

Erosion of good intent:

Professional perspectives of child protection conferences

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“One does not set out in search of new lands without being willing to be alone on an empty sea”

Andre Gide

Writing this thesis there have been many moments in which I have felt alone on an empty sea as I have waded through data and journal articles. But I have truly never been alone during this journey.

To all the professionals who have shared their often-challenging experiences of child protection conference I will be forever grateful. I hope that this work goes some way to recognise the environment you operate within.

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Abstract

Child protection conferences (CPCs) sit within a legislative and procedural framework responding to the most vulnerable in our society. The onus of which is not held by society due to the intolerable feelings evoked by child abuse and maltreatment instead, this sits with a specialist group of professionals. MacAlister's (2022) review of the children social care system has cited CPCs' as questionable spaces.

Within this study eight episodic interviews (EI's) were conducted with professionals' integral to the child protection system and associated conference. The nature of EI's seeks to capture professionals' perspectives through narratives, creating an experiential approach to understanding the reality of the CPC.

Findings suggest professionals enter the CPC with good intentions seeking to respond to the task of protecting and supporting children to ensure effective family systems. This small-scale study concluded suggests that anxiety runs like a vein through professional representations of the CPC resulting in a cluster of social defences manifesting and obstructing the task and good intentions within the CPC.

Findings within this study suggest that although anxiety cannot be eliminated it can be reduced if the CPC is refocused. This small-scale study provides evidence that the process of the CPC is intertwined with anxiety resulting in social defences eroding good intentions and diverting professionals from the intended procedural, and legislative task. Recommendations propose how, refocusing the task, clarifying professional responsibilities, and re-establishing the power and independence of the conference chair could ensure the CPC remains a place to ensure the effective working of family networks and the protection of children.

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Chapter 1 Introduction

Practitioners within the Child Protection (CP) system are situated in a jurisdiction to prevent abuse and neglect of children, with the overriding task the reduction of incidences and prevalence of child abuse alongside the associated long-term effects (Bingle & Middleton, 2019; Kettle, 2018; Connolly & Katz, 2019). Such a system necessitates an interconnected multi-agency approach as professionals are required to find answers to complex moral and societal problems, within England Child Protection Conferences (CPC's) form a central part of this process facilitating professional decision-making when children are deemed in need of protection (Bastian et al, 2022; Munro, 2010; MacAlister, 2022).

I worked directly in the CP system as a social worker for 6 years, leaving frontline child protection practice 5 years ago after becoming disillusioned by the practice context and increasingly political landscape practice found itself operating. Within this chapter the readers will be introduced to the area of study and research questions which have been influenced by my own professional experiences over the last 11 years.

1.1 Practice and personal context

Walking away from the Local Authority office I had worked in for over 6 years I looked back and felt a sigh of relief. Although I left the job, I was passionate about, I wondered how often I was able to do the job I wanted. I entered social work to ensure children and young people were able to reach their potential, some might say this was deluded or cliché but for me this remains the centre of my professional value base. Practice had changed, I was under scrutiny due to statistics and figures rather than lived experiences. It did not feel that the experience of the child or family mattered in the evolving landscape of local authority social work. I lost the heart my motivation, the child.

Munro's system wide review of CP systems suggested that the heart of social work has been lost to bureaucratic processes, an experience I echo (2011). Leaving the local authority my positioning changed and my mindset refocused, 'if I can't practice how I want spending more time with families then, in the office then I want newly qualified social workers to feel empowered and skilled to be able to do this'. Entering social work education, I wanted to focus on equipping social workers with the required skills and knowledge to place children and young people at the heart of their practice, working in collaboration to bring about second order change rather than hoping procedures would replace relational working.

Two years after leaving frontline practice I was able to reflect on my experiences and the social worker I had become. Hand on heart I can't say I always got this right; I would not have admitted this at the time due to the fear of blame and scrutiny. My local authority felt like a toxic environment, in which blame underpinned the culture and seeped into practice. Undertaking this research has made me realise that societal and cultural dynamics had eroded the good intentions I entered social work with.

My own professional reflections were influenced by discussions I had with my students surrounding CP processes and partnership working. It is through these discussions that I began to think about how I could contribute to the social work profession to bring about positive change for children and young people. One family that has remained central to my reflections has been the Wilson family, the characteristics of this pseudonymised family have been summarised below as it became the initial catalyst to undertake research regarding Child Protection Conferences (CPCs).

The Wilson Family:

Luke (18), Beth (16), Drew (13), Poppy (8), Ben (4) and Adam (2) were subject to a CP plan under the category of neglect for a period of 3 years. There were significant concerns regarding home conditions with raw sewage soaked into carpet, live wires within the property, a lack of clean bedding and clothes. Significant work was undertaken during the CP plan to improve home conditions, working with the children's mother, to ensure a routine was established to meet the Children's basic care needs. The children within the home appeared unkempt and were soiling both at home and within school, this was concluded by professionals to be due to no working toilet and the unsanitary conditions of the bathroom. Professionals focused on addressing home conditions before the decision was made that the children's needs could no longer be met within the family home. Following the children being removed from their mothers' care, Poppy (8) and Ben (4) made disclosures of sexual abuse. Due to the CP plan having focused on concerns regarding poor home conditions and neglect, behavioural signs which alluded to the risk of sexual abuse had been missed.

Higgins (2017) captured the views of Munro calling for CP systems to adapt to focus on purpose not process. As I reflect on my work with the Wilson family, I attempt to answer the question, what did we use the CPC for? With the essence of this falling to process rather than developing purposeful interventions to improve the lives of the children. To contextualise this discussion the procedural and legislative purpose of CPCs is that of a multi-agency forum to discuss and explore the risk of harm a child is perceived to be exposed too and the subsequent impact. Decision making within this forum seeks to protect through a process of multi-agency planning and subsequent intervention. As a social worker the power invested in you by the multi-agency network and wider society, can feel unproportionate, just three weeks into my role as a NQSW, I became aware of this:

Attending my first Initial CPC after qualifying just three weeks previously, I recall *“Can we as professionals taking into consideration what we have heard today make a recommendation regarding whether or not Holly and Oscar should be made subject to a child protection plan and if so under which category,”* eyes turned to me to make the initial recommendation, *“I recommend that Holly and Oscar are made subject to a child protection plan under the category of neglect”* this statement was swiftly followed by multi-agency professionals response, *“I agree with the social workers recommendation”*.

These two experiences of CPCs have remained with me for over 11 years, the CP system requires professionals to identify children at risk of significant harm and develop a plan to intervene in their lives. But on, neither of these occasions did I feel equipped or supported to undertake the task bestowed on me or the wider professional network.

1.2 The evolving picture

Holding the Wilson children in mind the initial objective of this research was to explore professional and family perspectives of the purpose and functionality of the CPC and more directly the categorisation of risk. Reflecting on the Wilson family I question, if the mother was aware of the concerns we held as professionals or if the CPC felt like a bewitchment by language (Wittgenstein,1921). The initial research question was formulated from a perceived idiosyncratic hypothesis:

Does categorisation of risk lead to misunderstanding regarding what needs to change for children within the child protection process?”

The intention was to partner with up to three local authorities (LA's) and undertake interviews with both social workers and families who had, had previous involvement with the CP system. During the recruitment process I communicated with thirty LA's within England, twenty-four of these did not respond following initial recognition of my email, with further discussion only taking place with six LA's. During these discussions it became apparent the LA's, senior managers, and principle social workers I spoke with accepted that families and social workers held differing understandings of the purpose of both the CPC and categorisation of risk. The candid nature of the discussion suggested an unspoken acceptance that parents did not understand the CPC or related processes. Within one discussion I recall being told:

Parents leave conferences not knowing what is required of them, I hate categories, parents don't get them at all. It's about collecting stats people don't fit in boxes.

Conferences can be really collaborative between parents and professionals however as soon as; we ask professionals to make a recommendation at the end of the process all the positive work that had been achieved is lost

Ludwig Wittgenstein's (1921) seminal view "the limits of my language are the limits of my world" all too well proposed, the "unvoiced" accepted discord between understanding, language, and partnership within the CP system. By January 2022 it was becoming evident that my research question had been answered, LA's openly voiced awareness that there was no shared understanding of the categorisation of risk between social workers and families. This required a re-evaluation of the area of study. Resulting in me zooming out to think about the perceptions of other professionals within the CPC. Resulting in the following research question being posed:

What is the function and purpose of professionals categorising risk within child protection conferences?

The sub questions devised within this study became iterations of discussions I had during the initial recruitment phase with LA's in which anxiety and proceduralised approaches became a common focus. The following three sub-questions support the overall aim of this research:

Does the process of categorising harm reduce professional anxiety?

How does professional and organisation anxiety influence the decision-making process?

Does defining risk in a prescriptive way effect professional power?

The evolving nature of the question posed within this study continued during the data analysis phase. Utilising thematic analysis within my methodology meant the research question was further shaped by the data themes and their congruence to each other.

This in fact meant that the three sub questions became the dominant threads throughout this study, resulting in the overarching research question shifting, with the explicit connection to the categorisation of risk being superseded by the exploration and impact of anxiety. The final research question evolved once more:

What happens within child protection conferences and how does this impact their function and purpose?

This did not mean that the categorisation of harm was void within the data sets and professional narratives; the prevalence and impact of anxiety became the golden thread as is explored within this study from the perspectives of multi-agency professionals.

1.3 Structure of the thesis

This research is presented across seven subsequent chapters, chapter two will offer a literature review. Exploring both the legislative aims and objectives of the CPC alongside research capturing the reality of practice within this often-contentious area Psychoanalytical perspectives will also be integrated within the literature review considering organisational dynamics and social defences. Chapter three presents the research design and methodological principles which were employed, considering my position as the researcher and ontological influences. Chapter four offers the first insight into the findings, introducing the readers to each of the participants and their initial perceptions of the function and purpose of the CPC. Within chapter five professional anxiety and the associated causes will be voiced with the concluding chapter, chapter six exploring the impact of anxiety on professional behaviour. Following the representation of the findings chapter seven offers the readers, the discussion connecting participants narratives with psychoanalytical perspectives to gain understanding of behaviours and dynamics. Chapter eight offers the researchers' conclusions, and recommendations.

Chapter 2 Literature Review

“To strike at the child is to attack the repository of social sentiment and the very embodiment of ‘goodness’. Indeed, such an act epitomizes absolute evil. And yet child abuse is a constant feature of the historical process as well as being a preoccupation of the contemporary collective consciousness”

(James et al, 1998 cited in Powell and Scanlon, 2015 pg27)

The CP system in England has been noted by Devaney and Spratt (2009) to focus on five interdependent objectives: the reduction of incidences of abuse through preventative approaches, reducing child mortality rates, preventing children from experiencing repeated harm, addressing the effects of harm alongside, supporting families so they are in a better position to care for and protect children. These objectives and further reviews of the CP system widely accept we are unable to eliminate risk posed to children, however it is deemed that as professionals we can respond better (MacAlister, 2022; Munro, 2010; Featherstone et al 2017; Featherstone & Gupta, 2018; Parton, 2011).

Within this chapter there are two corresponding objectives, firstly to explore the evolution of CP practice within England with specific focus on the functionality and purpose of the CPC from legislative, procedural, and professional perspectives. Secondly, consider psychoanalytical perspectives paying, particular attention to group dynamics and functioning, alongside anxiety and social defences within organisational and individual contexts.

2.1 Function and purpose of the child protection system in England

In England CP is predominantly led by social workers placed in dedicated teams within a local government structure; these teams do not t operate in isolation, instead operating as multi-agency systems to safeguard and promote children’s welfare (Lane et al, 2016). Literature postulates that CP and the related abuse and maltreatment of children is one of the greatest social ills with the purpose of the system being the protection of children from harm although, what this means in policy and practice is often contested (Farmer, 1999; Cooper, 2005; Featherstone et al, 2014; Gibson, 2020). The CP system itself relates to the formal methods adopted by agencies and practitioners backed by legislation and guidance to respond to concerns of significant harm, underpinned by multi-agency working (MAW) (May-Chahal & Coleman, 2003).

Evolution of Child Protection

Child abuse has been centre stage for over 60 years, with scandals and media representation reaching saturation point; this does not mean that this is a new phenomenon, in fact it is recognised that the further you explore chronologically the more brutal children's lives have been (Sims-Schouten et al, 2019). Public scrutiny and media publications focusing on child fatality have been present since the mid 1900's, even before the formalisation of legislation and professional networks to respond to child abuse (Powell & Scanlon, 2015). Media representations were intentional, influencing public opinion and resulting in parliamentary lobbying; a shift was noted post second world war ensuring the focus was not solely on the failings of services (Powell & Scanlon, 2014; Preston-Shoot & Agass, 1990). There is a perception that this led what has been termed as the re-discovery of child abuse by Henry Kempe in the 1960's. Kempe cited child abuse as an expert led process, congruently connecting 'abuse' with policy and legislation for which little appears to have changed (Kempe & Helfer, 1980; Smith, 2019).

In the 19th century parental indifference and societal perceptions saw childhood framed by the *"brutalised routine of life as much as the savage outburst of parental rage"* (Shorter, 1975 cited in Powell & Scanlon, 2015, pp230). Society viewed children as powerless, with parental indifference towards infants a feature in societies in which poverty was rampant. Post-war shift in public perceptions saw childhood reframed, as a time in which care and protection was required. Children were subsequently seen as, either vulnerable and in need of protection or unsocialized and in need of guidance (Sims-Schouten et al, 2019; Powell & Scanlon, 2015). The neoliberal approach to health and social care post second world war supported the shift to individual rather than state responsibility (Sims-Schouten et al, 2019). Whereas today state agencies hold the primary responsibility to manage and respond to child abuse prior to the second world war this responsibility sat with the NSPCC with no legislative or statutory means to protect children. (Powell & Scanlon, 2015).

Considerable attention has been paid to reforming children services with such debates being informed by inquiries into child deaths, of which 75% cite professional error as a contributing factor (Munro, 2005; Whittaker, 2011). Debates suggest the social work reform brought about by government policies has resulted in greater focus being paid to training rather than the social factors impacting children and young people (Parton, 2014; Featherstone et al, 2017). Following the death of Peter Connolly in 2007, the narrow forensic focus of risk within CP led social workers and children's services to operate within an increasingly pressurised system under, significant public and political scrutiny (Munro, 2010; Chapman, 2002; Frost, 2017; Cooper, 2005; MacAlister 2022; Cooper, 2014a). Due to public and political scrutiny thresholds of intervention reduced resulting, in a significant increase in the number of children looked after externally from their family and those subject to CP plans, as noted in figure 1 (Parton, 2011 & 2012; Munro, 2011; NSPCC, 2021).

Category of abuse	2017	2018	2019	2020	2021
Neglect	24,590	25,820	25,330	26,010	24,120
Physical abuse	3,950	4,120	4,170	3,820	3,650
Sexual abuse	2,260	2,180	2,230	1,970	1,930
Emotional abuse	17,280	18,860	18,460	18,380	18,840
Multiple	3,010	2,820	2,070	1,330	1,480
Total	51,080	53,790	52,260	51,510	50,010

Figure 1- Number of children subject to CP in England (NSPCC, 2021)

Practice from 2010 onwards was noted to be increasingly bureaucratic with performance management and audit becoming the central framework, as a means to defend against organisational anxiety and public scrutiny, resulting in practice which was influenced by process rather than relationships (Cooper & Lees, 2014; MacAlister, 2022; Munro, 2010). The approach to practice within England, falls within a broad CP paradigm differing to those of our international counterparts such as, Denmark, Sweden, and Finland where a typology of family service has been developed (Gilbert et al 2011; Connolly & Katz, 2019; Parton, 2010). These two paradigms hold different approaches in responding to maltreatment and abuse, but also differing perspectives regarding the cause. CP cites abuse as an action which is structurally driven, whereas family services see abuse stemming from social and psychological issues with a greater readiness to intervene (Higgins, 2017; Khoo et al 2002). MacAlister was commissioned in 2019 to undertake an independent system wide review of the children social care system, concluding a system wide reset was required to ensure in part a just and decisive child protection system. The report cited knotty issues and raised the question as to whether CPCs, fulfil the intended purpose, stating these were questionable spaces (MacAlister, 2022).

Purpose and functionality of the Conference

An Initial CPC (ICPC) will be convened if a child is deemed to be at risk of significant harm as detailed within the Children Act 1989, the ICPC provides a multi-agency forum to decide if a CP plan is required (Richardson Foster et al 2021; Ogle et al 2022).

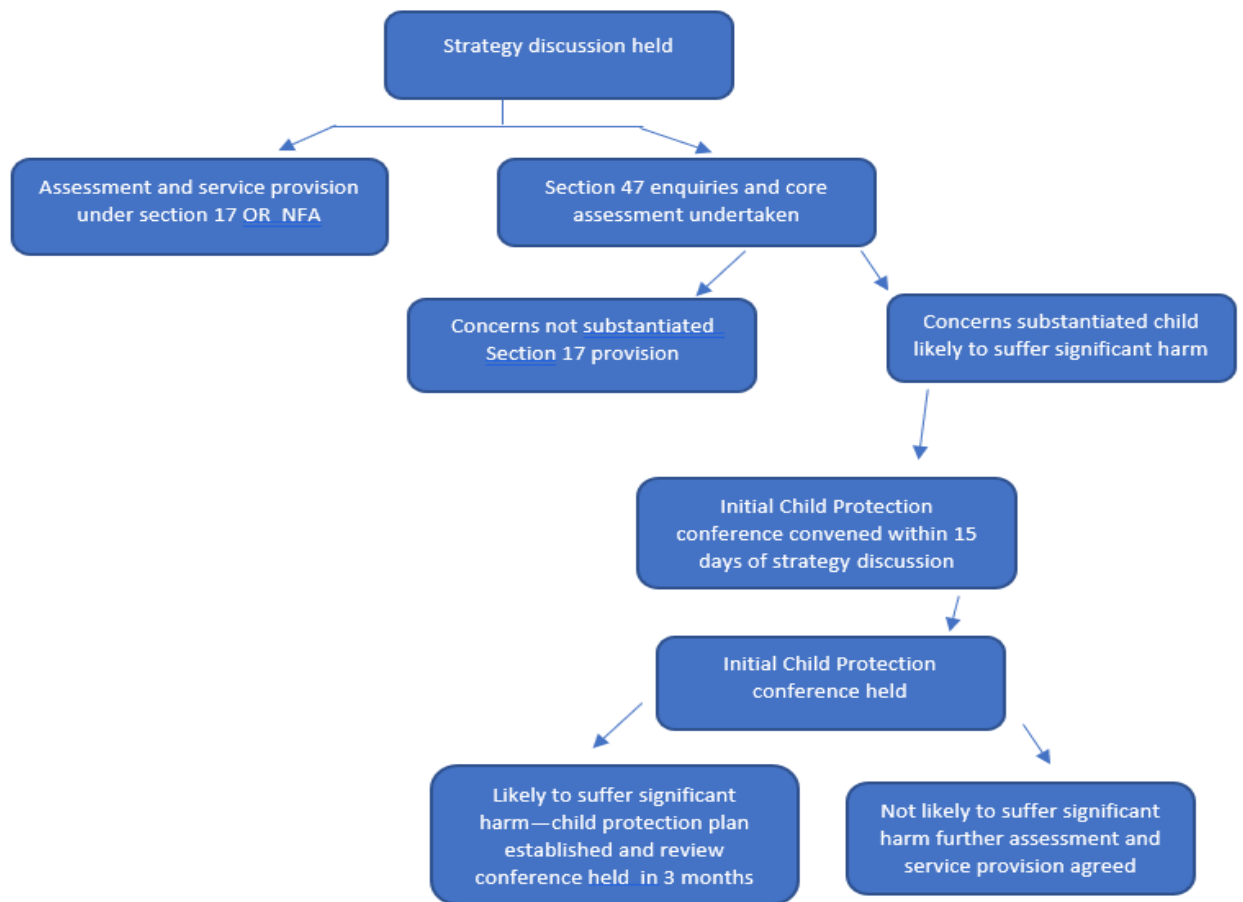


Figure 2: Child protection process

Figure 2 illustrates the wider CP process outlined within section 47 of the Children Act 1989 and Working Together to Safeguard Children (DfE,2018), which defines the function and purpose of the CPC:

“To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how organisations and agencies work together to safeguard the child in future” (ibid pg49).

It is important to draw on the perspective of Farmer (1999) who states that in essence procedures surrounding CPCs have remained unaltered since their introduced in the 1970’s, questioning their effectiveness due to lack of response to cultural shifts (Higgins, 2017; Kearney, 2013). Baginsky et al (2021) cite the CPC as an opportunity for families and professionals to collectively identify risk, requiring highly effective practice. Legislative and practice procedures are intended to provide a reliable means to identify risk within a multi-agency forum with CPC’s being pivotal platforms for co-

ordinated multi-agency working (Farmer, 1999; Jackson et al 2020; Munro, 2011; Diaz, 2020; DfE, 1989; Richardson Foster, et al 2021; MacAlister, 2022). Kettle (2018) deduces that you would be hard pressed to navigate and locate a more complex decision-making process than that located within the CPC. Kettle's study explored the delicate balance of the work undertaken by 22 Scottish child protection social workers citing heightened anxiety and social defences impacting the task being undertaken.

Decision making

Saltiel (2016) proposes that quick heuristic or intuitive modes of decision-making are employed within social work practice due to a multitude of factors including, the amount of information, time pressures, reliance on practice wisdom and the emotional content of decision making (Nyathi, 2018; Munro, 2008; Gillingham & Humphreys, 2010). The nature of the formal decision-making process within the CPC can situate them as "quasi-judicial" bodies (May-Chahal & Coleman, 2003). Parton (1985) explored that "*it is assumed that child abuse is an illness of sufficient unity to be put into a diagnostic category in its own right*" (pg132), stating professionals were the "definers" of social problems. Working Together to Safeguard children stipulates if, a child is made subject to a plan, professionals consider your child to be at risk of significant harm in one or more of the following four categories: physical abuse, sexual abuse, emotional abuse, and neglect (DfE, 2018). Decision-making within the CP system is impacted by emotive and societal perceptions with Munro (2020) recognising this can lead to avoidance or procrastination.

Professionals are required to determine risk within predefined categories restricting their ability to fully interpret the diverse needs and experiences of individual children. Featherstone et al (2017) propose that the categorisation approach employed within the CP system appears to create a disconnect between human behaviour and social determinants resulting in complexity being obscured or glossed over whilst, a position of safe certainty is sought (Kearney, 2013). Aligning with Foucault (1980) exploration of power dynamics and "othering" as the process can become a mechanism for legitimating abuse against 'problem' groups in the population by placing them outside the scope of normality and acceptability.

Legislation requires a CP plan to be developed to safeguard and promote children's health, well-being, and development however, when explored in the frame of the CPC planning is felt to receive little attention (Dillion, 2021). It has been depicted that little time is spent within CPCs developing CP plan, with the focus being discussing risk and history rather than how to address this (Richardson Foster, et

al 2021; Jackson et al 2020) It has been voiced in research that the approach taken to the CP system is risk dominated, with professional practice seeking compliance (Ogle et al 2022; MacAlister, 2022).

Construction and Categorisation of risk

Risk and CP have become preoccupied with each other, with Munro (2010) depicting that the procedural process within CP makes it harder for professionals to safeguard children (Houston & Griffiths, 2000). Within the CP context risk, is defined as the direct harm or neglect caused to a child or young person by their carer/parent (Waterhouse & MacGhee, 2009). Power (2007) posits an interesting counter to the language of risk extrapolating the nuance between risk and danger, implying that risk is perceived to be managed with responsibility being placed on individuals and agencies. Anglo-phonic responses to CP assert a paradigm of protection over welfare, with emphasis placed upon risk assessment rather than promoting wellbeing and empowering families. Instead risk focused assessments are undertaken to determine the support provided leaving, families feeling under surveillance and scrutiny with support offered if families comply to set requirements (Levine et al, 2020; Featherstone & Gupta, 2018; Parton, 2012; Gilbert et al 2011; Higgins, 2017; Khoo et al 2002).

Categorisation of risk has been cited by Bacon (1988) as professionals deep-seated symbolic resistance to seeing problems within the family or, as Higgins (2017) in her review of CP a, processes of simplifying a complex decision-making process, in which a right answer is hard to locate. Nadan et al (2018) discuss the subjective perceptions and constructs surrounding risk positing discrepancies between parental and professional contextualisation and understanding of risk, a concept eloquently summarised by Greenfield and Cocking (1994) as “a danger of mistaking the particular for the universal”. Warner (2015) discusses the societal construction of risk, mirroring the language voiced by parents of shame, guilt, fear, and anger as central tenants. The paradigm of risk sits within a negative connotation, aligned with uncertainty and worry, which Austen (2009) states results in individuals becoming sceptical of professional opinion.

Mellon (2017) explored current research relating to parental participation within the CP process determining that support for families is marginalised to risk assessment, surveillance, and monitoring. This view has further stepped away from the lens which Parton (2011) feels should be central within practice, a system in which, partnership, prevention and participation should form the foundation. However, within neo-liberal society risk in CP is viewed as “high risk” resulting in the mobilisation of fear as a defence resulting in, professionals being perceived as having failed to protect if, things go wrong (Stanford, 2010; Parton, 2011). Rutter (1987) proposed risk and protection as processes rather than fixed states, with CP positioned at the apex of promoting the welfare of children. Underpinning

this concept sits societal perceptions of families involved in the CP system, perceptions of blame and failure which impacts the voices of families both in service design, decision making and, processes involving their own children (Featherstone & Gupta, 2018).

Family perceptions of CPCs

There is a distinct discord in research which calls for changes to be made to the current CP system with emphasis being placed on the relationship between families, professionals, and the state (Kearney, 2013; Kirk & Duschinsky, 2017; Laid et al, 2018; Saltiel, 2016). In research parents have outlined that the CPC was the most vivid aspect of their involvement, with research citing parents experience as 'one they will never forget' and 'feeling as if everyone is against them' (Dale, 2004 pg146). Although legislation and policy stipulate the requirement of family involvement from assessment to conference, parental voices across literature echo their distrust of a system which puts them down, a system in which they do not want their voice to be heard (Buckley et al, 2010; DfE 1989; Diaz, 2020; Dillon, 2021; Ghaffar et al, 2011; Jackson et al 2020). Smithson and Gibson's (2017) research goes some way in title alone to explore parental experiences of feeling "less than human", feeling like criminals with power imbalances leaving parents feeling belittled and ganged up on as professionals embody an authoritative approach (Buckley et al 2010; Featherstone et al 2014; Munro, 2011; Jackson et al 2020; Ghaffar et al, 2012).

The impact of Covid-19 saw CPCs move to a virtual context which has been noted to have impacted the relational aspect of work with families with, it being felt that they became more intimidating as professionals found it easier to impart challenging information (Baginsky & Manthorpe, 2021; Harker, 2020). This assertion was countered, instead citing greater multi-agency attendance within the CPC which improved information sharing with, families feeling more readily engaged in dialogue and able to represent their own views due to being in their own environment (Baginsky & Manthorpe, 2021; Driscoll et al, 2020).

It is inevitable that some parents will have negative perceptions and experiences of the CPC and related CP system due to the potential that their children could ultimately be placed in care external to their own (Buckley et al, 2010). However research also captures the positive experiences of parents which tends to align with perceptions of having a supportive social worker (Ghaffar et al 2011; Dale 2004; Smithson & Gibson 2016). Parents voice the positive aspects of the CPC as having an opportunity to see their family differently and, hear the perspectives of professionals resulting in receiving professional support (Ghaffar et al 2012; Diaz, 2020; MacAlister, 2022). Aligning with this professionals

alluded to the fact that the presence of the family improves the quality of the information shared and assessment within the CPC (Ghaffar et al 2012).

Children's experiences of the CPC sees' variation across LA's even though legislation states where appropriate children should be invited to attend, however regardless of attendance their views and wishes must be represented in CPC's (DfE 1989; Richardson Foster et al, 2021; Ogle et al, 2022). Diaz (2020) undertook research within the CP and looked after children's field to establish family and practitioner perceptions regarding engagement and participation, within interviews he found that only ten in forty children interviewed had a partial understanding of the CPC however, this was not wholly accurate. The remaining 30 children in the study held a minimal understanding, aligning with this it has been voiced that although children wish to participate nt within CPCs they do not feel supported to do so (Cossar et al, 2016). Richardson Foster et al (2021) question how child focused CPCs were, within their study in only two out of 24 CPC were children and young people attended with differing input and support available to them, and a further 17 saw children wish and feeling obtained prior to the CPC.

It is contended that an effective CP system requires the voice of both the child and parents', yet research explored has identified that a positive experience within the CPC and wider CP system was not deemed necessary for parents, nor it appears is the timely and accurate support for children to ensure they can be directly involved (Buckley et al, 2010, Diaz, 2020, Richardson Foster et al 2021; Bastain et al 2022).

Multi-agency working

Devaney and Spratt (2009) postulate that protecting the most vulnerable children is undertaken within a collective system, the CP system which through organisational and procedural arrangements facilitates individual professionals to work together to protect children, as there is no single professional solution to the complex problems faced in CP (Frost, 2017; Horwath & Morrison, 2011; MacAlister, 2022). Professionals need to work within a multi-agency structure for what has been defined as two key purposes, to holistically view the context of the problems faced by families and the integration of differing professional knowledge bases requiring, professionals to understand and accept the difference knowledge values and experience they bring (Woodhouse and Pengelley, 1990; Ogle et al, 2022; Frost, 2017; Sloper, 2004; Jahans-Baynton & Grealish, 2022; Gillingham & Humphreys, (2010). MacAlister's review postulates that multi-agency working ensures a better understanding of families, generating a more accurate identification of harm; this requires a clear understanding of the capabilities of multi-agency working (ibid, 2022).

Although multi-agency working is a central tenant to CP within serious case reviews and research several impediments have been identified: status differentials, uncertainty about profession remit and differing working practices (May-Chahal & Coleman, 2003; Frost, 2017; Howarth & Morrison, 2011; Jahans-Baynton & Grealish, 2022). These impediments can lead to organizational separatism and fragmentation (Chuard, 2021). The deployment of power and differing status is generated through multiple structures, both societal and legislative, social workers via Children Act 1989, but medics for example due to societal deference which is traced to the CP system (Frost, 2017). The nature of power is further felt by families from a different angle with the number of professionals attending enforcing a power imbalance which is both intimidating and daunting (Jackson et al 2020; Buckley et al 2010).

Multi-agency working is all too often the site of blame, fear, and lack of professional autonomy. The environment created is prone to professional scapegoating when there are perceived failures with social workers placed at the centre of this due to their perceived role as linking professionals within the CP system (Frost 2017; Jackson et al, 2020; Munro, 2010). Risk-management approaches within multi-agency working and safeguarding mean professionals are constrained by policies, procedures, and performance management which allows blame to evolve especially when separatism is present (Horwath & Morison, 2011).

2.2 Psychoanalytical approaches

There is an ongoing discussion in literature for a deeper and broader understanding of the complex dynamics between workers, families, and the systems in which they meet (Cooper & Lees, 2014). Which paves the way for the application of psychoanalytical perspectives within social sciences research illuminating the combination of the conscious, unconscious within individuals and systems.

The nature of the CPC and wider CP system relies on effective multi-agency working and collaboration therefore, it is imperative that insight is gained in relation to group behaviours and dynamics. The nature of groups creates an initial dichotomy in behaviour as, we cannot survive without each other, but we cannot operate with them (Woodhouse & Pengelley, 1990; Tchelebi, 2017). Gaining understanding with regard to groups can be further facilitated through the application and examination of psychoanalytical approaches, allowing us to get under the surface (Ruch & Murray, 2011). Aligning with this, social workers are required to hold in mind the complexity of lived experience requiring them to explore the conscious and unconscious to further illuminate understanding of human behaviours (Trevithick, 2012; Jacobs, 2010).

Group task

CPCs see professionals come together to undertake a shared task, the protection of children and young people; due to their differing organisational aims and objectives defining the primary task becomes more difficult (Obholzer & Roberts, 2019; Rice 1963). Sitting at the heart of the task of the CPC and wider CP system is a gap between, what the public expect and what workers can provide. Societal expectations add an additional dimension to the task as professionals are expected to hold the intolerable and protect the general population from the reality of abuse, resulting in professionals managing anxiety on behalf of society (Obholzer & Roberts, 2019; Kettle, 2018).

The primary task, can be cited to be oversimplified, disregarding the complexities of organisations; they do provide an invaluable foundation to define a groups' aims and objectives. The nature of the primary task and the connection to anxiety has been discussed and rejected by Hoggett (2015), who proposes defining such a task within society and organisations renders them both timeless and context free. The notion of the task undertaken within organisation have been further developed by Lawrence (1977 cited in Ruch & Murray, 2011), highlighting the discrepancies of the task organisations say they are carrying out and the work that is undertaken. Figure 4 captures the three aspects of task:

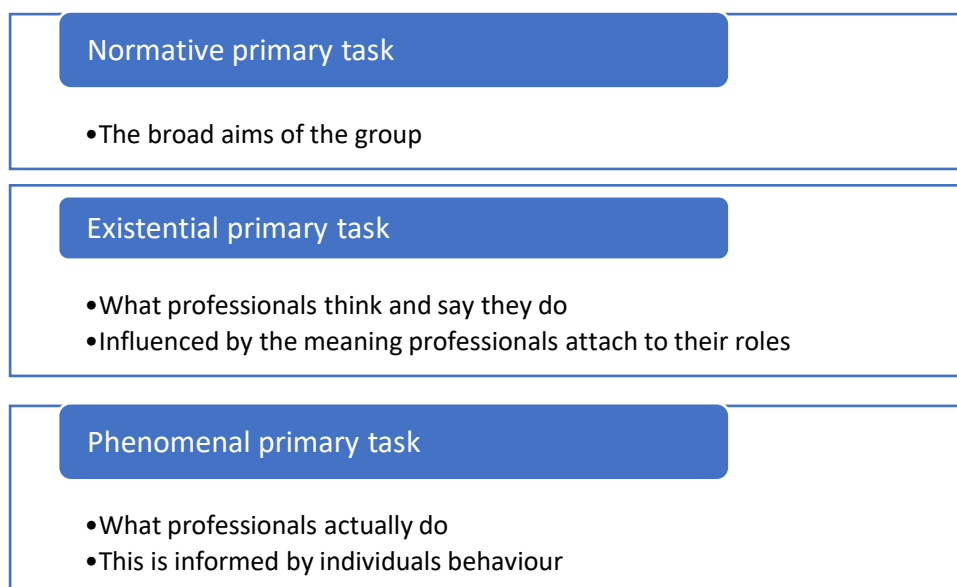


Figure 3: Task discrepancies (adapted from Ruch and Murray, 2011)

Within groups, when the task is not known or undefined there is a resultant dismemberment of a group as an anti-task evolves to defend against professional anxiety due to survival being sought (McMillan, 1981; Ruch & Murray, 2011).

Temporary organisations

To achieve the group task professionals' come together to form a temporary organisation (TO) which, is dependent on one or a limited number of defined tasks in, the case of the CPC, working together to analyse information and ensure the safety and well-being of the child (DfE 2018). The TO sees professionals from across organisations come together, influenced by their own experiences, organisational cultures and differing agendas impacting the interpretation of the primary task (Obholzer & Roberts, 2019; Rice 1963). For groups to operate and undertake the task they come to together to complete attention and clarity is required in three differing aspects: (Frost, 2017; Howarth & Morrison, 2011; Sloper, 2004).

- Task
- Boundaries
- Authority

Interestingly these aspects correspond with factors which have been found to be either facilitators or barriers in effective multi-agency working.

The TO formed within the CPC can be described as a complex adaptive system (CAS) due to multiple subsystems that come together to perform the task (Munro, 2010). The nature of the system means a top-down approach to hierarchy is not possible or desirable as CAS's can only be steered and not controlled therefore, managerialist top-down hierarchical approaches seen public sector organisations that come together to form the CPC will not suffice (Smith, 2019).

To understand CAS insight is required in relation to complexity theory, Cooper and Wren (2012) explain, "*complexity science recognises that in the human sciences there are no inevitable outcomes, no linear laws, no single answers*" (pp.208). Luhmann (1985 cited in Cilliers, 2002 pg.2) "*states that complexity entails that, in a system there are more possibilities than can be actualised*". The process undertaken within the CPC is non-linear actions and outcomes cannot be predicted as, depicted in figure 3 (Munro, 2010).

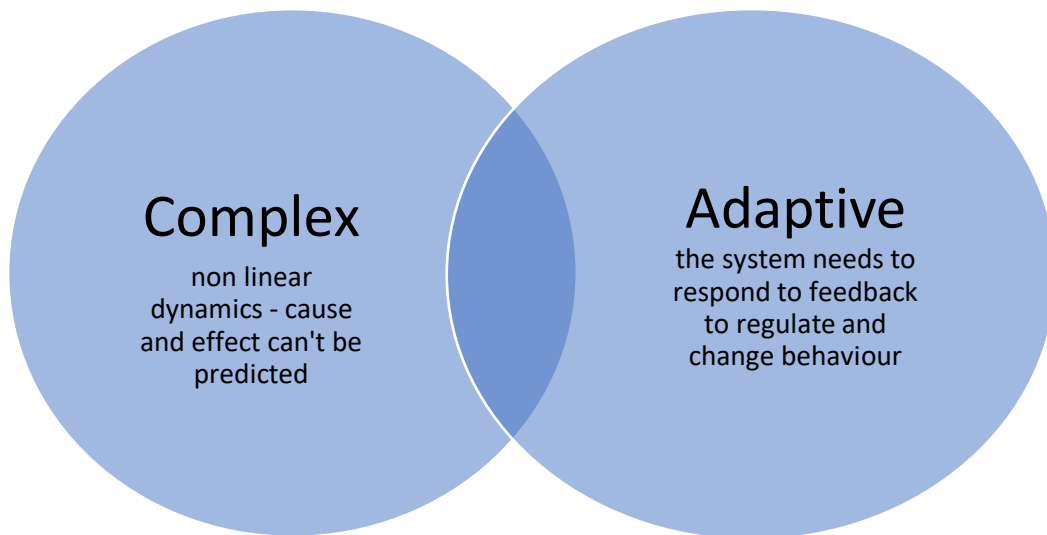


Figure 4: CAS

Anxiety and defence can result in searching for simple solutions to complex problems, social sciences and organisations are paying increased attention to the notions of complexity theory to inform practice, policies, and procedures (Stevens & Cox, 2008; Kearney, 2013). Viewing organisational process through a paradigm of complexity, requires the acceptance of “chaos” as an opportunity for creativity and adaption (Dolan et al, 2000). Within such context’s individuals are not confined to defined roles, as subsystems come together energy and information is shared to allow the systems and subsequently the individuals to develop to their “full” potential (Ansell & Geyer, 2017; Smith, 2019; MacAlister, 2022;).

Reductionist approaches

Hood (2018) posits that complexity theory lays challenge to positivist social sciences rejecting generalisable cause and affect instead focusing on a paradigm shift to accept interconnectedness, constant flux, interaction, and feedback, requiring the acceptance of non-linear causality. Cooper and Wren (2012) eloquently derive that we are required to embrace complexity rather than attempt to control it, accepting that organisational systems cannot be reduced to component parts but instead a chain of links affecting each other (Cilliers, 2002). CP systems are complex adaptive systems (CAS) denoting a system which is non-linear, meaning actions cannot be predicted with, the system requiring feedback to self-regulate (Munro, 2010). Menzies Lyth (1959) explores when professionals become narrowly focused on the primary task in this case the protection of children blinkered views can prevent us seeing the task, impairing performance, further compounding anxiety. Anxiety within

this remit escalates due to fear of failure and the perception of doing more harm than good (Woodhouse & Pengelley, 1990).

Spratt et al (2014) abstractly discuss the impact of reductionist thinking with regard the categorisation of harm, exploring that they represent narrow definitions which fail to consider social circumstances. Reductionist approaches to CP can be placed within a technical-rational response, seeking solutions through procedurally lead guidance and managerialism failing to recognise the emotional responses to professional anxiety (Whittaker, 2011). Such technical-rational responses manifest from a desire to seek certainty rather than accepting, the pluralist nature of the child protection system which sits at the edge of chaos with no one controlling influencer (Byrne & Gallagher, 2013; Tunstill, 2019). Levin et al (2020) deduced that the impact of COVID-19 has further illuminated the technical bureaucratic driven approaches within children’s services compounded by a pre-occupation of risk within practice, with initial responses to the pandemic centralising around risk aversion and audit processes. Saltiel (2016) explored findings of serious case reviews which have been seen to exemplify tensions between social work being seen as a technical activity structured through policy and procedures and the contending paradigm of complexity and the messier aspects of practice (Cooper, 2005).

Basic assumptions

Basic assumption behaviours became evident as a key concept during the data analysis within this study and will be revisited in both the findings and discussion to provide theoretical insight into professional behaviours within the CPC.

This theoretical perspective denotes that there are two tendencies within groups, the work group mentality and the often-unconscious behaviour of avoiding the primary task resulting in basic assumption (Ba) behaviours. Basic assumption behaviours result in individuals no longer being able to see the shared task, instead shifting their focus to reducing anxiety. This unconscious shift means when groups are under pressure they function as if they were meeting for a differing purpose, avoiding the existential task (Chuard, 2021; Froggett, 2005). Ba behaviours tend to become apparent when groups find the reality of the task too painful, with behaviours becoming the strategies employed to defend against anxiety (Stokes, 2019; Obholzer & Rice, 2019; Froggett, 2005; Ruch & Murray, 2011).

Basic assumption	Behaviour
Dependency (BaD)	Leaders are expected to look after and protect the group members

	The group will seek an omnipotent leader, but if they are perceived to fail, they will be blamed, and the group will seek a new leader
Pairing (BaP)	The group will find a pair of messianic leaders, placing in them a hope to save the group, there is no focus of working towards future goals instead focus is on sustaining hope
Fight-Flight (BaF)	The group will be looking for a leader who will either fight to protect them from a threat or lead them away from the threat to safety. Time will be spent planning how to deal with the threat
Oneness (BaO)	Individuals seek to join a union and become passive participants to gain a feeling of wholeness Prevents examination individual knowledge or beliefs

If groups find themselves held within Ba behaviour their ability to think and act effectively is lost, the group instead becomes absorbed by their own needs rather than the primary task. When operating within a Ba mentality individuals within groups are seen to lose their individual knowledge as they focus on survival resulting, in boundaries being lost and individuals seeking retreat from new information. Leadership within a Ba moves away from the traditional models of problem solving, action and solution to focus instead on protection, identifying the enemy, or fostering hope (Stokes, 2019). For some professionals, they are pre-conditioned to assume a particular role due to the way they behave or, their professional role, this is noted by Bion as valency (Bion, 1961).

Ba behaviours can be employed in a sophisticated way, when one state is utilised to allow the primary task to be achieved, with this CPC this could be the states of BaP. This might see professionals' pair with the parents to create a sense of hope to overcome setbacks within the child protection plan or individual interventions (Chuard, 2021).

Anxiety and defence in the system

Anxiety and the associated social defences will form a pertinent thread within this study and subsequent recommendations, as these aspects became a notable golden thread during data analysis. Therefore, this has required particular attention within the literature review to ensure these professional behaviours and affective states can be understood.

Anxiety is cited to be a result of unconscious desires and fears threatening to take control of the personality in ways that inhibit understanding, thinking, and one's sense of self (Waddell, 1998). When anxiety is present within organisational systems individuals will enact behaviours to mitigate against the intolerable feelings, whether consciously or unconsciously. In her review of social work practice following the death of Victoria Climbié Rustin (2005) proposes that defences are deployed due to the mental pain caused by ordinary people doing difficult work a, sentiment echoed by Hoggett (2015), who proposes defences are informed by our feelings, socio-logic and, further impacted by wider social processes.

CP is haunted by anxiety deriving from multiple sources, powerful emotions are projected from the families, professionals, and public inquiries, resulting in perceptions of professional failure becoming dominant thought processes (Whittaker, 2011). All too often organisations and professionals are left to prove their innocence before, during and, after public enquiries due to debates surrounding avoidable and unavoidable (Munro, 2010). Organisational cultures are required to identify anxiety and the associated cause, figure 5 depicts corresponding typologies of anxiety (Cooper & Lees, 2014; Woodhouse & Pengelley, 1990; Waterhouse & MacGhee, 2009).

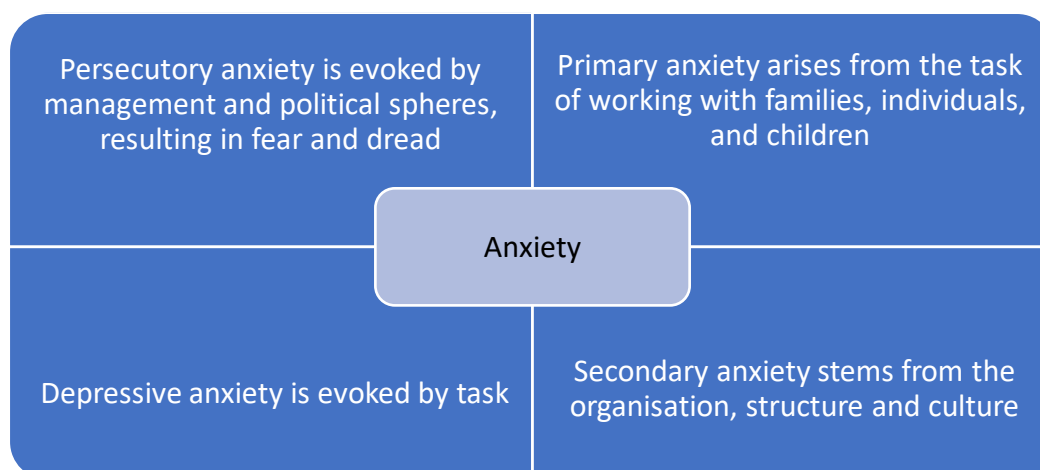


Figure 5: Types of Anxiety

The concept of social defences were originally developed by Jaques (1955), in this work Jaques explored how organisations can be distorted by anxiety. Jaques proposed that anxiety is developed in organisations rather than individuals resulting in the pooling of psychotic anxiety within the organisation, holding the organisation as the container for anxiety rather than the individual (Hoggett, 2015; Whittaker, 2011).

It has been recognised that within the human psychic and institutional processes there are underlying difficulties which can evoke anxiety, which we know from a human perspective that denying these can lead to greater disturbances; within organisations there appears to be an approach taken to manage these away (Obholzer & Rice, 2019). In the context of the CP system managerialism, paperwork and bureaucratic scaffolds have been used to attempt to defend against anxiety through process (Munro, 2011; Cooper, 2009). Although an initial organisational defence there are far more nuanced individual and groups defences which are constructed to protect professionals from anxiety, such psychoanalytical behaviours include, splitting, transference and the previously explored basic assumption behaviours. Considering discussion regarding social defences, attention is paid firstly to the work of Menzies Lyth (1959) who in the 1950s studied the behaviours of nurses within a London teaching hospital, who organised themselves in such a manner that a “social defence system” was formed. This seminal work saw differing behaviours enacted by nurses to protect themselves from the anxiety of the task they were required to undertake, from delegating responsibility to not being able to see the positive rewards of their role and distancing themselves from the reality of the patient they were caring for ‘the liver in bed one’ or the in CP system ‘the case of neglect’ (Whittaker, 2011; Flaskas, 2007; Armstrong et al, 2005).

Splitting, Projective identification & containment

Splitting has been explored in the context of the CP system as an anxious avoidant passing the buck, this behaviour allows a division between the goodies and baddies. The nature of splitting stems from the work of Klein in relation to the mother child relationship it relates to an individual’s inability to hold opposing, thoughts about a person resulting in the individual projecting the bad onto another, resulting in anxiety being diffused (Bower, 2005). Ruch and Murray (2011) have in fact aligned this behaviour to the preservation of relationship within the CPC with some professionals remaining the “goodies” by avoiding difficult conversation or imparting difficult information to families, resulting in introjection of what is good and the projection of what is bad (Hinshelwood & Skogstad, 2000).

Projective identification concerns the process of unconscious communication from one person to another, an individual's expulsion of unwanted or threatening ideas allowing individuals to rid themselves of parts they find unbearable or deny (Segal, 1992 cited in Finch et al, 2014). This projective process is often employed when there is an unconscious awareness of aspects of the self, which are felt to bring about unmanageable disturbance to the individual's psychic equilibrium (Klein, 1950).

In the realm of CP, the nature of projective identification is multifaceted with projections from families, parents, and children to professionals as well as, between professionals. For example, when working with a child who has experience maltreatment and is unable to express themselves feelings can be projected from the child to professionals leaving them feeling, unwanted and deskilled, which when we are unable to process will impede our professional confidence. Trevithick (2012) argues that the impact of projective identification on a practitioner can be significant, impeding practitioners' recognition of what they are faced with, impinging assessments, judgements and inhibit determinations of failure.

Bion (1962) and Winnicott explore the nature of the contained and the container, within the mother-child relationship. This can be transposed to organisational settings and professional roles directly. The nature of containment requires an individual to be available to hold, the projected feelings of the another, process these and return this within a manageable form. The container – contained relationship can be directly seen within supervision within the social work field between supervisor and supervisee; could be seen in the interplay between professionals especially if the BaD mentality has been evoked. Ferguson (2011) notes that containment requires space to explore emotional responses, without such space it is recognised that individuals are unable to collaboratively work (Woodhouse and Pengelley, 1990).

Paranoid – schizoid and Depressive positions

The nature of the position taken either paranoid schizoid or depressive echoes back to the ability to explore anxiety and the possibility of both good and bad. With each state being considered to denote *'an attitude of mind, a constellation of conjoint phantasies and relationships to objects with characteristic anxieties and defences'* (Joseph 1983, cited in Steiner, 1991 pg47). The paranoid-schizoid position involves fragmentation to deny reality, within this position it is possible to perceive that you can hold good and bad, with the need to project one or another elsewhere. Entering the

depressive position requires the integration in thought and reality of both aspects, good and bad (Obholzer & Rice, 2019).

Within the CPC the depressive position ensures that professionals are able to understand and feel concern, worry, or damage to others, rather than the paranoid-schizoid position, when they only feel anxiety for themselves, resulting in an inability to remain focused on the primary task which requires the consideration of the child. Therefore, for an organisation such as the CPC to operate and manage the anxieties that are projected onto it by society, they need to operate in a depressive position. This requires professionals not only to agree the task they are undertaking but accept the anxieties projected onto them requiring, all professionals to remain aware of the difficulties of the task and their own powerlessness.

Within groups these states of mind result in two differing trends of operation, the group state of mind enacted from the paranoid-schizoid position and the group state of mind based on the depressive position. Within the group state of mind individuals can tolerate the difference each of them brings and use this to bring about creative responses. When in this state the group operates under conditions of humility, reflection and purposeful actions considering the consequences of interventions. The opposing state of mind, the gang, in which the individual differences of professionals are rejected, as professionals create an environment of individual superiority with vulnerability and uncertainty located externally. The gang state of mind sees group interventions unlikely to be successful as a fight mentality is adopted over co-operation and multi-agency working (Chuard, 2021).

What has been presented

This chapter has explored both the context of the CPC and wider CP system in terms of legislation, process and procedure and its evolution which has been underpinned since the mid-1900's by scrutiny and blame. The reader has also been introduced to psychoanalytical approaches, to gain understanding of how organisations and individuals respond to anxiety inherent in the CO system. These theories begin to embrace the complexity and ambiguity attached to attending and participating in a CPC and the dangers of declaring certainty about what is the correct course of action within such a forum. Bower (2005) illustrates that applying such theories within the social work field allows for the internal and external realities of practitioners and clients to be understood.

Chapter 3 Research approach and paradigms

Research in England that explores the purpose and functionality of the CPC from the nuanced position of professionals is limited, as are psycho-social studies within the CP paradigm. Consequently, this study seeks to combine both to explore the multiple realities of the CPC from the perspective of the professionals involved.

This chapter outlines the methodological approach which has been employed within this study presenting a detailed consideration of the empirical dilemmas and examination of the data collection and analysis methods. Critically this study sits within the naturalistic interpretive exploration of the subject, seeking not to predict or control but understand the phenomena of study, through professional narratives which are seen as fundamental in accounts of human experience (Clandinin, 2007).

3.1 Research context

The context of this research sits within a complex system, with CPCs seeing professionals come together, to voice their perceptions surrounding a child's lived experience. Within the most simplistic state the CPC requires professionals to decide if a child is at risk of significant harm or not. Having observed and been part of this system I discovered the process to be far more nuanced due to the structures and experiences which shape our responses whether consciously or unconsciously.

Ontology and epistemology

The nature of the CPC and wider CP system sees professional influenced by several structures, both organisational and social such as, media representations and organisational values and beliefs. Due to the perceptions, I hold in relation to the CPCs, consideration needs to be given to my epistemological and ontological perspectives to ensure the credibility of any claims to knowledge within this study (Gringeri et al 2013; Guba & Lincoln, 1994).

Krauss (2005) proposes that *“qualitative research is based on a relativistic, constructivist ontology that posits that there is no objective reality. Rather, there are multiple realities constructed by human beings who experience a phenomenon of interest (pp.760).*

For me the positivist perspective is narrow in its vision denying the acceptance of different perspectives within the social world, as Al-Saddi (2014) suggests this narrows reality to one form, simplifying the human process. At the outset of my study, I held a position which would be akin to constructionism; as I explored my study and findings further, the data suggested that participants were influenced by structures and processes which were less visible which, constructionism would reject. During the examination of my data my, view shifted finding greater alignment with critical realism (CR), as it recognises both personal agency and the multiple structures that influence us (Bhaskar, 2013).

Moore (2019) phrases this position eloquently stating “*critical realists maintain a realist ontological assumption that there is a world that exists whether or however we might see it. Unobservable structures exist independently of human thought, but these unobservable structures can cause observable events*” (pg23). Bhaskar’s’ development of CR accepts the people are predisposed to behave in particular ways due to psychological and social mechanism, which is inherent within this study as participant narratives explored the observable and unobservable structures that influenced their responses and behaviours within the CPC (Bhaskar, 2013).

Critical realists undertake explorative processes to identify the structures and mechanisms that lie beneath the surface, which subsequently impacts the phenomena of study (Taylor, 2018). CR requires the acceptance that individual problems can not, be understood without attention being paid to the context, social relationships and in this case professional and organisational systems, values, and beliefs they find themselves within (McNeill & Nicholas, 2019; Frauley & Pearce, 2007). CR asserts that the natural world is an open system in which differing sub- systems come together, meaning when they combine the outcome cannot be predicted. CR therefore proposes that we cannot be certain of outcomes but instead we can understand and explain tendencies (Houston, 2001 & 2022). Within the context of the CP environment CR rejects the simplification of cause and effect and, reductionist perspective such as:

Child at risk + Child Protection Plan = Safe child

Instead, there will be several influencing structures and factors which will impact the equation, requiring us to attempt to understand influences and mechanisms to ensure interventions developed pay due regard to personal, social, and societal interactions. Many would argue that social work is a socially constructed activity although, it could be suggested that CR aligns more strongly with the definition of social work, as it requires individuals not only to understand structures and mechanism, but it encourages us to challenge their existence when it leads to human oppression (Houston,2001).

Aligning CR within psychosocial studies such as this paves way to discuss the three levels of reality; empirical, observed events; actual, all events whether encountered or not; casual, unnoticed mechanism which create events (Bhaskar, 2013). Although the casual event is not observable the impact of this will be discernible and could in the context of the CPC result in a certain behaviour being displayed, from my experience frustration or defence (Houston, 2022). The very nature of psychosocial research seeks to explore the conscious and unconscious requiring an understanding of the empirical and actual alongside the casual.

Research position and question

The very nature of holding a CR perspective within this study allows for the iteration and evolution of the research question to be explained. During the process of this research journey the question has shifted due to the data sets, shifting from the exploration of the empirical level, the observed process of categorising risk to exploration of the real level, the impact of anxiety on the CPC and structure.

At the outset of this study, it was evident that I was led by the empirical level, events that could be experienced and observed. Which result in a research question being formulated that explicitly focused on a tangential outcome, the categorisation of risk within child protection conferences:

What is the function and purpose of professionals categorising risk within child protection conferences?

CR however proposes the three divisions of reality, the empirical, the actual and the real. During the data analysis phase, it became evident that the sub questions posed within this study offered insight into the real level, which can be offered as the unconscious mechanisms that result in observed events, events at the empirical level that we can explain.

This meant that as the data was analysed both my methodological approach to data analyses, and my researcher position allowed me to follow the golden thread within the data sets. I was able to follow the data themes as they were presented and answer an initially unsurfaced question due to a more explicit focus on my initial sub questions:

What happens within child protection conferences and how does this impact the function and purpose?

Does the process of categorising harm reduce professional anxiety?

How does professional and organisation anxiety influence the decision-making process?

Does defining risk in a prescriptive way effect professional power?

The CR allows this study to explore the complexity of the CP environment which calls into question several multifaceted academic and practice discussions, with a starting point needing to be placed within two often contentious positions, empowerment, and bureaucracy. The fundamental premise of this study evolved to align with Higgins (2017) representation of Munro's findings which calls for the CP system to focus on the purpose rather than the process.

3.2 Psycho-Social Research

Central to psycho-social research are the unconscious communications present within the data collected. Unlike general qualitative and quantitative studies, psycho-social studies seek to explore the nuances of lived experiences and dynamics. Attending to this research with a CR perspective means I am acutely aware that there are conscious and unconscious structures that influence reality. Adopting a psycho-social lens allows me to investigate beyond the fixed process of the CPC to provide an in-depth insight to the reality and its associated influences. Due to the psycho-social nature of this study that the evolution of the research question has aided further in unpacking and examining the unconscious processes at play within the CPC.

The nature of psycho-social research rejects the position that researcher subjectivity, emotion, and participation within the phenomena of study acts as a hindrance, postulating the importance of self-understanding (Clarke et al, 2018). Psycho-social research requires the understanding that the unconscious plays a significant role in both data collection and analysis due to the way we perceive and construct reality. Hunt (1989) depicts that the researcher's unconscious responses within data collection and methodological construction will directly impact the material and data collected from participants, requiring examination of self as researcher and object within this study, for this reason consideration needs to be given to researcher reflexivity, data analysis methods and positioning.

Researcher reflexivity

Entering this research I accept it is not possible to hold a non-bias position; what I am able to do is explore the knowledge and experience I bring to this research to ensure this remains conscious. Having worked within the CP system for 11 years, my experiences align with Devine (2015) who, denotes the interface between state and family, is often a fraught, confusing, and emotionally charged. Which is

further compounded by risk aversion, and a proceduralised need for safe certainty (Kearney, 2013). This professional experience places me as an insider-researcher meaning that I am not taking a position of a detached researcher. Meaning the relationship between self as researcher and research participants requires critical examination when qualitative methods are employed (Paltridge & Starfield, 2007). Requiring me to answer the question “What is my investment and how will this affect the way I go about the research?”

My investment in this research stems from feeling disheartened in social work practice, seeing a gap develop between my professional intentions to bring about positive change and the reality of paperwork and professional tensions superseding direct work with families. Practice felt shaped by labels rather than positive outcomes for children and their families. With multi-agency working being shaped by finger pointing and forming professional alliances for the purpose of preservation rather than bring about positive change for children and young people. As I step back and reflect on my investment within this study, this can be summed up as a desire to want to understand what happens within CPC’s.

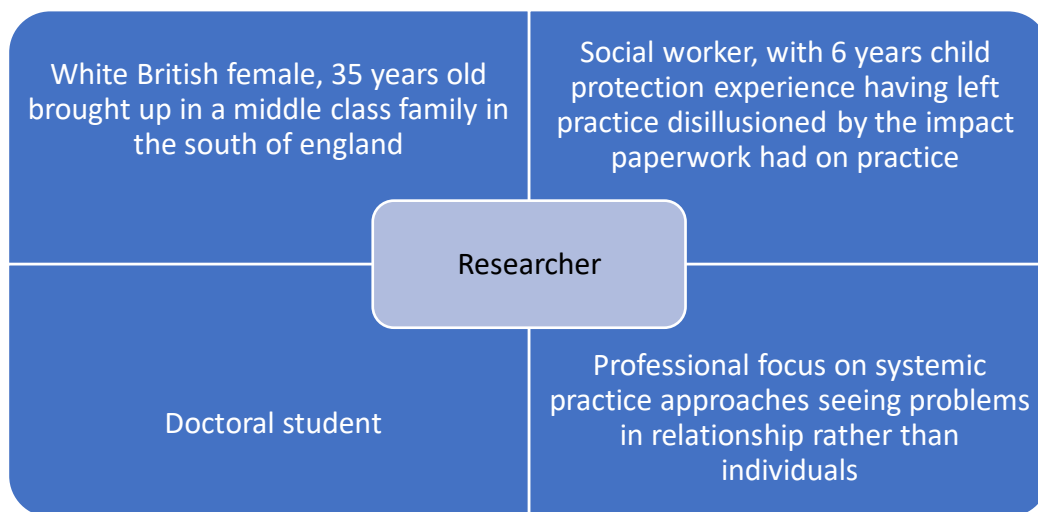


Figure 6: Aspects of the researcher

Figure 6 illustrates the differing aspects of self, if working with families these aspects could result in a power imbalance; this is not solely restricted to this arena and will also influence the dynamics between self as a researcher and the research participants.

Interviews undertaken within this study were not asocial, as neither the researcher nor the participant can leave behind the fragments that create their reality and lived experiences (Wengraf, 2001). Research participants will be aware of my professional background, which could influence their

responses, I am not able to separate self, researcher, and professional experiences (Clandinin, 2007; Costley et al, 2010). Being aware of these aspects of self is central within narrative-based methodologies due to the researcher-researched relationship to ensure I can stand apart from the participants, treating their experiences as physical things (Pinnegar & Daynes, 2007). Clarke and Hoggett (2009) suggest that taking up a reflexive researcher position involves sustained and critical reflection on our methods and practice to, ensure we recognise our emotional involvement in the project, whether conscious or not.

A critique of psycho-social research, specifically within narrative enquiries, focuses on the fact that the stories I hear and therefore narrate will be influenced by my personal and professional experiences alongside my initial hypothesis (Cooper & Lees, 2014; Finlay, 2002).

Do you think there are processes and bureaucracy in place that led conferences to work in a certain way and decisions to be made in a certain way? (Family therapist pg11)

Would you say that er, conferences lack a relational aspect? (Health visitor pg23)

The two questions above align with initial hypothesis that process and policy impedes relational working with families. Researcher bias is not noted to this extent throughout interviews; I wonder if some questions have been unconsciously influenced by professional experiences that have been reignited by the participants narrative, preventing me from holding a position of evenly suspended attention (Jarreau, 2012). The example below captures neutral responses to participant to elicit further narrative utilising motivational interview techniques as I reflect and summarise:

So, you mentioned there boiling down an hour and a half's meeting into a few words. When you're asked to boil that meeting down to a few words what feelings are evoked for you? (Probation officer pg4)

You mentioned earlier that, erm, you feel that the case is built up before you get to conference and that essentially going to conference means it's going to result in a Child Protection Plan. Have you been to conferences where the outcome has been Child in Need? (Substance misuse worker pg23)

Supervision, presentations of my findings and peer discussion groups have ensured my bias as an insider researcher has not seeped into my analysis unconsciously. Having differing multiple perspectives through these forums has ensured questions are asked and that critical approaches were taken.

Researcher reflection

Reflecting in August 2022, the nature of being an “insider researcher” played a significant role in both my motivation and frustrations during this study which resulted in my own defensive responses due to anxiety. This study came from my own experiences within the CP system, a system which should be in place to support the most vulnerable yet as I reflected on my own practice experiences, I was left wondering how helpful the CPC and wider system was in bringing about effective and lasting change for children and their families. The CPC often felt like a ‘peacocking process’ a chance to settle a score with other professionals who might not have followed through interventions whilst, also trying to protect myself from blame and scrutiny.

Both blame and scrutiny were evident during this study as, I entered supervision there appeared to be a process of transference as I saw my supervisors as judge and jury. Hindsight and reflection allowed me to see this as a process of transference due to the dominate sense of failure and persecutory anxiety within the transcripts resulting in defensive responses. For me this anxiety resulted in adopting a fight-flight response seeking to preserve myself at all costs, either fighting or fleeing the perceived threats. The fight not a physical act but a behavioural response, resulted in the rejection of the ideas presented and seeing my supervisors as out to get me. At times though flight was noted, I would shut down and not take onboard what was being said. I oscillated between these two positions seeing myself as the bad student, the bad researcher not capable and, my supervisors as the innately good researchers. As I bring my study to a conclusion, a depressive position seems to be evolving both the good and bad researcher exist within me, but the impact of anxiety still sends me back to the paranoid-schizoid position.

3.3 Method

Methodology how knowledge is acquired. I share the perspective cited by Mueller (2019) that method refers to the specific approach for collecting data. This study employed a single qualitative data collection method to capture the voice and experiences of multi-agency professionals. From the outset of this study due to the psycho-social lens being applied only qualitative methodologies were considered as this allows researchers to gain understanding of why things are the way they are within the social world (Al-Ababneh, 2020).

Participant recruitment

Participant recruitment commenced in April 2021, during the Covid-19 pandemic, which had a significant impact on the network and methods of recruitment, the eight professionals within this study were recruited through existing professional networks across the England, via snowball sampling. Interlocutors were utilised acting as an intermediary between researcher and participants ensuring there was not a reliance on existing networks which could have resulted in bias within sampling. All research participants were recruited between April 2021 and July 2021 with interviews concluded by the 8th July. The last interview to take place was the social worker, the one professional in this study which, was hard to recruit due concerns regarding local authority perceptions of their involvement, in total sixty-five social workers were approached.

A full systematic sample was not viable due to the extensive population of professionals involved within the CP system, therefore, defined sampling dimensions, criteria were utilised. Bell (2017) considers that the answers we gain in research will depend on who we ask, therefore consideration needed to be given to participant selection through the lens of “why should I ask these people their perspective?”. Figure 7 outlines the dimensions of the sample:

Professional role- at least one year experience
Statutory and non-statutory professionals
Attendance at a CPC within the last 6 months
Professional remit to safeguarding children and young people
No personal involvement with CP system

Figure 7: Sample dimensions

There were no exclusion criteria generated in terms of protected characteristics although, this might appear a broad inclusion criterion the nature of CP and safeguarding is the responsibility of multiple professionals. Employing such a sampling method does hold limitations, as the defined dimensions were identified prior to data collection which, can be seen to affect the range of variation within the study.

Interviews were undertaken during the Covid-19 pandemic, although all professionals remained within their professional context their interactions with families and CPCs altered significantly during this period with this being directly mentioned within four interviews conducted.

Professional occupation	Age	Gender	Ethnicity
Deputy Head Teacher	35-45	Female	Black British
Substance Misuse Worker	35-45	Male	White European
Systemic Family Therapist	45-55	Female	White British
Social Worker	30-35	Female	White British
Pastoral Support	45-55	Male	White British
Probation Officer	35-45	Female	White British
Health Visitor	45-55	Non-defined	White British
Police Officer	45-55	Male	White British

Figure 8: Research participants

Figure 8 provides brief details of the participants, depicting a small and somewhat un-diverse sample; Weller et al (2018) concluded that in general probing and prompting in interviews seems to matter more than the number of interviews. A position further posited by Schwartz-Shea (2014) posing that more in-depth interviews facilitated the comparison of findings to existing literature with enhanced confidence than a greater sample size with less in-depth interview approaches.

Data collection

When considering the design of data collection tools awareness and consideration was given to the hypothesis that I held and the subjective impact this might have on the design (Bell, 2017). Both the research question and my ontological perspectives influenced the data collection methods. One key consideration in this study was how best to capture the perspectives and experiences of differing professionals. It appeared evident from the outset that a narrative approach was required, the nature of which allows the reconstruction of personal experiences their relationships and social milieu, stories lived, and stories told (Clandinin, 2006). Squire (2012) discusses the nature of ‘research with narratives’ as utilising participant narratives to understand social problems and experiences.

Initial thought was given to undertaking semi-structured interviews; it was felt that movement away from this question-answer approach would allow greater understanding of professional’s experiences (Hollway & Jefferson, 2013; Mueller, 2019). Utilising semi-structured interviews could risk questions being designed that align with researcher bias, therefore I wanted to adopt an interview technique which did not impose structure or ordering of questions (Jovchelovitch & Bauer, 2011). Considering the nature of data collection tools, a survey-based interview style might have provided more concrete

and simplified responses; this would not offer the in-depth individual understanding and phenomenological nature of the study and was therefore discounted during the initial data collection exploration. The nature of psychosocial research such as this requires the exploration of narratives alluding to “all meaningful stories of personal experience that people produce” in relation to the phenomenon, generating new knowledge through analysis (Mueller, 2019, pp2; Clarke, 2002).

Group interviews were additionally considered given the replication this environment would have to the CPC. Much focus within the field of social sciences has seen group interviews utilised within an exploratory phase of study. Group interviews offer insight into dynamics especially when the field of study sits within multi-agency network, allowing replication between the data collection method and area of study (Frey & Fontana, 1991). Although a group interview would allow the exploration of the dynamics present within a temporary organisation, I felt replicating the environment of the CPC would additionally replicate factors such as leadership and followership, with professionals feeling restricted in voicing their perception if these were perceived as constructive or negative towards another participant present. For me this factor ruled out using group interviews as true representations and narratives would not necessary be collected (Frey & Fontana, 1991).

When exploring the nature of narrative techniques within psychosocial research, biographical narrative interpretive method (BNIM) was additionally considered as an employable technique during initial exploration. Through further interrogation however due to BNIM’s unbounded nature, “anything goes” the researcher is required to follow the narrative without direction being provided to participants, which adds further complexity and would not in this instance allow directive exploration of the episode of study, experiences of CP processes as specifically intended in this study (Mueller, 2019; Braun & Clarke, 2008).

Following initial exploration episodic interviewing (EI) was identified as offering the structure of the semi-structured interview at the outset and the boundaries which are lacking from BNIM, it felt that a balance between these approaches had been found , as EI captures the narrative of the participant through an initial open question with the researcher then able to utilise further open questions to elicit and refine the participants narrative (Flick,2000 & 2014; El-Lahib, 2020). The nature of EI is useful for researchers new to narrative focused studies as it allows a systematic funnelling to create bounded accounts from participants (Mueller, 2019)

Episodic interviews

Episodic interviewing (EI) is an interviewing approach, that provides structure yet allows the recollection of a participant's direct experience within the area of study permitting participants to give voice to a particular episode/experience and decide which aspects of this they narrate (Mueller, 2019). EIs are orientated towards research questions which are situation based such as this study (Flick, 2014). Utilising this interview method aligns with my critical realist perspective, allowing participants to explore the multiple structures conscious and unconscious that have influenced their experiences in CPCs. The open nature allowed me to explore the unconscious dynamics and examine why participant tell certain parts of their story. EI combines narrative interviewing and more direct forms of questioning to enable the researcher to access both episodic, knowledge of direct experiences and semantic knowledge, knowledge of concepts and assumptions (Cooper, 2014b).

Finding similar studies in England that have utilised EIs drew results which saw EI's being utilised within the field of health, further searches found only two studies within the social work field that have utilised EIs in England. El-Lahib (2020) used EIs to capture the stories of immigrants and refugees with disabilities. This interview method was additionally used by Cook et al (2014) in their study exploring the experiences of adults in residential care. Both studies as with my own are focused on the narrative, experience, and story of those who have direct experienced of the area of study.

Critiques of such approaches cite narrative accounts as difficult to sustain and formulate for participants as, emotive uncertainties influence attempts to create order, with diverging expectations and, challenges to meaning influencing responses (Russell & Babrow, 2011). It is additionally posited that due to the complexity of the social phenomena being studied and the complex interplay between memory, circumstance, contexts, and relationships that caution is required within the analytical phases of research to find aspects of resonance between narratives (Mueller, 2019).

As the researcher awareness is required in relation to "expectations of expectations" within such interview methods, participants will hold some knowledge of the reason for the exploration of the social phenomena (Jovchelovitch & Bauer, 2011). El-Lahid (2002) and Flick (2014) cited a key critique of EIs as the accuracy of the account provided by research participants denoting that any recollection or narrations will be influenced or partially distorted.

"Lived experience is not presented to us in some pre-existing or independently existing unity; rather, we continually strive to create coherent expectations and desires by relying upon both previous narratable forms and current situations that alter the stories we share" (Carr, 1986 cited in Russell & Babrow, 2011 pp.243)

Mueller (2019) aligns with the perspective proposed by Russell and Babrow (2011) and El-Lahid (2020) in terms of the accuracy of the data within EIs.

Interview structure

EIs have five distinct stages as outlined within figure 9 this model offers opportunity for the researcher to refine the participants account using open questions, Squire (2013) sees this as an opportunity to mitigate against the ‘anything goes approach’ in narrative methods.

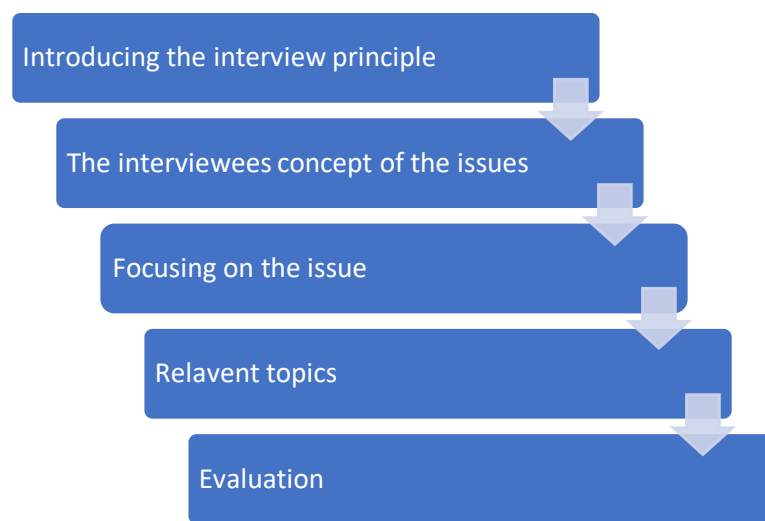


Figure 9: EI interview structure

Stage 1: Within this phase of the interview participants are asked an open question to elicit their narrative regarding the episode, topic of study:

“Within your professional role I understand that you have had direct professional involvement within child protection conferences, can you tell me about your experience of attending these?”

Stage 2: This stage allows the researcher to use further open questions to define the topic, as participants are asked to recall specific situations (Flick, 2000 & 2014; Mueller, 2019; Travis 2015).

“Can I ask you to tell me about your own experiences of that final part of the conference where you give your opinion?”

Questions asked at this stage are aimed to elaborate the cross-situational knowledge that the participants have voiced

Stage 3: This stage allows you to focus on the narrative that have been voiced, using participants own discourse, allows you to focus on the issue, this can be done by reflecting the participants own discourse, within one interview the participant referenced being “*in the deep end*”,

INT: ***No, that was lovely, I think there's one thing that sort of really came up for me when you were talking. You used this phrase “in the deep end”.***

RES: *Okay.*

INT: ***And I was just wondering if you could tell me a little bit more about that.***

(Deputy headteacher pg3).

Using reflection techniques avoids researcher interpretation yet acts as a catalyst for further exploration (Clarke & Hoggett, 2009).

Stage 4: Exploring relevant topics allows you as the researcher to step back at this point in the interview and ask the participant to think more generally about the topic, allowing questions such as:

In your opinion what would make the process of the CPC easier?

“INT: ***Is there anything else you would like to share about your experiences of conference or your perspective around the process surrounding conferences?***

RES: *No I think, I think for me like I said the main thing was, is that professionals should all have good training before they go to their first one.” (Substance misuse worker pg25)*

Stage 5: The final stage of the interview process allows for evaluation; asking if there are any other aspects the participant would like to explore, this stage can develop into small talk with the participant.

Key within the EI is ensuring that you to refrain from directive intervention during the participants narrative at stage 1 until it is deduced that the participant has arrived at their conclusion, after which further open questions can be utilised to elicit iterations within the participants narrative (Flick, 2000; Clarke et al 2018). The use of open questions within this method allows the researcher to funnel, orientating narratives to the contextualised account of the topic of study (Mueller, 2019). This approach creates space for emergence due to the minimal structure requiring, the researcher to remain flexible to ensure they are responding to the participant (Bates, 2004; Clarke; Hoggett, 2009; Mueller, 2019).

Due to Covid-19 interviews were undertaken virtually, with two interviews, those of the probation officer and substance misuse worker being undertaken face to face. Harker (2020) postulates that for professionals the virtual environment was more conducive to imparting challenging information to families, I wondered if this might be mirrored within this study due to the same physical separation between participant and researcher. Conducting interviews virtually offers opportunity to reduce role entanglement as the distance created within the virtual format eliminated involvement in the day to day lives of the research participants which is a key criticism of insider research (Adam, 2013).

3.3 Data Analysis

The nature of undertaking psycho-social research postulates the requirement of examining self as active within the research process due to psychoanalytical processes. During analysis the researcher needs to take a position of evenly suspended attention to ensure they are analysing the narrative of the participants, the research data and not their own perceptions (Clarke & Hoggett, 2009). The very nature of the data analysis method employed ensured as a research I was able to evolve the study to align with the dominant themes developing.

The analysis of data within this research seeks to move beyond the discourse of the transcribed interviews to incorporate the “here-and-now” experience of the interview via reflexive journals creating multiple sources for analysis aligning with Miles and Huberman, (1994) assertion that “the reporting of qualitative data may be one of the most fertile fields going” (pg229; Clarke & Hogget, 2009).

Transcription

The eight interviews, lasted between forty-five and ninety minutes each interview was recorded via Dictaphone, these were transcribed via an external professional service, in strict verbatim format

ensuring iterations, such as “umm”, “ahh” and silences were included. In psychosocial research such, conversational expressive “tics” such as these are vital within the analysis due to the sense giving these iterations can provide the spoken word and unconscious process (Hammersley, 2010). All too often the process of transcription is noted as a technical task within the research process; decisions regarding the format of transcription are informed by the methodological perspective and social phenomena of study as different features of the data will be analysed. (Bailey, 2008). The decision to utilise a professional transcription service was taken due to being aware that as a researcher I carry an initial hypothesis which may affect the accurate transcription of the narrative provided by the participant. Hammersley, (2010) denotes the process of transcription is that of the construction of data rather than the simplified re-production, which can be influenced by our own assumptions and in turn the psychosocial nature of this study. It is imperative with this study that the strict verbatim transcription is not treated as conclusive infallible context yet analysed within a process that allows the integration of the thoughts and feelings within the physical space. The transcript preserves some of the evidence in a relatively concrete form, yet this must be balanced with an awareness of the intentions, social functions and motives of the researcher and research participants (Hammersley, 2010).

Approach to data analysis

Hollway and Jefferson (2013) explore that if we wish to do justice to the complexity of our research participants and, enable knowledge of lived experiences to be valid then an interpretative approach to data analysis is unavoidable requiring, the researcher to gain insight into their own subjective lens and hermeneutic understanding. EI aligns with thematic analysis (TA) during which interpretation and subjectivity are present as narratives are synthesised into chains of relevant situations (Flick, 2014; Mueller, 2019). TA’s aim is not simply to summarise data it is employed within this study to interpret the data, requiring the research question to evolve through coding and theme development (Clarke & Braun, 2017). When exploring data analysis methods, I held in mind the goal as uncovering emerging themes, insights and understanding, which due to the flexibility of TA meant these patterns could be identified across interviews and participants lived experiences, uncovering the thinking, feeling, and doing (Clarke & Braun, 2017; Travis, 2015)

Computer programmes are available to help the analysis of data, especially when there is a considerable amount for one researcher to explore with transcriptions being between 15-45 pages in length. However, utilising such programmes would distance me from my data and can result in fragmentation instead, I based my analysis on the assumption that the best way to understand data

is to fully immerse yourself, which saw each transcript read four times during analysis, as TA requires familiarisation with the data to ensure that themes are inductively coded (Hollway & Jefferson, 2013; Suter, 2012). Critiques of adopting a thematic approach to the data analysis draw on what can be simplified to, what am I hearing and what themes am I denoting due, to researcher positioning and subjectivity (Terry et al, 2017). TA offers flexibility, in that it can be applied across a range of methodologies and epistemological approaches; to ensure we hold the advantages of this approach, clear and concise guidelines are required to ensure we do not fall into the trap of anything goes (Braun & Clarke, 2006).

The method I employed followed the four phases discussed in Coopers' (2014b) evolution of thematic analysis:

Stage 1- Gathering data and reading transcriptions to generate preliminary idea of themes
Stage 2- Posing questions to the data – What does the data tell me about training?
Stage 3- Draw themes of each case analysis together
Stage 4- Cross case analysis – making sense of what has been revealed

To ensure I fully immersed myself in my data at the outset I read each transcription without coding twice, to ensure I was able to capture the voice of the participant and familiarise myself with the narrative following the interview being conducted. All interviews were re-read within 7 days, the timing of interviews meant that I was working on the initial analysis of interviews one at a time.

To ensure the participant came to life, pen pictures were created for the reader and researcher, mirroring Hollway and Jefferson (2013) suggestion that analysis of this form requires two streams, key themes arising from the interview and, individual written portraits to enable the participants to be captured.

Following familiarising myself with the transcription and participants initial analysis took place, coding took the visual form with themes being depicted by colour code. This visual form was used during coding due to my own learning style and the fact visual coding aided my dyslexia.

INT: Okay. So, within your professional role I understand that you've had direct professional involvement within Child Protection conferences. Can you tell me a bit about your experience, please?

RES: Yep. So, **through the management of offenders there are – obviously sometimes there are safeguarding aspects** - if the offender's got children or they are around **children that have been identified at risk**. So, we would then be invited **to Protection conferences and Child in Need meetings and would hopefully have a high level of liaison with social workers**.

INT: So, what happens in these conferences from your experience? Can you talk me through the process?

RES: Yeah, okay. So, I believe – because I had training a little while ago **– but I believe that we're supposed to give a report. I don't often do that, to be honest with you.** I had a few conferences from different areas - the ones that are coming to me are – one in LOCATION – I've had one in LOCATION and one – and mainly here in LOACTION. So, yeah, usually the conference – **I'm always a bit nervous, don't really know what to say and do – I'm always a little bit argh** – but, yeah, the IRO – **I'm okay to use abbreviations, aren't I?** The IRO will normally kind of direct everything. Yeah, when it comes to me – **I'm always a little bit unsure if I'm over kind of sharing – so yeah, it's hard to describe really. [sound of wind] I just crack on with them. I have a level of anxiety about any kind of professional meeting, so I tend to just – crack on.** Yeah, I know that sounds a bit woolly. Yeah, I – **I do feel uncomfortable when we're all asked to provide our own recommendation** at the end because **I don't always feel that that is something that I can really assess, because I'm not an assessor of children.** **I can only go by what information has been there, and I see** – I think I do see a bit of difference between LOCATION – I'm just thinking now, I have gone to one in LOCATION, in REGION as well. **I think there are quite a lot of differences between them. Some can be quite relaxed, other can be very, very formal.** Um - there's **one IRO I'm thinking in particular from LOCATION that is really very formal and I find quite intimidating.** Is this all the sort of stuff that you're wanting, yeah?

INT: Um -

RES: You want more from me, and I'm trying to think -

INT: You spoke about anxiety and feeling uncomfortable about assessing risk. Can you tell me a little bit more about that part of the conference?

RES: Yeah. I think – **the training that we had was very much this is a professional kind** of sphere where everything is, is very – it's got to – it's very kind of stern, very kind of calculated.

I – that’s not my kind of learning style, if you like – I thrive better in a more relaxed atmosphere. But I have found that – some of – well, it just depends on what they are really but the – who’s doing them and things. I find the LOCATION ones can be quite intimidating in terms of this on – you know, I’m thinking of one particular IRO because I think – I’m there to hopefully support the, you know, children’s services in assessing risk of those individuals that are around the children that have been identified at risk, but sometimes it feels like they’re almost having a – criticising you for your own risk assessments, whereas I feel I wouldn’t be criticising social services on their assessments. So, I do find that a bit of a struggle. Actually, as I’m saying that I have criticised some social workers on their assessments, but that’s something else to think about. Um – yeah, I guess – I don’t know what to say really. I’m so sorry – I’m not really giving you much – (Probation officer, pg1-2).

Professional role

Emotion

Purpose

The extract above from the probation officers interview provides an example of the initial coding undertaken. From this, a single case analysis was developed with connections made between themes, sub themes and theoretical perspectives, the extract above highlights emotion, role, and purpose as themes, which during cross case analysis were refined.

After this initial phase I was able to start making links between similar experiences within the interviews. This approach of singular thematic analysis and then comparison ensured the narratives of the individual participants were not lost. This approach is depicted in figure 10 and was informed by Dye’s constant comparative (Suter, 2012).

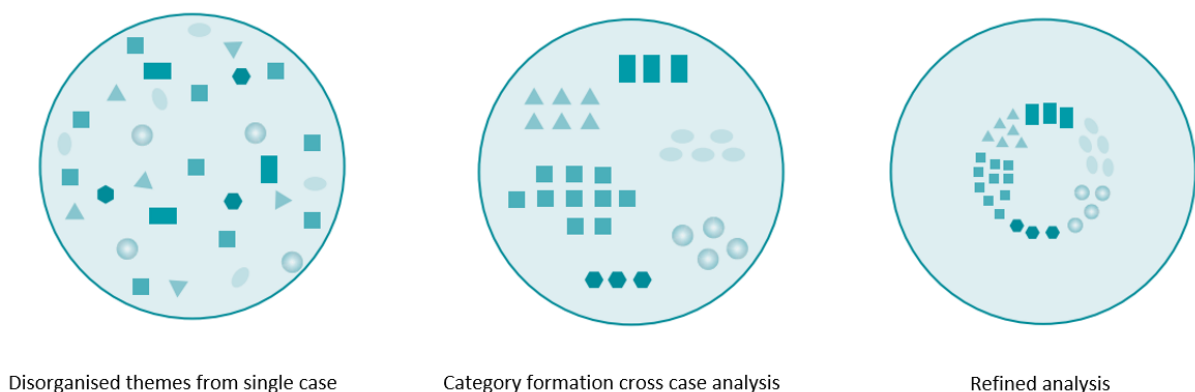


Figure 10: Constant comparative approach

Cross case analysis saw the development of themes which were present within more than one interview, resulting in the refined themes:

- Purpose
- Professional role
- Relationships
- Emotions

During analysis, I found myself in conversation with my data, asking “what are you telling me?” How do you explain that?” “Are you hiding anything” How else might think this?” having such dialogue with my data opposes rigid approaches to data analysis that would prevent me from making sense of the narratives and experiences of my participants, this approach required the flexibility to re-focus the category formation depicted in figure 10.

During cross case analysis, it became evident that the themes developing offered insight beyond the functionality and purpose of categorising risk within CPC’s which resulted in an evolution of the study. Themes developed insight into the wider system and impact of professional anxiety which influenced professional practice and responses to categories risk alongside the broader task of the CPC. This developed a shift in the question answered by this study, with the data evolving to answer the sub questions posed at the outset.

Validity and reliability

Qualitative research can be said to lack scientific rigour due to the interpretive nature of both the data and analysis; Guba and Lincoln (1994) argue that validity and reliability would be suggestive of one form of reality, arguably a positivist ontology. Validity in its broadest sense refers to the integrity of the method and the accurate reflection of data within then findings; it is suggested that alternative criteria can be utilised to demonstrate the rigour of qualitative data, as outlined in figure 11.

Quantitative	Qualitative	Researcher action
<i>Validity- precision of the data represented in findings</i>	<i>Truth value Recognition of multiple realities, requiring the researcher to outline personal and professional experiences which may result in bias</i>	Self-reflexivity and exploration of “insider researcher” Work discussion groups used to discuss data and findings Reflective journal established pre and post interviews

<p>Reliability</p> <p><i>Consistency of analysis considering biases and influences over findings</i></p>	<p>Consistency</p> <p><i>Researchers' decisions are made clear, another researcher should be able to arrive at comparable findings</i></p>	<p>Structured question utilised to inform participants narrative</p> <p>Verbatim descriptions of participants account utilised within findings</p> <p>Data used to critique with exploration of alternative perspectives</p> <p>Records of each question in interview kept separate to transcripts</p>
<p>Generalisability</p> <p><i>Transferability if findings to other settings and contexts</i></p>	<p>Applicability</p> <p><i>Consideration given to whether findings could be applied elsewhere</i></p>	<p>Provide readers with data and evidence in a form that allows them to at least consider whether alternative interpretations from those put forward by the researcher would be plausible</p>

Figure 11: Criteria to demonstrate rigour

Underpinning the three aspects of rigour within figure 11 is, neutrality which is central to the evaluation of creditability within qualitative research. Neutrality requires truth value, consistency, and applicability to be addressed, with the underlining recognition of the complexity of participant engagement and the researchers positioning (Noble & Smith, 2015). Figure 11 addresses strategies which have been adopted during this study to ensure researcher neutrality.

Data triangulation is required within qualitative research to ensure there is structure to the multiple data sources and the evidence which emerges, during this study I was able to utilise supervision and discussion groups to explore the themes as they merged within my data. Towards the end of data analysis, I was afforded two opportunities to present my research at internal research conferences at the Tavistock which allowed new perspectives and themes to emerge from individuals who were not as close to the data.

Ethics

In August 2020 ethical approval was received from the Tavistock and Portman clinic in conjunction with the university of Essex for the first iteration of this study, following which participant recruitment commenced. In March 2021 this study evolved after unsuccessfully approaching 30 LA's, at this time

an amendment to my ethical approval was submitted to alter the study following which ethical approval was granted in April 2021. Amendments to the ethical approval were made in relation to the overarching research question and the research participants, both the data collection and analysis methods remained the same.

For me the primary ethical consideration within this study were the research participants aligning with the utilitarian principle that outlines the potential benefit and the importance of knowledge gained needs to outweigh the potential risk of harm (Brinkmann & Kvale, 2017; Holloway, 2006). During Els participants explored their experiences of CPCs, which saw the interplay between personal and professional experiences and the emotional voiced and unvoiced. During the deputy headteachers interview she recalled an incident in which she had been verbally and physically assaulted.

“Um, as she got close she said, “Don't try and stop me, this is very important to me”. She's put her hand up to us like that and said, “And if you try and stop me this dog will savage you”. So, I got my walkie talkie out and, and radioed the main office and just said, “Can somebody please ring the police immediately and do not open the school door”. So, she walked straight past us, tried to get into school, bang, bang, bang, bang on the glass, started punching the glass window. Luckily, it's quite thick reinforced glass, she smashed her car key because she had her car key in her hand. She came back out, tried to get into the main school through the gate, I managed to get the gate locked. But because we'd done that she came back towards me and I had my hands in my pockets, my mask on and just started pushing me. Pushed me about three or four [laughs] times so I kept my hands in my pocket. Turned away from her to make it clear that I wasn't after a confrontation um, I wasn't gonna retaliate” (Deputy headteacher pg11).

This extract highlights that it was important to recognise the emotional and psychological impact of retrospective narrative representations of lived professional experience, and the impact verbalising and revisiting this experience and chronological space might have professionals. Holloway (2006) postulates that the primary ethical consideration within psycho-social research is that of the research participants, for this reason, structured after-care and support was developed for each research participant with 24-hour initial reflections and subsequent support developed to meet individual needs.

Jervis (2014) explores role conflict and role confusion within psychosocial research, requiring researchers to ensure relational boundaries with participants to ensure there is no entanglement between the researcher and participants which can be prevalent within insider research.

Within the findings of this research, professionals have been referred to by professional role pseudonyms will be used within the presentation and analysis of data, to ensure private identifying data is not published, the nature of the pseudonyms utilised will reference the professional role of the research participant (Brinkmann & Kvale, 2017).

What has been presented

Within this chapter consideration has been given to what has underpinned my research perspectives and the methods used to collect and analyse the data within this study. Chapter four will start with the pen-pictures of professionals referenced within this chapter to situate the reader within the participant experience and narrative.

Chapter 4 The veil of hopeful intent

Within England CPCs are built on a foundational understanding that professionals will be brought together with the intended outcome to improve the lives of children and young people. Findings within this research have seen professionals provide voice to both the reality and, the legislative and procedural perceptions of the CPC. Paying particular attention to their own professional agenda and influences that impact this.

This chapter is the first of three findings' chapters and has been divided deliberately into two, firstly, the reader will be introduced to the eight professionals within this study to gain insight into their professional perceptions and experiences. The second part of this chapter draws together the perspectives of the professionals in relation to, professional purpose, knowledge, and orientation within the CPC.

4.1 Character witnesses

Collectively the eight professionals involved in this study have over 95 years' experience in their relative disciplines. Each professional within this study brings with them their own professional knowledge, experience, and expertise, which not only influences their response within the CPC but their response in this study.

Within this study participants have been introduced as character witnesses due to the role they play within the quasi-judicial system. However more so due to the description they provide of their role within the judicial process and professional relationships.

Below I have utilised the words of each professional to situate their role, purpose and understanding of the CPC, through participant pen pictures.

Deputy Headteacher

Role:

The deputy headteacher is also designated safeguarding lead (DSL) within a secondary school in the North of England. She has been in post for 4 years following the previous DSL retiring and teaching for over 21 years. It was reflected that at the time of taking on the role that she felt *"a little bit in at the*

deep end” with allot of her learning coming from “documents that came out f, from our authority” (Deputy headteacher pg1)

Purpose of CPC:

The purpose of the CPC has been cited to hold the child at the centre with the role of the multi-agency network being imperative to bring about positive change. *“You’re going to [the CPC] because something is going wrong and somebody is in you know, in, in danger. But I enjoy them because I always see them as a step towards things being better. And I always feel you, I think you used the phrase like a comfort security of things are being taken seriously now. Which is every professional’s probably er, deepest worry that things aren’t being taken seriously. I always feel that things are being taken seriously now um, so what that then means for me is things are going to get better hopefully” (Deputy headteacher, pg34).* The structure and process within the CPC was spoken about in step-by-step detail with, this framework creating a sense of security to make sure nothing is missed.

Safeguarding has been voiced as the one ball she would not want to drop, voicing, *“I’m a better social worker than I am a teacher now” (Deputy headteacher, pg30),* with CP being the one thing that keeps her up at night. Safeguarding is stated to be the top priority, *“it just jumps to the top of the queue every time. It does, it takes priority. Um, but it is the most important thing in school, I think. Because if a kid is not safe it’s like that you know Maslow’s hierarchy of need. If a kid is not safe and hasn’t, is not having their needs met how can they succeed at school? How can they learn, how can they function, how can they even do the basics?” (Deputy headteacher, pg28).*

Perception of family:

The child is placed at the heart of the CPC process by the Deputy head-teacher, requiring her to balance the relationship with the family with the protection of the young person. Differing experiences of the family have been noted, with incidents of aggression and threats of physical violence shaping one aspect of the relationship yet support is ever present.

Perception of professionals:

Professional relationships are felt to be formed within a hierarchy, with power and experience impacting whose voice is heard. This multi-agency hierarchy is felt to provide a comfort blanket and

security, whilst a clear picture of the experiences of the child is created holistically as one professional cannot hold this alone.

Reflections of interview:

This interview captured a sense of hope and protection with the child fore and centre. There were times however that it became apparent that this interview offered opportunity to explore professional experiences of threat and intimidation. As the interviewer this spoke of the need for containment and professional reflection which the deputy head-teacher stated was not afforded to her in, her primary role, as an educator.

Family Therapist

Role:

The Family therapist has 20 years' experience and has spent a significant amount of that time working in children's social care. The family therapist will attend the CPC if she is working directly with the family and is *"asked to contribute er, in that way as a specialist clinician"* (Family therapist, pg2).

Purpose of CPC:

Safeguarding is seen throughout this interview as a relational process, with the purpose outlined as professionals doing something to address risk. *"And I suppose I just often think about um, who is, whose benefit is this Erving? You know is this reducing professional anxiety rather than actually er, er, meeting an er, a genuine need for the family? You know are we just saying, "Go there, go there, go there and go there" um, because it makes us feel as professionals like we're doing something. And at least if they go there we can stop worrying so much"* (Family therapist, pg21). Within the interview there is a sense of conflict, between professional values, and CPC. The nature of categorising harm has been seen two-fold within her interview, initially as a narrow perspective to respond to complexity but secondly as a guide to let professionals know what might be happening for a child.

The family therapist outlines her role in the CPC as ensuring the families voice is heard, *"and so, the chair sort of goes around and asks, "What has your input been"? And then they sort of say, "Thank you" and, "What's your input been" and it's all these sorts of one-way transfers of information. And um, chairs might not like this but when it comes to my turn, I invite conversation from the family. Um, so I talk to the family, when I'm giving my contribution, I make eye contact with the family rather than the network and kind of ignoring the family"* (family therapist, pg15).

Perception of family:

Within the course of the interview the family therapist does not separate the family from the purpose, citing this as relational process to support the family. This sees the family explored throughout the dialogue, with it being voiced that if the if the family are not held in mind this becomes a cause of personal and professional anxiety.

Perception of professionals

Professional knowledge and application of understanding surrounding power and, power imbalances have been voiced. It is evident the family therapist works from a position of collaboration with the family rather than professionals within the CPC. *“There are some professionals who are happy to say things to about families to other professionals but don’t feel comfortable saying those same things er, to the family when they are present”* (Family therapist, pg2).

The notion of power between professionals is discussed with a perceived “pecking order” developing, resulting in a process of group think as the most powerful is felt to lead the way.

Reflections

My perceptions with the interview centralised around professional integrity surrounding relational working with families; I wondered if the need to apply theory might in fact go some way to minimise professional anxiety. This anxiety/ uncertainty could be captured within the interview with the repetition of “um” and ensuring what is being said is being captured accurately, with the family therapist checking I was able to keep up with her dialogue.

Health Visitor

Role:

The health visitor has been attending CPCs for 19 years and does so when there are children within the family under school age. *“I've worked in four unitary areas and my experience is as a health visitor, practise teacher, lesson health visitor, second lead for safeguarding. And so, I've attended um, you know sort of primarily as a health visitor but in, in all different ways.”* (Health visitor, pg1)

The primary role of the health visitor is to ensure the social, physical, and cognitive development of children yet within this interview they have not spoken about the child, instead there is a focus upon the CPC as a professional process.

Purpose of CPC:

The purpose of the CPC has been voiced as a process for professionals, *“I, I think they're held for the professionals [laughs] I don't think they're held for the, for the families at all if I'm gonna be honest. Um, I think in a very few cases it is but, but actually you know the work the work/ I suppose you know you know what they're there for is to tell people, “There's an issue and this is the work” but it feels like labelling to me, always has done”* (Health visitor, pg11), the health visitor expands this sentiment to explore the complexity of the CPC recognising it is not just black and white true or false.

Perception of family:

Within the interview the health visitor refers to the family at times as “our clients”, with a distinction being made between the work undertaken within the CPC which is a space for professionals and that of relational working with parents externally to the CPC.

Perceptions of professionals:

It has been voiced that with so many professionals involved in the CPC that everyone is assessing and no-one is doing the work that is required. The health visitor has within their interview explored the hierarchy within the professional network, citing experience and professional role as key to this.

Reflections of interview:

During the interview there were short laughs, these occurred throughout however were more evident when process or professional roles were discussed. Having explored these in context I feel this could be interpreted as unvoiced anxiety or something left unsaid.

There was a strong organisational culture which the health visitor has voiced surrounding blame, which is transferred to the exploration of the CPC and wider children protection system. Within this interview there are references to positive work that the health visitor has undertaken with families to

bring about positive change, but these are referenced as occurring externally to the environment of the CPC.

Police Officer

Role:

As a Detective sergeant he has worked for approximately 8 years in the Child Abuse Investigation team during this time the role changed in relation to attending conferences with it being felt to have become “civilianised” in some instances. *“I’ve attended in the capacity as a detective erm, constable and detective sergeant to present the police information” (Police officer, pg1)* It was captured that due to process there were times when he would, *“not necessarily have any personal operational experience of the matter in hand. We would just be allocated them. Also, I have attended case conferences and, as being the officer in the case with regards that specific matter. So I’ve got more than just the research that is provided to me as my knowledge base to be able to contribute to the meeting” (Police officer, pg1).*

Purpose of CPC:

The procedural purpose of the CPC is explored as, multi-agency partners joining together to have an open and honest discussion whilst giving the family an opportunity to reflect and understand how serious the concerns are. He voices that the focus of the CPC needs to be what will happen next, citing the next steps as the most important part, with process being seen as more important to some professionals rather than a result. He voices a sense of frustration when change isn’t discussed or achieved for children.

Perception of family:

The police officer has stated the CPC can be cathartic as he is able to openly express opinions which are not permitted during formal police interviews. *“It was sometimes for [the professionals] quite difficult to be, I’d have to say honest. Not suggesting that social workers or- or those primaries were lying, but they had to be very, sometimes overly diplomatic in terms of the language they wanted to use, and the message they wanted to give to the family. Um, because they recognised that they had to see them the next day, or the day after. And had to be able to get into the house and have that relationship. Being a police officer often when we didn’t have to have that contact afterwards, it was*

easier to provide a really, personally, professionally honest perspective and view as to the information that was shared” (Police officer, pg2).

Perception of professionals:

The police officer feels that they are more able to directly challenge than other professionals around the table who are perceived to “soft pedal” (Police officer, pg4). He voices that due to being more directive that his voice is more influential within the decision-making forum, with him gaining the impression that other professionals seek to take his lead or seek cover, as his primary role involves enforcing rules.

Reflections of interview:

There was a certainty which came across within this interview, a certainty which creates a sense of wanting to rescue professional s as well as the child/ young person within the CPC, by providing “cover”.

Probation Officer

Role:

The probation officer has been working within the Youth offending service for the last two years with prior experience within the probation service managing offenders, more specifically those subject to Sexual Offences Prevention Orders. She has attended CPCs in both roles.

During interview she explores the anxiety evoked by the CPC, as her role in risk assessment relates to the adult not the child, *“I do feel uncomfortable when we are asked to provide our recommendation at the end because I don’t always feel that that is something that I can assess, because I am not an assessor of children not being an “assessor of children” (Probation officer, pg2).*

Purpose of CPC:

The probation officer initially voices a lack of clarity regarding the specific purpose of the CPC. Latterly the CPC is defined as the starting point, for concerns to be highlighted and identifying the work that can be done to reduce risk; it is felt this is an environment that shames parents.

Perception of family:

The probation officer outlines her perception that the CPC becomes a shaming process for the family. With her expressing anxiety about not understanding the process in the same way as the families do not understand the CPC.

Perception of professionals:

The probation officer does not perceive the CPC as a process of multi-agency decision making, *"I can see why it should be multi-agency. I think – I think, yes, the decision lies ultimately with multi-agencies all talking about it together to come to a unanimous decision. But the social worker is there as very much the – this is what I found, and this is what I think is the case"* (Probation officer, pg14).

Reflections of interview:

During the interview the probation officers uses abbreviations to refer to other professionals, yet quickly seeks reassurance that this is ok and understood. Within the context of the interview, it is possible that this could be seen as transference due to the probation officers' own sense of anxiety regarding professional knowledge. Throughout the interview there is a process of reflection being undertaken as she explores how she can change her practice to make this more accessible for families with her considering in future writing reports with her clients.

Pastoral Officer

Role:

The pastoral officer works within a secondary school and has attended CPCs within this role for three years representing the school and students. He is also *"a retired police officer [working] in child protection um, for the last few years of my service in the police ser, service and I retired there in 2017. Um, the reason I say that is because um, I represented the police within child protection conferences and review conferences back then"* (Pastoral officer, pg2). There is a voiced difference between the previous role within the police and that of pastoral officer, it is cited that the role within education does not stop after the CPC. Stating that within his role he ends *"up having to pick up the pieces with*

the young person and, and the family” (pastoral officer, pg4). There is a noted shift for the pastoral officer, of previously being perpetrator and evidence led to now, holding a softer victim focus.

Purpose of CPC:

“I, I don't worry so much about what happens in conference if I'm truly honest [laughs]. Because you know I, I, I think I've got the experience to be able to um, [pause] do the right thing for the young person afterwards anyway” (Pastoral officer, pg15). There is a sense within the interview that the CPC fulfils a role categorising risk however, for the pastoral officer the purpose is ensuring young people and their families are support which occurs externally to the CPC.

Perception of family:

The experience of the family has been noted as two-fold, initially feeling as if they are on trial, that they have done something wrong; it is captured that the purpose of the CPC is, *“to help them achieve the right outcomes for their children you know” (pastoral officer, pg10).*

Perception of professionals

Within the professional network the pastoral officer explores how his previous role within the police allows him to challenge professionals and families in a way that he senses teachers, school nurses and nurse workers would not normally feel confident too.

Reflections:

There are echoes within this interview that align with that of the deputy headteacher and police officer which highlights the two differing roles, one in which relational working is central to provide ongoing support. And the other, the police side which allows a more direct approach due, to there being no need to maintain a relationship with the family.

Social Worker

Role:

The social worker has attended child protection conference for 12 years having worked within the child protection arena since qualifying *“Erm, and then for the past five years I’ve been an advanced practitioner, so supervising social workers who are holding or allocated to children who again need to, er, to either be escalated up to child protection, attend conferences or, or, er, have a de-plan, erm, and end their child protection status” (social worker, pg1).*

Purpose of CPC:

The social worker cites the CPC as the bread and butter of her role with discussion being very matter of fact. The purpose of the CPC is clearly defined as a multi-agency discussion to share and analyse information to understand what risk a child is deemed to be at, allowing a plan to be developed. *“In terms of the purpose of the, of the categories, I think it’s really ensuring that we understand what those worries, what that harm, potential harm is to the child, so that our focus and understanding of that child’s lived experiences can be, erm, identified under that category of harm” (social worker, pg4).*

Perception of family:

The nature of preparing parents and children/young people for conference is clearly explored by the social worker, which is unique to all eight interviews. She voices a professional responsibility to ensure families are not hearing concerns for the first time. *“I think social work is a, is a relationship based, erm, profession. Erm, I think it’s really important that we strive to make good boundaried relationships, so appropriate working relationships with the children, with families, with parents, erm, because often this is a really stressful time for them” (social worker, pg8).*

Perception of professionals:

The social worker states that within the CPC she feels that the onus in terms of decision making is placed upon the social worker with, other professionals looking to the social workers recommendation to aid their decision making. The social worker also said that on occasions professionals have altered their position after hearing her recommendations.

Reflections:

This was probably the hardest interview to undertake due to having been in the same professional position, it meant I was required to make sure I was not just hearing my own experiences within her narrative. I am conscious however that my physical responses may have at times lead to the narrative not being further expanded upon due to a sense of shared understanding and experience. My own professional experiences of attending CPCs would have been voiced differently professionally, I found these spaces a point of conflict between professionals trying to point the finger regarding responsibility and inaction. However, I also worked in short term teams which meant post conference I did not have to maintain a relationship with the family which meant I could be more direct rather than relational in my professional opinion.

Substance misuse worker

Role:

“In my role as a Substance Misuse Worker, erm, it was quite often that we’d have to attend Child Protection Conferences and core groups. Erm, I’d probably go to maybe actual conferences three or four a year”. From the outset attending CPCs has been cited as part of the job an expectation, with the substance misuse worker first attending a CPC over ten years ago.

Purpose of CPC:

The purpose of the CPC has been explored *“from the social services perspective it is almost, er, well if we’re taking it to Child Protection Conference we feel that there is a need for this to be here because otherwise why do you have a Child Protection Conference, erm, and I think almost if you look at it from that perspective it’s therefore then getting other professional agencies there to basically back you up, er, and say well yeah you’re saying this, we’ll all saying this, something needs to be done and I guess it kind of takes the onus and full responsibility off the social worker for the decision being made... but I guess effectively before walking in there a decision has been made on some level hasn’t it?”* (Substance misuse worker, pg11). Although this purpose is voiced, he later explored how the purpose might be explained to patients that he is working with seeing it, in this context as providing extra support to allow parents to function better.

Perception of family:

Within the course of the interview the child is not mentioned by the substance misuse worker with focus being upon his relationship and work with the parent. He outlines that he ensures before attending CPCs that he shares reports with the patient to remain open, it is outlined that he does this to make sure he isn't seen to become part of the demonising process.

Perception of professionals:

It has been voiced within the interview that collaboration between professionals is impacted due to dominant voices within the multi-agency network, with him feeling like an outsider.

Reflections:

This interview can be perceived as highlighting two tasks of the CPC, supporting parents but also punishing them. With these two tasks being voiced within the interview there is a sense of the substance misuse worker not being overly clear of their role within the CPC.

These pen pictures have been developed to provide the readers insight into each of the research participants highlighting the differing professional systems, values and beliefs that come together within the CPC to undertake the task of ensuring the wellbeing of children and young people.

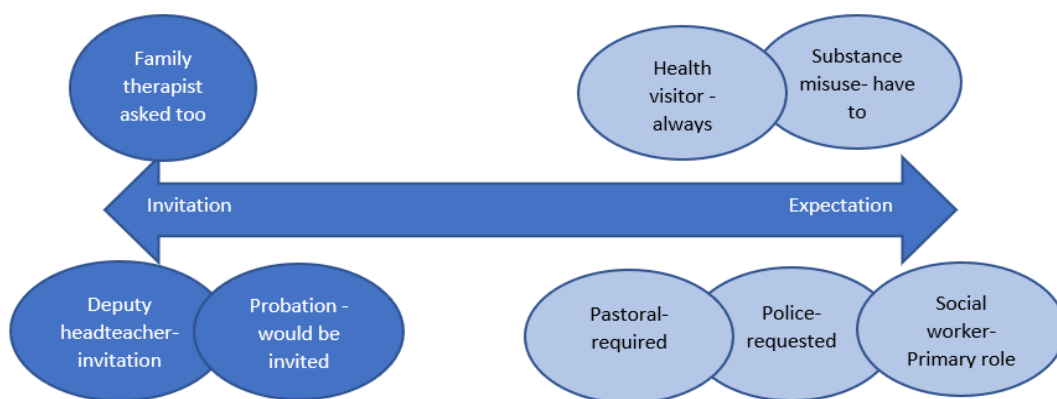
4.2 Saints of the system

Daveny and Spratt (2009) distinguish that to protect the most vulnerable a, collective system of professionals is required. What happens when these professionals come together; is influenced by politics, society, and economics, intertwined with lived personal and professional experiences. Within the eight interviews attention has been paid to the perceived purpose, function, and role of each professional as depicted within the pen pictures. Over the course of the second part of this chapter professional pen pictures will be critically explored providing insight into the organisational and professional influences entering the multi-agency system.

Good intentions

Across the eight interviews it was evident that individually each professional was aware of their responsibility in relation CP, with this underpinned by good intentions, ensuring the wellbeing and protection of the children and young people. These good intentions were influenced by their primary role with those from an education background focusing on ensuring children can achieve their potential academically.

Discourse surrounding attending CPCs' saw an initial spectrum develop in terms of professional perceptions, those who saw the process as invitational and those that depicted it as a formal requirement of their role, figure 12 further depicts this spectrum.



(Figure 12: Professional expectations of attendance)

The landscape is however more complex than figure 12 suggests with the deputy headteacher citing receiving invitations to the CPC which could be seen as passivity, they have the option; alongside this, she cites an expectation that they will be invited.

“In the December just gone one of our students, there was a case conference for one of our students. I didn’t know about it, we weren’t even invited to it. It was just, “Oh this child was put on a child protection plan at, two weeks ago”. And I, I, I was, I was so, so frustrated um, and the, they basically they had to apologise and say, “Yeah, sorry we forgot to invite you”. (Deputy head teacher pg20)

There is a complex interplay in which professionals have been seen to explore their duty externally to the CPC denoting their role as shaped by experience and intra-agency perceptions.

“As far as I can remember it was more the letter came through with one, for one of my patients, I went up to my Line Manager, “Like okay I’ve got this through, what’s going to, what do I need to do?”. And it was just a very informal chat about, “Well you’re going to have to go to this meeting. People sit around and then they come up with a, a decision.” (Substance misuse worker pg8)

It is evident from these interviews that professionals are acutely aware of their professional responsibility to ensure the safety and wellbeing of children and young people; they appear to hold differing experiences in terms of their expectations within this network.

Purpose of the CPC

Within interviews professionals discussed at the outset their perception regarding the task and purpose of the CPC represented in figure 13, referencing multi-agency information sharing as the key principle.

“The purpose of the conference is for, erm, the discussion, the multiagency discussion to share information, analyse information to understand what risk the child is deemed to be at and understanding wh- what category that child if, if it’s deemed that they do require a child protection plan under what category and what, what does the plan look like, what does that safety plan look like in relation to those harmful behaviours or harmful worries that we have” (Social worker pg3).

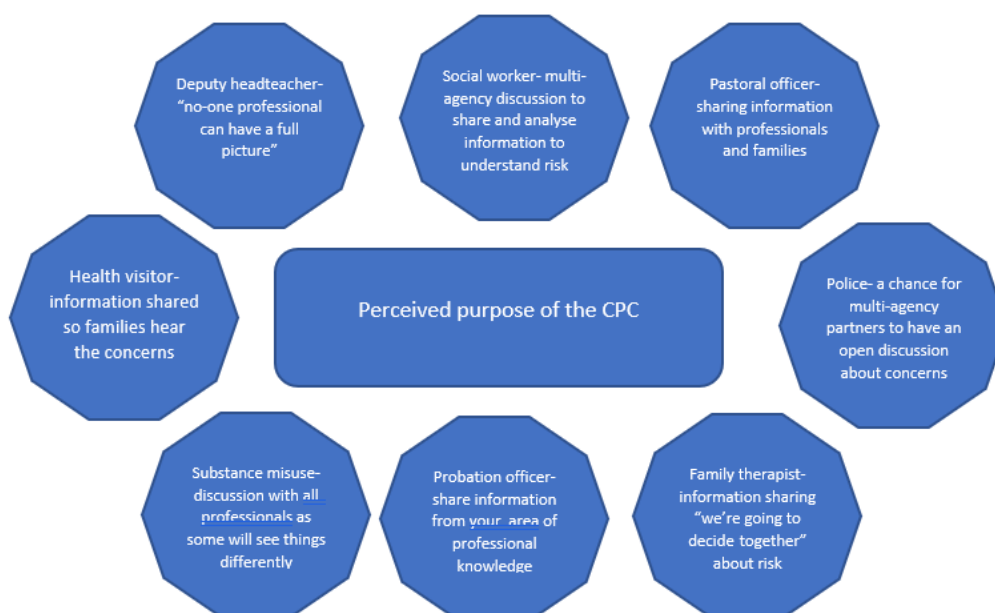


Figure 13: Professional perceived purpose of CPCs

Findings indicate that professionals feel unable to operate in isolation during the CPC with information and professional expertise being required from across the professional spectrum and involvement with the family.

“It can’t work without it being um, a joined-up approach. Um, because no one professional can have the full picture. So, agencies will come to me for an agency check and I’ll be able to be able to give them snippets. They’ll get snippets from health, they’ll get snippets from um, I don’t know multi-agency team. Whoever else is involved, Ed Psych, previous school. Um, parents if it’s a split family, they’ll always get different, different bits of information from you know different parents for example. It’s only when they join all of that up that they can actually get a clear idea of what it’s like for the young person” (Deputy Headteacher pg22).

Figure 13 suggests that professionals perceived purpose aligns with procedural and legislative frameworks; it is important here to highlight this is their “first perception” capturing their good intentions which later develops in interviews to explore what actually happens.

“I find some of them sometimes – they are a forum, a public forum to tell that parent what they’re doing wrong, whereas, you know, if we’re going to look at research, etc, people respond better to praise rather than – it’s almost a shaming process, um, child protection conference – very much a shaming process. You’ve done this, and this is why your kids are on a protection plan” (Probation officer pg16)

“Quite often the families are, I, I, I think the families feel like they’re on trial. Um, and you know it’s er, they’re there because they’re, they’re in court because they’ve done something wrong. Um, whereas actually what we’re all really trying to do is to help them achieve the right outcomes for their children you know” (Pastoral Officer pg10).

The above quotes mention the structure of the CPC as a public forum or court setting which could be seen in parallel to nature multi-agency forum and collective responsibility outlined in figure 13. The nature of a forum or court setting creates a more formal image but also depicts there being two sides rather than multi-agency collaboration originally voiced by professionals.

Aligning with this the concept a the court setting creates, an air of formality which has been highlighted across five of the eight interviews as an inhibitor to professional confidence and family participation.

“Um, there's something I think about the formality er, of the context that doesn't help people feel um, comfortable er, about sharing their views. Um, I think there's something about the formality that makes people feel er, almost like they're giving evidence. Um, and er, that they feel very exposed about how they're contributing in that kind of context” (Family therapist pg1)

“I think people like to be pompous – people like a process, people – it's almost a bit of a power thing as well, possibly. I understand that they have to have formality to them, because it is a serious thing, but in my experience, I think you get a better reaction out of people and you get a better working relationship with people when things are a bit softened. When things are formal and hard it's scary – especially for the parent “ (Probation officer pg16).

Formality of the CPC has been linked by the police officer to duration, with him questioning the effectiveness due to both length, 2-2.5 hours and repetition of previous professional meetings, strategy discussions. Five out of the eight professionals suggested the duration of the CPC becomes exclusionary to not only them, but families too. It has been voiced that as three hours are set aside that the full time should be used.

“What's the point? We're just sitting here, you know. This is an hour I'm not going to be able to get back.’ And she was quite – quite angry about it, and I think [the mother] did eventually leave. So, yeah, very long-winded. I find them hard to follow and I'm a profess – supposed to be a professional. [laughs]” (Probation officer pg8)

“You know, you- you- case conferences go on to- for far too long. Far too long. Um. People feel they have to speak quite often for them they didn't have an awful lot of information put in. But because it was down for two hours and it was an afternoon, they felt they had to sort of say something. Which didn't add to the conversation. So- so they are very ineffective in terms of their time” (Police officer pg7)

“Um, you know we've had three and a half hour conferences recently [laughs] um, entirely dictated by the chair you know. And there was no reason for it to be longer than an hour ever and, and it is very much dictated by the chair. Particularly you know it, with the process we have at the moment if the process is followed then it lasts an hour, if it isn't followed it will

ramble on forever. Um, and I think you know that just doesn't give a family a fair opportunity to understand the issues" (Health visitor pg13).

Initial perceptions of the CPC have held multi-agency working and collaboration as a cornerstone to the process as noted above these good intentions and idealisation of the CPC is eroded as formality impacts professional behaviours and responses within the CPC.

Knowledge

Due to the nature of the multi-agency network all professionals have within their interview explored their role within the CPC which is influenced by their professional knowledge base. There has been an acceptance that there needs to be a level of shared understanding of the CPC and professional roles which is gained through multi-agency training. Professionals in this study paid attention to the training they received to prepare them for the CPC and wider CP system. It is postulated within all interviews that there is an acceptance by some that they will be *"thrown in the deep end"* as CP and CPCs are an expectation of their role (Deputy head-teacher pg1).

"When I first went to a Child Protection Conference, I remember being very nervous, er, apprehensive before I went. I remember there wasn't much, er, talk or training leading up to going to one of these conferences. It was just stated it was part of your role and you needed to attend" (Substance misuse worker pg1).

"Never training to, there was never any formal training that tells you what to do in a child protection case conference. It was just er, sort of um, the usual um, multi-disciplinary training in, in er, safeguarding and risk you know" (Family therapist pg7).

The social worker explored that in her role she shadowed colleagues at CPC's prior to attending one on her own; she is also aware that this is not an experience shared across the professional network.

"Equally I know of other people, other social workers who didn't have any, erm, shadowing opportunities and were writing child, child protection conference reports as a duty worker not ever having met the family and attending conferences, delivering that information never meeting the family until the day and then talking about a family in such detail as a virtual stranger to the family. (Social worker, pg7).

Professionals shared within their interviews that they would rely on their own professional knowledge bases to support decision-making suggesting that this directly impacts how they view risk and therefore their decision-making.

“People can interpret things differently and see things from a, from a different perspective and I think social workers are very much trained into putting things in boxes as a lot of professionals are, erm, so for them it becomes very black and white and life isn’t black” (Substance misuse worker, pg9).

“As a busy professional trying to get on with my other stuff, trying to go through that document to work out whether that – you know, what services are needed, for me is really difficult. So, I have to kind of – well, I use my intuition, I use what feels right, my gut feeling, you know, my idea of risk and kind of apply my knowledge of risk in relation to adults over to children” (Probation officer, pg3)

“So, um no we don't all get the same um, er, training and so, I think we er, s, from that point of view we have a different level of understanding. But we also work in very different contexts um, so um, I, I think we al come at it from our different contexts. So, I would expect us to have different ideas of I, I think we would come to different conclusions naturally” (Family therapist, pg7).

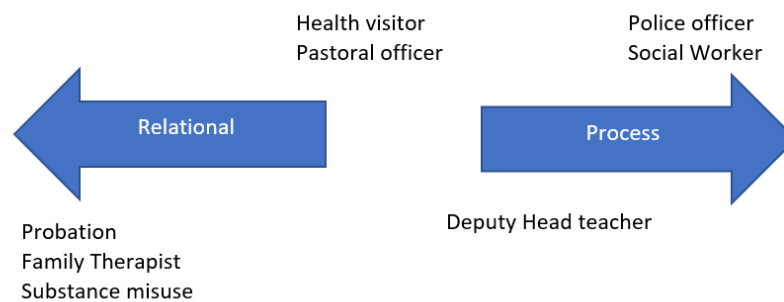
Professionals within this study have indicated that training and their own preparedness for CPCs creates anxiety, resulting in the deputy headteacher feeling thrown in the deep end and the probation officer unable to make a decision regarding risk. This anxiety appears to be further compounded as professionals are aware they do not receive the same training nor share the same perspective of language surrounding risk.

“there’s a lot of technical terminology being thrown around at the tables, people coming from different professions with their own acronyms and their own ways of explaining things and there are often cases where, er, the parents or families of the children involved they don’t understand some of the terminology being thrown around and also other professionals from other services they don’t understand what’s being said because people are using their own technical spiel which they just assume that everyone else understands” (Substance misuse worker, pg2).

It is evident the differences in professional knowledge previously felt to ensure a full picture of the child lived experience is gained, in fact also causes anxiety for professionals within the CPC due to concerns regarding not understanding each other's perspectives.

Professional Orientation

The purpose and functionality of the CPC could be seen to be influenced by professional positions within the spectrum of relational versus process approaches to CP. Relational practice sits within a psychoanalytical lens in which the therapeutic relationship is utilised to bring about effective change whereas process led practice operates within resource and procedural restraints (Tosone, 2004). Figure 14 depicts how professionals in the eight interviews voiced their practice orientation.



(Figure 14: Professional orientation)

The family therapist provides consistent clarity in her interview ensuring the family are central to her role which is underpinned by her systemic perspectives in which relationships and understanding power dynamics are key. At the other end of the spectrum is the police officer who is influenced by criminal process seeking to find the guilty, in this case parents.

“Whenever I do share my contribution with the, the network in the conference, I always er, invite the family to respond to what I've said. And er, ask them if they share my view of what I think the intervention has been like er, or whether they differ.

Um, and I think that's the other bit that I, you asked me earlier what makes me anxious. Um, when er, professionals talk in conferences about the family as if they're not there. So, I kind of feel like there's often a tendency to, to either call the parent “mum” or “dad” um, and kind of talk about them er, around” (Family therapist pg4)

“And that kind of, sort of separated us though, you know? If they needed to maintain that relationship and they would be far quicker to be supportive for the family and look upon, be reaching for positive indicators. You know, it’s not nice to be looking for negatives, but they [professionals’ health and education] would be reaching for the positives. More often than actually the factual information or where the evidence that we- they’d experienced or they had, provided. And so they- they would soft pedal quite often, and you’d see people, and you’d realise people soft pedal” (Police officer pg4).

It is important to recognise the differing professional positions though, the family therapists’ primary role is focused on relational working with no legislative responsibility for the protection of children, whereas the police officer finds their role pre-occupied with the safety and welfare of the vulnerable procedurally and legislatively. The pastoral officer has been able to capture this nuance due to his dual experience the differing approaches to process and relational practice.

“I tailor my information and the way I present myself is different to what it would have been in the police. Because I’m very conscious, as a police officer I wouldn’t have been particularly working with the family. So, not that you don’t care about that but it’s more you know, it, it’s more of, it’s more, it’s a different process you know. Now, it’s very much about supporting the young person or the family er, in school as, as well. So, yeah it’s got to be different, it’s got to be different, it’s got to be softer” (Pastoral office pg14).

Both the substance misuse worker and deputy head-teacher have voiced the importance of maintaining their positive relationships externally of the CPC which influences their perceptions within the CPC.

“Um, so you do have to sympathise with that to a degree I think and you can show that with your body language at meetings. Yeah, I think that just aids the, it aids the relationship and it shows the parent or carer that actually, you’re on their side. And you want things to be better for them as well, you’re not just there to er, kind of enforce the laws of child protection if you like” (Deputy Head-teacher, pg3).

“I guess my job was a very supporting role in respect of trying to help people move forwards but on the other hand if there were, there were missed tests or positive tests I have to feed that back. I’m not going to, I’m not going to cover that up for the sake of trying to keep a therapeutic relationship because that’s completely against what it’s meant to be but you can

definitely sense that some professionals and, and the families involved there is negativity you can just tell in body language” (Substance misuse worker, pg15).

In contrast to this the police officer is very clear that he can be more challenging as he doesn't have to maintain and relationship with the family post CPC.

“I recognised that [professionals] have to maintain an ongoing relationship with the families, to be able to get through the doors. It was sometimes for them quite difficult to be, I'd have to say honest. Not suggesting that social workers or- or those primaries were lying, but they had to be very, sometimes overly diplomatic in terms of the language they wanted to use, and the message they wanted to give to the family” (Police officer pg2)

Relational working is not only influenced by the role of the professional but organisational contexts and resources with, four professionals in this study voicing the impact of professionals attending and sharing information when they have never met the family.

“We're close to social workers there were times when people couldn't do it and you would then you know parachute in the duty social worker. Had no idea about the case and it was actually better that you had the people who knew about the case” (Health visitor pg4).

“I've also unfortunately been in Child Protection Conferences where the social worker coming in hasn't been the social worker from the case or it's a duty social worker because the social worker is off sick or they've left their role and then they're reading a report that they haven't written so they can't when it comes to being questioned about things written in there they can't say anything. They'll just say, “Well this is what's written in the report and this is what's recommended” (Substance misuse worker pg5).

Figure 14 captures the practice approach of professionals within the CPC highlighting the professional differences in who they perceive and respond to families within the CP system and subsequently within the CPC itself.

What has been presented

Within this chapter as readers, you have been introduced to the eight professionals that participated within this study. All professionals have provided clarity regarding the perceived purpose of the CPC, a multi-agency forum in which responsibility for decision making is shared as no, one professional holds a full picture of the child lived experience. However, this chapter has offered insight into the discrepancy between perception and reality as professionals' roles, knowledge and orientation begins

to impact their shared understanding to the CPC evoking anxiety and movement away from the perceived task.

To operate effectively as a multi-agency network shared understanding of the task is required. Chapter five is set to explore the impact of differing professional positions coming together to undertake a shared task within the CPC paying attention to the unconscious aspects of the group process.

Chapter 5 Evolving professional disillusionment

CPCs are reliant on collaborative working, chapter 4 paid attention to the differing organisational contexts of professionals; the CPC requires professionals to function as a temporary organisation, influenced by their wider professional and personal organisations, values and beliefs. This temporary organisation sees professionals exposed to human vulnerability, uncertainty and imposed societal perceptions as they are in-charged with protecting the most vulnerable in society. Subsequently professionals find themselves entangled in an unconscious interplay of fear and anxiety.

In chapter four we were introduced some conscious causes of anxiety, differing professional knowledge and training alongside the formality of the CPC. In this chapter the discussion moves to the unconscious evolution of anxiety and associated professional behaviours.

5.1 The dumping ground

Within this study all professionals have spoken about their emotional responses to the CPC with anxiety being mentioned in seven of the eight interviews with, the social worker the only professional not to associate the CPC with heightened anxiety explicitly. It is suggested in the literature that CPC's deal with the aspects of society that are intolerable, it is therefore unsurprising that they become an arena of heightened anxiety (Beveridge, 1942).

"[CPC's are somewhere] everybody er, has a heightened um, level of anxiety. So, um, even as a professional who um, is one of the people within the system that holds a level of power er, particularly in relation to the family. Er, I find myself feeling quite anxious entering into that kind of space" (Family therapist, pg1)

Professional disillusionment

Professional perceptions of the CPC within chapter four explored the good intentions that professional attend holding however, within this study they have proposed a secondary focus of the CPC as finding an individual to blame or place fault upon. The police officer directly explores the CPC as an enquiry into establishing "*whose fault is it and why did you do that?*" (Police officer, pg16). There is an undercurrent which is present within the interviews that the CPC provides opportunity to discuss

perceived failure, whether it's a failure of a parent to protect or a failure of professionals to act. The resultant impact of which sees professionals attempt to find someone blame.

"We'll justify it with these reasons because if something God forbid did happen then who's going to get the blame? It's going to come back to us and we're going to end up in, in trouble for it and that's where there's that almost fear factor in a lot of professions around that (Substance misuse worker, pg10).

I think also, sort of um, you know professional concern that if they make a decision and something goes wrong then they're gonna be blamed for that. And I think that very much influences um, decision making sort of at the end of conference (Health visitor, pg2).

The health visitor discusses how the blame culture within their organisation surrounding safeguarding transfers to the CPC with it coming *"back down to whose fault is it and why did you do that?" (pg15).* Findings suggest that the blame culture leaves professionals fearful of getting it wrong, missing something and being held publicly accountable, creating a conflict between their good intentions and reality.

"So, the responsibility, I'm, I'm, I'm very aware, it's the one thing if I'm being honest that, about my role that keeps me awake at night. The, you know you'll, you'll have these moments just before bed where you'll think oh, did I log that, did I, did I, did I do this, did I, did I do, did I make that right call? Did I, did I, did I ring that professional back, did I refer that in, should I have referred that in? And you can't, honestly it's, it, it, it weighs heavy it really does weigh heavy. If it goes wrong it'll go wrong big time" (Deputy headteacher, pg22).

The deputy headteacher explicitly postulates her inability to disconnect as consequences of getting it wrong, impact not only her professional life by her personal life too. It is proposed that a checklist, "did I", and tick-boxes become a mechanism to manage the uncertainty and ensure nothing is missed.

Professionals have directly alluded to the view shared by Ayre (2001) that the fear of missing something vital encourages practice so defensive that the system and practice seeks to protect professionals rather than the child. Within three interviews there was a sense generated that anxiety stems from the fear of doing more harm than good, as previously noted by the substance misuse worker as, a fear of getting it wrong.

“So, there’s always that feeling of when the chair asks you is a social worker just gonna think you’ve not got a clue, you don’t deal with this day by day. So, you, you do worry a little bit about getting it wrong but I would rather get it wrong and ere on the side of caution if that makes sense” (Deputy Head-teacher, pg9).

I think sometimes you know people can be influenced um, by this blame culture. And by the fact that they feel that you know, we call it holding to account or holding accountable but it isn’t actually [laughs] a lot of the time. Because it’s your own professional accountability you know, I know if I’ve messed up, I will tell you if I’ve messed up, a lot of people won’t. Um, and it’s because they’re scared of what happens because there is so much pressure to be almost you know sort of trouble free (Health visitor, pg17).

Although the social worker doesn’t directly cite, a fear of getting it wrong, the language used to explore her current role as a senior social worker implies a position of pass or fail as she *“grades reports”* of other social workers with quality assuring being applied to provide certainty to decision-making (social worker, pg1).

Holding power

Initial perceptions of the CPC within this study saw professionals outline multi-agency collaboration as a cornerstone to a system in which responsibility is shared however, this perception begun eroding with a shift away from shared power and responsibility with a hierarchy developing within the multi-agency network. This hierarchy or a pecking order appears to reduce professional accountability and responsibility within the multi-agency forum.

“And, and straight away I think it positions us all to kind of know where we stand in relation to each other. You know so, you might see you know er, family support worker on somebody’s badge or you might see headteacher on somebody else’s badge. And um, er, you know senior something else er, er, a, a, and straight away it’s almost like er, there’s a pecking order er, within that system. Of who holds power er, and who doesn’t” (Family therapist, pg13).

Professional identity appeared to determine hierarchy with leadership and followship seemingly taking a natural order. This appears to be influenced by several factors, the police officer discusses *“experience”* as integral, with *“corporals within the team, who could sort of offer [the] experience”* (Police officer pg10). This notion of experience was central to the police officer’s narrative when

exploring the role of other professionals with “experience and inexperience” being explicitly mentioned twenty-six times.

“I’ve gained experience and the more experience you have the more comfortable you are in relation to what’s relevant and what isn’t relevant.” (Pastoral Officer, pg2).

“I would imagine there is the possibility for some professionals to be swayed by the other professionals in the room. I think if you’ve got less experience and you are less confident in your role” (Probation officer, pg5).

Experience is not the only factor which has been mentioned within the data as influencing the distribution of responsibility and accountability, professional role, and organisational standing effect professional perceptions of the power they hold too.

“Let’s say if we got a multi-agency and we’ve got somebody er, from a charity offering therapy to a mother. Um, I would say er, they would not er, feel as confident or skilled or able to be able to make a decision about risk as a case holding social worker, I think there’s a huge imbalance there. So, I think er, the agency who would feel more er, skilled, competent, able to make a decision about risk would be children’s social care” (Family Therapist pg9).

The nature of the pecking order or professional hierarchy within the CPC steps away from the shared accountability and responsibility initially outlined by professionals within this study. These interviews have suggested that due to an overriding fear of getting it wrong, professional focus shifts from collaboration and mutual responsibility to seeking a leader with experience and professional standing and knowledge to hold the anxiety and associated responsibility within the CPC.

5.2 What lies beneath

When faced with uncontrollable anxiety groups can be seen to lose focus on the task they are undertaking, instead enacting roles which seek to dissipate anxiety rather than undertake the task. Within this study professionals have been seen to shift from a position of shared responsibility and collaboration to seeking a leader to ensure they are protected from blame and the associated scrutiny. This process results in professionals undertaking roles to meet the need to the multi-agency network rather than the legislative task of the CPC.

The Scapegoat

Findings are suggestive of individuals seeking to redistribute responsibility onto a single professional seeking to shield themselves from anxiety and blame, as a scapegoat is sought. Within interviews this sees the social worker being placed in a position of responsibility allowing individuals to surrender their own professional knowledge and skill to depend on the social workers expertise and experience.

“I think naturally what happens is the onus is, is on the social worker to- to make that determination and if, if there are, if there are, erm- Again I’ve been in conferences where professionals have expected the social worker to give their, give their sort of, erm, scaling score and recommendation and another professional, a school nurse or, erm, teacher has been asked initially and they’ve kind of become a bit flustered and they’ve said, “I’m not sure, I, I thought I would follow the social worker,” erm, you know, working with professionals who have openly said that” (Social worker, pg5).

“I think that there is quite often a dominant er, a dominant lead. And that might not be a personality dominance, that may be just the reflection in the social work assessment. Because everybody has read it and sort of gone, “Ah, yeah well the social worker has done all this work now. So, actually, there’s no point in me disagreeing with that, I’m just gonna keep quiet” (Pastoral officer, pg8).

The social worker appears aware of this dependency accepting the professional responsibility, as this is delegated upwards, mirroring behaviours noticed within Menzies Lyth study as professionals attempt to redistribute their anxiety to individuals above them within the organisational hierarchy (Whittaker, 2011 pg438; Menzies Lyth, 1959; Kettle, 2018).

“they’re obviously at their free will to, to sort of have a think and analyse the information and change their minds, erm, but, yeah, it is, it is interesting that the majority of the time, er, they would agree with the social worker’s recommendations and there isn’t really much, much pushback in, at that time from the social worker’s analysis and assessment.” (Social Worker, pg5).

It has been noted within narratives that there are occasions when dependence cannot be fully sought; scapegoating behaviour is still voiced as professionals look to each other to voice the concerns of the collective. This form of scapegoating sees professionals’ distance themselves from the reality of the risk allowing them to remain *“endlessly positive about families”* (Police officer, pg5).

“If there were opportunities where people would- somebody would provide something where there was a few positives. It’s- They’d hang on to the positives, even though quite often they were disguised compliance, or there was very limited evidence. They would look for those positives. You know, we’re tryna support positives and trying to refine, erm, build on assets rather than sort of the negatives” (Police officer, pg4).

And then you come to what everybody thinks [laughs] and people have been sort of endlessly positive about the families [laughs]. And then suddenly there, everybody goes, “No, but they must be on a safeguarding plan” [laughs] and it’s sort of well, where’s that one come from then (Health visitor, pg5).

There is a suggestion that professionals metaphorically hold up their hands and surrender their responsibility to respond to risk, letting themselves off the hook and avoiding having to openly explore the reality of their professional concerns.

“Unless there was something I really knew that was completely different that – but I can’t see how that would be because I don’t work with those – I don’t work with children, I don’t work with the – the direct parents. So – yeah, I would go with what – I would be uncomfortable about going against it because I’d be questioning my own – my own assessment” (Probation Officer, pg14).

Within the data blame has been voiced as a motive in the process of scapegoating within this study seeing this as an opportunity to locate blame in a single location, or individual. This process of re-positioning blame is perceived by professionals to be a focus for families involved within the CPC as they seek to absolve themselves of the responsibility for their actions.

“Parents can get very, for obvious reasons, can get very defensive. Um, I’ve known some parents try and sway things around and put things back on the social worker. I’ve known one social worker in the past be accused of making up false drugs tests” (Deputy headteacher, pg5).

Scapegoating is explored internally and externally to the CPC with the responsibility of protecting the most vulnerable in society being placed upon the professional network who, are blamed when things go wrong.

“And, but the stakes are so high you know you, you're potentially talking people's jobs. So, we've got to get it right, you've got to get it right. Um, the level of scrutiny is, it's, it's, it's like no other area of, of, of the school at the minute” (Deputy headteacher pg32).

Such behaviours could allude to protection being provided through sacrifice, with professionals seeking to minimise their professional knowledge within the decision-making process of the CPC due to fear of getting it wrong, a sentiment voiced on 24 occasions within the deputy headteacher interview.

The Ghost

Within half of the interview's professionals reflect attempts to distance themselves from the task with professionals either physically distancing themselves through their absence or the information they share within the CPC regarding their perception of the families' circumstances and associated risks.

“Um – I don't – I don't think we need to be there for the whole thing either and I don't think possibly parents do for all of it” (Probation officer pg8).

“Um, they're long meetings in my experience, they can be very, very long meetings. Um, I have known situations where, not many, I have known a situation where a parent has just not turned up. I've known a situation where a parent has walked out” (Deputy head-teacher pg4).

Invisibility within the decision-making process has been suggested as professionals seek to distance themselves from the reality of family circumstance and risk by following the representation of other professionals rather than voicing their own professional opinion and perception, taking a position of passive participation.

“But I think there are some professionals who are happy to say things about families to other professionals but don't feel comfortable to say those same things er, to the family when they're present. Um, and so, that then creates a very uncomfortable dynamic in the conference because either they're saying it for the first time to the family or in front of the family. Er, or they're not saying something that they have said to professionals when the family weren't present. Er, and professionals might know that they have a view but it's not been spoken in the conference” (Family therapist, pg2).

The family therapist captures her experience of professionals not speaking directly to families about their concerns within the CPC, which could be seen as them taking flight to preserve their relationships

and position within the system ultimately allowing professionals to retreat into isolation and shy away from challenging the family (Rustin, 2019).

“People find it easier to agree rather than disagree. And they might have been very erm, expressive during the meetings. Um, but actually when it comes to making that decision with the- you know, looking in the whites of the eyes of the family, they found that difficult” (Police officer pg2).

“Because the families were there, that placed a erm, a challenge to some of the agencies, because I recognised that they have to maintain an ongoing relationship with the families, to be able to get through the doors. It was sometimes for them quite difficult to be, I’d have to say honest. Not suggesting that social workers or- or those primaries were lying, but they had to be very, sometimes overly diplomatic in terms of the language they wanted to use, and the message they wanted to give to the family” (Police officer pg5).

Data within this study is suggestive of professionals adopting an approach which allows them to step away from directly sharing concerns with families as a means of defence. The deputy headteacher explores a parallel perception however outlining that due to being within the multi-agency network she feels more able to share her concerns as the professionals provide her a comfort blanket, meaning she no longer has to manage the risk alone.

The Defender

Participants within this study have alluded to a need to protect themselves from threats, the deputy headteacher voiced the need to protect herself from feeling that she was being attacked at all angles, due to both internal and external scrutiny, from professionals, OFSTED, and parents.

“Um, and I think sometimes there's a tacit thing where you know you can feel that the atmosphere within [the CPC] is, is sort of you know. Everybody is taking little shots at each other about things not being done um, or things not happening. And we're probably you know in health we're probably one of the worst for doing it if I'm gonna be honest” (Health visitor pg17).

Narratives within this study have seen language used that depicts a need for protection from individuals who are violent or aggressive. The health visitor, police officer, pastoral officer, and substance misuse worker use language that cites family members as murders and axe murders. The language used by professionals creates an image which denotes physical threat to themselves with the health visitor outlining that parents feel they need to fight back.

“Because I've been in, I've been into certain meetings, mainly core group meetings but some case conferences. Where parents have got a little bit annoyed, angry, irate and it's descended into chaos a little bit” (Deputy headteacher, pg3)

Within interviews it is evident that professionals have felt the need to defend themselves both from the anxiety that is evoked but also within this sphere the families with whom they are working with. Within five of the eight interviews professional voiced the need to defend themselves against the family. With the police officer capturing Bacon's (1988) position that the physical presence of the family result in a change in atmosphere, as the risk becomes psychologically real.

“Again, when the family appear, the atmosphere changed. You know, there's that sort of sucking in of air in the room and it's like, here we go. Particularly if we were anticipating um, a disturbance, or there was gonna be an issue” (Police officer pg5).

The police officer depicts the change in dynamics as professional are confronted with both primary and secondary anxiety relating to the task as the family enter. It could be suggested that the presence of the family requires professionals to confront the reality of the task, meaning professionals might attack the family as a means of defence.

“Potentially it could help the, again if it, if there are a lot of negative things going on sometimes the parent, if the parents see everything and not just like I'm being victimised by this person, they're seeing it from lots of different services the potential risks that is there if it's worded in the right way it can help the family kind of understand okay yeah I do need so it's not just that person being vindictive towards me or, or got something personal against me okay everyone's saying that” (Substance misuse worker pg19).

The Union

The nature of the CPC has seen professional voice a sense of professional union, when they are together they are stronger and able to unify to respond the task. Within interviews it is suggested that this unified state allows professionals to sacrifice their own professional knowledge and skill in favour of a collective responsibility. The deputy headteacher cites that due to feeling in the deep end that she found herself *“very much just following the lead of other professionals, within the room”* (Deputy headteacher pg1), such an approach provides protection as individuals become a collective group.

“And er, I've noticed that er, what often happens is a pattern gets set where sort of one person with power suggests the category. And then you kind of, everybody sort of follows, there's a bit of a group think. And that worries me and that's where I get a little bit heightened. And I

think back to when I first started my practise and I was very new in practise. And in a context like that I would have felt very worried about going against the group think. Because I would have wondered if I really had the skill and ability to er, er, rightfully challenge everybody else. Um, but I do wonder whether everybody is, is following everybody else and then that creates something very unhelpful” (Family therapist pg6).

Six out of eight interviews saw professionals’ postulate that they operated as a collective, which was most dominantly voiced as occurring within the decision-making process as they sought to align with the leaders or each other’s positions.

“People could see which way the wind was blowing and they didn’t want to be that- a lot of agencies didn’t want to be that one person going, no, I don’t agree with that. But whichever way it was going, whether [unclear 0:07:22.5] be supported or not. Even though perhaps some of them, and I would say, health visitors were- would be good examples, were very keen to have a view on the family erm, during the meeting. And when it came to decisions, they would be quite quiet, even though they’d offered quite a sort of a, a direct professional perspective. Okay?” (Police, pg3).

This state of union allows professionals to create a sense of belonging, security and wellbeing, such collective defensive behaviour can result in the manifestation of group think.

“The first person to say, “Well, I definitely think this child needs to go er, be [unclear 00:13:08] plan under the category of neglect”. And the person after that happens to be um, newly qualified as a health visitor and they’re very, very young. Um, I think it’s very unlikely they’re going to come in, in and voice something very different. And er, I’ve noticed that er, what often happens is a pattern gets set where sort of one person with power suggests the category” (Family therapist, pg6).

The union created within the CPC ensures professionals feel they are protected, creating a sense of security or as the deputy headteacher has earlier voiced the comfort blanket to ensure they are not responding alone to risk.

The Fool

Within the course of the interviews the position of the fool has been cast upon the parents, with them being represented as unknowing, uneducated, and unaware of how to behave within the professional environment.

“I suppose it’s stereotyping but I’m going to say a high proportion of the individuals that we are working with, [20:00] from my perspective that I’m working with, have short attention spans. You know, a lot of them have ADHD and find it really difficult to sit still for very long and to retain information but we’re talking – there’s this formal forum and you’ve got individuals that possibly don’t fully understand it sitting there trying to listen and they can’t” (Probation officer, pg8).

Within all interviews professionals were asked about their perception of parental understanding, none of the eight felt that parents understood the CPC with some feeling this was due to lack of capacity. The family therapist in fact explicitly states that due to the role parents are cast into within the CPC that she does not perceive that they are treated ethically.

Interviews suggest that parents are stripped of agency with the substance misuse worker referring to the parents as uneducated lay people, who pastoral officer states are intimidated and unable to express themselves within the CPC without professional assistance.

“I doubt whether they truly without perhaps an advocate would be able to um, say truly what they feel you know. I mean it’s again, there are differences aren’t there within families? But, but, but quite often those families are the most vulnerable in any case and the most disadvantaged. And perhaps haven’t got the people skills to be able to um, you know put themselves across” (Pastoral officer, pg9).

The sentiment noted above from the pastoral officer suggests power is used over families due to the use of professional language or the professional lanyards that are worn to define status (Substance misuse worker, probation officer & family therapist).

“I doubt whether they truly without perhaps an advocate would be able to um, say truly what they feel you know. I mean it’s again, there are differences aren’t there within families? But, but, but quite often those families are the most vulnerable in any case and the most disadvantaged. And perhaps haven’t got the people skills to be able to um, you know put themselves across” (Pastoral officer, pg9).

“Is very, very easy for us to actually not see it as a big thing. Another conference or another this or another that. But it’s actually, for the families it’s major, it’s massive. It you know and particularly for people involved in childcare or caring, it has massive implications for them. So, you know, you know and also, if they don't really understand why they're there because it hasn't been you know, it hasn't been made clear or you know they haven't got advocates. Because you know education either not able to, to sort of understand it. You know it's very difficult then for people to, to actually sort of hold their temper because you know what do you do when you're threatened? You fight back and if you know, if that's where you come from to life it's very difficult then to actually get a, a, a, a fairness within the, the conference” (Health visitor pg5).

The police officer extends this sense of the fool within his interview as he refers to the family as “real people” which could be suggestive that there is process of questioning their existence, as accepting they are real requires the police officer to accept their actions.

Hero or Villain

Within the CPC professionals project “the bad”, the villain onto others, which can be seen to align with the relational and process approaches to practice previously discussed, those professionals that seek to maintain a relationship with the family and those that will be more directive in their approach. The police officer outlines his perception that it is like “*pick[ing] one side or the other*” (Police officer pg2), the hero or the villain in the eyes of the family.

“You probably would have the Police, education would be on one side of the discussion and social care and perhaps some of the others on the other side, would be my sort of perception of it. Um, because we were more in sort of, disciplined in terms of expectations and behaviour and sort of, breaking of rules, you know?” (Police officer pg8)

“When you’ve got your school nurses there and you know and I don't know um, er, nursery schoolteachers there who are not really. You know they're, they're probably gonna just go with the flow [laughs] I think sometimes” (Pastoral officer pg8)

Within interviews professionals have been noted to attempt to place the villain, the bad on those making the decisions with professionals unable to see the hero and villain being present in one person.

For the police officer there is little disparity in the role he undertakes, the villain. Seeing his position in the CPC as directive, authoritative telling parents to their faces what they have done wrong, a role which is also cast upon them by other professionals. The role undertaken by the police officer of the

villain echoes back to relationships and perceptions of the relationship with the family, with some professionals seeking to assume the hero role resulting in professionals that *“don't really want to speak out about you know what they actually feel”* (Pastoral officer pg5).

“Health visitors would be good examples, were very keen to have a view on the family erm, during the meeting. And when it came to decisions, they would be quite quiet” (Police Officer pg3)

Being either the hero or villain is additionally played out in the interviews when discussing the family, six out of the eight professionals directly cite the family as the villain, likening them to axe murders, in the most extreme of cases (health visitor).

Better the devil you know

Within the course of the interviews' professionals could be seen to form alliances to create a sense of hope. Generating hope in finding a solution to the complexity of the CPC appears to be entrusted in two individuals the social worker and police officer.

“So you start with the one saying the police know this is the reason, blah, blah, blah. And then you did see it sort of go- and then you'd [unclear 0:31:37.8] was, if you were lucky enough to be the sixth or seventh person, it's like yeah, it's been said, I agree. Which allowed people to take a path of least resistance. They might not have agreed with it, but they'll just- they'd- they'd worked out that that's the way the decision is going. I'm not gonna disagree” (Police officer pg11).

The police officer verbalises his role in this as providing “cover” protecting the professional system by making the decisions using the power inherent in the social work assessment. There is however a counterbalance provided within the narrative from the family therapist who cites an alliance with the family to bring about a hopeful resolution within the CPC.

“And I also, think my role is to invite the family in to tell the conference what they think of my er, intervention as well. Because I don't see it as a, a one-way process with me reporting to do share my contribution with the, the network in the conference, I always er, invite the family to respond to what I've said. And er, ask them if they share my view of what I think the intervention has been like er, or whether they differ (Family therapist, pg4).

The family therapist however recognises that the very system in which the CPC operates impedes this alliance from being maintained.

'Cos every organisation can tell the family that this is going to be a really um, you know helpful process for you. And you're going to be included and you know. We've all got our policies in our organisations but er, how we'll do it and the reality of it doesn't always match to that' (Family therapist pg19).

The lost soul

The focus of the CPC is the safety and wellbeing of the child or young person; the child is missing from all interviews. This position appears to connect with Winnicott's perception of face-to-face work with children depicting that all too often we seek to deny or minimise the reality of the child's experience because it's too difficult for us to hold (Kanter et al, 1998). When the child is mentioned in the interviews there is a sense of detachment, discussions became generic as professionals could, be seen to abandon their knowledge and skill to avoid connecting with the child's lived experience.

"You can explain their child is failing to thrive. They're- they're turning up in a dishevelled state. The food provided by the parents is not satisfactory. Parents don't turn up to parents' evenings. And when they do, they're confrontational" (Police officer, pg21).

The social worker is the only professional within the interviews that directly outlines harm being done to a child, but even this stopped short from exploring the detrimental impact of harm on a child. It could be suggested that professionals within this study have disassociated or not voiced the child to allow them to ignore or obscure what they do not want to see as this is unmanageable for them externally from the CPC environment.

"Is very obvious for this child but there's, there's been something of, of physical abuse because, erm, because a parent has, erm, smacked a child and that's then been their focus, erm, whereas actually th- th- the kind of over, overwhelming, erm, issues and impact is because of neglectful parenting as a whole to this child, which is detrimental to their, erm, development" (Social worker, pg5)

"Um, because significant harm would be standing in front of a car and being hit by it, that's significantly harmful. It's not telling him he's a hit every day and you know um, and he's ugly and he's terrible and he's dreadful and he's awful and he'll never come to anything" (Health visitor, pg26)

The nature of holding the reality of the lived experiences of children and young people can see professionals seeking to reduce these experiences to the simplest of forms which could be indicative of fluctuating tolerance (Kanter et al, 1998).

“Um, they have very clear sort of headings to, for us to follow in terms of what the lived experience is like for the child or children. Um, what, what might happen if nothing changes so, that, that's talking about the risk really. What needs to change um, what “good” would look like” (Deputy head teacher, pg3).

“Er, and, and the thing with the reports is because it's in paper you know you very much again, we're very impacted by our trust because they tell us what to write [laughs]. Um, you know so, so it, it's very difficult then to actually get a really true, true vision of what the family are and what the lives are like for the children um, you know from a bit of paper” (Health visitor, pg6).

Two professionals, the substance misuse worker and probation officer explicitly state within their interviews that they do not work with children and are not equipped to either assess the risk posed to the child.

“Social workers are the ones that assess the child. I don't have anything to do with the child – I can only – I can only say it from my perspective. However, I can see why it should be multi-agency. I think – I think, yes, the decision lies ultimately with multi-agencies all talking about it together to come to a unanimous decision. But the social worker is there as very much the – this is what I found, and this is what I think is the case (Probation Officer, pg14).

Within this study professionals have suggested that children and young people attending CPC can be beneficial; this is not fully represented.

What has been presented

Within this chapter professional experiences of the reality of the CPC have been captured, highlighting the impact anxiety has upon professional behaviours as social defences are employed to protect self. These findings imply a further movement away from the initial purpose of the CPC which cited collaboration and shared responsibility, instead professionals have voiced enacting roles which sees them avoid responsibility as a means of protecting themselves from blame and scrutiny.

The nature of these social defences suggest that professional good intentions voiced within chapter four have begun to be eroded due to the anxiety of the task professionals within the CPC. In chapter six the reader will be introduced to these impact social defences have on the task being undertaken within the CPC.

Chapter 6 Social Indictment

Chapter five explored the impact of anxiety associated with blame and the fear of getting it wrong on professionals. Such a position of anxiety within the temporary organisation can impact professionals' ability to retain capacity to focus on the child, impacting autonomy and decision-making resulting in an alternate task being undertaken.

Within this chapter we will explore the impact anxiety has on the task being undertaken within the CPC. Cooper and Lousada (2004) discuss societal perceptions and reactions to CP concluding that knowledge of personal and social suffering is too painful for society, requiring a network of professionals to contain societal anxiety as a means of social defence. Data suggests CP represents everything that's wrong with society, a social ill which results in discussions surrounding, power, hurt, punishment, and control. Within this chapter we will explore how professionals respond to the task within the CPC and how this is impacted by anxiety and social defences.

6.1 Social expectation

Professionals have proposed that CPCs provide opportunity to ensure social norms surrounding behaviour and parenting can be imposed when parents have been seen to fail to meet societal expectations (Gibson, 2020).

Professionals within the CPC are afforded the power to tell parents what they have done wrong, holding them accountable for their failings as parents, which differs to legislative and procedural perceptions of the CPC; this is the reality professionals in this study have voiced.

Below the bar

Professionals have voiced that the CPC becomes an arena in which parents are shamed for failing to meet the expectations imposed on them by society as parents. Seven of the eight interviews outlined that the CPC became an opportunity to tell parents how they have failed.

"It's basically you know the whole conference structure is us telling people why they've been bad [laughs] you know. Occasionally we're very nice to them [laughs] but the whole structure feels sometimes like. I know it isn't and I know that's very simplistic but it sometimes feels like that" (Health visitor, pg22).

“So, if you’ve already got a traumatised victim there, you know – I would personally, I would find that further traumatising a professional – a group of professionals round a table or on a screen looking at me and saying I’m a crap parent” (Probation officer pg17).

The nature of parental failure is further compounded within the interviews with professionals citing the experience of the parents as wholly negative, focusing solely on failing rather than strengths or how they might improve.

“there’s all these professionals around the table, six, eight, ten groups, telling people that- where they’re failing and people didn’t want to hear that. Which is probably suggested that an issue for them, in that they’ve never, or maybe one that’s never been said to them before or if they did that’s just their default position. So whilst it- they would perceive themselves to be ganged up on” (Police officer, pg6).

“Sometimes the parents just look er, overwhelmed er, and lost. And um, just you can just see they just don't know what's going on and it's um, just overwhelming....I mean the power has been taken out of their hands so, there's, there's nothing they can do about it” (Family therapist, pg13).

Six of the eight professionals have explicitly cited shame as a dominant feature within their perceptions of the families experience within the CPC.

“They’re for professionals, aren’t they, they’re not for – yeah, they’re not for the parents. They’re almost a forum. I find some of them sometimes – they are a forum, a public forum to tell that parent what they’re doing wrong, whereas, you know, if we’re going to look at research, etc, people respond better to praise rather than – it’s almost a shaming process, um, child protection conference – very much a shaming process. You’ve done this, and this is why your kids are on a protection plan....with the conclusion of shame and the – you know, the result of this is – you have been assessed as – your children are at danger of” (Probation officer, pg17).

The CPC has been posited by the substance misuse worker as demonising which, aligns with the perceptions of Smithson and Gibson (2017) who concluded a positive experience for the parent was not deemed to be necessary or, important within the CPC. Within these interviews there is an acknowledgement that the process of shaming, of telling parents they have failed sits in opposition to

professional roles and good intentions. However, several interviews held a strong sense of the CPC being a cathartic process, providing professionals and opportunity to tell parents to their faces what they had done wrong, with these punitive rituals falling outside of their professional norms and values.

INT: Um. So do you think professionals feel that conferences are negative for families?

RES: Yeah. I think, yeah. Because I think there's a- because it's er, whether you have to have that direct contact with them, and you've to, actually telling them to their face where they're going wrong. You know, [structure 0:11:13.7] meetings you can say what you like about things but, when they're not there. Where it's when you actually, that it comes down to that white of the eyes, and the person is quite likely to [unclear 0:11:21.7] go, what do you actually mean about that? That's not why I talk. If- And if there was a solicitor there, which wasn't often, but when they did appear. Again that impacted on people's willingness to express, honestly held and evidenced professional views. Because they felt there was gonna be push back. And so- so um, it's something [unclear 0:11:45.1] bring into the [unclear 0:11:45.9]. Yeah, they- they want- wanted to avoid having that conversation, and telling people to their face, you are a rubbish a parent. You know (Police officer pg4).

Alongside the CPC being seen as cathartic, professionals have noted in interview that the CPC does not always see the true representation of their professional perspectives with some shying away from the reality of the concerns.

"People find it easier to agree rather than disagree. And they might have been very erm, expressive during the meetings. Um, but actually when it comes to making that decision with the- you know, looking in the whites of the eyes of the family, they found that difficult. Um, I had- I've actually found it very cathartic. Being able to be very open and honest, not rude, but professionally sort of, expressing what my concerns were about the family. Because in the interview scenario, when you end a caution, when there's a solicitor there, it- you can't oft- you can't say, are you- no, you're failing" (police officer, pg2).

"But I think there are some professionals who are happy to say things about families to other professionals but don't feel comfortable to say those same things er, to the family when they're present. Um, and so, that then creates a very uncomfortable dynamic in the conference because either they're saying it for the first time to the family or in front of the family. Er, or they're not saying something that they have said to professionals when the family weren't present" (Family therapist, pg2).

Findings propose that professionals perceive the CPC as an opportunity to place blame on individuals whether parents or other professionals, with professionals being blamed for soft pedalling or not completing work with families.

“You don’t know kind of what you’re walking into but also as a professional walking in you’re not being blamed so to speak are you and that’s, that’s where the big difference lies isn’t it?” (Substance misuse worker, pg21).

“Certainly within safeguarding, within um, domestic abuse I do think there is a culture of blame of mothers. Er, and I’ll be you know, you know, I understanding that dads are subject to domestic abuse as much as anybody [laughs]. But you know, I think mums do actually get blamed within the process” (Health visitor, pg16).

Holding to account

Thematically professionals have postulated that the CPC offers opportunity for them to ensure the family see what they see. There is a sense of indignation that professionals must face the reality of abuse that children and young people have experienced yet that parents are able to avoid this reality.

“you don’t engage with your kids, you don’t support your wife, you don’t support education and you, you know? Don’t get arsey with me, don’t get grumpy with me, don’t have a go at me. Because I’m just holding up a mirror to you. And you- you do need to- we all, whoever is- whoever it is, sometimes- and it’s not nice. And it- and it’s- and it is difficult. But I think you- people do need to hear it” (Police officer, pg16).

This process of holding the mirror up ensures there is no hiding, if professionals must face the reality of abuse than a parent must see this for themselves. The social worker has explained that the CPC is an opportunity for families to hear the worries of professionals

“I was in a conference yesterday, erm, and parents had separated and the father it was very clear wasn’t aware of the majority of the information that was being spoken about and actually what he said is, “Until I’d read the social worker’s reports I didn’t know all of these worries were happening.... actually from his perspective knowing then that there was an ICPC sort of triggered his response, erm, because we’d reached a point where our worries were such that we’d held the conference” (Social worker, pg6).

Although this process of holding the mirror up is an important aspect of the CPC for professionals within this study, this doesn't mean that the families accept the concerns raised by professionals.

"I've heard various very elaborate um, excuses and reasons to deflect from actually what is been proven to be the truth. Um, just, just as a way of sort of families trying to get out of the predicament that they're in. Um, and on that occasion it, it did involve the young person going into care and being into care from um, the start of year eight up until after leaving er, at the end of year 11" (Deputy headteacher, pg1).

The nature of holding to account within this study has assumed a position of parental guilt and parental failure. Seven of the eight professionals within this study concluded that due to a CPC being convened the family had caused harm to their children with, guilt being assumed seeing a shift in the purpose of the CPC discussing the focus of this being a chance to hold parents accountable for their actions.

"Um, I think it almost does feel like it's preconceived that it's gonna meet that threshold straight away [pause]. No, I don't I, I, I, I honestly can't think off the top of my head when I have, no, it's always been child protection plan I think" (Pastoral officer, pg21).

"RES: Like we said earlier if there wasn't that potential concern there and if the social worker didn't think there was a need then they wouldn't hold a Child Protection Conference.

INT: Hmm

RES: It's a bit like somebody going to trial, there wouldn't be a trial in place unless the Crown Prosecution Service had evidence that a trial was needed but it doesn't always mean that the person is guilty does it?

INT: Hmm

RES: But it's or the other way of looking at it there's no smoke without fire, no fire without smoke because there must be something going on on a risk level for that to be held so it's understandable I guess why they feel that way" (Substance misuse worker, pg23).

Although professionals have openly discussed the assumption of guilt within the CPC, it is evident that this causes anxiety due to the conflict it creates between their good intentions and the reality of the task.

“that's why I feel like the conference has to really privilege these parents. Because if they are not on board with any plan that we come up with er, I don't think the risk to the children reduces. And that's where maybe I differ from some professionals, I don't know. But I feel like a lot of er, not a lot but I feel like I have worked with pr, professionals who are anti-parents. Er, so pro-children and I understand that, so pro-children that er, they are anti-parents. Um, and they think that er, you know the only way to protect the children is to kind of er, be against the parents and I just don't think that works in the children's' best interest” (Family therapist, pg17).

6.2 Social Trial

The purpose of the CPC is to determine if a child is at risk of significant harm, with professionals required to share evidence to prove or disprove this and then decide which category the child should be placed on a child protection plan under. The discourse and language used within these interviews portrays that of a social trial, with guilt or innocence being proven as professional evidence is presented.

Hearing the case

All professionals are seen to explicitly reference the ‘evidence’ that they present and how this is gathered beforehand which is suggestive of a formal court, judicial process.

“So, if that incident has happened the, the, you know the incident that I've just mentioned so, so to speak of a kid walking to school two hours late or whatever. If you've not addressed that at the time it just looks like you've been storing all this stuff as am, ammunition [laughs] to fire at them” (Deputy head teacher, pg13).

“So even though the evidence was quite compelling, they um, didn't wish- they didn't wish to accept it. Um, even- which was bizarre. I found very strange because the evidence was clearly there as to the person, because I think it reflected on their own personal views. I think as I've touched on some of the um- I think if you normal rely upon social care, health and the police

for- and the schools are fairly straightforward, straight down the line and evidenced based (Police officer, pg7).

“I guess potentially it could be, the benefit could be for the people that have raised that kind of concern in the first place and having other people there to support and give extra evidence that that is the case. Erm, and obviously for the, for social services in general if they have got those concerns that there’s the evidence there then from other people that further process needs to be taken” (Substance misuse worker, pg19).

Professionals within this study have suggested that the formality of the pseudo court process provides clarity and a hierarchical approach to information sharing. The social worker is seen by professionals to provide their evidence first setting out the case against the family.

“We sort of follow a system whereby we listen to ea, to everybody’s um, sort of I don’t want to call it evidence. But it’s their account of what they feel to be um. So, the social worker always starts with, “This is why we’re here”. And then professionals just give a bit of a, an overview of their report and maybe anything that’s happened since the report was written” (Deputy Headteacher, pg3).

Interviews are suggestive of two sides, prosecution, and defence, with seven of the eight interviews alluding to the parents needing a defence however not receiving this as guilt has, been assumed prior to the CPC being convened.

“You can almost see this argument happening between it’s like the good and bad, it’s like the barristers for the defence and the prosecution fighting against each other” (Substance misuse worker, pg22)

“They’re basically just sat there while the verdict is, it’s almost it’s like a court. It’s like a court isn’t it and then the jury at the end come up with a decision. The defendant has no say in that” (Substance misuse worker, pg17)

“But quite often the families are, I, I, I think the families feel like they’re on trial. Um, and you know it’s er, they’re there because they’re, they’re in court because they’ve done something wrong. Um, whereas actually what we’re all really trying to do is to help them achieve the right outcomes for their children you know” (Pastoral officer, pg10).

The process of social trial has voiced to sit entirely in the hands of the professionals, with little prospect of a defence being called upon by the family.

“Like you’re walking into a conference to just feedback some information to see what, see what risk is there regarding the family whereas the family are walking in it’s almost like them walking into court isn’t it effectively it’s not, obviously it’s not court but it’s like you’re being accused of back to the Child Protection Conference and then it’s almost like the jury and the accused walking into” (Substance misuse worker pg21).

“This is your life, we’re examining it and the we’re going to give you a mark out of four” (Health visitor, pg12).

Within several interviews it is evident that professionals are acutely aware of the trial and the process of judgement that takes place within the CPC, with some individuals seeking to divert the attention away from evidence that will condemn the family.

“I think if you normal rely upon social care, health and the police for- and the schools are fairly straightforward, straight down the line and evidenced based. But it- No it would be your health visitors and some of the other people who would offer quite personal observations about it. It’s- the number of times I heard health visitors discussing how they’ve- they’ve known the whole family and then they- they remember the mother when she was growing up and it’s like, it’s all very, you know, it gives context. But it doesn’t actually offer anything specific. And it’s not evidence based and it- it’s almost as if they feel they have to say something” (Police officer, pg 7).

And the other thing that makes me anxious is er, kind of oppressive practise towards families when chairs er, are er, sort of overly punitive um, overly formal. Er, use language that is very clear, that is um, not understandable to the family. So, you can see the family just having an experience of er, not being joined to the process. Um, and actually for me as a systemic therapist as, as part of it I can’t really challenge the chair very much on it. Because of the power imbalance, they are chairing it. Um, but it makes me really anxious to watch that kind of practise where I feel the family are excluded from the process because of some kind of imbalance of social graces (Family therapist, pg4).

“Okay, look at it like this, the power balance and scales were tipping, tip I suppose er, with the professionals. Because of I suppose you know they hold the, they hold the information that we all want to know. Um, the family I think are probably, whilst they are representing themselves um, it’s a very stressful situation for them (Pastoral officer, pg9).

The pastoral officer creates an image within the dialogue above of the scales of justice requiring both a defence and prosecution. The family therapist highlights this as ethical and empowering as per the cornerstone of the social work profession.

Although much of the narrative surrounds the negative connotations of judgment, there remains a dimension which elicits the connection with “day to day life” an attempt to reduce the severity of the environment, through topical reference as a possible means of social defence through minimisation.

“It almost feels like Britain’s No Talent or something but [laughs] you know where you, you sort of, “Right and what do you think”? “Well, well I’ve just told you what I think when you asked me” (Health visitor, pg21).

This assertion from the health visitor may be an attempt to detract from the severity of the decision-making process and align it with humour to reduce anxiety.

Finding the right conviction

Categorisation of risk in the CPC has been noted by professional as simplifying the decision-making process assisting, in reducing anxiety, yet others saw this as a flaw within the system, a process to further demonise.

“Sometimes families would be there and you’d know that they, there’s something not right with the parenting and that things are problematic and there needs to be something in place but the categories are quite demonising, erm, and sometimes the kind of what’s going on doesn’t fit into one of these boxes” (Substance misuse worker, pg1)

The substance misuse worker likened categorising risk to seeing only black and white when in fact circumstances do not fit into one category neatly. The process of categorising risk for some professionals provide clarity in relation to what needs to be done, as it further clarifies the concerns.

“I think that the understanding around the categorisation is if we categorise it then we know what to do about it. I think that’s my, my sense of it. As long as we can name it if, if we name it and sort of box it so we call it neglect er, then it makes it easier for us to er, kind of um, er, kind of er, decide what to do about it” (Family therapist, pg9).

To counterbalance this, it has been discussed that labelling assists organisations to respond and know what is required; this does not take into account the complexity of the system professionals are operating resulting in black and white thinking which is not representative of risk.

I can see why at the moment it needs it but I don't you know I question actually going forward whether it does need a category. Yes, but I suppose the reality is hm yeah, it does, it, it just assists the process, it assists the local authority in having a, you know a box to put something (Pastoral Officer, pg7).

Within three interviews the messiness of this decision-making process is voiced both implicitly and explicitly. The implicit reference to the messiness of the process could be assumed through the inference that threshold documents are laminated to be wiped clean.

"I remember them being um, out, out on the table like laminated sheets that um, would just be that you could just kind of look at, refer to, pull one towards you. Share one with a colleague, it wasn't even that there was enough for everybody, there were just a couple scattered around" (Deputy headteacher, pg8).

"What I do observe quite regularly is that um, sometimes and most of the time on the desk there is a threshold document laminated. And it will explain the difference between child protection, child in need and the categories of er, of abuse" (Pastoral officer, pg4).

The more explicit messy reality of decision-making process is explored in relation to the position each professional takes in relation to threshold and understanding of risk due to their organisational and professional context external to the CPC which will indefinitely influence decision-making.

"I'm at risk of maybe getting this wrong. Because even though you've got the guidance it is then open to your own kind of interpretation of the situation if that makes sense. Um, and somebody else's interpretation might be different. And I think if I'm being honest as well social workers because they see the worst of the worst week by week, month by, day by day often. What, what I might think is horrific and meets threshold, they are a little bit more desensitised towards to than me. So, there's always that feeling of when the chair asks you is a social worker just gonna think you've not got a clue, you don't deal with this day by day. So, you, you do worry a little bit about getting it wrong but I would rather get it wrong and ere on the side of caution if that makes sense" (Deputy head teacher, pg9).

Four of the eight professionals are seen to explore the hierarchy of the categories, with two professionals discussing not the categories of risk but the categories of neglect.

“And what I do find personally is that sometimes lots of differences between the categories of, isn’t, of neglect. I do think that they’re um, sorry categories of abuse. I do think that you know some of them in my opinion need updating and tweaking. Um, I, I just feel that there’s, some of them are a bit antiquated now and they don’t quite make sense” (Pastoral officer pg4).

Um, the other thing that’s been interesting over the last year or so is the evolution of the hierarchy of [laughs] of categories. Where, where um, you know [laughs] families are happy, happily to take emotionally abusive. Because they feel it’s not, they really hate neglect. And the, you know most of the arguments you get post is people arguing that they’re not neglectful but they may be [laughs] emotionally harmful” (Health visitor, pg3).

Within interviews professional have given thought to the four categories of risk used within the CPC and wider CP system they have voiced that these are not representative of the risks they respond to such as domestic abuse, reflecting the perception that these need to be reviewed to align with cultural and societal risks as they are antiquated (Pastoral officer, pg4).

“If you think about domestic abuse, you know, you could almost have that as a separate risk category rather than – because that – domestic abuse incorporates physical, emotional and neglect, there’s so much. Whereas having to try and say one just doesn’t – it doesn’t cover it in my eyes. There needs to be a bit more of a – I’m not – I think – I’m not very good at decision making so to be, you know, told that I’ve got to think of a category – I don’t like that. I think – I don’t think it’s – I don’t think it’s as – I don’t think it incorporates everything. There’s other things to consider and just having to boil a – an hour and a half’s meeting into a few words doesn’t cut it. I think it should be opened up a bit” (Probation officer, pg3).

The discussion that remains dominant is the underlying factor that labelling is perceived to make it easier to address, *“So, maybe there’s something about labelling that makes us think it become clearer to, clearer to design some kind of intervention” (Family therapist, pg9)* it could also however serve the purpose to allow professionals to distance themselves from the reality, a label, a box will define so there is no need to verbally express the reality, which has occurred explicitly within these interviews.

Sentencing

Power is prevalent within professional perceptions surrounding the CPC explicitly suggesting this as a trial resulting in judgment, and retribution by means of sentencing.

“So punitive something bad is going to happen, that you’ve done something and there’s a repercussion for what you’ve done and the repercussion for what has happened is you sit in a Child Protection Conference and you’ve got judge and jury” (Substance misuse worker, pg22).

Professionals within this study have used language to indicate the severity of the risk they are managing, with parents be seen as murders and axe murders (health visitor) for the pastoral support officer this is further expanded upon likening the trial to that of murder or manslaughter.

“It’s a bit like being on a jury and convicting someone of murder or manslaughter. If you convict them of a manslaughter then you perhaps might not feel as bad about yourself as a juror because you know they, they’ve done something wrong. But they’re not you know, they’re not gonna be um, murderer, labelled as murderers. And I think sometimes it’s very similar with the child protection plan and a child in need plan” (Pastoral Officer, pg23).

Contextually the pastoral officer has voiced the distinction between murder and manslaughter, as attributed in chapter 4 the pastoral officer holds a professional background within the police, which might see him equate the emotional and societal condemnation of child abuse to that of the most heinous of crimes against a person, murder. This perception is further supported by the health visitor who explicitly refers to the parent as a murderer, with professionals seeking to explore any positive attributes to allay fears.

“You walk in and there’s an axe murderer in, sorry [laughs] there’s an axe murderer sitting there and they go, “Oh, yeah well he was nice to his mother” (Health visitor, pg15).

Stanford (2010) explores that within the context of risk, clients are seen potentially as objects of high risk, resulting in professional actions seeking to respond through disciplinary practices that act to reform, control, and contain. Professionals within this study whether through a conscious or unconscious process align brutal corporal punishments within their narrative explorations such as tarring and belting.

“Because it’s rubbing salt into the wounds, and it’s a bit of labelling again – you know, basically you’re a shit parent” (Pastoral Officer, pg14).

“They’re kind of being labelled and tarred with this brush with this, this you are this, this and this” (Substance misuse worker, pg6).

“And certainly, recently and, and this might be unfair but I actually feel it’s almost like a way of, of belting you know the clients a little bit more you know. Telling them that they’re neglectful or telling them that this is happening and it feels a little bit more like that recently. Um, and I don’t know whether you know, whether it actually sort of goes back to actually letting people know very clearly what the issues are” (Health visitor, pg3).

Within the interviews attention to language further compounds the brutality within the CPC, with professionals explicitly exploring the sense of being attacked, ganging up, and, gathering ammunition. The discourse is suggestive of an intention to wound or cause harm. However, what is seen to underpin this is the severity of the task being undertaken, the well-being of vulnerable children and young people, for whom there isn’t time to burn (Police officer).

“You know, the evidence was there, just present it. You know, lets remove these kids, lets change their lives now. Let’s do something generational and change their lives for the better. Don’t- well you know, sort of, give them another opportunity. Because you know they’re were all messed up. You’re setting themselves- you’re setting the families up to fail. You’re setting, you know? And then you have to have more strategy meetings or case conferences. You know, get it right first time. Or certainly get it right second time. [Unclear 1:05:11.3] people can go through the process and fail again. But you know, when we’re having the third case conference for the same kids, you know, you kind of- it’s a little bit frustrated. Cause we don’t all have time to burn” (Police officer, pg23).

The notion of the punitive need to sentence is counterbalanced however with the reality of the experiences of families and the purpose of the CPC to bring about change in the family system; even this appears to be unachievable and further punishment of the families.

“And I suppose I would like to see conferences um, er, not panic by um, setting families off with these um, big tasks to sort of. Setting them off to um, achieve things that we know realistically they’re not going to achieve because what we’re doing is setting them up to fail. So, when we come back next time and we ask, “Have you done it”? And they say, “No you, no we haven’t” then we say, “Well, you didn’t, you didn’t achieve”” (Family therapist, pg21).

What has been presented

Professionals have within these four findings chapters moved from a CPC which holds collaborative working at the cornerstone to bring about positive change for children and their families to a process of social trial, in which parents are judged and held to account with guilt assumed. Within this chapter the impact of anxiety and the prevailing social defences have highlighted an alternative task undertaken by the professionals in the CPC.

Findings appear to create a world of two extreme, support verse judgment it can be proposed that the anxiety initially mentioned in chapter four has continued to manifest resulting in a cluster of social defences enacted have resulted in the good intentions of professionals being eroded as a process of trial and judgment unconsciously evolves within a space intended to support and protect.

Chapter 7 Discussion

The prevalence of anxiety within the CP system and more explicitly the CPC has shaped the both the findings and the research question within this study. Anxiety is not an observable event however it shapes what is observed and the task undertaken by professionals. The focus of this research shifted as the prevalence of anxiety and the subsequent social defences it evoked cast shadow upon the linear process of the categorisation of risk. Instead, what became apparent through thematic analysis is that this process of categorisation sits within a more complex cluster of social defences. With findings suggesting that professional good intentions are eroded by anxiety resulting in a cluster of social defences manifesting and obscuring the task undertaken with the CPC.

“And I suppose I just often think about um, who is, whose benefit is this Erving? You know is this reducing professional anxiety rather than actually er, er, meeting an er, a genuine need for the family? You know are we just saying, “Go there, go there, go there and go there” um, because it makes us feel as professionals like we’re doing something.” (Family therapist, pg21).

Within this chapter psychoanalytical thinking will be applied to make sense of the findings postulated within this research. Making meaning of the conscious and unconscious experiences of professionals to provide insight into the professional entanglement with anxiety and the terrifying task undertaken within the CPC. Findings in this study support Cooper et al, (2012) depiction that a fear of failure is seen to shape the current CP system with professionals feeling the need to protect their own position.

7.1 Evolving task

Anxiety can inhibit the way in which we think, understand, and make sense of the environment around us (Waddell, 1998). Within this study anxiety has been a golden thread which is interwoven through professional experience of CPCs’ shaping the way in which they respond and, the task undertaken.

The evolving nature of anxiety, saw a parallel evolution in terms of the question this research has sought to address shifting from, the categorisation of risk to the explicit impact anxiety has upon the functional and purpose of the CPC. This does not exclude the process of categorisation of risk within professional narratives; it could be suggested that this a procedural defence against anxiety.

7.11 From safety to anxiety

CPCs were established in the 1970's to bring together professionals within a decision-making forum to assess risk; they have become a mechanism to "tidy up" society creating a sense of protection against the reality of maltreatment and abuse. The nature of the professional network allows society to believe only the good heaping the unmanageable into the CPC and wider child protection system, leaving professionals fearful of dropping the ball (Deputy headteacher).

Within this study professionals have represented the CPC as a process of social trial, with the language used representing a quasi-judicial process in which guilt has been assumed and the nature of the offence likened to murder or manslaughter (Pastoral officer). The police officer explored the CPC as, an opportunity to hold up a mirror to demand parents see what professionals do with professionals taking the role of judge and jury, a view shared by Stanford (2000).

A myriad of social defences have been deployed by professionals within the CPC to protect self from secondary anxiety and the ultimate fear of getting it wrong, of dropping the ball and being held to account. The findings in this study propose that professionals operate in a world of two extremes, the minimisation and avoidance of risk or the demonization and persecution of those responsible for risk.

Within interviews it became apparent that anxiety impacted professional behaviour and ultimately the task that was undertaken within the CPC, figure 15 depicts the vicious cycle of the CPC. Professionals within the CPC are required to respond to the abuse and maltreatment of children, a reality which society attempts to reject (Woodhouse & Pengelley 1990; Beveridge, 1942; Scanlon & Powell, 2015). The public rejection of child abuse potentially initiates the vicious cycle of the CPC, asserting from this position the presence of persecutory anxiety, which manifests from the fear of failure, the fear of being blamed by society if something goes wrong, the fear of getting it wrong.



Figure 15: Vicious cycle of the CPC

Figure 15 captures the cycle professionals find themselves in within their interviews and the CPC. Findings of this study suggest that an alternative task is undertaken within the CPC catalysed by anxiety. At the outset of the interviews all eight professionals verbalised a proceduralised process with a shared aim of bringing about positive change through multi-agency working; this purpose evolved during the course of the eight interviews undertaken.

Anxiety surrounding the task within the CPC was voiced explicitly by all eight professionals as a fear of getting it wrong, being blamed and doing more harm than good. With such anxiety present within the system a cluster of social defences manifested resulting in professionals unconsciously seeking to absolve themselves of accountability and responsibility of the task at hand due to a fear of being held publicly accountable eroding their good intentions (Price et al 2018; Cooper & Wren, 2012).

7.2 Good intentions vs reality

Power's (2007) discussions surrounding risk and responsibility are poignant within this paradigm with social expectations allocating the responsibility to agencies and professionals to effectively manage risk to children. Evidence suggests that professionals are acutely aware of the gravity of the task they undertake within the CPC equating this risk to murder or manslaughter. Professionals have voiced both depressive and persecutory anxiety, depressive anxiety stemming from fear of the task resulting in a contrast between legislative and procedural intention and the reality of the process and task undertaken within the CPC.

Findings have suggested that anxiety shapes the process of the CPC, as the purpose alters, and processes are constructed to protect professionals against blame. and professional behaviour surrounding the task in two distinct ways:

- ❖ Disillusionment of purpose
- ❖ Protecting against blame

Disillusionment of purpose

At the outset of the eight interviews professionals voiced their good intentions relating to the task of the CPC, multi-agency partners sharing information to bring about positive change for a family. However, narratives evolved, and professional perceptions suggested a disillusionment of task, with this shifting from protection of the child to protection of the professional, from supporting the parent to shaming the parent for failing as captured within figure 16.



Figure 16: Intention vs reality

This study has highlighted that anxiety impacts the task undertaken within the CPC resulting in this being in juxtaposition to the legislative and procedural purpose proposed which, results as depicted in figure 16 in a process seeking to place blame, likening the task to a process of public shaming or parents *“being in court because they’ve done something wrong”* (Pastoral officer, pg10). This shift to an anti-task within the CPC is resultant of secondary anxiety which has been noted to run throughout professional narratives leading to fragmentation and professionals seeking to preserve self rather than work collaboratively within the multi-agency network resulting in a gang state of mind as the shared task of the CPC is eroded alongside professional good intentions (Chuard, 2021; Obholzer, 2019; Ruch and Murray, 2011).

The nature of the task delegated to the professional network within the CPC is terrifying with professionals voicing in this study the fear of getting it wrong, it being the one ball they do not want to drop and the one aspect of their role that keeps them up at night (Deputy head teacher, Powell & Scanlon, 2015; Kettle, 2018; Waterhouse & McGhee, 2009). The eight professionals within this study narrated behaviour which were suggestive of a cluster of social defences being enacted which when culminated resulted in an alternative task being undertaken. Professionals sought to delegate responsibility, to sacrifice their professional knowledge and distance themselves from the decision-making process, essentially moving this from a multi-agency approach to dependency on one or two professionals, namely the social worker and police officer. Infantile anxieties surrounding the task of CP are asserted to lead to feelings of hopelessness, dependence, fear and, wanting to return to the normal world as soon as possible, all of which have been voiced within the course of this study as professionals move from the primary to phenomenal task (Rustin, 2005; Ruch & Murray, 2011).

Professionals within this study shied away from talking about children and young people, focusing their narratives on parents, such dissociative behaviour is indicative of *“othering”*, trying to ensure the child is *“not one of us”* (Powell & Scanlon, 2015). Such behaviour expressed by the professionals replicates the initial point of the vicious cycle of the CPC; instead on this occasion professionals sought to reject the reality of harm caused to children and young people, as the lack of containment prevents professionals reaching a depressive position in which the CPC and they themselves can, hold both the good and the bad. It became evident that the disillusionment professionals felt within the CPC surrounded the task being felt as, the protection of children vs the protection of professionals.

Protecting against blame

Blame, has been vocalised by all professionals within this study, with the substance misuse worker raising the question “who’s going to get the blame?” (pg13) a sentiment further echoed by the police officer who saw the process of the CPC as seeking someone to blame. The process of finding someone to blame has been stated by Munro to be psychologically satisfying and common feature of the CP system as professionals are often blamed when they are perceived to have failed to protect a child (Cooper et al, 2009).

The notion of blame and scrutiny runs through professional narratives within this study, and results in professionals seeking protection from condemnation. The findings suggest that professionals have internalised the blame projected by society, with a mentality of “dammed if you do and damned if you don’t”.

Professionals have proposed that the structure of the CPC provides security, a comfort blanket as the onus of responsibility is shared within the multi-agency network (Deputy head-teacher, police officer and family therapist). Each of the eight professionals provided detailed exploration of the intricate procedural steps in the CPC, with the resultant outcome reducing the complexity of risk to choosing one of the boxes within a black and white approach to risk (*Substance misuse worker, pg7*). Professionals explored the categorisation of risks as the rejection of complexity “*I just think we need to know if a child is at risk or isn’t*” (Pastoral Officer pg6), taking a reductionist position “*if we categorise we know what to do*” (*Family Therapist pg9*) Defences within this study seek to reduce a “*heightened level of anxiety*” (*Health visitor pg2*) within the system seeking reduce professionals culpability and evade knowledge and expertise. Such technical-rational approaches have been cited as normative within society; within this study professionals have drawn the conclusion that such an approach is ill equipped to meet the complex needs they are met with, asserting a dissonance between professional intentions and procedural outcomes as the human element is removed (Kinsella, 2007; Smith, 2019).

This study suggests that societies projections of failure result in a paranoid-schizoid position, with professionals fearful of getting it wrong, and acutely attuned to the fear and that, “*it’s the one ball I’m ,, most afraid of dropping*” (Deputy head teacher pg17). Society holds expectations that social workers and professionals become omnipotent providing, salvation for society, guarding them from the realisation of evil and the social ills taking place (Woodhouse & Pengelley, 1990 & Whittaker, 2011). This fear of failure means professionals in this study see the CPC as a risk management process, reducing risk to a black and white process, a process of categorisation. Professionals have illustrated the poignant differential between risk and responsibility and, uncertainty and danger, risk being cited

as the black and white, alluding to the ability to manage “risk” through decision making processes, *a tick box.... [to] know we’re doing everything we should be doing*” (Probation officer pg8). The paradigm of danger and uncertainty appear to have been removed from the environment of the CPC with the decision-making process resulting in telling families what they need to do as if certainty prevails (Family therapist). Resulting in the danger and uncertainty being managed externally to the CPC as professional *“pick up of things that happen post-conferences”* (Pastoral officer pg14).

The cumulative impact of a blame culture results in, vulnerable system syndrome, due to blame, denial, and single mindedness, resulting in compliant practice and professional autonomy being lost, (Probation officer, Police officer & Reason, 2008). Within this study such social defences align with infantile anxieties as professionals mindlessly stick to the rules like a terrorised child, simply *“following the system”* and other professionals and feeling unable to challenge due to lack of professional knowledge (Deputy head teacher pg3; probation officer; social worker; police officer; Rustin, 2005).

These findings suggest that there is a stark contrast between the intention and reality of the CPC as voiced by the professionals, the disillusionment of task and structural avoidance of scrutiny have suggested how process can shift due to anxiety.

7.3 Defending the undefended

Within this study structural responses to anxiety have been seen to impact the process of the CPC. This state of heightened anxiety was additionally noted to impact professional behaviour and responses leaving professionals uncertain about their knowledge and position within the multi-agency system. Professionals have been seen to question their role, creating an environment in which fear prevails, leading to social defences being identified (Cooper & Lees, 2014; Dartington, 2010; O’Sullivan, 2018).

Within this study defensive behaviours have been noted to develop in two key paradigms

- ❖ Professional performance
- ❖ Finding someone to blame

Professional performance

The nature of undefended has been poignantly captured by the health visitor, who feels professionals are left unsupported within the CPC by the wider system as feedback is solely sought from the families and not the professionals. It might be due to this that these findings suggest professionals enact roles as a means of social defence and professional protection with the CPC. It has been explicitly stated within this study that *"nobody is going to perform naturally"*, instead professionals are noted to oscillate between basic assumption behaviours.

Scapegoating

Scapegoating is theoretically cited as the basic assumption behaviour dependency (BaD), within this study it became evident that professionals sought to place the onus of responsibility and accountability upon the social worker. Aligning with these findings, Woodhouse, and Pengelly (1990) cite the role of social services and individual workers as doing the dirty work on behalf of others. Within these interviews it was evident that the professional projected both their anxiety and sense of responsibility onto the social worker, justify this *"as the social worker has done all the work... there's no point in me disagreeing"* (Pastoral officer, pg8).

Imposter

Within interviews professionals voiced concerns about how they are perceived by their peers, due to lack of experience or not feeling their professional role equipped them with the knowledge required to make informed decisions regarding children and young people. Professionals were noted in this instance to *"[take] the path of least resistance"* (Police officer pg11) separating expertise of risk assessment between that of adults and children to avoid responsibility (Probation officer). Steiner proposes that such behaviours are indicative of professionals entering a psychic retreat, which allows professionals to distance themselves from the decision-making process due to the intolerable feelings evoked (Rustin, 2005).

Union

The nature of the multi-agency network allows professionals within the CPC to operate within a state one-ness (BaO). A state which allows them to seek protection and sacrifice their professional knowledge and wisdom to align with the decisions made by the majority, group think or the

omnipotent leader (Family therapist & pastoral officer). These findings alluded to a reluctance to challenge the decision or recommendations made by other professionals allowing *“one person with power [to] suggests the category. And then you kind of know, everybody will sort of follow”* (Family therapist pg9). Such responses from professionals assumes a basic assumption behaviour of one-ness (BaO), within this position professionals hold the myth that no decision made can be wrong, bad, or unwise (McMillan, 1981). Kanter (1998) proposed a further insight into the BaO noting professionals being seen to abandon their professional knowledge and skill because it is too painful to engage in the lived experiences of the child/ young person.

Hero or villain

Findings implied that once professionals entered the CPC their good intent eroded, slowly becoming chipped away, with the role of the supportive “angel” becoming dichotomised as professionals become part of a *“demonising process”* (Substance misuse worker, pg4). It is proposed within this study that the paranoid-schizoid position prevents professionals from being able to hold both the good and the bad, the perceived angel and the demon, which results in splitting. The police officer asserts the role of the demon holding position of the “bad” professional telling parents as it is whilst looking into the whites of their eyes opposed to professionals who are deemed too soft pedal and hold onto the positives which was enabled due to the perspective that *“the social worker has done all this work”* (Pastoral officer pg8; police officer; health visitor; social worker). Such splitting saw professionals within this study distance themselves from being seen as the persecutor by the family, creating one less avenue of persecution (Kettle, 2018).

Impact on role

The good intentions voiced within this study requires professionals to look through the window to the lived experiences of the child and family. However, due to professionals oscillating between basic assumption behaviours in response to anxiety, they were unable to hold the child in mind, instead becoming pre-occupied with their own survival (Deputy headteacher; Roth, 1988). Essentially when operating in a heightened state of anxiety this study found that professionals lost sight of the reason for their ‘coming together’, *“no-one professional having the full picture”* (Deputy head teacher, pg22), instead they became pre-occupied by redistributing responsibility and accountability.

Theoretically two methods of redistributing accountability and responsibility along, with the associated blame if things go wrong have been proposed within this study:

- Delegation of responsibility downwards, holding parents to account
- Delegating responsibility upwards, dependence on the social worker

Professionals within this study although in juxtaposition oscillate between these two positions to rid themselves of responsibility and the associated blame if things go wrong. Aligning with Coopers (2009) perspective responsibility is passed from the professionals to parents as they seek to hold them account for their actions with the CPC, holding up and mirror to ensure they see what they have done wrong (police officer; probation officer). However, within the professional system it is evident that these findings suggest a replication of Menzies Lyth's positions as professional seek an omnipotent leader to follow, the social worker, who they hold responsible for decision making (Morin, 2008; Whittaker, 2001; Armstrong et al, 2005; Menzies Lyth, 1959). The nature of professional behaviours within the CPC due to anxiety and paranoid-schizoid positions means professionals are unable to hold responsibility therefore, they delegate responsibility upwards and retreat into isolation as professionals are able "*to go with the flow*" due to there being a dominant leader (Pastoral officer, pg8; Rustin, 2005).

The complex nature of the CPC brings professionals together due to their nuanced approaches to working with children and families, at the outset of the eight interviews all professionals aligned with the need to share their professional knowledge and expertise of the child and family. However, this study suggests that due to anxiety professional knowledge, experience and wisdom is sacrificed to ensure professional survival, suggesting professional autonomy is chipped away by persecutory anxiety.

Finding someone to blame

Findings within this study suggest that there was a perceived need to vilify the parents as murders, axe murders, yet there is call from the health visitor alongside this to see an aspect of the "good" (Substance misuse worker; Health Visitor). In the paranoid-schizoid position we can only see people as either good or bad. The probation officer outlines that it can be "*hard to watch*" as parents are vilified within the CPC, with the forum being noted as an opportunity for professionals to tell parents to their face, "*the whites of their eyes*" what they have done wrong (Police officer, pg2).

Due to defensive practice professionals have alluded to becoming entangled in social indictment, trial and retribution, likening the professional role to a member of the prosecution, involved in a trial of murder vs manslaughter (pastoral officer). Professionals within this study have evidenced a loss of

neutrality and curiosity within the CPC, as guilt is assumed by the mere fact that a meeting is being convened, detracting from the relational foundations of practice (Flaskas, 2007).

One position held by professionals with this study assumes parental guilt and associated culpability noting polarised identities relating to risk, culpability and innocence, and dangerousness and vulnerability. Leading to sado-masochistic identification between, the professional and family, this stems from professionals being unable to contain and manage transference resulting in blind retaliation (Bacon, 1988) Blind retaliation is noted within professional responses to punitive measures to tar, belt, and rub salt in the wounds of the parents', with a trial of murder and manslaughter being the equated judicial process. Not much has shifted, the brutalised regime of childhood in the 19th century underpinned by poverty, rage and outburst of aggression appears to have been projected to the parents within the CPC (Powell & Scanlon, 2015) The nature of adopting this authoritarian punitive practice has been noted to have been deliberately chosen to protect the professionals regardless of the detrimental impact this has on the family (Whittaker & Harvard, 2016)

The emotional pressure within the CPC sees professionals take sides as they are unable to see the system holistically (Woodhouse and Pengelley, 1990). This results in splitting taking place with professionals seeking to project the "bad" onto the parents, in the same way that society projects the bad onto them when things go wrong. Othering allows professional to legitimise the social exclusion and victimisation of parents within the CPC allowing professionals to place "us" above "them" (Foucault, 1980; Powell & Scanlon, 2015). The nature of idolisation and persecution has been demonstrated via splitting with the family being seen as the bad object, the axe murders, the guilty, such projections allow professionals to resist the distress, the reality of the child allowing them to enter a psychic retreat (Rustin, 2005; Steiner, 1992).

This discussion however does not predispose that the depressive position has not be voiced. Professionals have strongly alluded to this when referring to the work they undertake externally to the CPC, in their primary roles, at this stage they are seen to move away from the binaries which are unhelpful in terms of understanding the complexities of children's lives (Featherstone & Gupta, 2018). The depressive position allows professional to feel concern and worry for others, which sits at the heart of the good intentions' professionals enter the CPC with.

What has been presented

Findings within this study have suggested that professionals become disillusioned by the task they are expected to undertake within the CPC due to depressive and persecutory anxiety, altering the process and the roles professional undertake.

As the alternative task, professional protection becomes dominant, it could be suggested that a sense of hopelessness erodes good intentions as professional knowledge and wisdom central to the task of the CPC is scarified through the myriad of social defences employed.

Chapter 8 Conclusion and Recommendations

The purpose of the CP system and in turn CPCs seek to promote the wellbeing and welfare of children, utilising the multi-agency forum to explore the lived experiences of the child and establish a plan to bring about positive change and effective family systems. The prevalence of anxiety within CPCs has shaped the direction of this study, and in turn the questions these findings pertain to answer, shifting the focus from the categorisation of risk to the more explicit impact of anxiety within this professional system. This small-scale study has captured the good intentions of professionals within this system; a cluster of social defences suggests an environment in juxtaposition. Reforms within CP have all too often focused on the technical aspects of process and procedure, but findings in this study are suggestive of reform needing to grapple with anxiety that results in social defences and an alternative task being undertaken.

Eight episodic interviews (EI's) have been undertaken with professional's integral to the CP system and associated conference. Although the sample size is small, I hold onto the perspective of Weller et al (2018) that the probing that takes place in interviews and the richness of narratives matter more than the sample size. The nature of EI's seeks to capture professionals' perspectives through narratives, creating an experiential approach to understanding the reality of the CPC.

This study has developed during data analysis, the initial intent shifted, at the outset the question sought to explore the purpose and functionality of categorising risk. Professionals have explored the purpose of this, as providing a sense of security, with "labelling making it easier" (substance misuse worker, pg7) allowing professionals to reduce risk to the black and white. What became apparent during the data analysis however was the practice of categorising risk could be equated directly to one social defence being enacted as professional encountered a world of extremes at the psychotic edge. This study subsequently evolved to gain insight and understanding to the impact and subsequent effect of anxiety on the task undertaken within the CPC.

This chapter seeks to explore the contribution this study makes to the CPC proposing the need for this to be restructured to accept and reduce the anxiety which professionals find themselves defending against. It is evident that the professional within the CPC are overwhelmed by anxiety resulting in social defences eroding good intentions and diverting professionals from the intended procedural and legislative task. This study concludes that CPCs' to be refocused, professional responsibilities clarified, with power and independence re-established in the role of the conference chair.

Understanding the unintended

The task undertaken within the CPC, has been delegated to a group of specialist professionals, and by its very nature brings with it a level of anxiety (Woodhouse & Pengelly, 1990; Featherstone et al, 2016; Kearney; 2013; Ferguson, 2014). This small-scale study has captured the task professionals are in charged with as terrifying; due to process, organisational and societal culture this is exemplified, making it unmanageable impacting their professional roles and responses. There are however harmonious representations within this study and across literature surrounding CPCs, proclaiming the intention to form a multi-agency network to address and explore the risk posed to children (Daveny & Spratt, 2009). Shared objectives and aims sit at the heart of functional multiagency working, a matter not disputed by the eight professionals within this study, with clarity surrounding the need for joined up information sharing and planning to bring about effective change. The primary intent is unequivocally ensuring professionals are aware of what the *“potential harm is to the child, so that our focus and understanding of that child’s lived experiences can be, erm, identified”* (Social worker, pg8). Data proposes that professionals within this study have good intentions; what is revealed is how these good intentions are eroded, due to the reality of the task and the subsequent social defences that are enacted.

Defining the primary task is experienced by professionals as far more nuanced than the reductionist legislative or procedural definition provided, the task inherently involves human beings which makes this innately complex, let alone the differing organisational lens each professional attends the CPC with. The intended, primary task of the CPC shifted from support to trial and judgement, with professionals *becoming part of a demonising process* in which they sought to provide cover for each other whilst responding families who have been described by professionals in this study as murders or axe murders (Substance misuse worker; Police officer; Health visitor). The language used within this study is suggestive of the amplification of risk as a social defence, with risk being equated to murder or manslaughter. This vilification is suggestive of a world of extremes, the psychotic edge noted within the social defences employed within the CPC. With the flip side represented as avoidance and denial surrounding professional responsibility to respond to risk, as they seek cover and rely on the professional knowledge base of the social worker.

Due to anxiety professionals are noted to oscillate between basic assumption behaviours, allowing them to obscure or disguise the reality of threats and protection themselves. Basic assumption behaviours and the associated sacrifice of professional knowledge and wisdom have been enacted to redistribute responsibility and accountability due to the underlying fear of getting it wrong and

dropping the ball. Seeking a scapegoat appears both within the CPC but also as a catalyst of anxiety from society. Externally professionals within the CPC are scapegoated, when things go wrong within media representation but also from the evolution of the CP system and CPC as they are left by society to hold the intolerable and find solutions to complex problems, to one of the greatest social ills, child abuse and maltreatment (Cooper & Lousada, 2004 & Levin, 2008). Within the CPC scapegoating sees professionals attempt to displace responsibility and accountability, seeking to merely follow the social worker as they enter the basic assumptive state of dependency as *“the social worker has done all this work”* (Pastoral officer pg8; Froggett, 2005; Hoggett, 2010). It has been reflected in this study as the social worker has done all the work professionals are less inclined to go against their recommendations. This state of dependency allows means professionals can avoid speaking truth, stepping away from the perceived task of collaboration between family and professionals to share concerns, instead seeing professional *“soft pedalling”* to preserve their relationship with the family. Such dependency results in splitting with the *“bad”* being placed upon those professionals who voice concerns directly to the families.

There is a shift towards a multi-agency network voiced within these interviews; this remains some distance from the shared responsibility cited in legislation and processes. In a state of oneness professionals explore appointing an omnipotent leader, someone they could follow allowing passivity and rejection of their own professional knowledge *“what often happens is a pattern get sets where one person with powers suggest the category”* (Family therapist, pg6), *“which allowed people to take a path of least resistance”* (Police officer, pg11). Professionals oscillate between defensive behaviour, voicing movement from oneness and an omnipotent leader to the protection of two individuals responsible for finding hope, with an alliance being formed in this study between the social worker and the police officer, the social worker with the knowledge and skill and the police officer providing the *“cover”*.

Oscillation between the basic assumption behaviours reveals a complex interplay within the professional network, the CPC provides a rich possibility to bring professionals together; in narratives it was hard to hear the positives and the benefits of this, instead narratives indicated a mechanism that allows them to defend against the task as social defences manifest. The extent of the defensive response to anxiety sees professional lose sight of the good work that is undertaken separating the work of the CPC as a space of trial and judgment and the work undertaken externally to the CPC as the *“good work”*. Professionals have embodied a process of projection seeking to situate the anxiety and bad onto the CPC and the good, the practice and intention to the work they undertake externally. Professionals have become blinded of any good coming out of the CPC, with the pastoral officer seeing

the need to “pick up the pieces with the young person and, and the family” (pg4) afterwards, ensuring that there is no “fallout”.

The surprising element of this study has been the candid nature in which the alternative task is discussed by the professionals, there appears to have been an acceptance in terms of the social defences enacted to protect self within the CPC and the terrifying task being undertaken. Psychoanalytical perspectives offer an insight into the trigger of this behaviour, again stemming from anxiety professionals seek to split, placing the bad onto the families as a way of managing their intolerable feelings, resulting in families being placed on trial (Flaskas, 2007; Steiner, 1992; Preston-Shoot & Agass, 1990).

It's a bit like being on a jury and convicting someone of murder or manslaughter. If you convict them of a manslaughter then you perhaps might not feel as bad about yourself as a juror because you know they, they've done something wrong. But they're not you know, they're not gonna be um, murderer, labelled as murderers. And I think sometimes it's very similar with the child protection plan and a child in need plan (Pastoral officer pg23).

Professional within this study are seen due to persecutory anxiety to move from the position of good intent, the primary task within the CPC to support and protect to an alternative task, the phenomenal task of what takes place, persecution, and blame. This entanglement sees professionals seeking to hold parents to account and decide if their behaviour amounts to that of murder or manslaughter, as the CPC becomes a “public forum to tell a parent what they are doing wrong.....a shaming process” (Probation Officer pg17).

Findings suggest an alternative task is undertaken by professionals due to the manifestation of social defences, as anxiety is situated within the primary task. The findings within this small-scale study reveal secondary and persecutory anxiety are present due to the threat that professionals feel to their ego, to their professional self. This has been suggested to manifest due to professional fear of getting it wrong, with safeguarding being the one ball they're most afraid of dropping (Deputy head teacher pg17). The nature of persecutory anxiety and associated fear of being blamed saw a shift of intent, as professionals collectively represented feelings that if it goes wrong, it goes wrong big time, resulting in them sacrificing their professional expertise and knowledge which is central to the intended task of the CPC (Copper & Lees, 2014; Whittaker, 2011; Munro 2010).

Regaining good intentions

Although this study intended at the outset to explore the purpose and functionality of the categorisation of risks, what these findings offer is greater understanding of how this one process in a mere cog within a complex process which is far from the linear representation that this suggests. In fact, this study offers insight into the nuanced complexity of anxiety and, its ability to erode professional good intentions as well as legislative and procedural frameworks.

This study suggests that the task intended to be undertaken with the CPC alongside the good intentions of professionals are eroded by social defences enacted due to anxiety within the system. Professionals within this study have affirmed the strengths of the CPC and the multi-agency decision making forum; the terrifying nature of the task see a cluster of social defences due to a culture of blame and persecution which appears as a golden thread throughout the system.

Findings suggest that professionals find themselves operating at the psychotic edge, a world of two extremes resulting in social defences either vilifying or avoiding risk and the associated task. This study is suggestive of professionals seeking to obscure and disguise their professional self to protect societal and cultural blame. Self is the one object for which we have control and as professionals find themselves within a paranoid-schizoid state they can align there being two sides, good and bad leading to projections, defence, and dissociation, ultimately seeking to deny their professional knowledge and skill to avoid the pain reality to engaging with the primary task (Kanter, 1998).

Recommendations:

This study supports the proposal that anxiety underpins a meta-communication with the CP systems, a communication which denotes anxiety running like a vein throughout child protection processes (Kettle, 2018). For recommendation to be proposed from this small-scale study, one inherent aspect is required, the acceptance that risk and therefore anxiety cannot be eliminated from the CPC or wider CP system. Instead, this terrifying task needs to be refocused with adequate boundaries, roles, and authority, to address the visible erosion of professional good intentions.

The findings generated with this study support the need for the structure of the CPC to be refocused to ensure the intended task is undertaken, providing clarity, whilst ensuring professionals remain situated within their area of professional expertise. This will require the process of the CPC to be refocused as identified within appendix 1, and underpinned by the following recommendations:

1. The task of the CPC needs to be clearly defined at the outset, with a precise summary of the task provided and situated within the legislative framework and professional intentions

2. Independence of the conference chair needs to be strengthened; conference chairs should sit externally to all agencies attending the CPC to ensure they are able to hold the multi-agency network to account

3. All reports provided by professionals to the CPC should use the same format preventing responsibility being disproportionately placed on the social worker. All professionals are expected contribute from their area of professional expertise

4. The categorisation of risks needs to be undertaken independently by the conference chair

5. Professionals need to gain understanding of organisation process and social defence – training needs to address organisation process and social defences to equip professionals with the insight into their responses to structure professionals network reflection post conference

Although this has been a small-scale study analysing the experiences of eight professionals within England, this study has captured how the good intentions of these professionals are eroded by a cluster of social defences catalysed by the task they are required to undertake with the CPC. Professionals have found themselves operating within an environment in which they are the repositories for societal anxiety resulting in social defences manifesting to transfer this within the multiagency network ultimately leading to an alternative task of persecution and blame evolving not through conscious intent but professional preservation.

The very nature of the intended task of the CPC sees professionals come together because something has gone wrong within a family system. Therefore, it can be suggested that inherent in this process is failure and the associated anxiety. This study concludes that there needs to be a willingness to understand the terrifying task that is undertaken by professionals and the resultant myriad of social defences that manifest. Professionals enter the CPC with good intentions however due to social defences these are eroded along with their professional expertise and knowledge which are fundamental to the multi-agency response required within CP.

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Appendix 1: Alternate CPC process



This model suggests a double task within the CPC, part 1 collaborative exploration of risk and concerns held by professionals and families & part 2 professional reflection regarding task, purpose and multi-agency working. Due to the attention paid in part 2 conference chairs require knowledge and understanding of group dynamics particularly defensive behaviours.

Pre-meeting:

Shared format of report (no more than 2 A4 pages)

- Overview of current involvement
- What is working well
- What are the concerns
- What needs to be seen
- Recommendation

Part 1

Time: 1 hour 30 minutes (maximum)

1. *Task introduction Conference chair:*

CPCs are held when there are concerns regarding risk in relation to children, the purpose of the meeting is to allow professionals and families to gain understanding of strengths, and concerns which may impede the social, emotional, and physical development of (Children's name) ..

During the course of the CPC, we will hear a summary from each professional and family member; professionals will be asked from their understanding and role what is working well and their current concerns, family members will also have opportunity to share their views of what is working well and their concerns.

We are reminded that the focus of the CPC is the wellbeing of (child's name) and as such ask everyone to ensure the language, they use is understood by all.

As your independent chair I will ensure that we will remain on task and focus discussion in the current lived experiences of (inset name) at the end of this process it will be from this information that I will decide if it is felt by all professional present that (name) should be made subject to a child protection under which category this will be

Professional Introductions-

Name

Profession/ Role

Agency

2. Reiteration of task

Within this meeting professionals need to ensure the language used is understood by all, and not use acronyms or professional terminology. Both professionals and family members will be asked, what is working well and areas which raise concern in terms of impacting (child name) health, social and emotional development

3. Information sharing (30-40 minutes)

If children and young people are present, they will share their views first, the chair will make the decision as to them remaining in the meeting

4. Decision making & Planning (30 minutes)

- Professionals to state if child/children are made subject to a CPC and if so, their key concern/risk is at this time
- The conference chair will decide the category of risk the child/children is registered under once all professionals have outlined their area of concern/s
- Aspects of professional concern will form the basis of the outline child protection plan

Part 2: Professionals

Time: 30-45 minutes

Aim: To provide reflection for all professionals working with the family and having attended the CPC to explore their perception of the work being undertaken and their role within this.

Appendix 2 Ethical approval

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Hannah Thompson
By Email

07 April 2021

Dear Hannah,

Re: Research Ethics Application

Title: How do Reduction, power or purpose: Professional perspectives of categorising risk in child protection conferences

Further to your request for amendments to your ethical approval for the above project, I am pleased to inform you that your application has been approved. This means you can proceed with your research. We would like to remind you that for information governance purposes and in line with the Trust policies, please be advised that in order to conduct research/interviews using online video conferencing you must contact TEL unit to set up a zoom account.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,



Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Professional Information Sheet

You are receiving this information pack as you have been approached to participate in a research project being undertaken by Hannah Thompson which forms part of her Professional Doctorate in Advanced Practice and Research Social Work being undertaken at the Tavistock and Portman Clinic.

This research has received ethical approval from the Tavistock and Portman Trust Research Ethics Committee.

Who is the researcher?

This research is being undertaken by Hannah Thompson. I am a qualified social worker and worked within child protection for seven years before moving to work within social work education. I am currently employed by Frontline in the role of Curriculum lead. This research is being completed as part of my professional Doctorate and has been informed by my experiences in social work practice.

What are the aims of this research?

This research focuses on the voice and experiences of professionals who have, been directly involved in the child protection process. The aim of this research is to gain understanding regarding the professional process of categorising risk within the child protection (CP) conferences. This research seeks through your professional experiences to gain insight and understanding with regard the purpose and function of professional decision making and categorisation of risk.

The objective of this research is to explore the purpose and professional functionality of categorising harm within the child protection process and whether labelling risk as, neglect, emotional abuse, physical abuse, or sexual abuse.

The question being explore is:

What is the function and purpose of professionals categorising risk within child protection conferences?

Why have I been asked to take part?

You have been approached to participate in this research due to your professional involvement within child protection conferences. The aim of this research is to explore the purpose and function of categorising risk during child protection conferences.

During the course of this research the voice, views and experiences of multi-agency professionals will be gained to explore in-depth professional perceptions regarding the child protection process.

What will I need to do?

If you agree to take part in this research you will be asked to provide informed consent at, which time you will have the opportunity to ask any further questions with regard your role in this research.

Once you have provided informed consent the researcher will arrange an interview with you, this will either be face to face or take place virtually using zoom. These interviews will take place between April 2021 and May 2021, at a time and place convenient for you. The nature of this interview is to hear your “story” and experiences of the child protection process and will focus on your view of the process of categorising harm within the child protection process.

The nature of the interview is to explore and gain insight with regard your direct professional perception and experiences. Prior to this interview taking place you will be asked to consider a Child protection conference you have attended as a professional to relate your narrative to this experience in practice.

The interview will take between 1-1.5 hours. The nature of the interview will see you asked an open question at the outset which will allow you to talk about your experiences and views within social work practice relating to child protection. During this discuss the researcher will ask open questions to explore in more depth any thoughts and experiences that you share to ensure in-depth understanding of your perspective.

The interview will be recorded, if in person this will be via an electronic recording device, if online this will be recorded to a password protected laptop. After the interview these will be transcribed removing any identifying information, you can request a copy of either the transcription or the recorded interview.

Following the interview there will be a de-brief, this will not be recorded and this is a chance to ask any questions but also to make sure that the nature of the interview has not caused you any distress. If you have been caused any emotional or psychological distress, there will be a further follow up call and / or a referral to services in your area to support you.

Can I change my mind about participating?

Participation within this research is voluntary and you can decide during the course of this research to withdraw your consent.

If you agree to take part you, are able to change your mind and you don't need to tell me why. If you decide you no longer want to be involved in this research, if you tell me by 28th August 2021 I will not use your interview. If you change your mind after this date, I will use your interview in my research but will not have any further contact with you.

How will you keep my information and personal details safe?

All information collected during the course of this study will be kept in line with University data protection policies.

Interviews will be recorded on a Dictaphone if in person or directly via a Zoom link if this interview is held virtually. Within 21 days of the interview taking place these will be transcribed and all identifying information will be removed with pseudonyms used in place of your name and any other names used during the course of the interview. Prior to the recording being transcribed they will be saved in a password protected external hard drive which remains secure at all times in the researcher property.

Within the analysis and collation of this researcher, no identifying information about yourself will be used. Within the study your transcribed interview will be coded and represented by your professional role.

How will you use the information you gather form me?

The information which is gathered during the course of interviews will be used alongside that of further interviews conducted with professionals involved in this study. All interviews will be analysed to explore any themes in responses which have been provided to synthesis the research findings. These findings will be used to make informed recommendations within the conclusion of the study with regard adaptations to the child protection process in England.

There will be extracts of interviews which are undertaken included within the body of the research, any extracts will be fully anonymised through the use indication through professional role and pseudonyms.

Following this research being submitted in line with the professional doctorate programme there is always the possibility that this might be published within peer reviewed journals or professional forums.

Will you share the researcher findings with me?

Following the conclusion of the research project, you are able to request either a written summary of the research findings and recommendations or arrange to talk to Hannah directly about this.

Due to your professional role if you would like the research findings to be shared widely across your organisation you can request that Hannah attends and shares these findings within your team or wider organisational setting.

Who do I contact if I have concerns about the researcher, or researcher?

If you have any concerns participants have any concerns about the conduct of the researcher or any other aspect of this research project, you should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Participant Consent form

This consent form should be read in conjunction with the information sheet which has been provided, in relation to participating in the research project being undertaken by Hannah Thompson.

I have read and understood the information sheet provided and have had the chance to ask any questions relating to this:

Yes

No

I agree to take part in this research and for my interview with Hannah to be recorded:

Yes

No

I would like my interview to be:

Face to face

Online

I understand I can request to withdraw for the research project, if this request is made before 28th August 2021 no information collected will be used:

Yes

No

I understand if I withdraw for the study after 28th August 2021 that my interview will be used, but there will be no further contact with Hannah:

Yes

No

I understand there will be a de-brief after the interview and this will not be recorded and will be a chance to talk about my feelings following recalling my experiences of the child protection process:

Yes

No

I understand that my name and details will not be used when the research is written:

Yes

No

I understand that Hannah will keep a copy of my typed interview for 3 years after completing the research:

Yes

No

I understand and agree that if after my interview with Hannah that, if further emotional support is required that Hannah is able to:

Call me for a follow up within 24 hours

Refer me to professionals who can provide me further support

I understand that if there are concerns that I or someone else is felt to be at immediate risk of harm that Hannah will be required to refer to professional services:

Yes

No

I understand that this study might be published and agree to parts of interview being used in this:

Yes

No

After the study has been completed I would like to know about the finding of the study:

Yes

No

I am happy for the Local Authority I work within to be identified in this research project

Yes

No

Participant signature

Date

Researcher signature

Date

Appendix 3 Interview topic guide

Thank you for agreeing to take up in this research project. The aim of this research is to gain insight and understanding with regard the categorisation of risk within child protection conferences.

The nature of the discussion we will have might mean you talk about lived professional experiences that have caused you upset, frustration, or anger. As I am keen to hear your voice, it might be the case that when talking to explore thoughts feelings or experiences that you hadn't realised you would connect with when deciding to take part in this study. If this is the case and you wish to take time or want to stop this interview, please do let me know.

It is anticipated that this interview will last between 1.5 and 2 hours, if at any point during the course of the interview you wish to pause and/or stop then please let the researcher know how you would indicate this.

Following the end of the interview the researcher will stop the recording device and there will be chance for a discussion to explore your thoughts and feelings having spoken about your lived experience of the CP process. During the course of this discussion the researcher will ensure that there has been no upset and or distressed caused through this interview and if so there will be follow – up check in arranged to ensure there is support in place for you.

The style of the interview is such that I would like to hear your voice and experiences of the child protection process, it might mean that I ask you a few further questions during the course of this discussion, if you don't feel happy in answering these then please indicate this to the me.

After hearing this information:

Do you have any questions you would like to ask?

Are you happy to continue to consent in take part in this interview?

If you are ok I will start the recording now.

Episodic interviewing question:

Within your professional role I understand that you have had direct professional involvement within child protection conferences, can you tell me about your experience of attending these?

Further open questions to consider during the course of the interview:

- How did it make you feel when you were asked to categorise the risk during the conference?
- How did you find explaining your decision making regarding categorising risk?
- What did you feel the purpose of categorising risk was?
- You have spoken about the process and feelings during the conference was there any part that evoked a practically strong emotional response from you?
- Did you feel all professionals understood the categories of risk in the same way? Or was there a sense of duplication/ replicating from their perspective Did all professionals agree?
- Did you get any preparation training regarding the categories of risk prior to your conference?
- Did you just agree with the social worker?

Appendix 4 Data analysis:

4.1 Coded transcription Probation Officer

Hannah Thompson JDPO

CONFIDENTIAL

Date Transcribed: 05/05/21

Interviewer(s):

Respondent(s):

Purpose
Professional role
emotion
Cats
R/ships

INT: Yeah, it goes everywhere in the box, for safety.

RES: [laughs]

INT: Okay, so that is all sorted, so I can see the levels. If I can just ask you to say something -

RES: Hello. Hello.

INT: Yep. Perfect. Are you okay to get started?

RES: I am indeed.

INT: Okay. So, within your professional role I understand that you've had direct professional involvement within Child Protection conferences. Can you tell me a bit about your experience, please?

RES: Yep. So, through the management of offenders there are - obviously sometimes there are safeguarding aspects - if the offender's got children or they are around children that have been identified at risk. So, we would then be invited to Protection conferences and Child in Need meetings and would hopefully have a high level of liaison with social workers.

INT: So, what happens in these conferences from your experience? Can you talk me through the process?

Expectations! *It's a known - unvoiced part of what's expected as a professional as if we all should know.*

L C/M - what is meant by this

collaboration?

View of not wanting to question this idea that there are professional expectations that might not be met or is this a defence not wanting to ask just

Transcribed by University Transcriptions
www.universitytranscriptions.co.uk
Telephone 01745 813306

Page 1 of 20

Hannah Thompson

*Separation from professional role
seeking to move away from the "knowing" IDPO*

RES: Yeah, okay. So, I believe because I had training a little while ago – but I believe that we're supposed to give a report. I don't often do that, to be honest with you. I had a few conferences from different areas – the ones that are coming to me are – one in Northumberland – I've had one in Northumberland and one – and mainly here in Shropshire. So, yeah, usually the conference – I'm always a bit nervous, don't really know what to say and do – I'm always a little bit argh – but, yeah, the IRO – I'm okay to use abbreviations, aren't I? The IRO will normally kind of direct everything. Yeah, when it comes to me – I'm always a little bit unsure if I'm over kind of sharing – so yeah, it's hard to describe really. [sound of wind] I just crack on with them. I have a level of anxiety about any kind of professional meeting, so I tend to just – crack on. Yeah, I know that sounds a bit woolly. Yeah, I – I do feel uncomfortable when we're all asked to provide our own recommendation at the end because I don't always feel that that is something that I can really assess, because I'm not an assessor of children. I can only go by what information has been there, and I see – I think I do see a bit of difference between Shropshire – I'm just thinking now, I have gone to one in Birmingham, in the Black country as well. I think there are quite a lot of differences between them. Some can be quite relaxed, other can be very, very formal. Um - there's one IRO I'm thinking in particular from Shropshire that is really very formal and I find quite intimidating. Is this all the sort of stuff that you're wanting, yeah?

*aware of self
feelings evoked
come across
strongly*

seeking approval

*defusing role
to separate
reference*

*discussable
role!*

INT: Um -

RES: You want more from me, and I'm trying to think -

INT: You spoke about anxiety and feeling uncomfortable about assessing risk. Can you tell me a little bit more about that part of the conference?

*predicted- predominant
or, 1+1=2?*

RES: Yeah. I think – the training that we had was very much this is a professional kind of sphere where everything is, is very – it's got to – it's very kind of stern, very kind of calculated. I – that's not my kind of learning style, if you like – I thrive better in a more relaxed atmosphere. But I have found that – some of – well, it just depends on what they are really but the – who's doing them and things. I find the Shropshire ones can be quite intimidating in terms of this on – you know, I'm thinking of one particular IRO because I think – I'm there to hopefully

Concept of not being able to question the process

Hannah Thompson

JDPO

Splintering - feelings of professional hierarchy - not feeling part of the system.

support the, you know, children's services in assessing risk of those individuals that are around the children that have been identified at risk, but sometimes it feels like they're almost having a - criticising you for your own risk assessments, whereas I feel I wouldn't be criticising social services on their assessments. So, I do find that a bit of a struggle. Actually, as I'm saying that I have criticised some social workers on their assessments, but that's something else to think about. Um - yeah, I guess - I don't know what to say really. I'm so sorry - I'm not really giving you much -

Ownership placed of Sines.

feeling uncertain transference from exp. @ conference

INT: So, what happens at that, that part? You talk about assessing risk, um, and associated that with feeling uncomfortable. What risk are you actually assessing at that part of the conference, and how is that done?

RES: Well, for me there's two, there's kind of two avenues of risk. There's first of all I'm looking at the risk that whoever it is that I'm managing poses to the child or family, and then there's the assessment of the risk in relation to is it neglect, is it emotional harm, is it physical harm - and that isn't always clear. And I think - I think some people as well - it is open to interpretation as well, isn't it - so, for example, emotional harm can cover so many things. If you think about domestic abuse, you know, you could almost have that as a separate risk category rather than - because that - domestic abuse incorporates physical, emotional and neglect, there's so much. Whereas having to try and say one just doesn't - it doesn't cover it in my eyes. There needs to be a bit more of a - I'm not - I think - I'm not very good at decision making so to be, you know, told that I've got to think of a category - I don't like that. I think - I don't think it's - I don't think it's as - I don't think it incorporates everything. There's other things to consider and just having to boil a - an hour and a half's meeting into a few words doesn't cut it. I think it should be opened up a bit. And like I said, it is quite interpretative. What one professional might think is emotional harm another might not agree with. Also, when you are kind of making your recommendation, they do provide you with some guidance on that. So, over in Shropshire it's a threshold document. It's - it's so long and complicated as a busy professional trying to get on with my other stuff, trying to go through that document to work out whether that - you know, what services are needed, for me is really difficult. So, I have to kind of - well, I use my intuition, I use what feels right, my gut feeling, you know, my idea of risk and

Ambiguous process

primary role

Reduction?

deferring?

Primary role

kind of apply my knowledge of risk in relation to adults over to children. Does that make sense? *Using interview to seek reassurance ask ? unable to within the process*

INT: Mm, yeah. So, you mentioned there boiling down an hour and a half's meeting into a few words. When you're asked to boil that meeting down to a few words what feelings are evoked for you?

*Group process
GRC*

RES: It's, it's a lot of nervousness. I don't - it sounds awful - I don't like to go first. It's like going to the pub where you know, you say to your friend, 'Go in first.' I don't like to be the one that goes first - it's almost like there's a level of anxiety that if you're saying say emotional harm and everybody else is saying physical, it then makes me double-question what I've done and yeah, it knocks my confidence I guess, so - yeah, I do like to - I do like to discuss it with the social workers first if I can to kind of - you know, gauge what they're thinking because I'm not somebody that acts quickly, I'm a reflector. I need to sit, and I need to think on these things. Um - I don't always get - I don't think I always get a social worker report in order to have a look through, like you're supposed to, but yeah, I suppose it would almost be good if I could have lots of reports.

*Reliance & Group process - seeking certainty
- feels unable to ask questions*

[man's voice]

[Sorry, love. Love you [laughs] Good night, darling. Sorry.]

INT: So, there you mentioned you don't like going first and you would like to see the social work report before the conference.

RES: Yeah.

INT: Do you feel then that when you're making that decision it's fully on your professional judgement, or is it swayed by other professionals within that room?

GRC.

aware of the process

RES: Yeah, definitely swayed by other professionals, but that is - that's normal and natural isn't it, because, you know, if I have a decision on something and I think right, this person poses an emotional risk [10:00] and then a professional comes out with something else, I'm going to

acceptance of seeking collusion & pact mercurially against families

*Trying to process the
judgment & experience*

be swayed and that's - I think that's quite right. Because you've got to listen to what everybody says in order to make that decision at the end. But then I suppose, on the other hand, that can go if you've got - I suppose if you've got - I suppose if you've got a strong professional possibly you could follow - I wouldn't personally, but that would cause anxiety again if I had - I think - yeah, I am - sorry, I'm not making sense because I'm kind of thinking as I'm - I talk as I think. I would imagine there is the possibility for some professionals to be swayed by the other professionals in the room. I think if you've got less experience and you are less confident in your role. [reversing vehicle beeping] But generally speaking, personally I would take what everyone is saying. So, I would change my mind as well. So, if I'd gone into a meeting and, you know, in my report the recommendation was neglect, but I heard other stuff that I felt pointed to more physical or something like that, I'd be happy to change my mind. I probably would be quite anxious about that but that's almost a bit easier with teens because you can almost kick your feet under the table to [laughs] reduce anxiety, like the swan.

GRC

Professional process

INT: Yeah. So, you've spoken about sort of dominant professionals maybe swaying other people's decisions and sort of aligned that with emotional abuse, physical abuse and neglect in the categorisation. Do you think that's the only way dominant voices can sway professional thinking at that point?

*reasoning reminding to check it
to be to answer*

RES: Is that the only way dominant voices can sway that thinking? I suppose not. I suppose they could do that outside of the forum, but - the only people - the only professionals that I would have contact with really in that forum would be the social workers, so I wouldn't - I wouldn't necessarily speak to a health - a health visitor or anything like that. Unless it was a female offender, possibly. But no, I don't think I ever had. No, it's literally just the social workers. So, I suppose it's down to their dominance. I have not had any contact with an IRO outside of a - a children's conference, either.

*Role
hierarchy*

INT: So, I just want to come back to something you've mentioned a couple of times a little while ago about training. Can you tell me a bit about the training you received before attending child protection conferences?

*Don't want to
forget
the knowledge
of young self*

RES: So, I received training when I was training to be a probation officer – so it would have been about 2015, in child protection conferences and core groups in Telford. And that was a little bit different to how I feel they're actually delivered. I did do some training for Shropshire as well – I can't remember when that was, but it was – it was a few years ago now and I probably could do with a top-up. But the training was very – I think that was quite formal really, it was quite formal. Um – it's like any kind of training, isn't it. Training is only good – for me anyway – if you're able to practise it. So, I'm very much somebody that – I'm quite visual and I'm also, I'm a reflector but I'm also – I need to be doing these things in order to practise them. And what I found was once I'd had the training, I didn't have a core group or child protection issue for quite some time. It does seem to come and go in waves as well. So, at the moment I've got about three or four on my case load that have safeguarding concerns that I'm involved in various children's services, whereas not so long ago I don't think I had any, which is a bit weird. So, yeah.

INT: In the training that you attended did they talk to you about, like, the categories of risk and the decision making around whether or not a child should be made subject to a child protection plan?

*Like the conferences
are - maybe
much gets taken
in, the formal
jellies*

RES: Yeah, they did, yeah. They went into all the different legislation, they went into the different risk categories and they did some – in fact, do you know what, as you're saying that the training that I remember is the one in Telford because they very much had us very active in interacting with the exercises so we had to go from one side of the room, to indicate whether we thought something was neglect or whether we thought something was physical harm, etc, etc. Whereas I remember very little about the training in Shropshire because I believe it was round a table – that was it. So, that's interesting isn't it, yeah, the training styles – I do remember more about the interactive one. So, yeah, they did, they did go through the things, but like I said before, when you're a busy professional and you're having to do lots of other different things – it needs to be kept as simple as possible because there are so many facets to my personal job, it's hard to retain everything.

INT: You've just got me thinking about something you said earlier about the categories being open to interpretation and I wonder if you've had experiences where you haven't had the

same interpretation of risk that's led to you having a different view around categorisation to other professionals.

RES: I haven't, no, no, I haven't. So, when I say that I can say that I can see how it would be but I've not - I've not had that experience. Um - I'm just trying to think. Um. No, I - no, I haven't had that really. I suppose - the thing that - I've had experiences in core groups where I've felt that possibly the social worker hasn't delved into something as much as I think they should have done. So, I've had difference of opinion, I guess. But on the occasion that I'm thinking about I did keep quite about it. Um - I haven't really answered the question because I can't really answer it because I've not really had that experience.

*Basic assumption?
group process*

INT: Can I ask you why you stayed quiet in that core group?

disassociate - whose role is it

justification of process & role.

RES: In the core group? Because I didn't feel it was my place. So, it related to an experience where my offender, who - high risk of harm to partners, to public and a medium risk to children through domestic abuse behaviours - couple had been together for a very short period of time, and there was the question as to whether or not she was pregnant. And my offender had told me that, I'd shared that information with the social worker, and as part of my update to the core group I said in that forum that there was the possibility that she was pregnant. And they didn't ask her, which I thought was quite - I felt that was quite strange, I thought that would be - you know - I thought they should have asked, you know, 'Well, is that the case? Is - you know, is that true, are you pregnant?' But they didn't confirm or deny it with her and I need to chase that up because I've never received the core group minutes of it either, and that was - three weeks ago? Three or four weeks ago, so - I think that's another note - I don't know if that's a point of interest or not but - I also find that when I do eventually get either the assessment, the core group minutes or the child protection conference minutes they're very repetitive, very repetitive, some of them are very long - and again it comes down to time, you know, we're living in a bit of a digital age as well where we're trying to read everything online - I find that quite difficult to try and follow what's being said. It doesn't seem to be very succinct, a lot of repetition.

*Ownership of information who
Steps up.
Why not ask yourself?
Freeze!*

*Everything written - creates a must
everything was coded.
↳ what about the
penalty*

*What is this interview
space for?*

INT: That makes me wonder. So, you've spoken about formality before, you've spoken about sort of information not being succinct and meetings being long and minutes being long. For you as a professional, that has an impact.

RES: Yeah.

INT: What about the families?

RES: You can see – I've noticed quite a few times – it's usually the mothers that I attend, it's usually the mothers, because a lot of the cases that I'm working with are DV and so, you know, they have separate meetings and, er, you can see that they're fed up very quickly because we're – [laughs] – I suppose it's stereotyping but I'm going to say a high proportion of the individuals that we are working with, [20:00] from my perspective that I'm working with, have short attention spans. You know, a lot of them have ADHD and find it really difficult to sit still for very long and to retain information but we're talking – there's this formal forum and you've got individuals that possibly don't fully understand it sitting there trying to listen and they can't. I went to one core group where the mum was really – she was fed up, she didn't feel like the child protection plan was progressing, um, she was - she was quite a difficult individual, you could tell, anyway, but she was like 'What's the point? What's the point? We're just sitting here, you know. This is an hour I'm not going to be able to get back.' And she was quite – quite angry about it, and I think she did eventually leave. So, yeah, very long-winded. I find them hard to follow and I'm a profess – supposed to be a professional. [laughs]

*dadly states the barrier
could this be PD's experience of a professional?*

not knowing herself → acting surprised to know.

INT: So, if you've got this sense of formality and parents not being able to engage, in your view, who are these child protection conferences actually for? What's the purpose?

RES: I think they tick a box. I think they tick a box – Oh look, you know, we're doing everything we should be doing. I don't think they need to be so long. I think – I think possibly it would almost put off some people going because they're so long and they take up so much time of the day, the conferences do. I know there's been a couple where I've had to say, 'I'm really sorry, I've got to go,' because I've got to, you know, either pick up my child or – or – or I've got another appointment. Um – I don't – I don't think we need to be there for the whole thing either and

I don't think possibly parents do for all of it. I don't know -very long-winded, very formal, and I think it could be far more succinct than what they are.

INT: Do you think the meetings are then about professionals rather than parents?

RES: I don't think they are for parents really. I don't think they are for parents. And when I think back - when you think about a lot of the terminology we use as well, sometimes abbreviations - it's - that's a really difficult forum for any parent to follow. Um - I think it's heavily weighted upon professionals, yeah.

*anxiety
grades of quality
all of them
collusion*

INT: Just wondering then, if the conference is heavily weighted on professionals what purpose does that hold for those professionals?

RES: Say that again, sorry.

INT: So, if the child protection conference is more so, in your eyes, for professionals -

RES: Mm.

INT: - what does the child protection conference actually offer those professionals?

RES: Well, if there's something that's not really understood in one of the reports - if you've received a report - it's the chance to have that explained. It's - you know, the positive aspects of them is, you know, like I said before, I don't normally hear from health visitors or health professionals or primary schools, do you know what I mean - and those forums are fabulous for hearing those discussions. I had a really good example of - in fact the core group that I mentioned previously where the mother left - once she left, it was a bit easier because I could speak - I could personally speak a bit freer, and so could the other professionals. And I found out more information about an incident that had happened with my man kicking off at the school - I'd only heard his version of events that were obviously very biased, whereas I was able to get the full picture from the headmaster who explained, you know, how this individual had really over-reacted and how it had kind of blown up out of nowhere, which gives me then another indication of, you know, the loss of emotional control that this individual displays and

*These information
showing prof reflect
Do you stop
playing to role*

Laid their own professional understanding

Protection?

Collision with the system

the risk that he poses should he be challenged by – not just his partner, but by staff as well, so – they can be a really good forum for getting that extra information, but with the parent being there that can be difficult because there are certain things that you can't say in front of the parent.

INT: So, it's more so an information sharing meeting [wind roaring sound] to allow essentially professionals to make a decision about a child. ✓

Should it not make a lot of emotional impact on GAC?

RES: Yes, yeah, yeah. And the more I'm thinking about it I think – I think that's quite – it's quite a difficult thing to do in front of a parent. Because if you're saying – you know, I'm a human being at the end of the day, and I'm a very empathetic human being and I have been in core groups previously that mum is absolutely devastated and is crying her eyes out, and that's really hard to watch. So to then – you know, especially on teams – to be a face on the screen that says, you know, I think they should stay on, emotional – you know, and whatever – that's quite a difficult thing to do.

but a programme

INT: Hm. You've mentioned emotional as a category quite a lot when we've been talking. Is that a category you see crop up a lot more than others?

RES: Yes. And I think that's because of the individuals that I'm working with – domestic abusers. I've not had many – um – sex offenders in child protection, it's mainly been domestic abuse perpetrators and emotional harm is definitely the one that is kind of banded about, if you like, whereas I think DA should be on its own because, you know, if a child is witnessing domestic abuse they are emotionally harmed by that event, but also there is the potential there for physical abuse which might not have happened but could happen at any time – if they are, you know, if they get in the way of, for example, dad hitting mum, you know, it's only classed as physical harm if it's actually happened, but that is so dynamic that you – you can't – I don't feel that you can just put emotional harm there, I think DA should be its own category.

INT: Correct me if I'm wrong, and I might have got this wrong from what I've heard – it kind of feels like what you're talking about is labelling and putting risks into a box -

RES: Yes.

Hannah Thompson

INT: - and then not fitting.

RES: Yeah, definitely, definitely. I understand that, you know, it's a difficult one isn't it because no matter what labels you have there will always be another label that comes out of it. Do they have sexual harms category?

INT: Sexual abuse, yes.

I Jeeking questioning ↓ *Societal - why seek more!*

RES: Yeah, okay. I ask because that's never come up, so I've never - do you know what I mean, I've never had to put that. So, yeah. Um, yeah, I think whatever you get, whatever labels anybody puts to these things, there's always something that could be improved. But I think they're very basic and they could be - I think, you know, like I said DA - I'm well for that. [laughs] That's an extra one, I've created one.

Is it ok to laugh

Sense of success of knowing!

INT: Do you think a parent would understand like - 'your child's at risk of domestic abuse,' more so than 'your child is subject to a child protection plan under the category of emotional abuse?'

RES: Yes, I think so, yeah, I think that's an easier one to go through because you'd hope that prior to that the social worker would give a really good explanation of what actually entails in relation - what domestic abuse entails of, because obviously it's not just a physical thing which is what a lot of individuals think deep - domestic abuse is just physical. Um, so, yeah, as long as the social worker is taking the time there to really explain that I think that would be a far better label than emotional harm. I think - I think as a parent you could probably argue emotional harm. 'Oh, no, my children are okay, I talk to them.' You know, 'How do you mean emotionally upset from this or that?' Whereas domestic abuse is - you know, everybody's heard of domestic abuse, haven't they? They know. [sound of wind]. Yeah, I think, um - that is very much dependant on the social worker having those conversations and the individual understanding what it is. But then that's the same with all of them, I guess, isn't it? I don't know if I'm talking myself round now and saying the opposite - [laughs]

does this happen for clarity of role

INT: I wonder, like, what in your eyes could be better sort of – the four categories, or a description of what the risk might actually be to those children. What would be understood [30:00] better, by professionals and by parents?

Certainty!

RES: That's an interesting question because the more I'm thinking about it I can see why, you know, an actual category is useful, but it has to be backed up with the description of the reasons why. So – I'm just trying to think in a parallel universe where a situation would be described rather than the actual category. I think it would be clearer to everybody. I think that would make it clearer to professionals and parents. 'Johnny is at risk of witnessing domestic abuse behaviours,' full stop. Rather than, 'Johnny is being exposed to emotional harm through witnessing –'. Oh, I think it's much of a muchness, maybe. I don't know, Hannah. I'm not sure. [laughs]

INT: Have you – like, you talk about um – you spoke earlier about reports being written and reading the social work report beforehand if you get a copy of it.

RES: Mm.

INT: Do you talk to your offenders about your report?

Relationship

RES: That's a good point. No, I don't. No, I don't. Well, yes, I do – I don't have a formal conversation, 'Okay, Mr Blah Blah, I'm going to be writing a report to children's services, this is what I'm saying – blah blah blah.' But I very much kind of say – you know, I kind of do it in a bit of a motivationally interviewing kind of way, you know, I use it in my supervisions, you know, and discuss the fact that I liaise with children's services and that I will be kind of telling them this and telling them that. So, I kind of say it, but I very much downplay it really, I suppose. But I don't officially sit down and say, 'Right, I've got to write your report, this is exactly what I'm going to say.' And maybe that's something I should be doing.

Reflective space created.

INT: So, the first time an offender that you're working with or their partner might know about your perception of risk for their children and the fact that you feel the children may need to be made subject to a child protection plan would be at the conference?

RES: Sometimes. It just depends where I've had the case. A lot of my cases now I've had for quite some time, and they've come to me already in that arena – do you know what I mean? If I had an offender that a concern came up – so I'm talking hypothetically now because I don't think I ever had experienced this. So, I had an offender, a concern was raised, and it went to child protection – I would be explaining that process to them, I'd be explaining it to them and I'd be sort of saying what I thought. Yeah, so I would go through it with them. So, I would imagine – and from my knowledge the social worker would have gone through that with them as well and prepped them that this is likely to happen so it's not a surprise. So, yeah, I would be hopeful it would be explained.

Immediately made part of a system.

INT: I'm going to ask you a question and it - it might mean you need to put yourself in the shoes of a parent so – do you think – like, take some time to think. If you have a social worker, you're told you're going, your children are being taken to child protection conference, here's my report and at the end of my social work report I've -my recommendation in that report is that your child is made subject to a child protection plan under the category, say, of neglect. As a parent reading that, do you reckon they have er – the belief that that outcome might not happen with the voice of other professionals in that meeting, or do you think they go into that thinking, right, this is a social work assessment, this is what's going to happen?

RES: I would think so, yeah, yeah, I would – definitely. If I read something like that I would be taking what social services said rather than other professionals. I don't think I'd probably understand about other professionals and their kind of – what's the word – their involvement. Um – I would take it what the report said, yeah.

INT: Now if I flip that and put you back in your professional shoes.

RES: Yeah.

INT: If you receive the social worker's report before conference and again, they made that recommendation, how comfortable would you in your professional role feel about going against that decision and offering either a different category or a belief that the children don't need to be made subject to a child protection plan?

RES: I would have anxiety like I talked about earlier on. I would be quite – I would, I would be questioning myself because, for me, the social worker is, is the major professional in that arena because they're the ones that are talking to the child as well as those – those adults around the children. So, you know, for me those reports are very much – they are – they're the guide, do you know what I mean. Unless there was something I really knew that was completely different that – but I can't see how that would be because I don't work with those – I don't work with children, I don't work with the – the direct parents. So – yeah, I would go with what – I would be uncomfortable about going against it because I'd be questioning my own – my own assessments.

[sound of wind]

INT: So, if I said to you that a lot of the guidance, and my belief around child protection conferences through reading legislation is that it should be a multi-agency decision-making process – would that be your experience?

RES: Oh wow, that's interesting. No, not really, no – I think you're guided and I'm not – hm – I'm not sure I agree with that because I think – like I said, they're the ones that do – social workers are the ones that assess the child. I don't have anything to do with the child – I can only – I can only say it from my perspective. However, I can see why it should be multi-agency. I think – I think, yes, the decision lies ultimately with multi-agencies all talking about it together to come to a unanimous decision. But the social worker is there as very much the – this is what I found, and this is what I think is the case. Does that make sense?

*disorientation
- (group process)*

Extend.

INT: So, go back to – before you spoke about essentially the purpose of the meeting being information sharing, and it's a chance for you to know what's going on with that family from different professionals' perspectives.

RES: Yes.

INT: So, if I was to say to you – if you could change something about the child protection conference and the process around child protection conferences, what would it be?

RES: Streamline it. Streamline it so the reports that we are expected to give, prior to the day – I don't see why they can't kind of follow a bit of a – bit of a template. But I know that the one from Shropshire is incredibly long, takes a long time to go through and do. So, I would streamline that. I would streamline the meetings themselves and I would add the DV category. I think maybe they should be in two parts as well, where the parent is not there to begin with. I think there should be a bit of a – I think it should be that we should be able to talk about it freely – I don't feel comfortable saying some of the things in front of the parents. Because it's rubbing salt into the wounds, and it's a bit of labelling again – you know, basically you're a shit parent – and I don't think that's very helpful. So I think, yeah, it could be split into two parts as well.

exclusion of family physically taken?

Openness transparency?

INT: You mention there - there are things that you wouldn't say if the parent was about. Is that about – what's that about? Is that about your relationship or the actual information?

RES: That's the information. So, for example, the perpetrator that I have that was in the relationship for a very short period of time with the woman, he had a history of perpetrate – he had a, sorry, he had a history of victims behind him, one of which [40:00] that had recently made contact with the police and was terrified because he was coming out of prison and going to be living near her. I couldn't share that information with the – with the mother, but it certainly provided a picture of this individual and his domestic abusive behaviour history. So, it was important but I couldn't share it in front of mum because she was there.

INT: Were you able to share that separately with professionals?

Why only the Mum

This process is not multi-agency!

RES: I shared it with a social worker but didn't share it with health visitor or anything like that – or the school. It would have been just the social worker.

INT: So, as much as these conferences provide an environment for information sharing, it's still only selective information sharing?

RES: Mm, yeah. Because I think as well if you say, 'Right, I'd like to have,' – because I believe you can't ask to start proceedings without the parent present so that you can share information. But, as a parent, if I put myself in their shoes, I'd be like, what are they saying? What are they

saying that I don't know? And I'd be quite mistrustful of that – I don't think that's very transparent for them. But, whereas if you said, 'Right, we have –' you know, 'It's a formal thing that we have the meeting done in two parts. We start with just professionals, then we bring mum in, or dad in, etc,' then that's a process you can't change, isn't it, that's what it is – whereas, you know, if somebody's been to a lot of these conferences and all of a sudden they're being asked to stay – to come in at a later time – you know, I wouldn't have much confidence in those people that are kind of working with me. I would feel – you're asking me to be honest with you about how I'm dealing with my children, etc, but you're not being honest with me. Does that make sense?

concerned & worried that professionals are aware how parents feel.

INT: Yeah. So, the relationship's quite important to you?

RES: Yeah, I think so, yeah.

INT: When you spoke about the changes you would make you spoke about streamlining and adding a category of domestic abuse. Earlier you've spoken about feelings of anxiety and feeling uncomfortable. What do you think would reduce your anxiety in child protection conferences?

RES: Possibly if it was a little less formal – but that could be my personality being a little bit insecure in those kind of things, so that could just be me. But, yeah, I think – I was going to say there maybe even kind of meeting with IROs but obviously they need to be independent, so it's important that they stay the way they are. Yeah, I think a little less formal.

don't want to act

INT: Why do you think they are so formal?

What does process offer? Just process

RES: Cos, because I think people like to be pompous – people like a process, people – it's almost a bit of a power thing as well, possibly. I understand that they have to have formality to them, because it is a serious thing, but in my experience, I think you get a better reaction out of people and you get a better working relationship with people when things are a bit softened. When things are formal and hard it's scary – especially for the parents.

INT: Yeah. So, is the formality there for the parents, or is it there for the professionals?

RES: It's there for the professionals, isn't it. It's not there for the parents.

INT: **So, if I asked you sort of now – who are child protection conferences for? What would your view be?**

RES: Yeah, they're for professionals, aren't they, they're not for – yeah, they're not for the parents. They're almost a forum. I find some of them sometimes – they are a forum, a public forum to tell that parent what they're doing wrong, whereas, you know, if we're going to look at research, etc, people respond better to praise rather than – it's almost a shaming process, um, child protection conference – very much a shaming process. You've done this, and this is why your kids are on a protection plan.

INT: **And it's quite interesting, cos when you spoke about the process of the child protection conference, you mentioned that at the end of the conference you make the decision about the category. Now you said it's a shaming process – so, it's like you're going through a process of shame, ending up -**

RES: Yeah, with a very much a – with the conclusion of shame and the – you know, the result of this is – you have been assessed as – your children are at danger of - . You know, it's a hard one because it is a serious topic as well because harm to children – you know it – you know, it needs to be – it needs to be managed, it is a serious thing, but I'm just wondering how, you know, you get a better response from people doing things in a different way and I – maybe all the formality could be saved for the court arena for that sort of level of child protection. Because a child protection plan, you know, is the point where the concerns are highlighted, and we work out what needs to be done in order to reduce that risk. And, like I said, you know, all the evidence shows that people work better when they feel comfortable, when they know what's going on and when they're treated with humanity. I don't think it particularly treats the individual nicely. Especially if you've got a female that has experienced domestic abuse. We know the statistics of DV and we know that, you know, sometimes a victim – is it 35 times, I think, isn't it, before they might seek help. So, if you've already got a traumatised victim there, you know – I would personally, I would find that further traumatising a

Reframing

professional – a group of professionals round a table or on a screen looking at me and saying I'm a crap parent.

INT: How can we make it better for parents?

emphasis on the SW

RES: I don't know, because there's boundaries as well, in terms of professionalism. Maybe, you know – I presume social workers explain the process. I'd like to think they explain it in a softer way – I keep using the word 'soft'. Maybe you go and have a chat to professionals about the way they hold themselves as well, because it's intimidating – it can be intimidating for professionals, let alone for parents. I don't really know what the answer is.

INT: It's interesting that you said it can be intimidating for professionals as well as parents. But in a sense, you go in with your professional role attached to you, that you're there to give information and be in that information-sharing forum. You've got parents that are intimidated as well, that are probably just sat there listening, and not able to contribute.

RES: Yeah. Yep. I think – maybe even the parent having their own kind of conclusion to it – because, you know, I'm stereotyping saying about, you know, poor concentration etc etc, but there are individuals that – who are going to be able to sit there and think, 'Okay, well I've listened to all that now – yes, I can see why.' You know, or, alternatively, you know, 'No, there's nothing wrong with us.' But maybe they should be given the opportunity at the end as well to – to say what they think. Whether or not their children should remain on a plan, what their thoughts and feelings are.

INT: Am I right in thinking they're not involved in that categorisation and decision-making process?

longer word

RES: No. No, they're not. That's not my understanding, anyway. Not when I've gone to – they've never been asked their recommendation. So, it's not actually collaborative, is it? And that's the word I was trying to think of before. We know that people work better when we take a collaborative approach.

INT: So, in a sense not only are they not involved in that decision-making process – you've had training about the categories of harm.

RES: Yes.

INT: And you have a document in front of you that gives you the categories.

RES: Yep.

INT: How are the parents meant to understand that?

RES: I couldn't see how they could. I – I wouldn't - you know – I would not – I couldn't see how they could understand it, because it's complex, [50:00] it's difficult to read, you know, nothing – it's long-winded – I don't think any parent could.

INT: And then add into that the fact they feel intimidated.

RES: Yep. Intimidation, not knowing what's going on – that would be a very anxiety-provoking situation for anybody, let alone something as important as child protection – your child is, you know, being made subject to a statutory process that you probably don't have much idea about.

INT: What do you think about the word 'transparency?'

RES: It's bounded about, isn't it, because it makes professionals feel better if we say that we're being transparent. It means that we're working ethically. Um, I think it's banded about – I don't think it's a transparent process. Um – no, I don't think it is.

INT: How can we make it transparent?

RES: I don't know because I think it probably is as transparent as it can be - there's going to be information that you can't share with everybody. I don't know, maybe even in that instance, sort of saying you know, 'There is other information that we have to share that doesn't relate

acceptance

4.2 Single case analysis Family Therapist

Language used by the FT matched the questions that had been asked earlier within the interview with the final few comments being pg 21 “who is, whose benefit is this serving? You know is this reducing professional anxiety rather than actually er, er meeting an er, genuine need for the family?” is this the view of the Ft or has this been transferred during the interview? “It makes us professional feel like we are doing something” I worry we set them up to fail” “What we are asking families to do, is meet our need which is to reduce our anxiety”

- Discomfort, uncertainty, not knowing voiced throughout the interview through the use of the word um. Being used to check and reflect maybe before speaking and sitting with their own emotions and how to process the context they are discussing. Um and er- feeling that these are used when the previously unvoiced is being voiced and unsure about whether or not this should be said
- Being on trial- evidence – being but of a trial/study as a family- they need to be “treated ethically” pg 3 the process being oppressive and overly punitive to families – the process excludes the families due to ability and power
- Splitting – good and bad professionals, openness and transparency not afforded to families but afforded to professional- collusion – unvoiced and untold stories within the professional network
- Power- sways decision making - which professionals influence and control the system? “Group think” – who holds the skills and ability to be able to challenge the group think?

Power and how through process this is taken away for the families= “negotiate” with the family pg17 professionals have the power to strike a deal a deal with the families on their terms “we do it to these families... we tell them what to do... they agree because they know they have to” pg17 it doesn’t bring down the risk. A process in place of negotiation forcing and doing to parents which doesn’t reduce risk as professionals have held the power “if the parents are on board it doesn’t reduce the risk to the children (bottom page 17)

Power within the professional group- Group dynamics, group process – role defines who holds the power (pg13) “there’s a pecking order in the system” “we’re kind of organizing ourselves er, in this hierarchy er, of power” – this is solely denoted about professionals families excluded from this hierarchy – no discussion about the possibly interplay of the parents profession within this and how this may place them within the hierarchy they are simply excluded

- “If we categorise it then we know what to do about it” pg9- reductionist approaches to a complex problem, if we name “it” we know what we need to do there is a template for that a response, but also the word “it” is risk easier to manage and easier to discuss if we attempt to make this homogenous rather than actually outlining what the “it” is and what this means? “um and er” within this passage is this the unvoiced and untold being said and this is uncomfortable to voice that we reduce and label? It creates an idea of safe certainty; we can perceive it as manageable and protect professionals from the impact.
- Regardless of category- without trusting relationships with the family the risk will not be reduced- work needs to be relational not a system in which power is evoked pg18 need to sue the conference to understand what will work for a family (p19)
- Conflict in the process of categorising

Theme	Extract/language	Analysis
Professional role	<p>“specialist” pg1</p> <p>“Where er, obviously people were worried about er, safeguarding” pg1</p> <p>“Asked to contribute” – absolves responsibility I am just part</p> <p>“Come to the conference” pg3- not invited- maybe feels external to the others that are attending or wishing to be seen as sperate to those</p> <p>But they will “invite the family in to tell” pg3. wishing to include them invite them into the inner circle?</p>	<p>Takes time to exert and clarify role as being separate to the agency – separate to social work</p> <p>Separates self from the safeguarding concerns other people are worried- this is not my worry- this is not my primary role/task</p>

	<p>Even as a professional who um, is one of the people within the system that holds a level of power er, particularly in relation to the family I find myself feeling quite anxious</p> <p>Reliance of the chair to ensure professional are transparent even if conversation is difficult</p> <p>Professionals attending at the last minute</p> <p>Power of the role-</p> <p>Pg13- "the badges we all wear round our necks in, in the workplace we're given power"</p> <p>"it positions us all to kind of know where we stand in relation to each other" "pecking order in the system"</p> <p>Professional ability to challenge is something that develops within time and confidence</p> <p>"It's the place, it's the turn of the police" pg19 slip in language here- is this the unconscious saying what the</p>	<p>Absolves professional responsibility</p> <p>The power is consciously given to professionals within the conference due to role, the physical nature of badges denotes this, but this power is not equal within professionals – self organising in hierarchy by professional role and perceived power</p> <p>The possibility of parents profession is not included within this hierarchy they are merely seen as the parent</p>
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	<p>conscious wants that power means the police own the space it's their place?</p> <p>Chairs don't like the power moving within the system (pg20)</p>	
<p>Purpose</p>	<p>"Formality of the context"</p> <p>"Almost like they are giving evidence" pg. 2</p> <p>"There are some professionals who are happy to say things to about families to other professionals but don't feel comfortable saying those same things er, to the family when they are present" pg. 2</p> <p>"Professional might know that they have a view, but it's not been spoken in the conference" pg2</p>	<p>The formality creates and environment in which you as a professional feel as if you are on trial- what about the family?</p> <p>Separates self from this "I am not one of those" SPLITTING wanting to move away from the process of collusion between professionals and cloak and danger discussion that families are not aware of</p> <p>Unvoiced untold stories within the professional networks</p> <p>This is repeated on pg3 as causing anxiety if professionals aren't transparent- the repetition so quickly highlights the importance and evident experiences of this happening</p>

	<p>“We’re supposed to be in a space to manage risk” pg. 3 but we are not because people aren’t brave or taking risks</p> <p>“Children’s social care is a process driven context” pg11 they need a tick box how would you end a conference without a tick box</p> <p>Uniform way of being, narratives and description of the child experience wouldn’t fit the process driven organisations pg11</p> <p>The purpose is an organisational purpose pg12</p> <p>From a families perspective however the purpose is “either keep children’s social care in their life or help er, to take children’s social care out of their life”</p>	<p>There is a sense of professional being perceived to seek safety within the CPC’s when risk is the focus but they themselves won’t take risks to sharing information and being transparent = the purpose falls out of sync with the process what is the primary task therefore?</p> <p>Process driven not person centred approach- to who’s benefit is this?</p> <p>Offer the ability to tidy up the loose ends to make it a neat ending</p> <p>Make the complex and messy tidy- making a child life tidy and fit into what we define</p> <p>Simplistic “I and thou”</p>
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	<p>The purpose has been outlined as an ability to hear different perspectives, here from different professionals (pg20)</p> <p>This can lead to you changing your own professional view</p>	
Uncertainty	<p>The use of the word “um” is repeated throughout this interview</p> <p>This um- also holds a sense of overriding sense of discomfort – this is seen more often when asked about self and personal/professional positions, views</p>	Does this set a process of not knowing, being uncertain, not being sure what to say?
Emotion	<p>“Heightened level of anxiety” pg2</p> <p>Tension within the meetings pg2- this requires skills from the chair</p>	Question- do chairs need to have understanding about groups process and dynamics in order to undertake their role?
Families	<p>Unusual for me to observe the family and think they’ve had a particularly good experience of it” pg. 3</p> <p>“I feel that the family is er, being kind of treated in kind of ethical way” pg. 3</p>	<p>Ethics- ethical – treated, the family are having things done to them, they are an experiment or study “treated” having something done to them to make them better</p>

	<p>Oppressive practice towards families- chairs being overly punitive</p> <p>“Families not being joined to the process” pg3</p> <p>“That they are not joined because of ability” pg3</p> <p>Parents referenced as parents, mum and dada in the conference by professionals pg3</p> <p>“It’s as if we are having a conversation about the parent as if they’re not in the room” pg. 4</p> <p>Professionals avoid the soft skills they avoid eye contact with the family</p> <p>“Horrorified at the language that is used in conferences it’s so inaccessible to parents” pg12</p> <p>“Professional speak doesn’t have to be used um, but it is” pg13</p> <p>“The power has bene taken out of their hands” pg13</p> <p>“so, it’s actually irrelevant and they know it” pg13</p> <p>“Overwhelmed by the amount of power in the room” pg1 4</p> <p>“Families feel like they enter into that space with very little choice about what get decided” pg14</p>	<p>families are sitting outside of the temporary organisation, language excludes them, the process is doing to them- Social Grace’s are mentioned directly = power imbalance</p> <p>This will again exclude make them feel different as if they are only seen as parent nothing else. But this also allows professionals to protect themselves not form a human connection and disassociate form the parent and the risk</p> <p>SG’s perception of ability – power-prejudice and bias about parents’ ability</p> <p>I and thou</p> <p>What space is this that is created and how are they included within a professional space</p>
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	<p>“Passive listeners” seek to join them into the conversation, chair will direct input from professionals, what’s your input been? (pg15)</p> <p>“Process that belongs to the family” pg15</p> <p>Is this a shared view? “We’re here because of the children” is outlined at the start of the CPC</p> <p>“Or the parents realise that they have to do what we say” – implies lack of choice this was the only outcome of the conference for passive parents to merely agree</p>	<p>“We have to keep the parents on side” referenced as if a battle it is two teams on opposing sides and we need to keep the parents on our team! Pg16</p> <p>“Come up with a plan we haven’t negotiated” use of language try to broker a war find peace a transaction – professionals hold the power and feel able to “bargain” negotiate with the family</p> <p>Yet earlier it was stated that they don’t understand so they agree to the power of the professionals not the actions of the professionals</p>
Decision making	<p>“we’re going to decide together” pg4</p> <p>When making decision regarding categories “a lot of the time those people within the system who don’t hold as much power um, I think tend to follow those people who do hold power” pg4</p> <p>It doesn’t reflect what people think- pg4</p>	<p>Who is leading the organisation- who is perceived to hold the power by other professionals and is this a conscious process? YES</p>

	<p>One person who holds the power will make a decision regarding category of risk and the “group think” sees the others follow pg5</p> <p>“feel as skilled or confident or able to make a decision about risk as a case holding social worker” pg9</p> <p>Categories ##</p> <p>Different professionals have different understanding depending on their primary role and the training they have received “quote pg. 6”</p> <p>“If we categorise it then we know what to do about it” “It makes it easier for us to er, kind of um, er, kind of er, decide what to do about it” pg9</p> <p>“I think it can be unhelpful. In that um, we think because its been named that it, it’s almost like now we’ve, we know what to do in a very certain way” pg9</p> <p>“Danger” “Gives a linear description of what happened to that child”</p>	<p>Accountability and responsibility sits with the social worker – this is named as power!</p> <p>Connection – due to primary role and training professionals should come to different conclusions naturally pg6</p> <p>What is it? The fact that the risk can’t be named or said it is reduced, like the process if we reduce it, we know what we are doing but the context and people and system is complex you can’t reduce this- but there is a sense of seeking certainty, if I name a risk I know what to do</p> <p>Um er and is this because it is hard to voice, this is unvoiced there is a hesitant nature to want to voice the reality of reducing complexity and the child’s lived experience?</p>
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	<p>How can you state a child hasn't been emotionally harmed if they have been physically harmed? Pg9 "Don't allow for any intersectionality" pg10 "Something quite simple has happened to them" pg10 "simplify it too much in a dangerous way" pg10</p> <p>PG12 key discussions</p> <p>"Children coming through the system are noted as having suffered this kind of harm" pg12 "We need to know these things" pg12 "Such a rigid way of doing it and I don't know if there is some way of still um, a more flexible way of being able to talk about abuse and neglect without having to put them in such rigid boxes" pg12</p> <p>Relationships are key within the CPC without forming a relationship that is trusting with the parents whatever category is decided the risk is not reduced for the children!! Pg18</p>	<p>The label allows a sense of safe certainty to be created it makes the risk, allows us to perceive the risk as manageable?</p> <p>Reduction to make risk manageable, create a label we can reduce our own insight and connection with the impact on the child</p> <p>Idea that they are not permanently within this system there is a journey- not a permanent state it is fluid</p> <p>Having suffered- dissociation that they remain suffering CP plans are in place as the risk continues</p> <p>Formality to the process- takes away the individual</p>
<p>Knowledge/ preparation</p>	<p>training/ preparation</p> <p>"Meeting organisational requirements" "Never any formal training that tells you what to do in a child protection case conference" pg7 Not what your role would be!</p> <p>Formal training would have been good</p>	<p>Assumption that you know as a professional what is required of you</p>

4.4 Single analysis Police Officer

- Approach procedural, “case” family seen as an object that you can manage during the process of the conference “evidence” building a case against, trial? This falls out of line with systemic practice pg4- tell them what they are doing wrong, citing the issues and the problem with the individual. There is a sense of detachment- not having to work with the relationship guided by rules and expectations (pg8)- process and purpose. This explores the ‘differing primary task’ the differing professional knowledge bases that inform our decision making
Clear sense that police are coming to the CPC with the evidence with the decision made, there because and to tell parents they are “rubbish” in their normal role they can’t pass judgement within interview of the criminal process using this as a way of voicing this pg5 (pg 1 cathartic process)
PG8- outlines that they are more disciplined in terms of expectations- does this mean can detract from emotions?
Pg 10 - “The police would come in and make a decision” pg11 “People know that police make decisions, because that’s- it’s the nature of our world..... That gives them cover” pg. 10 **This would persuade other professionals due to criminal levels of evidence required so if police think so it just is POWER**
- Power of the professional role- power afforded to the police within the decision-making process- where does accountability and responsibility lay? The notion of providing cover is mentioned a few times- covering others professional protecting them by making the decision (pg 8 & 10)
Impact of attractors Ofsted- changed the purpose of the conference to risk aversion, preservation, and protection of professionals
Power of the family- how the dynamics are changed when they enter “sucking in of air” “atmosphere changed” – preparing for battle preparing for the outset for a disturbance, an upset in the balance within the professional group
Expectations of the families to disrupt (pg5)
- Sense that there are two responses and two types of families that come to conference those that are supported and those that are told they are rubbish! “Real people” pg 6 sense that there are some parents that aren’t real- not genuine or not existing within the system – invite some families into the organisation and others are excluded **Pg5&6 key! “ganged up on” “picked on” pg6**

- Vulnerability within the system when you don't agree with the majority or the dominant/ powerful voice pg3- one side against the other, leads to organising behaviour siding with the strongest how can win the war when looking in the "whites of the families' eyes"! It a tribe!
- Complexity of r/ships – complexity of the primary task of professionals within the CPC- perceptions not all professionals say what they would in the CPC- how does this affect accountability and responsibility? Calls into question the integrity of professionals when they "soft pedal" building on positives rather than examining the negatives the impact – which calls into question "credibility" pg 4. Question of professional creditability when alignment and relationships are placed before the "evidence" – Collison with the family but why?
- Purpose of the meeting- why is the space created- "go on for far too long" pg7- professionals just speak with no evidence, no basis "vert in effective in terms of time"pg7 have two hours people fill two hours

Overriding feeling of power over other professionals – our job to make decisions based on evidenced so what we say is respected and goes, we provide the "cover" for other professionals – in this fearful world – but why is this given as they have no training (pg12)???

"Which allowed people to take a path of least resistance. They might not have agreed with it, but they'll just- they'd- they'd worked out that that's the way the decision is going. I'm not gonna disagree" pg. 11- police make decision first and then- super important!!!

However, pg. 12 alludes to the fact he can't separate out the two systems, police and child protection they are seen as the same, as had no professional training around CP

Overall feeling that this is a process, a procedure which has evidence, police are approached, and their decision making is valued within the hierarchy due to the ability to detach from the human element. There is a split within professional role and the relationships with the family which affects the decision-making process (pg8) Police are afforded evidential thresholds within legislation which guides their actions which other professionals don't have (pg 9)

Splitting within the temporary organisations, those that follow the evidence due to expectations and those that are affected by transference

Something about age and lack of experience the two are connected- this links with the evidence base not relational perspective- think SG's (pg10)

Theme	Extract/language	Analysis
Professional role	<p>Relationship is seen as different- not requiring a maintained r/ship with the family following the conference- allows</p> <p>“Cathartic” process is different to police interview you are allowed to make a decision say, what you are worried about</p> <p>Role will affect the loyalty, collusion, and responses</p> <p>“evidence is clearly there” pg7- black and white</p> <p>Divide within the organisations- between professionals those evidenced based and those with a relational focus</p> <p>“not evidenced based and it’s-it’s almost as if they feel they have to say something” pg7</p> <p>Role of the CP chair – “were tryna guide the conversations”</p> <p>“made his decision” pg8</p>	<p>Two-fold two role, attending as allocated or attending as an operational involvement</p> <p>This isn’t afforded within the primary task of the role</p> <p>What is the purpose what is the space created for? They go on for too long pg7- space created to hear voices without purpose “in effective in terms of time” pg7</p>

	<p>Lack of professional experience- affect decision making processes (pg. 10)</p> <p>"Lack of professional experience. Um, lack of training. Um fear of being challenged professionally" pg. 10</p> <p>"Corporals within the team" alluding to those with experience guiding – but this is very military very formalised war like</p> <p>"I hadn't had a training course that I can recall, where they said this is a section 47. I had colleagues explain it to me" pg12</p> <p>6 years into role training was provided (pg13)</p> <p>"There is a big gap in understanding" pg13</p> <p>"make sure people hadn't got to comfortable or forgotten or things changed" fluid not always the same in CP</p> <p>Families</p> <p>"fight or flight"</p> <p>"I could understand it being difficult for them" pg16</p> <p>"I am just holding up a mirror to you" pg16</p>	<p>Summaries concisely the views of others</p> <p>This is the same as the P/o and S/m- outlines as well that others professionals are in the same boat – doesn't see this quite the same as his situation though view that they need to recalibrate but he didn't</p> <p>When discussing families perceptions this focuses on issues surrounding the mothers decision making – female focused</p>
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		Framed as don't get arsey with me I am just telling you what you need to know
Purpose	<p>"Request to attend" pg1</p> <p>"Telling them to their faces what they are doing wrong" pg4</p> <p>"Numbers game" pg5</p> <p>"Felt they needed them to share information" pg5</p> <p>Effectiveness- length of conference "it was a two- hour meeting. People just sat down and got comfy" pg. 15</p> <p>More guidance about the information you should bring – greater guidance is required</p>	<p>This is optional, it is not a required not told to attend and not invited, request makes it feel less like an expected role and more as an additional task</p> <p>How does this align with systemic practice that problems are not situated in the person but within the system- does the lens and primary role of the police eliminate this approach?</p> <p>Game, there are rules but there are wins and loser</p> <p>The purpose has been to protect the professional and the agencies following negative Ofsted, interests from attractors the purpose therefore to preserve the professionals and "cove their backs"</p>

	<p>“it’s not effective”</p> <p>“Opportunity for multi-agency partners to join together to have an open and honest discussion”</p> <p>“there are occasions where it is seen as a process”</p> <p>“Children’s services are concerned about the number of case conferences they have” pg. 17</p> <p>“far more structured” people say everything- it’s not all relevant</p> <p>“voting” pg. 19</p> <p>Conference should be about what and how- what and how are professionals going to contribute to help the family</p> <p>“more time for planning” pg20</p> <p>Pg 20 unpicks the little attention that is paid to planning – focus is on discussing not action</p> <p>“then we’re tryna as people are packing their bags, tryna work out who’s gonna be on the team- who’s gonna be on the next meeting and people go, yeah, yeah, put me down for that meeting, as their walking through the door.... What are we tryna achieve?” pg20</p>	<p>Comes back to invitation means you should know what is required of you</p> <p>Professional purpose- no emotion of the family</p> <p>Due to Ofsted there is a sense of increasing risk aversion resulting in higher number of strategies and conferences to protect professionals – is the purpose then protection/ risk aversion for the professionals not the children then?</p> <p>Question on page 19</p> <p>Could this be able to relationships?</p>
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<p>Process over children so clear on page 23 bottom line!!!</p> <p>Its agreed that process comes before wellbeing- due to influencers in the CAS Ofsted Not hitting targets- who/ what are the targets pg24?</p>	<p>Voiced as “talking shop”</p> <p>“The important part of the next steps was lost. Was rushed” pg21</p> <p>“Why have we got repeat people?” pg23 “almost accepted that people would be back again.”</p> <p>Pg23- gets to the bottom line the failure to protect children – process comes before children “this is the process we must bring it through again”</p> <p>Why do we have repeats- lack of reflection</p> <p>S47 became a process and an expectation from professionals pg24 “obsessed with process” “process was more important than the result”</p> <p>“Get that report in rather than get that visit done”</p>	<p>Why people- why not children is this to dissociate – casual language “repeats” repeat people” lacks to connection with the seriousness why?</p> <p>Do we have repeats due to lack of shared understanding? Or is this due to the fact we are seeking simple answers to complex problems therefore things are getting resolve, or are we as stated earlier blinkered?</p>
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<p>Decision making</p>	<p>“We would not necessarily have any personal operational experience of the mater in hand” pg1</p> <p>“I’ve got more than just the research that is provided to me as my knowledge base to be able to contribute to the meeting” pg1</p> <p>“The police could influence quite significantly any decision that were made” pg1</p> <p>“How the matter might progress” pg1</p> <p>Police would be “the first person who would be asked when it came to the conclusions to what are views were” pg2</p> <p>vulnerability within the system when you don’t agree with the majority or the dominant/ powerful voice</p> <p>“The chair would rely on us” pg3</p> <p>“Police would come in and make a decision” pg11</p>	<p>Decision made with research and family can be researched to find out about rather than working knowledge – allocated to attend- part of a mere process rather than a relational approach, it is a mere tick box of being present and sharing</p> <p>Has the ability to make a professional decision with further facts alluding that mere research is not enough</p> <p>Perception of power within role, power within the conference and professional network</p> <p>Sense of not doing without – needs them on side</p>
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	<p>“He knew that he would get a decision and a view from me” pg3</p> <p>If the chair doesn’t agree “they would guide the decision making”</p> <p>“Picked on side or the other... people could see which way the wind was blowing, and they didn’t want to be that one person going, no I don’t agree” pg3</p> <p>“They’re the ones that brought it to the table” pg. 2</p> <p>“People find it easier to agree rather than disagree” group think</p> <p>“Looking in the whites of the eyes of the family, they found that difficult” (other professionals) pg2</p> <p>“on one side of the discussion” police and education vs social care pg. 8</p> <p>“Disciplined in terms of expectations and behaviour” pg8</p> <p>Chair would try and guide the decision (pg8)</p>	<p>How multi-agency is the process therefore, and why is power so clearly defined within the professional network-hierarchy – deference</p> <p>Collision sense of a tribe and team one against the other the strongest will win – vulnerability within the system when you don’t agree with the majority or the dominant/powerful voice</p> <p>Organizing behaviours within the system</p> <p>Division, sides within the organisation- splitting- what informs this though? = outlines more disciplined-detached from emotions- transference? Human element is disregarded</p>
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	<p>“The police would come in and make a decision” pg11</p> <p>“People know that police make decisions, because that’s- it’s the nature of our world” pg. 10</p> <p>Not always the right people attending “cover somebody else’s meetings” pog14 – being aware of relevant information for the d/making process</p>	<p>Real sense of power owed by the police officer in this interview- what we say goes- the decision we make influences everyone because it’s our job to make decisions</p>
Relational	<p>“case”</p> <p>“Overly diplomatic in the terms of language they want to use, and the message they wanted to give the family... because they recognised that they had to see them the next day” pg2</p>	<p>Family referenced as a case, something to be solved something which is easier to talk about within a defined term- anxiety-protection?</p> <p>Recognises the ongoing relationship other professionals are required to have and the impact this has on open honest information sharing and discussion- how benefits form this? And is this open- or does this stem from anxiety?</p> <p>Complexity of r/ships- does the primary task change in the conference?</p> <p>“Good cop, bad cop” within the CPC</p> <p>Question of professional integrity</p>

	<p>“a police officer Professionally honest perspective and view of the information shared”</p> <p>Social workers stepping back from decision making process due to preserving their relationship pg3</p> <p>“Massively” “Hang on to the positive” “soft pedal”</p> <p>“Undermines the credibility of that person’s decision making” pg4</p> <p>“Telling people to their face, you are a rubbish parent” pg5</p> <p>“Here because we care” pg5 but this is a flip form the previous comments</p> <p>“There are real people who are here to- we need to try and help” pg6</p> <p>“So, they didn’t feel ganged up on” pg6</p>	<p>Not going with the evidence to maintain a r/ship</p> <p>Collusion with the family – process of good cop bad cop-splitting within the professional group</p> <p>The whole process is balanced on a deficient position, police coming not from strengths based and critiquing this with other professionals within the system</p> <p>Sense that there are two sorts of family, those you challenge you know will fail and those that you care about have a relational supportive response too</p> <p>Ganged up on never seen from a professional perspective due to the reason of being there pg6.</p>
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	<p>“Sucking in of air in the room and its like, here we go” referencing families entering the system, expecting a disturbance from them</p> <p>“just the weight of evidence that people didn’t find comfortable hearing” pg6</p> <p>Pg8- professional relationships effect decision making ability and therefore the plan developed</p>	<p>Clear power imbalance – collaboration is spoken about but it feels this is collaboration between professionals not with the family</p>
<p>Anxiety- professional</p>	<p>“there’s been a failure” pg. 4</p> <p>Power of the professional role- legal present professionals hold back- there is power invested and used over others within the systems which effects the ability to honesty explore issues pg5</p> <p>“Risk aversion” pg.</p> <p>Impact of attractors within the system- impact of negative ousted on the risk averse practice pg5</p>	<p>Not expressed where this failure sits is this within the system or within the family?</p>

<p>Categories and threshold</p>	<p>“More risk averse” pg. 9</p> <p>Strategy discussions are felt to provide “a little bit of cover”</p> <p>“That top cover that they feel they need” pg9</p> <p>No shared understanding about threshold</p> <p>The police offer a legal threshold to how to respond in law and what action is needed but this isn’t present for all professionals (pg9)</p> <p>“What really is um, genuine neglect?”</p> <p>Categories- “help steer the conversation” pg22</p> <p>Professionals would try and cover all the bases but when you frame what you are concerned about in terms of categories professionals “would focus more on that in terms of their considerations” pg. 22</p>	<p>Fear if getting it wrong or missing something need to share responsibility</p> <p>Would sway the focus, would narrow the discussion to that area of risk/ concern – keep on task – make the discussion more manageable</p> <p>Negates the holistic – focus on the risk not the associated / interlinked factors reductionist A+B=C pg22</p> <p>Pg22 then goes on to explore the complexity of neglect</p>
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	<p>“Anything that sort of created some or, form or some sort of blinkers for people in those meetings helped. But it doesn’t mean that they were blinkered to the other issues”</p> <p>pg. 22</p>	<p>Contradiction in terms how can you be blinkered but not blinkered?</p>
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Pg9- sees a long discussion about strategy meetings which places significant focus on wanting/ seeking police to make a decision – sees the forming to roles within the temporary organization

4.5 Cross case analysis

- CP represents everything that's wrong with society – power- greed- hurt- punishment – control- but there are times that this is reduced to a game to make this easier to hold “it gives everybody a goal to aim at but in another way it gives a, nobody a goal to aim at”pg25
- It a play a script with social actors playing out a tragedy – evils of the world- script, and acting are referred too – creating a sense that they can't enter the CPC as themselves due to the information- actions- circumstances they will discuss they want to pass judgement not as themselves “a bit like being an actor, you sort of get into role” pg14 “Nobody is going to perform naturally” Pg 22 “It's a bit theatrical actually a lot of the conference” in court up put on your wig and cloak – disguise – dress up
- Evolution - Discourse “evolution”- adaptations change – can either been seen as humanising or the evolution of man – evolution and evolutionary process are unknow what will come next- hiding behind history, this didn't happen before professionals and the CPC
- There a strong sense of victim hood that runs throughout- “protecting the victims in this case children” pg14 who are the victims? Does this serve as another label

s/misuse family therapist probation police pastoral h/visitor DSL s/worker

Trial and retribution:	Sub cat – Theory- analysis
<p>“building a case” “the verdict” the defendant has no say” pg15- clearly likened to court and going to trial pg23 pg. 24 “barristers for the defence and prosecution” the question/ statement posed by the interviewer leads to “so punitive something bad is going to happen, that you've done something and there's a repercussion for what you've done and the repercussion for what has happened is you sit in a Child Protection Conference and you've got judge and jury” S/M</p> <p>Evidence “then build that evidence” pg9 “just the weight of evidence that people didn't find comfortable hearing” pg6</p>	

"I am just holding up a mirror" pg16- they should be able to see what everyone else has to see, if we have to face this then so do the parents

"Whose fault is it and why did you do that?" pg16 someone needs to be blamed for what's happened it is acceptable- alludes that the blame is also placed on the professionals- does this heightened the sense of putting the families on trial? Societies need to blame – societal culture pg18

Tarring with the same brush- act of aggression and punishment *S/M* "being labelled and tarred with this brush" taring" socially sanctioned aggression, humiliating ritualised behaviour to condemn – to ensure all know that this person has been condemned make it public process to humiliate

"I actually feel it's almost like a way of, of belting you know the clients a little bit more you know. Telling them that they're neglectful" pg3 physical act of punishment to belt someone- to do this in a public place to shame

"Attacking somebody" pg11

"like you've been storing all this stuff as am, ammunition [laughs] to fire at them" pg. 13 your intention is to wound, to hurt and cause harm to the parents you will fire the evidence at them

explored in a more light-hearted way – courts are seen to condemn this is a process of judgement which happens in public The "vote" "It's like Britain's got talent" pg. 21- I have already told you what I think- when asked to "vote"

"You have to have an end point" the vote means that this process can end the comfortable feelings can be wrapped up

"This is your life, we're examining it and then we're going to give you a mark out of four" pg12

"Sort of shot down in flames" "get, get, get, get attacked from all angles" pg7

Brutality which can't be accepted by all

“there’s been a failure to have reached. That to have reached that point” pg4 explored in the context of the experience being negative for the families- there is a sense that entering the CPC means you haven’t lived up to expectation you are seen to have failed

“actually telling them to their face where they’re going wrong” pg. 4 trial by professionals you will tell the family you will look into the whites of their eyes – seen of control looking into the “white of the eye”pg4, see as the window to the soul – your judgement therefore feels more condemning. Some professionals held back- due to push back- due to threat

Exploration of the family “being treated in an ethical way” – ethics of war, of society – term ethics creates a sense of injustice ethics for an experiment

Transparency- “means we are working ethically” explores this process is not

“they are a public forum to tell that parent what they are doing wrong” pg17 “it’s a shaming process” parents will be judged and publicly so - victim mentality

the dynamics are changed when they enter “sucking in of air” “atmosphere changed” – preparing for battle preparing for the outset for a disturbance, an upset in the balance- expectation that the parents will disrupt- they are the ill, they are the problem “when the family appear, the atmosphere changed. You know, there’s that sort of sucking in of air in the room and it’s like, here we go. Particularly if we were anticipating um, a disturbance” pg5

“parents have got a little bit annoyed, angry, irate and it’s descended into chaos” pg3 the chair “get in there first”

Ritualistic behaviours – driven by judgement

Naivety

<p>Primitive b/h- no smoke without fire pg23- wanting to be liked</p> <p>Victims of d/v already feel judged by society – they enter this process and are judged</p>	
<p>Demonizing- demon child- look at parents like a child</p>	
<p>“They can be quite demonising” S/m pg. 2 “become part of that demonising process” s/m pg4</p> <p>“it” speaking about it – it’s not much for words to be used to describe, it’s too awful to painful to be able to verbalise- the unthinkable – by saying it you are protecting yourself and society form accepting “it”- naivety- “it doesn’t happen here approach”</p> <p>“traumatising a professional – a group of professionals round a tablelooking at me and saying I’m a crap parent”</p> <p>passing judgement- passive parties in this as parents- this is done to them- decision made around them</p> <p>Parents have broken the rules of society- whether voiced or not they have broken the rules and caused harm to a child – how do we hold the view of the child in society?</p> <p>“The law provided me”pg9</p> <p>“We don’t have time to burn” for some kids the window of opportunity is short and action is needed – “you can go through the process and fail again” pg. 23- pass or fail in the eyes of society as a parent you met the criteria and acceptable standards or you fail “repeat people”</p>	

Crime and punishment		
<p>Laws of society have been breached which is why parents are being judged, which can result in a flight, fight or freeze response.</p> <p>“fight” parental responses within conference will be angry, fight and oppose- sense of fighting the opposition- you take power away from people when you punish them- this whole process is disempowering – you take something away from a child when they misbehave</p> <p>What’s being dealt with is dirty, professionals need to be able to wipe away what they have heard and experienced, they have talk about threshold document being laminated</p> <p>“there is a threshold document laminated” pg4 slip of the tongue categories of neglect</p> <p>“out on the table like laminated sheets” pg8</p> <p>“You’re bad, bad, bad, bad” s/m19 - punishment parents told they are bad, they have done wrong fits a social need to punish – judgment and hatred – condemn not condone behaviour</p> <p>“Telling people to their face, you are a rubbish parent” pg5 – berating condemning</p> <p>“looking into the whites of their eyes”</p> <p>“us telling people why they’ve been bad” pg22</p> <p>“Taking things away” lack of obedience, infantilising parents taking something away because they have broken the rules, they have been disobedient pg. 13 (s/m)</p>	<p>Maternal role to protect is broken you go against society= shame</p>	

“we haven’t negotiated with them” the plan is dictated this is not a war or settle in which we negotiate we impose and dictate, imposed punishment pg17

“fight back” pg5

“conclusion of shame” pg17 – there is no other outcome for the parents they are deemed to be a danger, “your children are at danger” response of society children and vulnerable and should be protected

“trying to get out of the predicament” pg1b sense that the family no they are in trouble, as with teenagers and they want to get out of this

Court process/ Justice – the CP conference assumes a role of sending families to a higher court for judgement – professional can evacuate responsibility

s/m pg. 17 “they’re basically just sat there while the verdict is, it’s almost it’s like a court. It’s like a court isn’t it and then the jury at the end come up with a decision. The defendant has no say in that”.

“the families feel like they are on trial” “they’re in court because they’ve done something wrong” pg10

“they’re going to be judged and criticised” pg2

Guilt is assumed

“the power has been taken out of their hands” pg13

Approach procedural, “case” family seen as an object that you can manage during the process of the conference

“evidence” building a case against, trial?

Clear sense that police are coming to the CPC with the evidence with the decision made, there because and to tell parents they are “rubbish” in their normal role they can’t pass judgement within interview of the criminal process using this as a way of voicing this pg5 (pg 1 cathartic process)

Police evidence- true or false “making decision with just paperwork” weigh up the evidence “I’ve heard the evidence”
pg22

I don’t want to call it evidence. But it’s their account” pg3- not wanting to accept that the court process- or is this wanting to be a witness rather than a barrister- my account of events?

“almost like them walking into court” “the jury and the accused” pg. 22- societies court- you will be judged you will be found guilty

CP and making this decision has been likened to being a jury convicting of murder not manslaughter- can be seen as the death of the ability to be naive to child abuse no longer able as professional to turn a blind eye this is murder vs manslaughter – what life has been taken that of the child or that of professional innocence

“It’s a bit like being on a jury and convicting someone of murder or manslaughter. If you convict them of a manslaughter then you perhaps might not feel as bad about yourself as a juror because you know they, they’ve done something wrong. But they’re not you know, they’re not gonna be um, murderer, labelled as murderers. And I think sometimes it’s very similar with the child protection plan and a child in need plan” pg23

“You walk in and there’s an axe murderer in, sorry [laughs] there’s an axe murderer sitting there and they go, “Oh, yeah well he was nice to his mother”.pg 15 sense that these are the worst “worst people in the world”pg16

Neglect as a category causes conflict- cited as the hardest to choose – real power in the word neglect- parents hatred of being told they are neglecting their child – but seemingly accept abuse- is this because neglect is felt preventable – in western society there shouldn’t be neglect – we are “evolved” “They really hate neglect”pg3

“to tell a parent that they're neglecting their child er, is a very, very difficult thing to do.” Pg4

“neglect is dreadful because, “You mean I’m not looking after my children properly” pg27 abuse is ranked, what is more acceptable within society and neglect is one down from sexual abuse- how is this judged and why? On trial for murder vs manslaughter is this a pattern that can be transposed

“the higher the category the more serious the situation is” pg20

Sense of turning the blind eye comes out in the hv/ interview with laughter throughout the interview this acts as a veil to protect and prevent having to voice the unvoiced

Where is the justice in the process? There wouldn't be a trial there was the evidence- families walk into the court already guilty – or the professionals therefore the jury or the barristers- “barristers for the defence and prosecution” pg24? “It's a bit like somebody going to trial, there wouldn't be a trial in place unless the Crown Prosecution Service had evidence that a trial was needed but it doesn't always mean that the person is guilty does it? Pg23

There are some professionals however that sit on the side of the defence “health visitors were- would be good examples pg3 (wider quote needed?”

“Well you're not taking a family to conference with a view to them not going on a plan because what's the point in that?” S/M pg. 15- not a trial by jury- a verdict” but the defendant has no say

“Preconceived that it's gonna meet threshold straight away” pg. 22

“Formality to the context” pg2

“Can't start proceedings without the parents there” pg. 15- court proceedings the defendant needs to be present

This differs this is about infantilisation- think of the parent as a child, then you can't imagine and accept what they have done, child can't harm people – so frame the parents like this to manage

“didn’t wish to accept the evidence” pg7 some professionals that is – accepting this means their naivety is taken away

“I found very strange because the evidence was clearly there” pg7

There is a discussion that continues here to explore professionals recalling the parent as a child- they want to presume the innocence of the child on this parent – infantilisation – hard to believe a child can cause harm so let’s represent the parent as this child.

“straight down the line and evidenced based. But it- No it would be your health visitors and some of the other people who would offer quite personal observations” pg8 childhood shared

Along with this process of infantilisation of parents- to seek the innocence the process of the judgement and decision making has been reduced to a game, to a vote on Britain’s got talent a goal it gives everybody a goal to aim at but in another way it gives a, nobody a goal to aim at” pg25

The process reinforces childhood experiences of being a bad child “I am naughty and um, you know I’m bad and I’m not going to improve” pg12

“she just suddenly grew up” pg24 the fault is that of someone who is yet to be an adult – parents can’t been seen or accepted to be adults because of what they are on trial for doing

Scales of justices “the power balance and scales were tipping, tip I suppose er, with the professionals. Because of I suppose you know they hold the, they hold the information that we all want to know” pg9

Tribalism- Power

Being identified as part of the tribe physically mention of badges, these physical aspects allow professionals to place each other in the hierarchy in order (sm, ft)

Theory surrounding child development and ability to do wrong??

Think of as child- transactional analysis

You should know how to behave within the tribe- what's acceptable and expected

Within tribes you have leadership and followship – seen within the professional dynamics – people can be exiled – tribe can offer protection

“lay person” laity- non-professionals no knowledge about the process – exclude for the tribe “outnumbered- sense of being backed into a corner – society means you don't challenge authority

“Pecking order”- animalistic behaviours – the weakest at the bottom of this, the family the pray? “one person with power suggests the category. And then you kind of, everybody sort of follows” pg. 6- there is a desire to remain part of the tribe- judgement if you go against the leader- what will happen to you? “rightfully challenging” – sense of is this a god given right or is it something awarded by due to experience “in battle”?

Collusion within the “pack” – professional will “picked one side or the other” pg3- there are sides to this tribe- or two tribes within the professionals “lead the, the pack” pg8 pack of wolves hunting there is aggression and dominance in the language used

“Found myself very much just following the lead of other professionals within, within the room” pg. 1

“People could see which way the wind was blowing and they didn't want to be that- a lot of agencies didn't want to be that one person going, no, I don't agree with that.” Pg3 vulnerability if you go against the tribe if you sit outside the collusion between the professionals- you are a pack and team and need to support each other to defend against your own professional anxiety

“Corporals in the team” p10 war they are the army, an army of professionals to bring about justice and peace

Could you be cast out of the tribe unprotected? Tribe is used to disempower and scare those that aren't part of it
"Ganged up on" "picked on"- expressed there are two types of family that come to conference those that are real- accept concerns at those that don't. the real are allowed into the system the tribe- "they would perceive themselves to be ganged up on" pg6- not the professionals though they stick together- they know who will protect them

Ability to challenge the tribe is afforded due to professional experience or role in the hierarchy – rite of passage – ritual – there is a sense of natural order- who you follow and who will make the decision/ sway the others

Ah, yeah well the social worker has done all this work now. So, actually, there's no point in me disagreeing with that, I'm just gonna keep quiet". Pg8

"experience very much dictates your ability to either agree or disagree with the decision" "per group pressure" pg. 3

Fear of being challenged as a professional and ability to challenge within the pack and tribe- power is asserted and awarded due to your strength, gained through experience

The tribe separates into professional roles and hierarchy there are two-sides spoken about:

"you probably would have the Police, education would be on one side of the discussion and social care and perhaps some of the others on the other side, would be my sort of perception of it. Um, because we were more in sort of, disciplined in terms of expectations and behaviour and sort of, breaking of rules, you know?" pg. 8

"when you've got your school nurses there and you know and I don't know um, er, nursery school teachers there who are not really. You know they're, they're probably gonna just go with the flow [laughs] I think sometimes" pg. 8

There is a sense of competition within the tribe

Omnipotence

– playing the saintly role- the true leader

“police come and make that decision” this view is shared across interviews

The police are placed in a role of power- aligns with societies perception you obey the police they hold authority (sm)- job to make decisions based on evidenced so what we say is respected and goes, we provide the “cover” for other professionals – in this fearful world

“Which allowed people to take a path of least resistance. They might not have agreed with it, but they’ll just- they’d- they’d worked out that that’s the way the decision is going. I’m not gonna disagree” pg. 11-

Pg22- the power held by the police, it comes down to the police information which can sway them

“police information is far more influential” then the holistic details of a family- the police is evidence it is true or false

Key bits to consider:

“I just often think about um, who is, whose benefit is this Erving? You know is this reducing professional anxiety rather than actually er, er, meeting an er, a genuine need for the family? “pg21

“It’s- And so- and there seem to be an- occa- I- I got the impression sometimes there was a bit of a numbers game.” Pg5 said in relation to decision making in the conference – in terms of how many conferences there were- is this organisations not wanting to accepting the true ills that happen in society- the less there are the less the problem is but we can make more of an example that do go – numbers game keeps being mentioned is this to trivialise the decisions being made- make it more manageable

Simplifies- reduces accountability **“another point of view in one respect it does make things kind of easier as well from a, from, if you were just walking into it and you’re not understanding the process, you’ve never been in there before to have something to choose from does make the situation easier”** S/M

