so all referral and assessment work and she couldn't get past that first involvement so **everything** is very defensive. Um, they'd obviously spend their whole time reading child protection minutes and doing everything so they could tell me on page 13 of a conference report what sentence...I haven't got time to do that so I was like well I'm sure if I've (laughs) said that if it's in the minutes and all the rest of it but it was just **incredibly** difficult to work with um but having said on the other hand you would say they were funny you know made good conversation and everything it was just – I don't know. It was mutual underlying mutual dislike I think, you know, disregard, just didn't value social work at all and that came across quite strongly and that's quite difficult to work with um and I think a lot of their behaviour made other professionals or other people who didn't go into the home more concerned, especially the court process. So that's difficult so so you sort of think well actually everything is okay you could walk away from this fine – you will walk away from this fine if he just- maybe played ball and didn't want to question you know what initial assessment if I did it...you know how many hours they did it and all the rest of it and it just...but I think you know, the son the eldest the 12 year old, I mean bless him you know I think sometimes he'd be there making conversation (laughs) and his mum and his stepdad and I just thought bless you you've got a lovely little boy he must (raised voice- more high pitched) have picked up the atmosphere sometimes you know it felt dreadful.

Did he know he was on a child protection plan?

No he didn't know anything – he doesn't know anything…. I think he must I think he knows probably far more than they think he does, he's a bright little boy but no allegedly, I've never said anything to him. The guardian's never said anything to him. We've just had a big court case saying whether he's going to tell him or not -um so no.

So, why why-

Can you remember a particular visit that sticks in your mind?

I remember, I … remember two. The one just before we went to the fact finding hearing, so we were facing a ten day fact finding hearing. I'd just found out she was pregnant again via the midwife she didn't tell me. Um so I went to do a home visit and .. at that time whenever I visited they always had the son was up in his bedroom doing his homework so that was then and it was just mum, stepfather and um the daughter and we started talking about – I said congratulations (sometimes feels like through gritted teeth) but it's hello, congratulations in this sort of false jolly that I used to do (laughs) and they'd do oh thank you and it was ever so you know that's wonderful and as she'd had a difficult pregnancy with her little girl so, I asked if it was going fine and everything. I said well how many weeks are you? Oh well about 24 or whatever it was I can't remember. Um I said when is it due, um because I understand the midwife said end of January? Oh no it's not January sometime between January and the end of March. I said well that's quite a big (laughs) window how does it work like that because the midwife was quite specific (I thought here we go again) answer a straight question I'm not asking...I always felt like they thought I had a hidden motive and I'm just asking them a straightforward question you know

when is your baby due? You know, nothing more than that. And um so they gave me this speel about due dates and typical of her even though the scan had dated it to be the end of January and that all ties in because she decided you know she was less pregnant she thought it would have to be the March, her date, which is part of (sighs)...she was always like that with everything it was always her way or the highway. So I thought alright okay. So we and I shared something, sometimes I think stupidly when I think back about it and again it's very much about connections in visits, you have to connect with people to get them to sort of find someway of sort of communicating and establishing a rapport and I'm still trying to to work with them in amongst letters from solicitors and everything...well they didn't agree with this and they didn't agree with that and all the rest of it. So I shared something and I don't know if it was stupid or not (maybe it was stupid) about I said well I remember you know my second child I was rushed into hospital at 27 weeks so I can empathise, you know because with Sonia - how difficult that had been and all that uncertainty so I'm really pleased everything is going well and hopefully everything can go smoothly with your second child. That came back to bite me later on and I thought everything was fine. So I said can I go and see .. Frank and I deliberately asked to see him um because before when I hadn't they'd always said well she's never visited, you know she only spent ten minutes and I went up to Frank and she was like oh okay then, in his bedroom and spent about ..45 minutes chatting, he told me you know about his thoughts around having another sibling, we talked about – you know he was going to move and I thought you're telling me, oh I didn't realise you were moving blah, blah, blah and he was telling me lots of different things how he was getting on with you know his grandparents and doing some school project and what he was doing and all the rest of it and Sonia his sister and everything and everything suddenly she appeared (laughs) it was like what are you talking about? (in interrogative tone) It was literally like oh gosh and here we were chatting and laughing and really having a nice...quite normal getting on with it and this is the child she'd always told me he's too traumatised to speak with you and you know he'll get too worried and all the rest of it, he won't know what...and he was as happy as Larry you know he'd seen me almost a year then by then and was quite at ease with me doing all of this but she was really pottered and bothered, about or seemed to me anyway, that I'd spent so much time and um so the next time I visited - in the kitchen .. oh he's making pancakes. This became a theme and it was literally, I thought, oh he's doing his homework in the middle of the kitchen now is he while you're making pancakes? (Sighs) Again it's pleasant and fine but it was this is his first pancake time blah, blah, blah he's going to make them with the stepdad and everything is going to be fine and really it just felt so orchestrated. . So I sat there and I thought oh what do I do (in my head this is me) I said now if I take him out of here then I'll be like mean and creating a scene and it will all come back to bite me, solicitors - you've upset our family dynamic he's all set to do this. So we talked about as I said we talked about Nigella, what else did we talk about? we talked about banal things.

What were you thinking?

I was thinking what a waste, why am I doing this? (indignant tone) Why am I here? Why am I putting up with this? When can I go home? How long is it going to be? Will she clock me out now if I go - twenty minutes? I could have been in and out in twenty minutes and I just thought this is **completely** ridiculous.

How long were you supposed to be there? You said they clocked you in.

She does. So her thing is that every time I...she obviously...if I if I arrived at 4.22 she'd put 4.22 and if I left at 5.15 she'd write, **literally** to the minute, so every single figure. It's the only family I've ever worked with...

What do you think the purpose of that is? … When you're there and then when you come back what sense do you make of it and how does it impact on you? … It's two separate questions there sorry.

The clocking or the...?

Well, when you're there - what does it feel like?

It feels awful, if feels quite lonely and it feels (sighs)...as I said I feel the tension and I feel it's quite stressful.

How do you feel it because you're sort of pointing to your chest .. does it affect you physically?

Yes because I think I used to get real pains across my back like stabbing pains um and I think I've never...**every** single sentence I'd be thinking about before I even spoke, even talking about banal things like Jamie what do I respond? I'm **really very** careful about **every** single thing I say.

So self censoring?

All the time, all the way through.

To a very high degree?

Absolutely yes all the way through. All the way through, watching …. I do a lot more observation, I think all my senses are quite heightened… So slight things, you know, nuances between mum and stepdad I pick up on all that. Sometimes there's more said, not being said than than

So you're hyper vigilant?

Very much so. (slight laugh)

Like the child?

Yes, yes. So we're all like that, I think the child's like that.

And the child's like that.

And mum's like that – we're all like that.

And the other child as well.

Yeah so we're all there going through this charade of a home visit.

And it's always been like that?

It's always been like that yes, always. Slight...no it's always been like that because even as I said when you get them on their own, um I've been there and had an hour and a half conversation with mum about doing direct work, explaining it, dealing with all her her queries and and things talking about that the court process everything an hour and a half and you think right I've got somewhere and then you get a letter – you know a six page letter right at the end which basically, after you've gone through an hour and a half of explaining and still get a letter you think... um part of me, when I leave them, I think why does she still give me a letter after we've just spent an hour

and a half discussing every single thing that's in your letter, why do you still give me something to stop it but I think it's all about control, it's all about control it's all about contrived situations. They must think I'm absolutely stupid you know if I don't feel like it's not orchestrated let's all sit in the kitchen because we're controlling you we don't like you spending 45 minutes with Frank getting on and he's told you that we're moving and we doing this, that and the other and I think that's what that was all about and how we actually don't want you to have any more visits so we're going to make it as awkward – let's all sit in let's endure this in the kitchen and it's been like that ever since. So it's not .. I absolutely (quieter) used to dread it and I'm experienced I've done a lot and I've been into families all sorts of different...and those I think particularly they get they got inside my head.

Well yeah.

Because even just talking about them now. (Raises voice)

What was it that you dreaded most?

..I don't know I think part of me I just find them rather unpleasant. It's not, it's not (sighs & tails off)

What was the anxiety about can you say? I mean it was set up like that but I suppose what I'm thinking about what it feels like at the time and how you prepare for it, how it affects how you go about your work but the anxiety is very...as you describe it everyone's really really tense.

Well I think it's about everything you did with them that ah because even if you had them in for an office visit...it felt...I don't know you've observed me when I've been trying to write an email in the office to them just responding can I have a home visit? Can I meet again, and I've now got to the point where I have other people in the team read an email and part of me (raises voice high pitched) thinks this is bloody stupid (sorry swearing on your tape) but I just think you're an expert why should I be having other people...but that's because everything will be turned around and chucked back. Um you know well that example I gave you with with (sorry I'm jumping all over the place) about sharing something about my daughter turned up in a solicitor's letter two months later saying well the social worker tells us...and they write all their own legal letters as well so...from a solicitor it's them, you know she you know why isn't she empathising with me over her pregnancy when she went through this herself and of course she couldn't come to court and the social worker should understand that because her own ??????? that's an off the cuff remark to empathise and suddenly its into a court arena twisted around. So I think its its .. element of anxiety because I don't trust them.

You don't trust them because you think they're going to do what?

I don't know, .. turn it up and...I don't know it's really weird. (raises voice- high pitch)

I suppose what comes across to me is that it's not the physical assault that you're anxious about its the threat of taking up your time going over...the criticism of your work. It's almost a form of bullying in a way – sorry, the level of control?

It was yeah well they are. (Agreeing energetically)

So to get at you...to see whether it feels like that for you that you are the one that's being attacked?

Yes. (Definite, quiet) It's felt like two years .. of emotional and psychological warfare with them literally that they're at me the whole time. So I think going into their their home environment with them both together – I mean they they can be very pleasant but they can turn on a...and I don't mind people standing up for themselves I'm **not** saying that at all. All power to parents who who challenge and want to know but in it's different with those two it is like bullying it has felt like bullying and it's felt **very** lonely, doing those, and actually dealing with them in my head and trying you know okay TM will come along and do different things but for me it's been on my shoulders and you know you, (sighs) have to know them to understand and really have met them and worked with them. The solicitor who I've worked with he's been really supportive because we've been he's been the worst at court you know all the...but it's just been...yeah it is like bullying it just where's the next attack where's the next criticism, where is the next...why are you...but also Charlotte sometimes I think why are you talking about that there's a bit that sort of says, why do you want to talk about something seven, no fourteen months ago when we're actually talking about this we've moved on. So they can have what feels like quite an intellectual conversation with you and very you think actually...I get stuck on the first bit because I'm thinking why are you talking about that when we're talking about this and in fact I don't know if I'm explaining that very well - sorry.

I understand but what do you do with that?

.. um, I do challenge them and I did. Sort of you know I do psych myself up to challenge them and (chuckles) that always turned in to me being the aggressor, well it was just a really powerful thing to do sort of chuck back at you. So I used to, so there are times when I've gone and I've thought don't get into a row with them, don't get caught in, don't let him suck you in because once he starts, because he used to love telling me what I'm thinking and what I'm feeling and what my...I used to start psyching myself don't do it Kate whatever you do, but then you do. Sometimes I would because they'd say something so outrageous or so left park.

Can you give me an example?

Um- example (talking to herself) ….There was a big hooha about school because we'd had the risk assessment and at one point he wasn't allowed in to the school that's the school's business and then we had a risk assessment, shared that with the network and they said well he could come with the child as long as mum is there and he doesn't come on his own and at specific events, he can't just turn up as and when he feels like it – fine and somehow that got turned round into you don't want me to um go to the school, this is all your own agenda already, you've got this personal vendetta against me, you think I'm going to do that and that and he had had two other children and I'm like **what?** And I said no, and I sort of challenged it – that's not the issue, what you keep sending me...you keep asking me what is your concern and I kept saying to him could you please explain your concern and he got **angrier**, and **angrier** and sort of started started ranting about the court and ranting about the judge and ranting about me and everything you know and all these...you know we were persecuting him, we were doing this, that and the other, wouldn't have a conversation you know or come back and then the next thing I'm aggressive, you know I'm just not going to speak to you anymore and that was that and I just thought, um, interesting. .. He did try to suck me in and sometimes it worked and I'd stop myself and I thought no okay calm...you know, just keep it at the facts, or .. I'd go in quite...I was better when I'd think about it and I'd go in quite calmly and I just sort of

very rationally and very, this is what we're thinking - even though you get nothing from him you know sort of (sighs) you'd explain it and he'd be less pompous and sort of he'd talk to you more or less. She would go back to what happened in initial assessments and everything. But the other thing they used to do is play TM and I off against each other all the time and it-

Can you give an example?

(laughs) um….They used to ask him about...because he didn't go to court as much with me and um as I said they'd concentrate on the minutiae. So they can remember in which order and you know maybe if you're not on it all you probably don't know which position statement came before and in the scheme of things probably not all that relevant but they used to um query him about what the care plan was and challenge him about who'd done what in which report and all the rest of it and sometimes obviously TM...he would explain it but he might not explain it exactly in the order it came and then if I chipped in and said blah, blah, blah they'd say oh...just shut me up like that and it sort was almost...oh...

This would be on home visits?

Home visits, office visits yes – I don't think we ever did a home visit together; sorry you want to talk about home visits don't you?

No but I'm just thinking the sort of tactics and how...

..They're more aggressive in office visits …they're much more aggressive I think they try to keep it fairly calmer in home visits.

Okay when you were visiting them at home but there was a different presentation in the office?

In the offices or where there were professionals involved … it was, no...

So what did you think about before you set out on a visit to this family? … Did you think about it beforehand?

Yes… I used to think I've got to go in two weeks' time. Oh, I've got to go in a week's time. I'd be starting to countdown and thinking oh gosh it's coming up and then I'd be often then often I'd be thinking when are they going to send me the email to cancel, that was often a thing and what shenanigans are we going to have .. two days before, a day before and on the day about the visit um but it would start to be in my in my head and it's different because I couldn't really prepare to do anything when I went. You know on most visits you have a purpose and you go with a plan and you think I'm going to talk about this bit of the child in need and the child protection plan and address this with them I couldn't really or it never manifested itself or I never got to that stage of doing that doing that with them. I tried it with a direct work got nowhere, absolutely nowhere. Um so I would start you know and I think my colleagues would know when it was coming because they'd worked out...they'd look in...they'd say oh you're going today you're going to be alright...it's tomorrow. (Bangs chair)

So they'd talk with you about it.

They'd start being supportive and look in sympathy and crack a few jokes and everything and then they'd always ask me the next day how did it go and what was it

like and all the rest of it. So I think sometimes I used to think gosh I need to hide or or deal with my emotions around this better I am the principal but, I thought no, why should I, I do need to share it because I couldn't... you know but it's.. you know .I don't know I'd rather go and do anything (laughs)..I don't know maybe it was because they were middleclass and they thought they'd...you know it's interesting the different dynamics and educated and I think that sometimes you think gosh I've got to justify what I do as well. It's really interesting (raises pitch) those sorts of dynamics coming in but I don't think so with them I think they're absolutely, difficult. It's you know because everything was separate to the child I think that's something I've never I've never worked with where I've never told the child. There'd be a child protection plan and I'd have explained why I'm visiting. I've got to try to work out whether I need to do a goodbye visit to this child or not or whether they're going to allow me to do even that. (Sighs) And part of me thinks oh can't I just walk away and not do it and a good practice social worker says yes you need to do that because he needs to understand, endings are important for children and properly finish it off, but, I do think god, do I have to have to go and face them especially after we've just had the final hearing and they think they're in the ascendency and everything is hunky dory so I don't know it's just...yes.

So you're thinking about that?

I am.

When you left how did you feel?

Um .. It's interesting because I used to have to go on Tuesday and I go to the gym on a Tuesday.

Okay, why did you have to go on a Tuesday?

Because I, the two slots I have after school are a Monday and Tuesday and he does football on a Monday...so we I we did agree to Tuesday,

Yeah okay.

And I used to think...sense of euphoria at times - it's done - not have to go for another month. Um, but I they'd be in my head again so I think actually going to the gym doing and all sort of being there the whole time...that hour...

And you'd go to the gym straight after?

No I'd go home … often .. and I think those times .. Tom used to say god your head's not even in this house at times. You know I'd be stomping upstairs and the kids would be getting on with their own thing I'd just be in my own head space and trying to **get** it out and leave it and it sounds awful because nothing happened (laughs) Charlotte, it was just really weird.

Well nothing physical happened lots of things happened and that's what I'm looking at here because...well you know and this is...what you were asked to carry in experience is hugely difficult and you've got the language to be able to explain that so even simple that things <u>are</u> not simple – that's part of my understanding and um I suppose...you know did you dream about them?

I dreamt about them an awful lot. I woke up, went on holiday last year to Spain and seven days days into my holiday I woke at 3 o'clock in the morning (I can remember

it) thinking of him and I thought why do you...could not believe it I was so angry. (laughs) 3 o'clock in the morning and I'm thinking about this bloody family on holiday he used bug the light out of me. Yes, I did all the time think about them and yeah I think in some ways it became a game and I didn't want to get caught up in that game about and I think TM was more laid back and one step removed from them, he knew what they were like but one step removed from them. He used to say to me why do they why do they get to you? And I think it was a game from the start and I think they wanted to spot the weaknesses in me and um cut me off from TM and make me have done something wrong or what have you and it's it's difficult. You're just **holding** that all the time even at home. You know you'd be making the tea and they'd be there and you'd be thinking about them or something they'd written about me and I'd just think for god sake go (raises voice) away and leave me alone and usually I don't think about families until something is really drastic and I usually know that if my antennae says...if I wake up in the middle of the night and think about a family it's something awful, and I used to get in the next day and sort it out but these they were there all the time as I say half way, through my holiday having a really nice time thought I'd done really well not to think about them at all and suddenly he was there and I just thought this is **crazy absolutely crazy**. (quietly) But um (tails off)

So where is it now?

It's well, well sort of finished yes. Had a fact finding in October, two weeks and then had five months waiting for my um next onslaught in court which was in April, should have been a ten day hearing..um so that was hanging over my head and everybody was really supportive of that and all the preparation, writing the statement. I'd say I'm quite good at writing statements, **again** pouring over **every single flipping word** I wrote and making sure that it was okay and just emotionally that was exhausting doing that. Um, so we've been, it's finished, it was shorter, he's not going to be told it's all sorted. As I say they'll probably feel that they've won, if they want to think of it as winning – forget that I've got findings of fact and everything. But it is finished, a little bit of a sense of anti-climax .. little bit like everything is sort of twilight zone of what do I do with myself and which as I say I'm sort of trying to psych myself up and work myself into writing to them to offer them a visit which I know I want to do, but I think (sighs) oh what's that going to create? You know have I got the energy to do it, why can't I just go away close it and never see them again? I don't know. And I'm waiting for the complaint …. and I'm sure there's going to be a big complaint coming.

Oh, right okay.

Because it was interesting because we had a...because she didn't come to all the days for various reasons but the barristers were all extremely anxious - a very experienced set of barristers but all extremely anxious about this cluttered complaint culture that they create and litigation and everything and having to litigate on every single thing and you think gosh they've also been working under this this cloud in that they create and you think gosh why are they so **powerful** that they can...anyway that was interesting.

Why do you think they're so powerful, I mean, I don't know maybe you haven't got that distance yet, but what was it about that family if you could...?

Um..Well they shouldn't be powerful because part of the things that they complained about are actually inaccurate and wrong –um …. I don't know. …. There is something about their emotional... It is something it is all about emotions and how they intellectualise… there's something on that level it's not an intelligence thing. It is a bit like bullying a pair of illogical bullies...basically saying (laughs) if that makes

sense to me but I don't know because it was quite...just sitting there listening to the whole room, four of them and they were all worrying and saying we'll back you up in this and let's get the judge. and you think..and what's that that's quite...

Four barristers was it?

Four barristers were saying all of this and they acknowledge, also that some of them had just come on and were dealing with this, but it's just and they said gosh Kate has had two years of dealing with this but you think where do they get all that power from? … You know he challenges everything and everything, but maybe, when it's all calm and we're not the glue that holds their relationship together you know they've been together and they've been fighting children services or doing something that maybe they'll have, to get on with their lives and think about things but I don't know I don't know I've not really answered your question because I'm not sure why they're so powerful.

The intensity of it.

Yeah. Yeah … because they fight every single thing, I mean literally every single thing. You know they don't even pick their battles of which bits to fight they just fight everything carte blanche and regardless of whether they've been given explanations or High Court judge saying this, that and the other, no they don't...

So there's no shared ground to all of this?

No no nothing.

There's no compromise, there's no...

You can't Yes and I think...

...relationship however hard...

Yeah yeah and I think for me that's a failing because I think even with some of my most complex families, families where we've removed children and real difficult issues there's been some sort of connection I've been able to work with. I feel **nothing** with these they've not allowed me . and I feel a great sense of failure and I think maybe that's my first proper experience of failure, it sounds awful after nineteen years but I really do feel as if I've just...

Failed in what sense?

….. um ..I think she's still missing the point of why we're involved and I think that's my failure to to get her to be able to reflect and think about it without being so defensive or or it's a battle and just having a sort of, a discussion about something. I've I've failed completely on that .. for her to understand where I'm coming from, I just find that .. quite difficult to deal with & I think it feels a little bit – not pointless (laughs) but it does a bit you know. That something that could have been dealt with very discretely and succinctly has snowballed into two years and I think part of me all the way through, if I'm honest Charlotte, has balked at that and just thought this is a complete waste of my time and anybody else's time, money everything, their time you know the parents' time and everything – what's all that about? And I'm still left with the 'why' questions and I think for a social workers that's quite frustrating because I like having a few answers to those.

I mean that's the affect on you and you've talked a bit about TM but organisationally did it sort of have ripples in the organisation? How did you feel this case was viewed?

I think at times I felt there was a great pressure, get it sorted, get it finished, go to court and tell the judge we're not doing anything more shut it down. .. Which is fine- and it was really we don't want to spend anymore money on it shut it down um and then my social work brain would think well I've read that assessment yes it says this but it also says quite a few other little things as well, it might not be enough.

Is this the forensic risk assessment?

Yes. So I think we do need to do the...so it felt a little bit (sighs) – you know why are you keeping it open and what's the rest of it? And and senior management did become more supportive because I think they realised we couldn't extract ourselves and everything but there was this sort of...and even from TM a bit, I think let's get it over and done with let's withdraw the parents seem to have done great and you think hang on a second you can't withdraw yet because we've got this bit to do and that bit to do and the guardian won't let us do that and the judge won't let us do that. .. So I felt I could never win I think a little bit. You know (tails off)

And they were wanting you out?

They were wanting us out...

The organisation didn't want to be in this either.

They wanted us out. The judge wanted something else and the guardian wanted something else and then there's little old piggy in the middle me trying to please everybody and its it felt a little bit like that and I don't know...but I think for me **more** it was the...I do think it's a storm in a teacup really. You know & how once it got to court it just mushroomed and snowballed it just got bigger and bigger and bigger .. and part of you thinks well I have done that assessment of that everything is fine, next remember that? And that's what we're supposed to be thinking about and not you know these two argumentative and litigious people um, um …

So these processes can be overtaken by different things whether it's...I'd say what's going on for the family (Yeah yeah**) or the child how the organisation responds to external parties as well.**

Because I think they wrote all their own statements, everything throughout, even when they had solicitors acting for them and I think sometimes the solicitors just thought oh just ??????

So they weren't litigants in person?

They were at time yes. She went through six solicitors .. he went through three or four but they were litigants at time and that was that caused all sorts of mayhem early on in the proceedings because they'd read extensively they obviously didn't understand and hadn't got the skills to actually put some of that knowledge into practice that was really hard work as well.

Did they question you?

They question everybody...well not on the stand no no, they had barristers by that time (sighs) but no it's just been...(chuckles) um..

What do you think now?

What do I think now?..um… I don't know I've been a bit bemused about it. (laughs) I do look back and think that was absolute madness, **absolute madness** the whole thing um ..but I think in terms of other children and if he moves on to different families I feel, vindicated in terms of we've got a findings of fact and if he does move around that's on the file and other's women's experiences of him coming into their family if that's the path that he takes its there and um I think if the eldest child ever wants to ask it will be on there in terms of what we've done and the reasons for it. So all though it was hell I think we were justified in not giving up on the things that he wanted us to give up on, particularly so and forget about and she wanted us to forget about, we didn't, but it was hellish thinking about it. I think particularly doing that fact finding hearing **on my own** because it was just me in court with a barrister that was that was quite a lonely place to be as well.

And the original concern was about downloading pornography?

He's he's got convictions for downloading images of female girls um and he was found out...it came to the attention of CEOP because he was on chat rooms having sexualised conversations with girls as well.

Young girls?

Young girls yes.

About what age?

About 13 and um … making reference to his daughter at the time, or his stepdaughter at the time he had another relationship and it was a straightforward police jigsaw team referred him. He's in a relationship with this woman she's got a child .. could have been all over and done with, within a sort of initial core assessment and here we are two years .. later probably quarter of a million pounds spent.

In legal fees?

In legal fees yes.

Not including your time?

Exactly yeah. Yeah-(quietly)… And you do have to think what did we get from it as well but I think actually getting the findings of fact yeah.

What have you learnt from it?

I don't know. (laughs)

I hate to even say that because it's still fresh isn't it? They've invaded your life, your dreams, for a long time.

…What have I learnt? I think I've learnt I'm probably stronger than I think I am and um …. I think professionally...I ..think I was proud of the way I conducted myself in the first hearing because I think they thought I was going to go on the attack and I

thought it's not about attacking them or not I'm going to go in as a sort of .. rational, balanced .. social worker and this is my assessment of what's happened and answer the questions and I actually feel quite, thinking back about how they...I think they wanted complaints because some of the questions I thought actually Kate you handled yourself pretty well really…

You felt that they were trying to provoke you?

I think provoking me into into being a sort of...I don't know what they thought I was going to be, totally irrational and I would be looked at as the person that of course they couldn't work with me because look how unreasonable she is and I thought no, no you're not going to do that um and I think it's...you know I'm here .. went to the final hearing, was prepared, had all my arguments and and did all that… I don't know I think I'd probably be more robust in saying at the start of something I think the child... thinking about the age of the child and I don't like not telling him why I was in the home and it's not particularly about the care proceedings I think its more for me the child protection plan and what a social worker is and why I'm visiting –I'm I'm still bugs me .. and that does bug me about that and maybe being a little bit clearer about what I read in assessments. Just because a senior manager thinks...you know just because it says the key things can safeguard, actually the other bits, A, B, C, D and E are just as relevant as well so um I don't know. Actually positive and my other thing is run like hell, say I'm busy I don't want anymore. (laughs)

[Someone enters the room] Say's I'm sorry I've booked the room-

Okay can you give us five minutes is that okay? Sorry these things happen when you do interviews.

It's alright.

We should wrap up shouldn't we?

We should.

I was just going to ask you one more thing, thinking back on it now we've been talking about it has it changed your attitude to the work or home visits?

To my work in general?

To home visits particularly?

No. (Higher pitch, definite)

That experience with that family?

No because I think it was such (sighs) ..no because I don't think they were like anything else I've done or will do really. I like home visits, I think they're incredibly valuable for social workers so it hasn't put me off but I think it's probably made me more sensitive and aware about things and how I need to think about what I'm going to be doing there and everything with the kids and everything so um but it hasn't, no. No.

Okay.

No I can still do a home visit fine.

And just having been in this session has anything occurred to you now that you'd like to share with me before we finish?

No I don't think so, no. (quietly)

Because we've come to rather an abrupt end.

We have yes.

I'm sorry about that.

That's alright.

What I would say is thank you very much for talking with me because we have ended like this if there is anything that you're thinking that it would be useful for me to know or you just want to tell me please do let me know Kate because I wouldn't ordinarily end it like this but it would be useful anyway.

Okay, alright, that's fine.

Thank you very much.

No thank you.

Thank you for your time.

Well thank you for listening.

END.

APPENDIX II:

CONSENT FORMS

Centre Number: :
Study Number:

PARTICIPANT CONSENT FORM

Title of Project: Live Work: Creativity on the Front Line

Name of Researcher: Charlotte Noyes

I confirm that I :

1. Have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐

2. Understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason ☐

3. Understand that I will be
   a. i. Interviewed ☐
      ii. The Interview to be on tape ☐

   b. Observed during a home visit (s) to a family ☐

4. Understand that data collected from me will be confidential and stored anonymously during analysis in line with the Data Protection Act 1998 ☐

5. Understand that some quotes from my interviews may be publicised anonymously in the final report ☐

6. Understand that the findings will be presented to me during analysis and that the final report will be published in professional journals ☐

7. Agree to take part in the above study. ☐

Name of Participant **Date** **Signature**

_____ _____
_____

Researcher Date
Signature

Charlotte Noyes
When completed: copy 1 for participant; 1 for researcher site file:

Participant Information Sheet

Live Work: Creativity on the Front Line

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
I would like to look, listen and understand how social workers undertake their work with children & families, including during home visits. My focus is less on any individual's work than on the dilemma that is part of the job itself. I think that policy makers may be out of touch with life on the front line and that this study could contribute to a better understanding of workers' current experience. .

Why have I been chosen?
Your senior manager was approached and thought that you and the rest of the team would be interested in taking part. As you are already aware, I was invited to one of your team meetings and talked to everyone about the study. You and the team then agreed to my coming and observing you and the rest of the team at work. You will be approached separately and asked if you would be prepared to be interviewed to talk about your work in more depth.

Do I have to take part?
You will take part insofar as all members of the team will be observed in different situations in Part 1 of the research, but you will not be the focus of any particular bit of the study unless you give your consent which is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form, a copy of which you can also keep. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
You will not have to fill in any forms or keep any records. As part of Part 2 of the research, you will be offered a private interview of about an hour/ an hour and a half when you can tell the researcher about your work. If you wish you can invite the researcher to sit in on other learning opportunities you might have such as meetings with other professionals, case discussions, supervision or mentoring for the Post Qualifying award.

What are the possible disadvantages and risks in taking part?
The disadvantages may be a slight unease at the start of Part 1 (the observation period) until everyone is used to the researcher being present. One risk is that in Part 2, during an interview when given space to consider the work, some distressing feelings may surface, in which case they will be respected and handled sensitively. The researcher is a registered social worker with the General Social Care Council

(GSCC) and will abide by the Code of Practice and the British Association of Social Workers' code of ethics.

What are the possible benefits of taking part?
You will contribute to the current knowledge base of social work. You will have an opportunity to reflect on your practice and to influence the organisational structures and practice of the team. Your participation will inform policy makers and educators of the current issues confronting social workers who are working, thinking and making decisions on the front line.

What if something goes wrong?
In the first instance the researcher will abide by the General Social Care Council's code of practice. I am obliged to report any incidents of poor or dangerous practice.

Will my taking part in this study be kept confidential?
Yes. Interviews will be tape recorded as will parts of observations. The tapes will be erased after each transcription. The transcripts will remain in the researcher's locked filing cabinet in her home, only being removed for supervision. The transcripts will be anonymised and kept for 15 years. Any reference to workers will be made anonymous in the description of the findings.

What will happen to the results of the research study?
First there will be some discussion and feed back to the team on general and specific points that have arisen during the project. Your comments and opinions on these findings will also be sought. The study as a whole will consider findings from all teams included in the research project. The researcher would like to publish her anonymised findings in social work journals and magazines, contribute to conferences and inform senior policy makers.

Who is organising and funding the research?
The research project is for an academic qualification (Doctorate in social work) and is unfunded.

Who has reviewed the study?
The Tavistock and Portman NHS Trust peer review committee, and the University of East London Examiners Board and Ethics Committee.

Contact for further information:
Charlotte Noyes: charlottenoyes@msn.com

Title of Research Project: ‘Live Work: Creativity on the Front Line’

User Information Leaflet

Dear Service User

Re : Participation in a Research Project

I am a student at the Tavistock and Portman NHS Trust.

As part of my Doctoral studies, I am trying to understand the experiences of Social Workers who work with families in the community.

This will include interviewing staff about their practice and observing them as they carry out tasks such as home visits.

My research will not identify any of the participants. The research has been agreed by the NHS ethics committee at the Tavistock Clinic.

I would like your agreement to my observing the Social Worker’s visit to you and your family.

Your participation in this study will be entirely voluntary and you can withdraw your consent for my presence at any time.

Though I hope to publish my findings, you will not be identified in anyway, as all information gathered will be anonymised and kept confidential.

I enclose a consent form for you to sign if you are agreeable for me to observe a visit.

Thanking you in anticipation

Sincerely yours

Charlotte Noyes
Research Student
Tavistock and Portman Clinic

Charlotte Noyes
Tavistock and Portman NHS Trust

Centre Number:
Study Number:

CONSENT FORM

Title of Project: Live Work: Creativity on the front line

I ……., confirm that I have read the information sheet for the above study.

I agree to Charlotte Noyes being present at a meeting with my Social Worker

I understand that all information collected will be kept confidential and anonymous and that I will not be identified. I know that I can withdraw my consent at any time.

Signature Date

APPENDIX III

THEMATIC ANALYSIS TABLES:

‘AMANDA’ INTERVIEW 2

AMAGAMATION OF ALL TABLES:

INTERVIEW 2: DATA ANALYSIS

KEY: INTERVIEW: PAGE NUMBER: PARAGRAPH e.g.: 1:2:5

Name	Source	Total	Created	Modified
Emotional Impact			6/7/14	
-All emotion			6/7/14	
-Unresolved matters	2:6:1	1	14/7/14	
-How the client makes you feel	*2:4:1; **2:18:7; **2:18:11	3	14/7/14	
-Wanting to 'fix' things			14/7/14	
-Of home visits	2:19:1; **2:19:3	2	15/7/14	
Difficulty of the work			14/7/14	
-General	2:2:5; 2:3:5 – repeated; 2:3:7; 2:7:3	4+	14/7/14	
-Unpredictability	2:4:1; **2:18:7; 2:18:11	3	14/7/14	
-Manipulation by the client	2:5:1; 2:13:2; 2:13:2	3	14/7/14	
-Lack of success	2:5:5; 2:12:1	2	14/7/14	
-Vulnerability			15/7/14	
Anxiety			6/7/14	
-Of physical harm	2:5:5; 2:5:5	2	6/7/14	
- Around possible response from client(s)	*2:5:5 x 2; 2:15:7; 2:19:3; **2:19:5	5	15/7/14	
-Of damage to professional reputation			6/7/14	
-Getting it wrong	2:2:8; 2:3:1; 2:7:5; 2:12:9; 2:13:1	5	6/7/14	
-Death or injury to child/yp on caseload	2:7:1; 2:14:6; **2:19:5	3	6/7/14	
-Censure from within the organisation			6/7/14	
-Censure from society			6/7/14	
- Not getting through/communicating/engaging with the client	2:3:5; 2:4:9; 2:13:1	3	6/7/14	14/7/14
-Immediate			6/7/14	
-Not wanting to label (too quickly/inappropriately)			6/7/14	
-About the child			6/7/14	
-About the adult			6/7/14	
-About other family members			6/7/14	
-Not wanting to be seen/perceived as oppressive			6/7/14	
-Clarity around concerns	2:12:11	1	6/7/14	
-Around pitching the intervention to facilitate engagement/relationship	2:15:7	1	6/7/14	
-About gaining access	2:9:6; 2:13:1	2	6/7/14	
-About mirroring client's behaviours			6/7/14	

-Need to be clear & direct in communication	2:19:3	1	6/7/14	
-Losing focus on the child	2:6:7	1	6/7/14	
- About one's capacity to do the work			13/7/14	
-About other's capacity to do the work			13/7/14	
- Budgets			13/7/14	
-Not acting quickly enough/prevention	2:7:2	1	15/7/14	
-Non specific- something bad is going to happen/be said	**2:18:9;** 2:19:5	2	15/7/14	
Managing Anxiety			6/7/14	
-Through taking action			6/7/14	
- Through working with colleagues			6/7/14	
-Through working with other professionals			6/7/14	
-By splitting off the anxious thoughts			6/7/14	
-Offloading			6/7/14	
-creating barriers/boundaries			13/7/14	
-Managing risk			13/7/14	
Fear			6/7/14	
-potential/actual/threats of violence/aggression	*2:2:7- several references; 2:4:1- several references (detailing acts of violence); 2:4:7; 2:5:5; 2:11:5	5+	6/7/14	
-personal/professional annihilation			6/7/14	
- desire to escape			6/7/14	
-loss of function			6/7/14	
			6/7/14	
Anger			6/7/14	
- about the work	2:11:5	1	6/7/14	
- about the client			6/7/14	
- about oneself			6/7/14	
-managing difficult emotions/situations			6/7/14	
-atmosphere			6/7/14	
-tension			6/7/14	
-confusion			6/7/14	
-from the client	2:3:3	1	14/7/14	
Stress			6/7/14	
-of the work			6/7/14	
- from the client			6/7/14	
- from the organisation	2:3:3; 2:7:2 (defending inaction)	2	6/7/14	
-Failure			14/7/14	

Symptoms of stress			6/7/14	
-emotional			6/7/14	
- physiological			6/7/14	
-lifestyle/relationships			6/7/14	
Emotional State (of the worker)			6/7/14	
-non specific/general			6/7/14	
- aroused			6/7/14	
-agitated	2:13:1	1	6/7/14	
-preoccupied	*2:15:7	1	6/7/14	
-alert			6/7/14	
-engaged			6/7/14	
-relaxed			6/7/14	
-tense			6/7/14	
-confused			6/7/14	
- dread			6/7/14	
-interested			6/7/14	
-depressed			6/7/14	
- shut down			6/7/14	
-closed off/detached			6/7/14	
-controlled/controlling			6/7/14	
- reflective	2:3:3	1	6/7/14	
-exhausted			6/7/14	
-drained			6/7/14	
-depleted			6/7/14	
-tiredness			6/7/14	
-responsive			6/7/14	
-deception			6/7/14	
-denial			6/7/14	
-panic			6/7/14	
-unsettled			6/7/14	
-surprise			6/7/14	
-concerned			6/7/14	
-worry	2:18:9	1	6/7/14	
-disconcerting			6/7/14	
-questioning	2:12:5; 2:19:3	2	6/7/14	
-optimism/hope			6/7/14	
-pleasure	2:11:9	1	6/7/14	
-confident			6/7/14	
-not confident			6/7/14	
-doubt			6/7/14	
-unbearable (sense of/what is)			6/7/14	
-frustration	2:2:5 x2; 2:3:7; 2:4:1; 2:4:7; 2:5:1; *2:5:3 x 2; 2:7:2; 2:10:1; 2:10:5; 2:11:9; 2:12:1	13	6/7/14	
-overwhelmed			6/7/14	
-enthusiasm			13/7/14	
- wanting to do everything all the time			13/7/14	
- drives me nuts			13/7/14	
-aspirations			13/7/14	

-guilt	2:3:3	1	14/7/14	
-giving up	2:3:5	1	14/7/14	
-useless			14/7/14	
-redundant	2:3:7	1	14/7/14	
-helpless	2:4:1	1	14/7/14	
-hopeless			14/7/14	
-disgust/disgusting	2:4:1; 2:4:3	2	14/7/14	
-worst person	2:4:1	1	14/7/14	
-powerlessness	2:5:7	1	14/7/14	
-just another worker	2:6:1	1	14/7/14	
-avoidant	*2:11:5	1	14/7/14	
-relief	2:11:9; 2:12:1; *2:12:5	3	14/7/14	
-annoyed	2:12:1	1	14/7/14	
-understanding	2:14:6	1	14/7/14	
-Burdened	**2:18:9	1	15/7/14	
Support			6/7/14	
-from colleagues	2:15:5; 2:17:3	2	6/7/14	
- from the team			6/7/14	
-from the manager	2:19:1	1	6/7/14	
-from the organisation			6/7/14	
- to others			6/7/14	
- asking for advice			6/7/14	
-encouragement			13/7/14	
-from friends/partners	2:12:9	1	14/7/14	
-supervision	*2:15:3; 2:15:5	2	15/7/14	
Responsibility			6/7/14	
- to the clients			6/7/14	
- to colleagues			6/7/14	
- to the team			6/7/14	
- to the role			6/7/14	
- to oneself			6/7/14	
Uncertainty	*2:18:11	1	6/7/14	
Pre-planning	2:17:3	1	6/7/14	
-Pre-conceived ideas/assumptions			6/7/14	
-Information from others			6/7/14	
-expectations			6/7/14	
Working alone	2:18:11	1	6/7/14	
Thinking			6/7/14	
- on your own	2:12:7 & 9; 2:19:3	3	6/7/14	
- with colleagues	2:12:9	1	6/7/14	
-in the organisation			6/7/14	
-in the interview			6/7/14	
-on your feet	2:5:5; 2:19:3	2	14/7/14	
-not thinking	*2:11:3		14/7/14	
Reflection			6/7/14	
-Learning from experience	2:6: 5 & 7; 2:8:1 &2 &3; 2:19:9; 2:20:1	7	14/7/14	
Agency as container			6/7/14	
Lack of resolution			6/7/14	
Struggle			6/7/14	

Time			6/7/14	
-Having to appraise a situation very quickly	**2:18:11	1	6/7/14	
- it takes to do the job	2:5:5; 2:12:1	2	6/7/14	
- constraints			6/7/14	
-specific mention of time	2:5:5	1	6/7/14	
-Continually having to re-appraise a situation in the moment	2:5:5	1	6/7/14	
- time taken up by one case	2:4:7	1	14/7/14	
-wasting time	2:12:1	1	14/7/14	
Affect in the interview			6/7/14	
- physical acting out –banging, hitting, pointing, changes in posture/position etc.			6/7/14	
- Auditory expression: sighs, laughs, coughs, volume/ pitch/speed of speech repetition, dysfluency, tailing off etc.	2:1:8- repetition 'respect' x 3; 2:2:7 (laughing- self deprecating?); 2:2:7 repetition & pause: 2:2:7 (chuckle) & tails off; 2:3:1 (pause); 2:3:3 (repetition) & pause; 2:3:5 (pause) x 3, repetition x 3 'difficult' & 'very' x 3; 2:3:5 laughs (nervous/self deprecating); 2:3:7 repetition of 'rah rah' & 'could/can see' x 4; 2:4:1 (pause); 2:4:1 repetition of 'very'; emotive words used to describe acts of violence & repetition of 'violence'; 2:4:1*use of present tense to describe past events; 2:4:5 repetition of 'utter' x 2 & dysfluency; 2:4:7- use of present tense to describe past events & pauses x 2; 2:4:9 repetition of 'compromise'; 2:5:1 repetition of 'manipulation'; 2:5:1- losing train of thought, dysfluency; 2:5:3 repetition yeah,	Multiple	6/7/14	

	blah, blah, evocative language ‘pulling my hair out’, emphasis & tails off; 2:6:1 repetition, tailing off, dysfluency; 2:7:2 (laughs) & repetition ‘waiting’; laughs – when talking about defending inaction; 2:8:5- repetition, dysfluency; 2:9:1 dysfluency; * 2:9:4 (laughs) & dysfluency; 2:10:5- (laughs) & evocative language ‘she quite happily watched me squirm’; 2:10:7- tails off; 2:11:5- sighs, laughs x 2, repetition of ‘worry’; 2:11:9- repetition of ‘timescales’ x 3; 2:12:1- (laughs); 2:12:5- repetition of ‘phew’ x 2 & repetition of ‘always’, tailing off; 2:12:9- use of emotive word ‘rant’, repetition of ‘right’ x4, use of emotive word ‘hate’; 2:12:11 repetition of ‘avoid’ x 3 & ‘rarely’ x 2; 2:13:1 repetition of ‘close the door in my face’ x 2, repetition of ‘refuses’ x 2; 2:13: 2 repetition of ‘support’ x 3, ‘changes’ x 2, ‘balance’ x 2, ‘soft’ x 2 & pause; 2:13:9 tails off, laughs; 2:13:11 repetition of ‘always’ x 2 & tails off; 2:14:6- talking quietly; 2:14:8- dysfluent, tails off- several x; 2:14:12 tails off, laughs; 2:15:1 (laughs) x2; 2:16:1 (tails off); 2:16: 3 dysfluency;			

	2:16:5 (sighs); 2:16:9 (mimicking clients speech); 2:17:5 (laughs); 2:17:7 tails off & sighs; 2:17:9 (quiet sigh); 2:17 & 18 repetition of 'dynamic' x 2; 2:18: repetition x 2 'difficult'; 2:18: 5 & 7 repetition of 'changing' x 2; **2:18: 7 (laughs) & tails off x 2; 2:18:9 repetition of 'worry/worries' x 4; 2:19:3 repetition of 'difficult' x 2; **2:19:5 (tails off); 2:19:7 (laughs0			
- facial expression			6/7/14	
Use of the interview to reflect/relive/process/encounters/ direct work	2:3:3; *2:5:3; 2:6:1; *2:8:5; 2:9:1; *2:9:4; 2:9:10 & 2:10:1; 2:10:7 & 8 & 2:11:1; 2:11:7; 2:12:11; *2:13:7; 2:14:8; *2:14:12; *2:15:1; *2:16:5; *2:16:9; 2:17:3; 2:18:11; 2:19:9 (comments on the interview process)	Multiple	6/7/14	
-seeking feedback from the researcher	2:13:2- questioning.	1	13/7/14	
Behaviours/Actions of clients			6/7/14	
-Anger/aggression			6/7/14	
-Avoidance			6/7/14	
- Not picking up on communication/cues from SW			6/7/14	
Vulnerability			6/7/14	
-of child/yp			6/7/14	
-of adult(s)			6/7/14	
-of worker	2:18:9; 2:18:11; **2:19:3	3	6/7/14	
Client seeking nurturing/support			6/7/14	
Progress/lack of progress			6/7/14	
Organisational Issues			6/7/14	
-catagorisation of cases			6/7/14	
-autonomy of worker to make decisions (including finance)			6/7/14	
-communication between teams			6/7/14	
-caseloads	2:2:1	1	6/7/14	

-workload	2:12:1	1	13/7/14	
-timescales	2:11:9	1	14/7/14	
- managers under pressure			13/7/14	
-recording systems/electronic records			13/7/14	
-undertaking the SW task			13/7/14	
-ticking boxes	2:12:5	1	13/7/14	
-resistance to change			13/7/14	
-general communication in the organisation			13/7/14	
-communication between different professional agencies			13/7/14	
-expectations of others	2:5:5; 2:5:6 x 2; 2:6:7	4	14/7/14	
Taking Action			6/7/14	
Effects on the unconscious	2:15:7	1	6/7/14	
-dreams			6/7/14	

Charlotte Noyes July 2014 (6/7/14, 13/7/14; 14/7/14; 15/7/14)

COMBINED: DATA ANALYSIS INTERVIEWS 1-9

KEY: INTERVIEW: PAGE NUMBER: PARAGRAPH e.g.: 1:2:5

Name	Source	Total	Created	Modified
Emotional Impact			6/7/14	
-All emotion	5:16:8	1	6/7/14	
-Unresolved matters	1:10:1, 1:10:5; 1:10:7; 1:11:1; 1:11:11/2:6:1/6:11:9	7	14/7/14	
-How the client makes you feel	*2:4:1; **2:18:7; **2:18:11/5:3:8/6:10: 11, 6:11:1	6	14/7/14	
-Wanting to 'fix' things	6:5:1, 6:11:7	2	14/7/14	
-Of home visits	2:19:1; **2:19:3/All of 8/	2 + multiple s in interview 8	15/7/14	
-Of removal of children	*5:16:10; 5:17:10	2	3/8/14	
-Seeing/not seeing	*5:17:12	1	3/8/14	
Difficulty of the work			14/7/14	
-General	2:2:5; 2:3:5 – repeated; 2:3:7; 2:7:3/5:1:7; 5:19:9,10,11,12/6:3: 1/3; 6:4:1;6:5:1/7:4:1, 7:4:7, 7:5:1, 7:5:5/**8:4:9 (home visits), 8:4:11, *8:5:1 (home visits), 8:8:3, 8:8:7, 8:9:1, 8:10:1,	24+	14/7/14	
-Unpredictability	2:4:1; **2:18:7; 2:18:11/3.13.10, 3.15.2, 3.15.5:6:8; 5:16:10/6:2:11	10	14/7/14	
-Manipulation by the client	2:5:1; 2:13:2; 2:13:2	3	14/7/14	
-Lack of success/progress	2:5:5; 2:12:1/6:6:9; 6:10:11/8:17:13	5	14/7/14	3/9/14
-Vulnerability			15/7/14	
- Building trust/relationship	3.4.1/7:5:1/8:9:3, 8:10:1,	4	28/7/14	3/9/14
-Pressure from above & below	4:13:11	1	3/8/14	
Anxiety			6/7/14	
-Of physical harm	1:9:2(?)/2:5:5; 2:5:5/3.13.10, 3.15. 6-12/5;16;10	12	6/7/14	
About keeping case records up to date	*5:11:3,9,11,13, 15,17:	6	3/8/14	
- Around possible response from client(s)	*2:5:5 x 2; 2:15:7; 2:19:3; **2:19:5/*3.4.9, 3.13.10/6:9:7	8	15/7/14	

-Of damage to professional reputation	1:9:2 (?)	1	6/7/14	
-Getting it wrong	1:4:3; 1:9:2; 1:9:7; 1:14:10/2:2:8; 2:3:1; 2:7:5; 2:12:9; 2:13:1/6:9:3	10	6/7/14	
-Death or injury to child/yp on caseload	1:7:9; 1:7:11; 1:11:11/2:7:1; 2:14:6; **2:19:5/3.15.6-12/5:16:10; 5:16:13; *5:17:2/6:7:15/7:8:2, 7:10:4/9:15:7	21	6/7/14	
-Censure from within the organisation	1:9:2	1	6/7/14	
-Censure from society	1:9:2(?)/5:20:2; 5:20:4/7:10:4//9:15: 7&9	6	6/7/14	
- Not getting through/communicating/engaging with the client	2:3:5; 2:4:9; 2:13:1	3	6/7/14	14/7/14
-Immediate	1:2:6	1	6/7/14	
-Not wanting to label (too quickly/inappropriately)	1:3:13	1	6/7/14	
-About the child	1:3:13; 1:5:1; 1:5:3; 1:6:1; 1:6:7: 1:7:11; 1:11:11 (several); 1:12:7; 1:15:1 x2/3.13.10/6:3:3; 6:14:14, 6:14:18; 6:15:3	15+	6/7/14	
-About the adult	1:3:13; 1:6:1/3.13.10/6:3:3; *6:9:7, 6:15:3/8:12:1, 8:13:1	8	6/7/14	
-About other family members	1:7:1	1	6/7/14	
-Not wanting to be seen/perceived as oppressive/intrusive	1:4: 2; 1:4:3; 1:4:7/3.6.9/5:3:3; 5:3:12 (intrusiveness)/ *6:10:11	7	6/7/14	3/8/14
-Clarity around concerns	1:4:3 x 2/2:12:11	3	6/7/14	
-Around pitching the intervention to facilitate engagement/relationship	1:4:7, 1:8:5/2:15:7/*5:3:8, 5:4:2; 5:5:9/6:5:1; 6:7:15	8	6/7/14	
-About gaining access	1:5:5; 1:5:7 x 3/2:9:6; 2:13:1/8:8:3, 8:10:1,	8	6/7/14	
-About mirroring client's behaviours	1:12:2	1	6/7/14	
-Need to be clear & direct in communication	1:13:9/2:19:3	2	6/7/14	
-Losing focus on the child	1:14:10/2:6:7/4:17:1	3	6/7/14	
- About one's capacity to do the	9:7:7	1	13/7/14	

work				
-About other's capacity to do the work	9:7:9 x 2	2	13/7/14	
- Budgets	9:7:15; 9:8:2; 9:8:4; 9:9:8; 9:9:10	5	13/7/14	
-Not acting quickly enough/prevention	2:7:2	1	15/7/14	
-Non specific- something bad is going to happen/be said	**2:18:9;** 2:19:5	2	15/7/14	
- In the interview	3.16.1 & 3 & 5/5:2:19	4	28/7/14	
- of negative comparison to others	4:17:12; 4:18:2	2	3/8/14	
- of the unknown/unpredictability	6:17:13	1	3/9/14	
- of becoming desensitized to the work	6:18:8	1	3/9/14	
Managing Anxiety			6/7/14	
-Through taking action	1:8:2; 1:9:2; 1:11:3; 1:11:9; 1:11:11/3.15.2/5:5:5, 5:5:7	8	6/7/14	
- Through working with colleagues	6:9:7; 6:8:15	2	6/7/14	
-Through working with other professionals	1:8:3; 1:9:2	2	6/7/14	
-By splitting off the anxious thoughts	1:9:2	1	6/7/14	
-Offloading	1:9:6	1	6/7/14	
-creating barriers/boundaries	9:7:13	1	13/7/14	
-Managing risk	3.13.10, 3.15.2/9:11:1	3	13/7/14	
-Through thinking	3.15.2/4:4:3	2	28/7/14	
Fear			6/7/14	
-potential/actual/threats of violence/aggression	*2:2:7- several references; 2:4:1- several references (detailing acts of violence); 2:4:7; 2:5:5; 2:11:5/3.2.5; 3.7.3, **3.7.5 (poodle v rottweiller), 3.9.9, 3.13.1, 3.13.10 (minimized?), 3.14.9, 3.15.2, 3.15.6-12/5:12:3/7:5:7, *7:5:9, 7:6:3, 7:6:7, 7:6:9, 7:7:3, 7:8:2, 7:10:10, *7:10:12, 7:11:1, 7:11:7, 7:11:9, 7:16:13/8:13:7	35+	6/7/14	
-personal/professional annihilation			6/7/14	
- desire to escape	5:14:1	1	6/7/14	
-loss of function	1:9:2	1	6/7/14	

			6/7/14	
Anger			6/7/14	
- about the work	2:11:5	1	6/7/14	
- about the client	3.2.10/6:6:11	2	6/7/14	
- about oneself	*3.3.9	1	6/7/14	
-managing difficult emotions/situations	3.13.10,	1	6/7/14	
-atmosphere	8:8:3, 8:9:3 ('dreadful'), 8:10:1,	3	6/7/14	
-tension			6/7/14	
-confusion			6/7/14	
-from the client	2:3:3/3.2.5; 3.2.6, 3.2.10/8:13:7, 8:14:7,	6	14/7/14	
- the organisation	7:8:4, 7:13:2	2	3/9/14	
Stress			6/7/14	
-of the work	1:5:5; 1:13:7/4:6:1; 4:16:10/5:17:8/6:10: 5, 6:10:7, 6:10:7; 6:10:9, 6:10:11, 6:11:1, 6:19:11/15/17, *6:20:1,2/7:10:2/8:2: 13, 8:8:3, 8:8:7, 8:10:1, 8:14:11/9:10:3; 9:13:5; 9:14:1 & 2	26	6/7/14	
- from the client	5:12:1,3/6:10:5, 6:10:7, 6:10:9, 6:10:11, 6:11:1, 6:11:11/8:11:5, 8:12:1, 8:12:5, 8:12:7, 8:15:1	13	6/7/14	
- from the organisation	2:3:3; 2:7:2 (defending inaction)/ 4:12:8; *4.12: 8 & 10; *4:13:1/7:10:2	7	6/7/14	
-Failure	*8:17:11, 8:17:13	2	14/7/14	
-of direct work	4:5:7; *4:6:1; 4:6:6/8:11:5, 8:11:7, 8:12:1, *8:14:11, 8:15:1, 8:15:5,	9	3/8/14	
- from SW's	4:8:2; *4:8:6 & 8; *4:12:1; 4:12:3 (if its not recorded it didn't happen)	5	3/8/14	
-From manager/management	4:16:3; 4:16:7, 9, 10	4	3/8/14	
Symptoms of stress			6/7/14	
-emotional	6:9:7/8:11:7; 8:12:1,	3	6/7/14	
- physiological	1:9:4 x 3; 1:9:6/3.15.2, 3.15. 6-12/6:9:7/8:11:5, 8:11:7, 8:15:5	16	6/7/14	
-lifestyle/relationships	5:14:5/6:19:13	2	6/7/14	

Emotional State (of the worker)			6/7/14	
-non specific/general			6/7/14	
- aroused	8:11:7, 8:11:11; *8:12:7	3	6/7/14	
-Unable to focus	5:13:9/6:15:3	2	3/8/14	
-Unable to stay awake	5:13:9	1	3/8/14	
-awkward	5:3:8	1	3/8/14	
-fire fighting	4:21:7	1	3/8/14	
-not looking forward (to a task)	*5:7:1/8:8:3	2	3/8/14	
-agitated	2:13:1	1	6/7/14	
-preoccupied	*2:15:7/**6:3:11, 6:14:2, 6:15:3/7:10:8/*8:14:7	6	6/7/14	
-alert	1:2:5/3.15.2/8:11:7, 8:11:11,	4	6/7/14	
-engaged	3.15.2	1	6/7/14	
-relaxed	3.3.5	1	6/7/14	
-tense	*8:11:5	1	6/7/14	
-shaken	3.15.2	1	28/7/14	
-confused	*5:4:3	1	6/7/14	
-pride	4:5:1/8:20:1	2	3/8/14	
- dread	8:8:3, 8:12:1,	2	6/7/14	
-interested	1:6:3	1	6/7/14	
-depressed	1:4:2	1	6/7/14	
- shut down			6/7/14	
-closed off/detached			6/7/14	
-controlled/controlling	5:4:4; 5:5:1	2	6/7/14	
-conflicted/unable to win/in the middle	*5:5:1/8:18:5, 8:18:9: 8:18:9	4	3/8/14	3/9/14
- reflective	2:3:3/6:11:5/8:20:1	3	6/7/14	
-determination	3.14.15/6:12:15/8:7: 7, 8:19:4, 8:20:1	5	28/7/14	
-courage	3.14.15/8:19:4	2	28/7/14	
-exhausted	5:13:3/8:8:3, 8:16:3,	3	6/7/14	
-drained	3.10.7/5:14:1	2	6/7/14	
-depleted			6/7/14	
-disheartened	8:6:5	1	3/9/14	
-tiredness	5:2:3; 5:6:8 & 10	3	6/7/14	
-responsive			6/7/14	
-positive	3.10.9/5:6:2/8:19:4, 8:20:1, 8:20:3	5	28/7/14	
-deception			6/7/14	
-denial			6/7/14	
-panic	5:7:13	1	6/7/14	
-unsettled			6/7/14	
-surprise	1:2:5; 1:2:6; 1:3:1; 1:3:5; 1:3:6; 1:3:13; 1:5:8/5:6:4; 5:13:1	9	6/7/14	
-concerned	1:2:5; 1:5:3/6:14:14	3	6/7/14	
-worry	1:2:6 x 2; 1:6:7;1:11:11/2:18:9/ 7:8:2, 7:10:4	7	6/7/14	

-disconcerting	1:2:6	1	6/7/14	
-questioning	1:3:13; 1:4:1-several; 1:4:7; 1:6:3; 1:8:5; 1:9:6; 1:10:1/2:12:5; 2:19:3/5:6:4/6:4:9; *6:13:8/8:4:7, 8:17:13, 8:18:1	15+	6/7/14	
-optimism/hope	1:3:13; 1:4:1-several; 1:4:7; 1:6:3; 1:8:5; 1:9:6; 1:10:1/6:5:1; 6:8:5; 6:11:5	10+	6/7/14	
-pleasure	1:5:5/2:11:9/3.6.9/5: 6:2	4	6/7/14	
-confident			6/7/14	
- justified	8:19:4	1	3/9/14	
-not confident	6:13:10	1	6/7/14	
-doubt	1:13:9; 1:20:1/6:15:13	3	6/7/14	
-unbearable (sense of/what is)	1:11:9	1	6/7/14	
-frustration	1:12:2/2:2:5 x2; 2:3:7; 2:4:1; 2:4:7; 2:5:1; *2:5:3 x 2; 2:7:2; 2:10:1; 2:10:5; 2:11:9; 2:12:1/5:6:8; 5:15:15/6:4:7; 6:4:9;6:5:1; 6:13:2, 6:13:4; 6:13:8/7:6:1, 7:6:3, 7:7:1, 7:8:4, 7:16:1/8:18:1/9:13:5	29	6/7/14	
-overwhelmed	1:14:1/5:14:1; 5:19:3/6:18:8, 6:18:14	5	6/7/14	
-enthusiasm	9:4:1;9:4:7x3	4	13/7/14	
- wanting to do everything all the time	9:6:10; 9:12:7 x2	3	13/7/14	
- drives me nuts	9:9:18	1	13/7/14	
-aspirations	9:10:5	1	13/7/14	
-guilt	2:3:3/5:17:2	2	14/7/14	
-giving up	2:3:5	1	14/7/14	
-useless			14/7/14	
-redundant	2:3:7	1	14/7/14	
-helpless	2:4:1	1	14/7/14	
-hopeless			14/7/14	
-disgust/disgusting	2:4:1; 2:4:3	2	14/7/14	
-struggle	6:11:9, 6:11:13; 6:15:3/8:5:13, 8:10:1	5	3/9/14	
-worst person	2:4:1	1	14/7/14	
-powerlessness	2:5:7/8:10:1,	2	14/7/14	
-just another worker	2:6:1	1	14/7/14	
-avoidant	*2:11:5	1	14/7/14	
-relief	2:11:9; 2:12:1; *2:12:5/3.10.7/8:15:9	5	14/7/14	
-annoyed	2:12:1/6:12:7/8:10:1	3	14/7/14	

-understanding	2:14:6/3.3.3	2	14/7/14	
-Burdened	**2:18:9/6:15:1, 6:15:5, 6:15:9/7:10:2	5	15/7/14	
-Assertiveness	*3.2.6/8:20:4	2	28/7/14	
-Encouraging	3.4.1	1	28/7/14	
-Committed/Commitment	3.4.1/8:19:4	2	28/7/14	
-Persistence	3.4.1, 3.15.2	2	28/7/14	
-Penetrated	*3.5.7/8:12:1, 8:15:9, *8:15:11, *8:16:1, 8:16:3,	6	28/7/14	
-Nervousness	3.7.9	1	28/7/14	
- Disappointment	6:6:9, 6:12:3/8:17:11	3	3/9/14	
-Self-critical	6:7:15	1	3/9/14	
-Wary	5:3:8; 5:5:1, *5:5:3	3	3/8/14	
-Survival	4:14:1; 4:14:5: 4:22:3 (personal timescales)	3	3/8/14	
-Self monitoring	*5:3:8/8:11:7, 8:11:11,	3	3/8/14	
-Sad/tearful	6:18:10, 6:18:14	2	3/9/14	
-Persecuted/under attack	8:13:3, 8:13:5, 8:16:1, 8:16:3	4	3/9/14	
-Alone/isolated	*8:5:1, 8:8:5, 8:11:5, 8:13:3, 8:19:4,	5	3/9/14	
-Euphoria	8:15:9	1	3/9/14	
Support			6/7/14	
-from colleagues	1:7:13; 1:9:6 x 3/2:15:5; 2:17:3/4:7:5/6:7:17; 6:9:15; 6:13:8/7:8:4/8:5:5, 8:6:9, 8:7:1, 8:8:3, 8:14:11, 8:15:1/9:5:7	18	6/7/14	
- from the team	5:20:13/6:7:17/8:4:3, 8:8:3, 8:14:11, 8:15:1	6	6/7/14	
-from the manager	1:7:13; 1:12:9/2:19:1/3.4.11 x 5, 3.14.7 x 2/4;14:9 & 11; *4:17:4 &6/6:15:5, 6:16:1/7:4:9/8:4:7, 8:14:3/9:5:7	20	6/7/14	
-from the organisation	1:13:1; 1:13:5/4:6:10/9:7:10	4	6/7/14	
- to others	4:2:4; *4:3:6; 4:3:7; 4:4:1; 4:8:4/8:3:1, 8:3:3, 8:3:5, 8:3:9/9:5:7; 9:12:5	11	6/7/14	
- asking for advice	6:9:7	1	6/7/14	
-encouragement	9:5:7 x2	2	13/7/14	
-from friends/partners (including lack of)	2:12:9/6:14: 8 &10,	3	14/7/14	3/9/14
-supervision	*2:15:3;	11	15/7/14	

	2:15:5/4:3:11; *4:4:1; ** 4:4:3; 4:4:4; 4:17:1, 4 & 6/6:7:15; 6:13:6/7:9:4			
-to the team	*4:4:12	1	3/8/14	
-lack of support from manager/s	7:7:9, 7:9:2	2	3/9/14	
Responsibility			6/7/14	
- to the clients	1:9:2; 1:11:11	2	6/7/14	
- to colleagues	8:4:3,	1	6/7/14	
- to the team	8:4:3	1	6/7/14	
- to the role			6/7/14	
- to oneself			6/7/14	
Uncertainty	*2:18:11/3.13.10, 3.15.2	3	6/7/14	
Pre-planning	2:17:3/4:9:1/9:15:7 & 9	4	6/7/14	
-Pre-conceived ideas/assumptions	1:2:4; 1:3:3; 1:3:5	3	6/7/14	
-Information from others	1:3:5; 1:7:3	2	6/7/14	
-expectations	1:3:6 x 2/6:6:9	3	6/7/14	
-home visits	5:2:11; *5:8:3/8:5:3, 8:7:7, 8:14:1, 8:14:11	6	3/8/14	
Working alone	1:10:7 x 2/2:18:11/3.13.10/4: 4:1; *4:18:6/*8:5:1 (home visits), 8:8:5, 8:13:3	9	6/7/14	
Thinking			6/7/14	
- on your own	1:2:5 x 2 1:2:6; 1:6:3; 1:15:11/2:12:7 & 9; 2:19:3/3.15.2/6:7:5; 6:7:13, 6:16:1, 6:19:5, 6:19:7/8:4:9, *8:5:1 (home visits)	18	6/7/14	
- with colleagues	1:7:13; 1:10:7/2:12:9/5:8:13/ 6:6:9; 6:9:7; 6:16:1/8:4:7,*8:5:1, 8:5:3	10	6/7/14	
-in the organisation			6/7/14	
-in the interview	1:6:5/6:11:5	2	6/7/14	
-on your feet	2:5:5; 2:19:3/3.13.10, 3.15.2/5:6:8	5	14/7/14	
-not thinking	*2:11:3	1	14/7/14	
Reflection	1:15:11/5:21:2	2	6/7/14	
-Learning from experience	2:6: 5 & 7; 2:8:1 &2 &3; 2:19:9; 2:20:1/4:17:4,6,8,10/ 5:20:8,9/8:20:3	14	14/7/14	
Agency as container	*4:7:1, *4:7:3; 4:14:9	4	6/7/14	

	& 11;			
-working environment	4:18:8	1	3/8/14	
Lack of resolution			6/7/14	
Struggle	4:8:6; 4:15:1/6:5:9; 6:9:3/8:10:1	5	6/7/14	
Time			6/7/14	
-Having to appraise a situation very quickly	1:2:5; 1:3:6/**2:18:11/3.13. 10, 3.15.2	5	6/7/14	
- it takes to do the job	2:5:5; 2:12:1/6:13:14, 6:17:9 & 11& 13/9:7:7; 9:10:1	8	6/7/14	
- constraints	1:6:7 (not having enough time to read the files)/ 9:12:7, 9:12:8 –several; 9:13:1: 9:13:5	5+	6/7/14	
-specific mention of time	1:3:6/2:5:5/6:13:14, 6:15:1, 6:15:3, 6:17:9,11 & 13/8:7:5, 8:7:7, 8:7:11 (timed by clients), 8:10:3, 8:11:1, 8:11:3, 8:12:1, *8:13:3, 8:14:11, 8:15:9, 8:17:13/9:13:3; 9:14:1; 9:14:3- several	22+	6/7/14	
-Continually having to re-appraise a situation in the moment	1:4:7/2:5:5/3.13.10, 3.15.2	4	6/7/14	
- time taken up by one case	2:4:7/6:7:15	2	14/7/14	
-wasting time	2:12:1/8:10:3	2	14/7/14	
-Immediate action	4:21: 1 & 2/5:5:7 (having to write things up so as not to forget)	3	3/8/14	
-Not having enough time	5:6:10	1	3/8/14	
Affect in the interview			6/7/14	
- physical acting out –banging, hitting, pointing, changes in posture/position etc.	1:7:8 (when talking anxiety about risk of cot death). 1:7:13(drinks)/ 3.7.13 & 14- holding up fists- like boxer; 3.10.5 (mimics client biting his nails), 3.12.5 &7, 3.12.15 (re-enactment), *3.15.6, **3.16. 1-5 (breathless, racing heart, breathes deeply)/ 4:8:4- circling, enclosing	Multiple	6/7/14	

	with hands; 4:14:5 pointing upstairs- senior managers; 4:15:2- chopping motions with hand; 4:18:2 pointing upstairs/5:5:7 (clicks fingers); 5:6:6 pulling back; 5:11:13 clicks fingers; 5:12:1 hands into fists- boxing stance; 5:16:1 indicating she is hot; 5:16:2- moving to act out distancing herself; 5:17:16 acting out a child changing another's nappy; 5:18:8 hands into fists- boxing stance; 5:19:1 holding her chest/6:12:4 moving hand up & down/7:11:3 (moving head)/ 8:5:11- sucking motion with mouth, 8:6:1- sagging, 8:6:3 shaking head, 8:6:5 hits table/chair, 8:6:7 shakes head, 8:7:9 pretends to hit herself, 8:11:5 pointing to chest, 8:14;11 bangs chair/9:9:14 (hands over face); 9:15: 5&7 (touching wood)			
- Auditory expression: sighs, laughs, coughs, volume/ pitch/speed of speech repetition, dysfluency, tailing off etc.	1:2:5; 1:2:6; 1:3:3 x 2; 1:3:6 several; 1:4:2; 1:5:7 (repetition around cancelling); 1:6:1; 1:6:2; 1:7:3; 1:7:7; 1:7:8; laughs 1:7:11 x3 (repetition of cot death) & dysfluency & sigh; 1:7:13 repetition of 'cold' & 'colleagues'.;1:9:2; 1:9:3; 1:9:3;(holding hands in fists); 1:11:11 (laughs); 1:11:11 (tails off);	Multiple	6/7/14	

	1:12:2 repetition of 'positive' & 'frustration'; 1:12:3 repetition 'huge'; dysfluency; 1:12:7 talks quietly (@ fear of CSA); 1:13:7- repetition & dys. 1:13:11; 1:13:13 (several); 1:14:1/2:1:8- repetition 'respect' x 3; 2:2:7 (laughing- self deprecating?); 2:2:7 repetition & pause: 2:2:7 (chuckle) & tails off; 2:3:1 (pause); 2:3:3 (repetition) & pause; 2:3:5 (pause) x 3, repetition x 3 'difficult' & 'very' x 3; 2:3:5 laughs (nervous/self deprecating); 2:3:7 repetition of 'rah rah' & 'could/can see' x 4; 2:4:1 (pause); 2:4:1 repetition of 'very'; emotive words used to describe acts of violence & repetition of 'violence'; 2:4:1*use of present tense to describe past events; 2:4:5 repetition of 'utter' x 2 & dysfluency; 2:4:7- use of present tense to describe past events & pauses x 2; 2:4:9 repetition of 'compromise'; 2:5:1 repetition of 'manipulation'; 2:5:1- losing train of thought, dysfluency; 2:5:3 repetition yeah, blah, blah, evocative language 'pulling my hair out', emphasis & tails off; 2:6:1 repetition, tailing off,			

	dysfluency; 2:7:2 (laughs) & repetition 'waiting'; laughs – when talking about defending inaction; 2:8:5- repetition, dysfluency; 2:9:1 dysfluency; * 2:9:4 (laughs) & dysfluency; 2:10:5- (laughs) & evocative language 'she quite happily watched me squirm'; 2:10:7- tails off; 2:11:5- sighs, laughs x 2, repetition of 'worry'; 2:11:9- repetition of 'timescales' x 3; 2:12:1- (laughs); 2:12:5- repetition of 'phew' x 2 & repetition of 'always', tailing off; 2:12:9- use of emotive word 'rant', repetition of 'right' x4, use of emotive word 'hate'; 2:12:11 repetition of 'avoid' x 3 & 'rarely' x 2; 2:13:1 repetition of 'close the door in my face' x 2, repetition of 'refuses' x 2; 2:13: 2 repetition of 'support' x 3, 'changes' x 2, 'balance' x 2, 'soft' x 2 & pause; 2:13:9 tails off, laughs; 2:13:11 repetition of 'always' x 2 & tails off; 2:14:6- talking quietly; 2:14:8- dysfluent, tails off- several x; 2:14:12 tails off, laughs; 2:15:1 (laughs) x2; 2:16:1 (tails off); 2:16: 3 dysfluency; 2:16:5 (sighs); 2:16:9 (mimicking clients speech); 2:17:5 (laughs); 2:17:7 tails off & sighs; 2:17:9			

	(quiet sigh); 2:17 & 18 repetition of 'dynamic' x 2; 2:18: repetition x 2 'difficult'; 2:18: 5 & 7 repetition of 'changing' x 2; **2:18: 7 (laughs) & tails off x 2; 2:18:9 repetition of 'worry/worries' x 4; 2:19:3 repetition of 'difficult' x 2; **2:19:5 (tails off); 2:19:7 (laughs)/ 3.1.2(tails off);3.2.5; hesitation, tails off x6, repetition 'really really violent' & cough, emphasis on 'high' & 'really bad history'; 3.2.6 repetition 'very', emphasis 'really high barrier', tails off, emphasis 'shouting', evocative word 'barking'; 3.3.3 tails off x 4, 3.3.4 repetition of 'comfortable', 3.3.5 repetition of 'observed', 3.3.9 repetition of ' test/testing', 3.4.9 repetition of 'relieved', hesitation, dysfluency, low laugh, 3.4.11 repetition of 'absorbed' x 3, 3.4.14 tails off, 3.4.15, tails off, *3.5.1 dysfluency (around CP incident), 3.5.3 repetition of 'very' & tails off, 3.5.5 repetition 'you're useless x2' & 'getting on our nerves' x 2, 3.5.5 dysfluency, tails off &mumbles, emphasis on 'every', repetition of 'swears', 'mess', 3.5.7 sighs x			

	2, 3.6.3 ‘urgh’, 3.6.5 repetition of ‘complaining’, 3.6.9 laughs, tails off x 7, repetition of care/carer, 3.6.9 repetition of ‘enjoy/enjoyment’, repetition of ‘warm’, repetition of ‘dynamics’ x 3 & ‘equilibrium’ x 2, 3.7.1 laughs, tails off x 2 dysfluency, **3.7.5 laughs, repetition & dysfluency, tails off, 3.7.7 (laughs), **3.7.7 ‘Rargh’, laughs, 3.7.13 repetition of ‘learn’ x 3 & ‘macho’ x 2, emphasis on second ‘macho’ & dysfluency, 3.7.15 repetition of ‘I am a SW’ x 2, 3.8.1 tails off, 3.8.5 repetition of ‘respect’ x 2 & ‘difference x 2 ,dysfluence, repetition of ‘explain’ x 2, coughs, repetition of control’ x 2, 3.8.9 coughs x 2, ** 3.8.9 repetition worried x 3, emphasis on word ‘tearing’, dysfluency & tailing off, 3.9.1 tails off & dysfluency , 3.9.9 hesitation, dysfluency, 3.10.5 repetition of ‘drained ‘x 2 & emphasis on ‘drained’, 3.11.1 repetition of ‘unique’ x 2, chuckles, repetition of ‘relaxed’ x 3 & ‘much’ x 2 for emphasis, dysfluency, tails off, evocative language ‘alarm bells ding ding ding ding’, tails off,			

	3.11.3 repetition of 'happy' x 2 & emphasis on 'expresses', mimicking communication from the client, tailing off., **3.11.8 Mishearing- 'Pairing', 3.12.3 repetition of ' quite calm' x 2, 3.12.5 emphasis, dysfluency, 3.12. 7 & 9, 3.12.13 laughs & dysfluency, 3.13.1 'phew', tails off, 3.13.10 repetition of 'bit frightened', 3.14.1- tails off, 3.14.5 repetition of 'shaken' x 3, 3.14.9 dysfluency, current tense, tails off, 3.14.11 strong emotive words (resttaing clients words), 3.14.15 chuckling, laughs, dysfluency, 3.15.16 repetition 'I have achieved a lot x 2', 3.16.9 (repetition & raises voice)/ *4:3:4 tailing off several times; 4:7:6 repetition of settled x 3; 4:7:7 'feeling like in an interview'; 4:13:11 repetition of 'safe' x 4/5:2:1 repetition of 'plunge'x 2, 5:3: 7 hesitation, tails off, 5:3:8 tails off x3, chuckles,5:3:12 laughs, 5:3:12 tails off; 5:4:2 hesitation dysfluency & tails off; 5:4:3 dysfluency, laughs, 5:4:4 chuckles & repetion of delegate; 5:4:8 tails off & laughs; 5:4:10, 5:5:1 repetition of 'control';			

	5:5:5 chuckles; 5:5:9 tails off; 5:6:2, tails off;5:6:4 laughs; 5:7:6 laughs; 5:7:13 imitating clients voice; 5:8:1 repetition of 'text' x 3, tails off x3; 5:8:13 repetition of 'prepared' x2, 5:9:1 repetition of 'really' x 3; 5:9:5 repetition of 'control' x 2; 5:9:7 tails off x 3; 5:9:8 'urgh' noise & chuckles & tails off; 5:11:1 laughs & tails off; 5:11:13; 5:11:17 tails off x 2; 5:12:3 imitating clients voice, quiet laugh; 5:13:1 hesitation, repetition of 'what's the/my motivation' x 2, 7 child/children x 3, gorgeous x 2 & tails off; 5:13:3 tails off; 5:13:5 tails off; 5:13:9 chuckling, tails off; 5:13:13 tails off; 5:14:1 Laughs-incredulous, tails off x 3; 5:15:1 repetition of 'change' x 2; 5:15:dysfluency x 7, tails off, repetition & emphasis of Chaotic, laughs & raises voice; 5:15:7 audible intake of breath; 5:15:9 imitates clients voice, tails off & repetition of 'you have to be there x 2', dysfluency; 5:15:15 chuckles; 5:16:2 audible intake of breath, hesitation x 2; 5:16:10 tails off; 5:16:12 tails off; 5:17:4 imitating clients voice, repetition of 'blame' x 2, 5:17:12 raises voice, repetition of			

	‘don’t think’ x 2; 5:18:4 hesitation, repetition of ‘you give them chances’ x 2, mimics voice; 5:18:10 repetition of ‘it’s the child’ x 4; 5:18:12 repetition of ‘sabotage’ x 2; 5:19:2 emphasis on ‘scream’ & mimic comment from client; 5:19:13 laughs; 5:20:4 laughs, dysfluency; 5:20:8 tails off/6:2:11;6:3:1;6:3:3 emphasis ‘huge’ & repetition of ‘timescales’;6:3:11 emphasis ‘absolutely & terrified’, tails off; 6:4:1 repetition of ‘difficult’ x5; 6:4:5 tails off, x2 ,repetition of ‘very x 3; repletion of ‘passive’ x 2;6:4:9 quoted speech, tails off;6:5:1 repetition of ‘thought’ x5, tails off x2, repetition of ‘force’ x 2, repetition of ‘optimistic’ x 3; 6:6:1 tails off x3;6:6:3 tails off; 6:6: 5 repetition of ‘open’’ x 3,6:6:7 repetition of ‘clearly’ x 2, 6:6:9, tails off, x3 quoted speech 6:6:11 minimised ‘bit cross’, repetition of ‘talked’ x 4, tails off x 1, 6:7:1 tails off x 2, minimized ‘quite cross’, dysfluency; 6:7:7 tails off; 6:7:19 tails off x 2; 6:8:1 tails off x 2, repetition of ‘concerned’ x 3; 6:8:3 tails off x 4, repetition of ‘first’ x 2, repetition of ‘awful’			

	x 2; 6:8:7 tails off x 7, repetition of 'really' x 3; 6:8:9 emphasis 'absolutely horrified', repetition of 'very' x 2, repetition of 'I didn't know if I could do that' x 2 & tails off x 1; 6:8:15 repetition of 'expecting' x 2; 6:9:1 tails off x 2; 6:9:3 emphasis 'huge'; 6:9:5 tails off x 1, repetition of 'difficult' x 2; 6:9:7 dysfluency, tails off; 6:9:11 tails off x 2, dysfluency; 6:10:1 tails off x 1; 6:10:3 repetition of 'couldn't' x 3, 'can't hear' x 4, 'expected' x 2, tails off x 3, quoted speech; 6:10:5 'emphasis' 'awful'; 6:10:9 repetition of 'never'; 6:10:11 tails off x 4, repetition of 'comfortable' x 3, repetition of 'hard' x 2; 6:10:11 quoted speech x 3; 6:11:1 quoted speech x 5; tails off x 4; 6:11:5 repetition of think/thought x 6, 6:12:9 tails off, 6:12:13 repetition of 'wouldn't want' x 2, 6:13:2 repetition of think/thinking x 5, 6:13:8 repetition of frustrates/frustration x 4, *6:13:16 tails off, repetition of 'contact' x 2, 6:14:14 repetition of concern/concerned x 2, tails off x 1, 6:15:1 repetition of 'concern' x 2, tails off x 4, 6:15:3 tails off x 3, dysfluency x 1, emphasis 'huge',			

	repetition from previous para. 'matter of time', 6:16:1 tails off x 2, 6:16:5 repetition 'wouldn't' x 5, *tails off x 6, 6:18:8 repetition of 'impact' x 2, 6:18:10 repetition of 'sad' x 3, 6:19:5 repetition of 'think/thinking/thought' x 7, tails off x 1, 6:19:11 repetition of 'important' x 2, dyslf., repetition of 'it feels x 3, emphasis 'really'/7:5:9 repetition of 'shouldn't worry' x 2, repetition of dog/dogs x 6, use of strong word 'terrified x2', repetition of 'threats/threatening' x2, 7:6:3 repetition of ' it needs to do that' x 2, 7:6:9 strong phrase 'they want to kill me', 7:7:1 repetition of 'support' x 3, use of strong phrase' bugger off', quoted speech, 7:7:3, repetition of 'could have been' x 2, tails off x 1, 7:7:7 tails off x 1, 7:8:2 repetition of 'worry/worries' x 2, tails off x 1, strong words' god forbid', 7:8:4 tails off, 7:8:8 repetition of 'worries' x 3, 'not knowing what is going on' x 2, 7:9: 10 repetition of difficult x 4, tails off x 1, 7:10:4 repetition of 'worry', 7:10:10 strong words & phrasing, quoted speech, 7:11:3 tails off x1, 7:11:7 tails off x 1, 7:11:9 repetition			

	of ‘smack you’ x 2, 7:12:1 tails off x 1, 7:12:5 repetition of ‘everything’ x 2, ‘blah’ x 3, 7:13:2 use of emotive language- ‘pissed off’, tails off x 1, 7:14:5 use of emotive language ‘eff off’, tails off x 1, 7:15:1 tails off x 1, 7:15:3 quoted speech, 7:15:1 repetition of ‘frustration’ x 3/8:5:5 sighs, laughs, 8:5:7 tails off x2, 8:5:11 repetition ‘sort of’ x 2, tails off x 2, 8:5:13 laughs, dysfluency, use of emotive word ‘sucks’, tails off x 2, emphasis on word ‘flat’,* 8:6:1 imitation of speech, repetition of ‘voice’ x 2, laughs, tails off x 3, *8:6:3 raises voice, tails off x3, repetition of ‘poor’ x 2, 8:6:5 repetition of ‘over’, emphasis on word ‘same’, ‘disheartening’, ‘every’, repetition of ‘like her’ x 2, repetition of ‘slowly’ x 2, repetition of ‘you know’, emphasis on ‘not’ in phrase ‘I’m not her mum’, 8:6:7 chuckles, tails off x 1, *8:6:9 repetition of ‘it’s just’ x 3, tails off x 4, repetition of ‘voice’ x2, emphasis on ‘it’s the voice’, repetition of ‘everything’ x 2, sighs, 8:7:1 use of unusual word ‘mutter’, weary sigh, emphasis on ‘I have to say the same thing over & over’,			

	strong word ‘rant’, 8:7:5 dysfluency, emphasis on word ‘nothing’, repetition of ‘nothing’, emphasis on word ‘slowly’, laughs, tails off x 1, 8:7:7 laughs, tails off , x 2, emotive words ‘sags’ & ‘phew’, 8:7:9 repetition of ‘monotone’ x2, repetition of ‘over’ x 2, repetition of ‘fight/fighting’ x 4, repetition of ‘talk’ x 3, repetition of ‘we can’ x 2, sighs, repetition of ‘I want a break’ x 3 (quoted speech), repetition of ‘it makes a difference’ x 2, 8:7:11 tails off x 2, dysfluency, 8:8:1 emotive word ‘drag’, 8:8:3 sighs, tails off x 3, repetition of ‘didn’t agree’ x 3, use of strong word ‘battle’, repetition of ‘visiting/visits’ x 5, Emphasis on sentence ‘that was really hard.’, repetition of ‘dread’ x 2, emphasis on dread, repetition of ‘nice’ x 2 & polite/politeness x 2 & emphasis on both ‘nice’ & ‘polite’ with use of ‘very’, repetition of ‘ever so’ x 2, emphasis on ‘absolutely exhausting’, 8:8:7 speaks quietly, emotive word ‘nightmare’, 8:8:9 tails off, 8:9:3 emphasis on word ‘everything’ (is very defensive), laughs x 2, emphasis on word			

	‘incredibly’, tails off x 3, repetition of ‘mutual’ x 2, ‘walk away’ x 2, raised voice, 8:9:8 repetition of ‘remember’ x 2, use of emotive phrase ‘gritted teeth’, repetition of ‘congratulations’ x 2, laughs x 2, tails off, 8:10:1 sighs x2, repetition of ‘stupid/stupidly’ x 3, dysfluency, use of strong word ‘bite’ x 2, tails off x 1, remembered speech, laughs x 1, tails off x 2, repetition of ‘blah, blah’ x 6, 8:10:3 indignant tone, repeated questioning (of herself) why x 3, + when, how & will, 8:11:1 dysfluency, tails off x 3, emphasis on word ‘literally’, 8:11:5 sighs, tails off, use of emotive word ‘awful’, 8:11:7 use of strong word ‘stabbing’, tails off x 1, emphasis on words ‘every’ x 2 & ‘very careful’, 8:11:11 use of emphasis - (absolutely) & repetition of ‘all the way through’ x 2, tails off x 2, 8:11:13 slight laugh, 8:11:19 use of unusual word ‘charade’, 8:11:21, dysfluency x 2, 8:12:1, repetition of ‘an hour & a half’ x 3, repetition of ‘control/controlling’ x 3, use of emotive word ‘endure’, tails off x 3, speaks more			

	quietly, 8:12:3 raises voice, 8:12:5 tails off, sighs, dysfluency, 8:12:7 raises voice, tails off x 5, 8:12:9 repetition of 'I don't know' x 2, raises voice- high pitch, dysfluency, 8:13:1 energetic agreement, 8:13:3 quiet, emotive word 'warfare', tails off x 5, repetition of 'bullying' x 3, dysfluency x 2, sighs, emotive word 'attack', 8:13:5 chuckles, use of emotive word 'chuck', repetition of 'don't' x 3, tails off x 1, 8:13:7 repetition of 'angrier' x 2, use of emotive word 'ranting', remembered & quoted speech, 8:14:1 sighs, tails off x 1, 8:14:3 laughs, dysfluency, repetition 'blah, blah', tails off x 2, 8:14:11 tails off x 1, dysfluency, 8:15:1 laughs, raises pitch of voice, sighs, tails off x 4, 8:15:9 dysfluency, tails off x 3, 8:15:11 dysfluency, tails off x 3, emphasis on 'trying to get it out', laughs, 8:16:1 repetiton & emphasis on word x 2 'crazy', raises voice, talks quietly, tails off, 8:16:3, emphasis 'every single flippin word' & 'again', 8:16:7 tails off x 1, dysfluency, 8:17:1 repetition of 'bullies/bullying' x 2, laughs, tails off x 3, repetition of			

	‘everything’ x 2, 8:17:5 repetition of ‘every single thing’ x 2, emphasis on & repetition of word ‘fight’ x 2, tails off x 1, 8:17:11 repetition of ‘failure/failing’ x 3, emphasis on ‘nothing’, tails off x 1, 8:17:13 laughs, 8:18:3 repetition of ‘shut it down’ x 2, 8:18:5 tails off x 3, sighs, repetition of ‘withdraw’ x 2, repetition of ‘bit to do’ x 2, 8:18:9 repetition of ‘wanted something else’ x 2, evocative language- ‘mushroomed’ & ‘snowballed’, repetition of ‘bigger’ x 3, tails off x 2, 8:18:11 tails off, 8:19:2 tails off x 2, sighs, chuckles, 8:19:4 dysfluency, laughs emphasis & repetition of ‘madness’/’absolute madness’, tails off x 1, evocative word ‘hellish’, repetition of ‘alone/lonely’ x 2, 8:19:16 laughs, 8:20:1 dysfluency x 6, repetition of ‘attack/attacking’ x 2, 8:20:3 laughs, tails off x 7, 8:20:13 sighs, tails off x 1, repetition ‘ no’ x 2, emphasis on ‘incredible’ & valuable’/9:9:16- repetition; 9:10:1(repetition); *9:11:9 (repetition- risk management); 9:12:1 (coughs) & tails off; 9:13:5 (chuckles); 9:17:3 (repetition really)			

- facial expression	5:8:5; 5:10:16; 5:19:5/7:6:2- smiling (inconsistent with what was being said)	4	6/7/14	
Use of the interview to reflect/relive/process/encounters/ direct work	1:12:5; 1:13:13; 1:14:1 & 2; 1:15:4/2:3:3; *2:5:3; 2:6:1; *2:8:5; 2:9:1; *2:9:4; 2:9:10 & 2:10:1; 2:10:7 & 8 & 2:11:1; 2:11:7; 2:12:11; *2:13:7; 2:14:8; *2:14:12; *2:15:1; *2:16:5; *2:16:9; 2:17:3; 2:18:11; 2:19:9 (comments on the interview process)/ 3.2.5; 3.2.10, 3.3.3, *3.3.5, 3.3.9, *3.4.3-6, *3.5.1, 3.5.3, 3.5.5, 3.6.5, 3.7.7, **3.8.9 & 10, **3.9.3 & 5& 7& 9, 3.10.1, 3.10.3, 3.12.3 & 'all hell' x 2, 3.12.5 & 7, 3.12.15, **3.13.1 & 3 & 5 & 6, 3.14.3, 3.14.11- mixing past & present, **3.15.6 -12, 3.16.1-5, 3.16.11/*4:16:5/5:3:7, *5:3:8, *5:3:12, *5:4:3; 5:6:4; *5:7:5,7,9,11, 13; *5:9:5; 5:9:7,8;*5:10:1, 3; 5:12:1; 5:12:3; 5:12:3,5,7,9,11; 5:13:1; 5:14:1; **5:16:2,4 '…now I'm in it'; 5:16:13; 5:17:12; **5:18:12, 13- 5:19:1; 5:19:5; 5:19:9; 5:19:13; 5:20:9/6:3:5;6:3:7;*6:6:5, *6:6:9; 6:10:3; 6:10:5; 6:16:5, *6:18:8, *6:20:17, 19/7:10:8, 7:10:10, 7:11:3, 7:11:5, 7:11:7, 7:11:9, 7:12:1, 7:12:3, 7:13:4, 7:13:8,	Multiple	6/7/14	

	7:14:7			
-seeking feedback from the researcher	1:19:2 &4 & 6 & 10/2:13:2-questioning/3.16.7/4: 21:5,7/8:8:9, 8:8:11, 8:9:6, *8:9:8, **8:10:1, 8:11: 1-21, 8:12:1, *8:12:7, 8:13:5, *8:13:7, 8:14:1, *8:14:11, 8:15:1, 8:15:11, 8:16:3, 8:16:5, 8:16:7, 8:17:3, 8:17:11, *8:17:13, 8:20:1, 8:20:3, 8:20:13/9:16:9	32+	13/7/14	
-Not willing/able to answer a question	5:2:7	1	3/8/14	
- answering a question with a question	5:2:5, 5:2:11, 5:2:13, 5:2:15, 5:2:17, 5:2:19, 5:3:5, 5:3:10; 5:5:5; 5:7:3; 5:10:8, 9/*6:4:11; 6:5:7; 6:7:3; 6:13:4, 6:14:16, *6:18:12/7:16:3, 7:16:7/8:7:3, 8:19:4, 8:20:1	23	3/8/14	
Behaviours/Actions of clients			6/7/14	
-Anger/aggression	3.2.5, 3.3.1, 3.3.9, 3.5.5, 3.5.7, 3.12.3, 3.12.5, 3.13.1 & 3 & 5, 3.14.9 & 11	12	6/7/14	
-Avoidance	1:2:5; 1:5:7	2	6/7/14	
- Not picking up on communication/cues from SW	1:3:13; 1:6:1	2	6/7/14	
Vulnerability			6/7/14	
-of child/yp	1:6:1	1	6/7/14	
-of adult(s)	1:3:13; 1:6:1	2	6/7/14	
-of worker	2:18:9; 2:18:11; **2:19:3	3	6/7/14	
Client seeking nurturing/support			6/7/14	
Progress/lack of progress	1:12:1; 1:14:1	2	6/7/14	
Organisational Issues			6/7/14	
-catagorisation of cases	1:4:7; 1:12:2;	2	6/7/14	
-autonomy of worker to make decisions (including finance)	1:4:7/9:5:5	2	6/7/14	
-communication between teams	1:7:7	1	6/7/14	
-caseloads	1:9:2/2:2:1/4:2:8; *4:19:11,13, 4:20:1,2	7	6/7/14	
-workload	2:12:1/4:20:6 (conveyor belt)/	4	13/7/14	

	9:2:1; 9:2:3			
-timescales	2:11:9/4:21:1	2	14/7/14	
- managers/practitioners under pressure	4:2:6; 4:2:8 x2; 4:3:1; *4:3:4; *4:10: 3 & 5; 4:10:10; *4:11:1/8:18:3/9:2:7	11	13/7/14	3/9/14
-recording systems/electronic records	*4:4:4, 6, 7,11; 4:9: 11 & 13; *4:10: 3&5; *4:13:1 & 3/9:3:1; 9:3/4:13/1	11+	13/7/14	
-undertaking the SW task	*9:3:2; 9:3:3	2	13/7/14	
-ticking boxes	2:12:5/4:11:1,5,7,8,9 /*9:3:3	7	13/7/14	
-resistance to change	9:4:7; 9:4:9	2	13/7/14	
-general communication in the organisation	9:5:1; 9:5:3;9:15:15	3	13/7/14	
-communication between different professional agencies	9:16:1; 9:16:3; 9:16:7	3	13/7/14	
-expectations of others	2:5:5; 2:5:6 x 2; 2:6:7	4	14/7/14	
-Thresholds	4:20:8; 4:21:1,2,4,5	5	3/8/14	
-Lack of support	7:6:3, 7:6:7, 7:7:5, 7:7:7; 7:9:4, 7:12:3, 7:16:11, 7:17:3/8:18:5	9	3/9/14	
Taking Action	1:8:1, 1:8:2	2	6/7/14	
Effects on the unconscious	2:15:7	1	6/7/14	
-waking up at night	4:3:4/6:14:4, 6:14:6/8:16:1	4	3/8/14	
-dreams	1:11:11/8:16:1	2	6/7/14	
-thinking about clients outside of work (& not being able to stop oneself)	6:14:2, *6:14:12, 6:17:9/7:8:4/*8:12:1, *8:15:9, *8:15:11	7	3/9/14	

* Denotes text, aspects of the interview which to the researcher seemed to be of particular relevance- the more * the more relevance!

Charlotte Noyes July- September 2014 (6/7/14, 13/7/14; 14/7/14; 15/7/14; 28/7/14; 3/8/14; 3/9/14)

APPENDIX IV- COPY OF UREC LETTER

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES
uel.ac.uk/qa
Quality Assurance and Enhancement

Ms Charlotte Noyes

c/o Paru Jeram
Academic Governance and Quality Assurance
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

06 November 2015

Dear Ms Noyes

University of East London/The Tavistock and Portman NHS Foundation Trust: research ethics

Study Title: *Live Work: Creativity on the front line*

I am writing to inform you that the University Research Ethics Committee (UREC) has received your documents, which you submitted to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that if UREC had seen a full and correctly submitted application at the appropriate time, it is likely that it would have approved it. However, this does not place you in exactly the same position you would have been in had UREC approval been obtained in advance. Therefore, when responding to any questioning regarding the ethical aspects of your research, you must of course make reference to and explain these developments in an open and transparent way.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Louis Taussig at the Tavistock and Portman NHS Foundation Trust (e-mail LTaussig@Tavi-Port.nhs.uk)

Yours sincerely

For and on behalf of
Professor Neville Punchard
Chair, UEL University Research Ethics Committee

Docklands Campus, University Way, London E16 2RD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853
Email: r.carter@uel.ac.uk

c.c. Brian Rock, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust
Louis Taussig, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London
Mr David G Woodhouse, Associate Head of Governance and Legal Services

Docklands Campus, University Way, London E16 2RD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853
Email: r.carter@uel.ac.uk