# The Tavistock Clinic and the University of East London

## Professional judgment, practitioner expertise and organisational culture in child protection: An ethnographic study

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A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Doctor of Philosophy

December 2014

# Abstract

Child protection social workers must make difficult decisions in real life circumstances that often involve limited knowledge, uncertainty, conflicting values, time pressures and powerful emotions. These circumstances can pose a significant challenge to reasoning skills, especially when the cost of errors and poor judgment can be unacceptably high. This study explores the psychological processes that underpin how child protection practitioners form judgments and how these are influenced by the organisational settings that they work within.

The study has an ethnographic design with two sites; a local authority children's intake service and a NHS multi-disciplinary court assessment service. The sites were chosen as contrasting organisational settings within which to study practitioner decision making. Forty days of observation and twenty-four interviews with practitioners were completed across the two sites over a two-and-a-half year period.

The study found that practitioners' reasoning processes were a dynamic interplay of intuitive and analytic processes with emotionally-informed intuitive processes as the primary driver. As practitioners became more experienced, they engaged in progressively more sophisticated pattern recognition and story building processes to analyse and evaluate complex information. However, practitioners of all experience levels were vulnerable to the same predictable errors arising from cognitive vulnerabilities that affect the whole population.

Comparison of the two sites identified the following themes concerning the influence of organisational context; the timescales that practitioners worked within, the opportunities for case discussion, and the cultures of accountability within the organisation. In response to considerable time pressures and increased demand, local authority social workers at times engaged in a range of operational defences and speed practices. This was combined with a pervasive accountability culture that inadvertently led to local authority social workers being more likely to manage anxiety through practices that acted as a form of pre-emptive exoneration.

The study contributes towards the existing literature by examining everyday child protection practice using a theoretical approach that combines insights from psychological and psychoanalytic approaches. The study identifies new insights into practitioner decision making, suggests new ways of understanding accountability, and has implications for how organisations can help both reduce errors and support expert practice.

# Declaration

This work has not previously been submitted for any degree and is not being concurrently submitted in candidature for any degree. This thesis is the result of my own research and other sources are explicitly acknowledged.

Signature………………………….

Date………..…………..……..

The word count excluding abstract and references is 80,407 words.

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# Chapter 1: Introduction

'The overwhelming response by welfare states to child deaths and other system failures has been to seek bureaucratic solutions by introducing more and more laws, procedures and guidelines. The more risk and uncertainty have been exposed, the greater the attempts to close up the gaps through administrative changes…Here, practice is regarded as little more than rule following' (Ferguson, 2004, p.10).

'Child protection work makes heavy demands on reasoning skills. With an issue as important as children's welfare, it is vital to have the best standard of thinking that is humanly possible. Mistakes are costly to the child and family' (Munro, 2008, p.153).

'The search for a scapegoat is the easiest of all hunting expeditions' (Dwight D. Eisenhower).

For the last four decades, social work in England has been haunted by the memories of children known to local authorities who have died or been seriously harmed. Inquiry reports have described some of the everyday realities where professionals made difficult decisions in circumstances that often involved limited knowledge, uncertainty, conflicting values, time pressures and high levels of emotion. Although these are exceptional cases, the circumstances they describe are often recognisable to child protection social workers, who are all too aware of the significant challenges they present to form professional judgments in real life situations.

During a long history of public inquiries and serious case reviews in which children have been killed or seriously hurt, a frequent finding is that social workers made poor judgments (for example, Brandon et al., 2009, 2008; Ofsted, 2008; Rose and Barnes, 2008). This is reinforced by research and practice literature that have consistently identified shortcomings in relation to analytical processes (Turney et al., 2012; Cleaver and Walker, 2004; Reder and Duncan, 2000; Munro, 1996, 1999). Consequently, the role of professional judgment in the English child protection system has been an important and contested issue, but the primary focus has been on errors rather than everyday practice. This chapter sets out to introduce the research problem, to examine its importance to the child protection field and to me as the researcher and to contextualise it within the legal and policy frameworks within which child protection practitioners work in England.

As Ferguson (2004) outlines in the opening quote, the dominant response has been to adopt bureaucratic solutions through increased procedures and guidelines. This reduces scope for professional discretion and promotes a view of practice as rule following. Yet the complexity of real practice situations suggests that child protection practitioners must draw upon professional judgment rather than simply 'following the rules'. For example, practitioners are required to undertake often emotionally fraught home visits that necessitate them engaging with hostile or deceptively compliant family members that requires skilled practice that cannot be contained in procedures (Ferguson, 2005; Littlechild, 2008; Smith, 2004).

Herbert Simon (1956) argued that in order to understand human decision making, it is necessary to examine the individual decision maker and the decision environment that the individual is in. He used the metaphor of a pair of scissors, in which the individual and the

decision environment are like the two blades of the scissors. Applying this to the field of child protection, the interplay between how practitioners form professional judgments and the bureaucratic setting provokes the two research questions that guide this study:

1. How do practitioners engage in sense-making and form professional judgments in their everyday work?
2. How and in what ways are these sense-making processes influenced by the organisational setting within which practitioners work?

These questions derive from my own experiences as a child protection social worker and as an academic. My initial curiosity about understanding professional judgment and how this can be influenced by the organisational setting can be traced back to my previous experience as a practitioner. This began as a social work student in a family centre, where I undertook my first parenting assessment with a deep sense of anxiety about the magnitude and importance of the task. I felt underprepared for the task but I received excellent support from my highly experienced supervisor and her colleagues, who seemed to undertake assessments with confidence and genuine skill.

After qualifiying, I started work in a child and adolescent mental health (CAMHS) clinic and went on to complete psychodynamic counselling and initial family therapy training and these provided me with some conceptual tools for making sense of working with families. However, none of this prepared me for the powerful experience of becoming a senior practitioner in a local authority child protection team. Ferguson (2004) describes how new practitioners fresh from university are not prepared for the visceral, embodied work that they will experience in their everyday practice and this captures my own experience. The team that I joined only undertook s.47 investigations and covered a large

geographical area. The sheer pace of the work was demanding, but it was the complexity of the work and the emotional challenges of working with families that were resistant and sometimes deceptive that made the most significant impression. It also brought home to me the importance of the organisational setting, as the pressure of referrals limited the space available for case discussion and reflection. The experiences were raw and baffling and working out what happens in those settings has provided my motivation. Whilst I was aware of this at the start, as the study has progressed, I have become increasingly aware that the research process has been a 'working through' of previously undigested experience and it is only through this process that I have been able to understand my previous experience of working in child protection.

The experience highlighted the role of procedures and guidance in decision making. As a senior social worker in a CAMHS service, I had lead responsibility for child protection. Having started work shortly after the Victoria Climbié Inquiry was published, the instrumental rationality of the inquiry report, with its focus on bureaucratic solutions, inculcated in me the importance of following procedures. As stated earlier, this view of child protection practice regarded it as little more than rule following (Ferguson, 2004). My role was to advise colleagues from other professionals when child protection concerns arose with the families they were working with. Central to this role was having a copy of the local child protection procedures to guide me and I was meticulous in keeping this up to date.

When I moved to a child protection investigations team, my induction involved visiting local resources combined with an instruction to 'go into the storeroom to have a look at the policies and procedures'. On the shelves there were large volumes of regulations and guidance relating to looked after children, fostering and adoption. These were dusty and

clearly had not been consulted for a considerable period but this did not surprise me as they were not directly about child protection. When I asked where they kept a copy of the local child protection procedures, the team manager pointed to a corner of the main office. Picking up the copy, I was shocked to see that it was at least two years out of date. When I hesitantly pointed this out to the team manager, she handed me a stack of unopened envelopes that was in a pile on her desk and said, 'Here are the updates, why don't you put them in the folder?' At the time, this made me anxious and I thought, 'How can this team make decisions without being guided by the latest procedures?' Yet the busy team operated efficiently without explicit recourse to the procedures. It was not that the team was ignoring the child protection procedures: they were working within them but their knowledge was gained from everyday discussions where changes in procedures were passed onto practitioners verbally. What became clear was that the procedures were operating as constraints on practice that precluded certain courses of action, rather than acting as primary guides to decision making.

With hindsight, what strikes me is how naïve I was about how child protection decisions were made. I had unquestionally adopted the dominant technical-rational view of practice as 'just following procedures'. Reflecting upon this now, this made me aware of the limitations of the technical-rational approach. I realised that when I was in the CAMHS team I would consult the procedures but I cannot think of a single instance where the guidance helped me to resolve a dilemma. The procedures were useful for basic information, telephone numbers and details of the forms required, although the team already had this information. But the real life cases that I was consulted on were too complex and the decisions too ethically fraught to find ready made answers in the procedures. Yet I consulted them every time. To begin with, I did hope to find answers and was disappointed. As I become more experienced, I consulted them less with a hope that I would find

an answer than to check that the answer I was recommending did not conflict with the procedures. Rather than looking to the procedures for wisdom, my search was about avoiding blame for not following the procedures. The process of consulting the procedures became not a search for guidance but a ritual that helped reduce my anxiety. This incident served to provoke my curiosity about how decisions were made in child protection and what the real life thinking processes were that lay behind these decisions. So, if everyday practice was not primarily driven by procedures, merely shaped and constrained by them, what was driving the judgments that practitioners made? This has been central in guiding the present study.

# 1.1. The research questions and the wider policy context

In order to understand the importance of the two research questions, it is helpful to put them in the context of the wider developments in contemporary child protection practice and foreshadow some of the debates in the literature that will be discussed in more depth in the next chapter.

## 1.1.1 Intuition versus analytic reasoning

The first research question about how practitioners engage in sense-making processes concerns the underlying psychological processes that practitioners use to form professional judgments. This is often formulated as the debate between the use of intuitive and analytic reasoning (Munro, 2008a, 2008b; Turney, 2009). These two forms of

thinking have been the focus of intense rivalry (Hammond, 1996; O'Sullivan, 2011) and this has been expressed in the field of social work. In the 1960s, Olive Stevenson used a psychoanalytic approach to argue for the importance of intuition in social work as a source of insights (Stevenson, 1964). In the 1980s, this debate was formulated as whether social work was an art or a science (England, 1986). More recently, it has been expressed as a debate between the proponents and opponents of evidence-based practice (Sheldon, 2001; Webb, 2001). This has continued to be the focus of polarised debates in social work. For example, Sheppard argues that practitioners must 'go far beyond mere intuition' and has emphasised the importance of social workers engaging in a high level of analytic thinking (Sheppard, 2006, p.199). By contrast, van de Luitgaarden (2009) argues that the nature of the social work task means that intuitive strategies are likely to be more important.

Each form of reasoning has its own strengths and weaknesses. Intuitive thinking is quick and effective, enabling practitioners to form judgments within short timescales in real life situations (Munro, 2008a). It is strong in valuing previous experiences and emotions, so can be effective in supporting practitioners to draw upon their practice experience and build rapport with children and their families. However, it is often implicit and difficult to articulate, which is problematic when practitioners must share knowledge or explain or justify decisions, e.g., completing assessments to inform court proceedings (Turney, 2009; Holland, 2010). Another disadvantage is that, although experienced practitioners can form accurate judgments based upon their experience, this generates only low-level generalisations or theories with a limited range of application (Munro, 2008a). The third weakness of intuition is that practitioners are vulnerable to heuristics and biases that lead them to make predictable errors, which are due to the cognitive vulnerabilities that affect everyone (Munro, 1999, 2008a).

The strengths of analytic reasoning mirror the weaknesses of intuitive reasoning. Firstly, analytic thinking is formalised and explicit, which enables it to be shared and to be used as the basis for justifying decisions (Turney, 2009; O'Sullivan, 2011). Secondly, it conforms to traditional conceptions of decontextualised and universalisable knowledge that can be generalised to a range of settings (Munro, 2008a). The third strength of analytical knowledge is that it is less subject to bias and other errors in thinking that can affect human decision makers (Turney, 2009; Munro, 2008a). However, analytic reasoning has a number of weaknesses. Firstly, it is slow, demanding and cumbersome. Secondly, it is suspicious of emotion as a potential contaminant to thinking so can appear distanced from real life situations (O'Sullivan, 2011). As Zajonc argues;

> 'People do not get married or divorced, commit murder or suicide, or lay down their lives for freedom upon a detailed cognitive analysis of the pros and cons of their actions' (Zajonc, 1980, p.172).

Thirdly, it is only as strong as the research base that it draws upon. If there is a poor or unreliable research base, analytic thinking alone cannot make up for these shortcomings. Finally, it requires settings that are supportive of the slow and effortful demands of analytic thinking.

Part of the problem has been that intuition has been understood in a wide range of ways. For example, it has been described as both the highest level of expertise (Dreyfus and Dreyfus, 1986) and as the absence of analysis (Hammond, 1996). Such views lend themselves to polarised debates and perpetuate an understanding of the problem as a choice between competing approaches. In the next chapter, alternative definitions of intuition will be discussed that focus upon the underlying psychological processes and various models to understand these will

be explored. Developments in psychological research are challenging the traditional conceptions of analytic and intuitive thinking and the research evidence will be examined in order to develop a deeper understanding of human decision making.

## 1.1.2 Organisational influences on professional judgment

The second research question focuses upon how organisational settings influence practitioner sense-making processes and professional judgment and needs to be understood in the context of the wider policy developments in England.

In the quote that began the chapter, Ferguson highlighted that the overwhelming response to perceived failings in child protection has been to focus upon bureaucratic solutions, such as more detailed guidance and procedures and organisational restructuring, which he describes as a form of bureaucratic modernism (Ferguson, 2004, p.10). As noted earlier, much of the literature on professional judgment and decision making drawn from inquiries and serious case reviews (Brandon et al., 2009, 2008; Ofsted, 2008; Rose and Barnes, 2008) and from the academic literature (Munro, 1996, 1998, 1999; Reder et al., 1993; Reder and Duncan, 2000) has focused upon errors in decision making. Consequently, a primary focus for bureaucratic reforms has been the use of more formalised systems that can monitor the work of practitioners, who tend to be regarded as sources of human error. This rational-bureaucratic approach has been described as the 'human as hazard' approach (Reason, 2000), which focuses upon organisational

checks, reminders and constraints to protect against the frailty of human judgment.

This rational-bureaucratic approach is underpinned by a technical-rational model of decision making in which it is assumed that, when practitioners make a choice, they engage in a process of identifying the available options, evaluate each option in terms of the likely risks and benefits of each option and then chose the best option. As such, it represents a prescriptive model of decision making that advocates the dominant use of analytic reasoning processes and is wary of the use of intuitive reasoning.

There has been a range of critiques of the bureaucratisation of social work, which gained momentum in the early 1990s (Howe, 1992; Parton, 1991). A key example of the application of a rational-bureaucratic approach is the Victoria Climbié inquiry (Laming, 2003), which identified 108 recommendations and was followed by a progress report that provided another 58 recommendations. The analysis presented by the Laming report has been criticised for being naïve (Ferguson, 2005) because it does not pay sufficient attention to the complexities of working with resistant and sometimes hostile service users and the emotions that can be provoked by the work. Similarly, Cooper (2005) criticises the report for oversimplifying the nature of child protection practice and focusing upon the surface of policies and structures of accountability rather than engaging with the depth of working with children and families through relationships.

This analysis has gained significant momentum with the Munro Review of Child Protection (Munro, 2010, 2011b, 2011a, 2012), which provides a critique of the technical-rational approach of managerialism. The coalition government initiated the Munro Review immediately after coming into office in 2010 with a remit to review the state of child

protection in England. The Munro Review highlighted that earlier reforms have pursued technical solutions at the expense of giving sufficient attention to the knowledge and skills involved when engaging with families and the organisational support necessary to enable practitioners to manage the emotional aspects of the work without it harming them or their judgment (Munro, 2010). It was argued that this approach lead to an organisational culture that encouraged practitioners to focus on procedural compliance ('doing things right') rather than using their judgment to decide the best course of action ('doing the right thing') (Munro, 2010, p.14). A central recommendation of the Munro Review was less central prescription and greater emphasis on professional judgment (Munro, 2011a, 2011b).

Shortly after the Munro Review, the Family Justice Review (known as the Norgrove review) was published in November 2011 and the key recommendations have recently passed into legislation with the Children and Families Act 2014. The Family Justice Review (Norgrove, 2011) made a number of changes that have implications for professional judgment, but two recommendations were the most central. Firstly, it recommended that the timescales in public law proceedings should be reduced to 26 weeks. This could be seen as a return to centralised prescription away from professional discretion, though some commentators have suggested that the drivers were more complex (Beckett and Dickens, 2014). The second recommendation was a reduction in the court's reliance upon expert witnesses such as psychiatrists and clinical psychologists in public law proceedings. The two changes that were implemented were a higher legal threshold before courts could have recourse to expert witnesses and a reduction in the fees paid for expert witness assessments. Whilst the financial drivers were clear, an interesting consequence has been the potential for revaluing of the professional judgment of local authority social

workers. For example, the President of the Family Division, Sir James Munby, provided the following guidance to family court judges:

> Social workers are experts. In every care case we have at least two experts – a social worker and a guardian – yet we have grown up with a culture of believing that they are not really experts and that we therefore need experts with a capital E… One of the problems is that in recent years too many social workers have come to feel undervalued, disempowered and de-skilled. In part at least this is an unhappy consequence of the way in which care proceedings have come to be dealt with by the courts. If the revised Public Law Outline is properly implemented one of its outcomes will, I hope, be to re-position social workers as trusted professionals playing the central role in care proceedings which too often of late has been overshadowed by our unnecessary use of and reliance upon other experts (Mumby, 2013, p.3).

As a consequence, the Norgrove review has had a complex effect on the debate between centralised prescription and professional judgment. It has served to both introduce centralised prescription and thereby reduce professional discretion but also lead to a call for a revaluation in the court's view of local authority social workers' status as experts. At one level, this could simply be seen a cynical attempt to shoulder local authority social workers with greater responsibility as a result of financial cutbacks that restrict courts access to independent experts. Yet it also offers opportunities for a gradual revaluation of the professional judgment of social workers that is compatible with the aspirations of the Munro Review.

# 1.2. Summary and structure of the thesis

In this chapter, the key debates that provide the context for the present study were explored in the wider socio-political context of child protection social work in England. The aims of the thesis are to explore the sense-making processes that underpin how child protection practitioners form judgments and to examine how these are influenced by the organisational settings that practitioners work within. These are important research problems because developing a clearer understanding of how practitioners engage in these reasoning processes would be helpful in both enabling practitioners to develop their skills and identifiying how organisations can help or hinder these processes.

Two key debates were outlined; firstly, about the form of practitioner sense-making and professional judgment, focusing upon the debate about intuitive and analytic reasoning processes. Secondly, the organisational influence on professional judgment were examined, focusing upon the tension between professional judgment and bureaucratic accountability.

In chapter 2, I will examine how this problem has previously been approached, drawing upon the psychological and psychoanalytic literature to develop a theoretical approach to understanding practitioner sense-making within organisations. Chapter 3 will explain and justify the research approach and design that guided the study. Chapters 4-7 are the main findings chapters and consist of two parts. In the first part (chapters 4 and 5), I will present a detailed, ethnographic account of each of the two research sites. Chapter 6 will focus on the first research question, which identifies and explores the common processes that practitioners used to make sense of their work with

families across both sites. Chapter 7 will focus on my second research question, namely, in what ways contrasting organisational settings influenced practitioners' sense-making processes. Whilst chapter 6 focused upon commonalities in sense-making processes across both sites, chapter 7 will examine how differences in organisational setting had an impact on practitioners' thinking. The final chapter will discuss the findings and their implications for child protection policy and practice, identify the strengths and limitations of the study and identify further areas for research.

# Chapter 2: Psychological and psychoanalytic perspectives on professional judgment within organisations

In the previous chapter, I outlined my central research problem as understanding how child protection practitioners engage in everyday sense-making processes and exploring the ways in which the organisational setting may influence them. In this chapter, I will examine how this problem has previously been approached in the social work research literature and explore the potential of psychological approaches by drawing upon research into judgment and decision making and the psychoanalytic literature on emotion and organisations.

The aim of this chapter is to examine the literature that informs my theoretical approach and how I will approach my research questions. Whilst the previous chapter provided the wider policy context of child protection, this chapter will focus on theoretical developments in understanding the cognitive and emotional processes that underpin how people make professional judgments. It was argued that a rational-bureacratic approach had dominated previous governmental responses to public inquiries, which made an implicit assumption that practitioners make decisions through a rational, conscious and deliberate process in which they identify and deliberate between alternatives in order to select the best option available. The common thread that unites the different literature discussed in this chapter is their rejection of this core assumption.

To begin with, it would be helpful to define the terms 'sense-making' and 'professional judgment' and integrate them into a model of how

practitioner sense-making leads to decision making. In this thesis, I will argue that the decision making process consists of two main stages: the sense-making and professional judgment stages. Sense-making refers to the psychological and social processes that practitioners engage in when they seek to understand families referred to their service, which can be undertaken alone or with colleagues. These sense-making processes begin when a family is referred to a service and continue throughout their involvement with the service.

Professional judgment refers to the stage when a professional reaches a conclusion or recommendation, which can be an overall assessment or relate to a specific issue. In essence, sense-making is 'upstream' of professional judgment. The difference is that sense-making refers to the earlier parts of the whole process, from early thoughts leading to forming judgments. This leads onto decision making, which refers to the selection of a course of action as a result of a deliberate process, which can be by one individual or a number of people (Taylor, 2013).

Figure 2.1 From sense-making to professional judgment

Stage 1: Sense-making processes

(Psychological and social processes undertaken to assemble, collate and understand information about a family)

Stage 2: Professional judgment
(Forming a conclusion or recommendation)
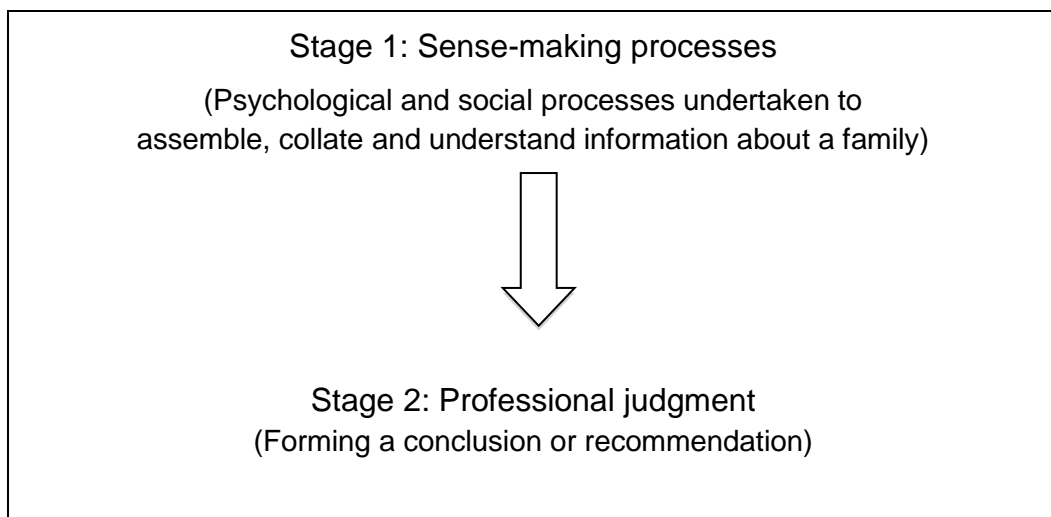
A literature search was conducted using the following bibliographic databases: Academic SocINDEX, Applied Social Sciences Index and Abstracts (ASSIA) and Social Services Abstracts, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, PsycArticles. Key search terms were identified and a thesaurus was used to identify suitable synonyms to generate a comprehensive list of search terms. The search terms used were child* or infant* or adolescen* or teen*) AND (social work* or casework* or youth work* or social service* or child welfare) AND (sense-making, decision making/decision-making, judg(e)ment) or assess*, emotions, affect, organisation*). The search terms were combined using Boolean operators and wildcards. A search of theses was completed using the British Library's ETHOS service. Once the full text of key articles was obtained, reference harvesting was used to examine the references list to identify additional material that was not identified in the initial database searches. Additional articles were identified through citation tracking. Snowballing was also used to draw upon the knowledge of supervisors and colleagues.

## 2.1  Practitioner sense-making and professional judgment in child protection

The intention is not to conduct a comprehensive history of child protection as this is beyond the scope of this study (For historical accounts, see Ferguson, 2004; Parton, 1985, 1991). My aim is to provide a focused review of the key studies about professional judgment and organisational contexts that have shaped the current understanding to provide a broader context to the research questions.

There has been a history of studies that have focused upon the working of the child protection system itself, particularly upon how child protection agencies put legislation and policy into practice. In the wake of the Cleveland inquiry in 1988, the Department of Health funded a number of influential studies into the workings of the child protection system (Corby, 2006). Decision making and professional judgment was a central focus for criticism in the Cleveland inquiry, which was initiated after 125 children were diagnosed as having been sexually abused (Butler-Sloss, 1988). The first group of studies were summarised in Messages from Research (Department of Health, 1995) and consisted of studies that examined how referrals were responded to (Gibbons et al., 1995), partnerships with parents (Thoburn et al., 1995), how investigations were carried out (Cleaver and Freeman, 1995; Farmer and Owen, 1995) and interprofessional collaboration (Birchall and Hallett, 1995). These were followed by a second wave of studies, known as the Children Act Now studies (Aldgate and Stratham, 2001), which focused upon how referrals for children in need are responded to (Aldgate and Tunstill, 1995; Tunstill and Aldgate, 2000), how child protection interventions are delivered within a family support context (Brandon et al., 1999; Thoburn et al., 2000) and parental perspectives on the child protection process (Freeman and Hunt, 1998).

A central message of these studies was that a large number of child protection investigations were conducted but only a relatively small proportion (25,000 cases out of 160,000 investigations or approximately 15%) resulted in children's names being placed on what was then the child protection register (Department of Health, 1995). Gibbons et al (1995) summarised this by describing the child protection system as like a small-meshed net in which a large number of less severe cases ('minnows) were caught and thrown back with little or no support. This over concentration of resources on conducting child protection investigations to the detrimental of family support services and the

emotional cost to families of these investigations (Cleaver and Freeman, 1995) provoked what came to be known as the 'refocusing' debate, which sought to shift the focus from child protection investigations towards family support services. This balance between child protection and family support remained an important focus for studies in the UK and Ireland (Ferguson and O'Reilly, 2001; Spratt, 2001; Platt, 2006). Parton (1996) provides a critique of the Messages from Research studies, arguing that they do not fully understand the importance of risk within its political context and therefore fail to understand how attempts to move from a child protection to a family support orientation were likely to be more challenging than envisaged. The importance of these studies was in drawing attention to the role of individual and societal values in child protection decision-making, although the detail of their findings is now somewhat historical.

There is now a significant body of research that has examined professional sense-making from sociologically-informed perspectives, particularly social constructionism (Parton, 1985, 1991; Parton et al., 1997), ethnomethodology and conversation analysis (Dingwall et al., 1983; Wattam, 1992; Hall, 1993; White, 1997). Earlier studies focused upon the social construction of child abuse and maltreatment itself (Parton, 1985, 1991; Wattam, 1992; Thorpe, 1994; Parton et al., 1997). Indeed, the influence of social constructionism has been sufficient to create a general consensus in more mainstream texts about the importance of viewing child abuse as socially constructed (Munro, 2008a; Corby, 2006). Social constructionist approaches have been broadened out to include a range of issues including gender (Scourfield, 1999, 2003), class (De Montigny, 1995) and professional identity (Leigh, 2013) within child protection services.

Wattam (1992) completed a study of decision making in child protection informed by the work of Garfinkel (1967) and Sacks (1966) that focused

upon the social organisation and structure of everyday practice, particularly conversational interaction and categorisation work. Her research was based upon two ethnographic studies conducted between 1988 and 1991 in North West England, one based in a child protection team and another in the Crown Prosecution Service. Data collection included participant observation, interviews with professionals and children and case file analysis. She found that sense-making was characterized by four main structures, which were motive, corroboration, specificity and categorization. These were pervasive and underpinned by implicit rules that guide what was regarded as relevant by child protection professionals (Wattam, 1992).

Another classic early study was Thorpe (1994), which was a case file documentary analysis using a 100% sample in Western Australia. Quantitative and qualitative analysis of 325 substantiated and 'at risk' cases reported to a state child welfare agency. His analysis focused upon the moral reasoning of frontline professionals and the bureaucratic frames used in the expert system. He found that the seriousness of the presenting condition of the child, i.e., the clinical evidence, was not the best guide to predicting decision outcomes and other factors, such as perceptions of the parents' moral character, the extent to which they cooperated with professionals and wider level of family support were highly influential in decision making.

In summary, there is a history of studies that have examined decision making within child protection from a broadly sociological perspective. These have predominantly focused upon what aspects or factors that professionals take into account when making decisions at crucial decision points, e.g., how referrals are responded to, whether a case should go to a child protection conference, whether legal orders should be applied for. These have generated important sociological insights that have informed current understanding, but less attention has been

given to the psychological approaches that underpin professional judgment.

## 2.2 Psychological approaches to judgment and decision making

In the previous chapter, the debate about the relative emphasis that should be given to intuitive and analytical reasoning processes was discussed. In this chapter, this debate will be explored in more detail and developments within the psychological literature on judgment and decision making will be examined to see how this can inform the present study. I will argue that there have been important developments that shed light on practitioner sense-making processes. The literature draws from the disciplines of cognitive and social psychology and my account will be broadly chronological, charting how an understanding of human judgment and decision making has developed.

Reason (2008) has identified two approaches to studying human judgment and decision making. The first approach is the study of errors in judgment, which he names the 'human as hazard' approach. The second approach focuses on the study of skilled professional judgment, which he calls the 'human as hero' approach. Reason (2008) argues that the study of error ('human as hazard') has traditionally received greater attention than the study of skilled practice ('human as hero'). In the previous chapter, it was argued that the study of professional judgment in child protection has been dominated by the 'human as hazard' approach, not just in the form of inquiries and serious case reviews but in the whole body of academic research (Munro, 1999;

Scourfield, 1999, 2003). Within the field of social work, this tendency to focus on human failings rather than human strengths can be seen within the wider tendency to adopt a deficit model of social work (Ferguson, 2003, 2001).

In the previous chapter, I drew attention to the emphasis in previous inquiries and reforms on the importance of practitioners engaging in rational decision making through careful evaluation of available options in order to determine the optimal choice in each situation. This is known as the classical technical-rational model of decision making, which assumes that people behave as rational social actors (Klein, 1999).

The technical-rational model of decision making was challenged within the field of psychology in the 1950s (Hardman, 2009). Simon (1956) argued that rational models of decision making do not take into account real life limitations, such as the limited capacity that people have to process information and time pressures. Simon (1983) studied how decisions were made within organisations and developed the concept of bounded rationality to describe situations where decision makers have limited time and information processing capacity as well as environments that have a variety of 'irregular informational structures' (Gigerenzer and Selten, 2002).

A possible objection is that inquiry reports often recognise that practitioners make decisions within the limitations of real life situations, e.g., time pressures and imperfect knowledge (Munro, 1996). However, they usually also have an implicit assumption that practitioners should engage in a rational process of selecting an optimal choice under constraints, which retains the core beliefs of classical decision making. As such, they implicitly apply an 'optimisation under constraints' model that is even more unrealistic than the classical technical-rational model of decision making:

Optimisation under constraints requires even more demanding cognitive processing than the approach idealized by standard rational choice theory. In his writings on bounded rationality (BR) in the 1980s and 1990s, Simon rejected such interpretations (Simon, 1983, 1992) because of their reliance on an Olympian version of rationality (Muramatsu and Hanoch, 2005, p.210).

The two main approaches that have rejected the classical technical-rational model, the heuristics and biases approach and the naturalistic decision making approach, will be examined and a recent rapprochement between the two traditions will be discussed.

## 2.2.1 The heuristics and bias (HB) approach

The first of the two approaches, the heuristics and biases approach, traces its intellectual tradition back to a well-known monograph by Meehl in 1954 (Meehl, 1954; Kahneman and Klein, 2009; Kahneman, 2011). Meehl reviewed 18 studies that examined the accuracy of predictions made by simple statistical algorithms with those made by professionals on a range of topics such as academic success, parole violations, and successfully completing pilot training (Meehl, 1954; Klein, 2009). The professionals outperformed the algorithms in only one out of the 18 studies, produced similar results in a few cases but the statistical algorithms were more accurate in the majority of cases. In 2000, a review of 136 similar studies mostly in medicine and clinical psychology comparing statistic models with clinical judgments found similar results (Grove et al., 2000). Professional judgment outperformed statistical models in only 8 of the 136 models and the statistical models produced more accurate predictions in 63 of the studies. The remaining

65 studies found no difference between the two methods. Meehl concluded that professional judgment is more fallible and inconsistent than is commonly believed.

Tversky and Kahneman completed the first study explicitly within the heuristics and bias tradition, which examined the systematic errors that researchers made when asked to intuitively estimate the sample size in a psychological experiment (Tversky and Kahneman, 1971). The study concluded that even experienced researchers were poor intuitive statisticians and judgments should be based upon formal calculation.

Within the heuristics and biases approach, the term 'heuristic' is defined as 'a simple procedure that helps find adequate, though often imperfect, answers to difficult questions' (Kahneman, 2011, p.98). The term 'bias' refers to systematic and predictable errors, though its traditional use in social work refers to prejudice and discrimination.

Further studies of heuristics focused upon systematic errors that are made when using intuition. It was the imperfect answers that became the central focus of the study of heuristics and two important heuristics that were proposed in the early 1970s were the availability and representativeness heuristics (Hardman, 2009).

The availability heuristic states that people will estimate the frequency or probability of an event by how easy it is to bring instances to mind (Slovic et al., 1977; Tversky and Kahneman, 1973). For example, a person concerned about safety who has to make a choice between travelling by car, plane or cruise ship is likely to be influenced by the ease with which they can bring accidents to mind. We are prone to error because we find it easier to remember some events compared to others and mass media means that we have uneven exposure to events. The relative infrequency of aviation and cruise accidents compared to car

accidents means that they receive greater media attention, which can lead people to believe that the risks are greater than they are.

The representativeness heuristic states that people are likely to judge the probability that an individual belongs to a category based upon the degree to which they resembles the typical category stereotype (Rehak et al., 2010; Kahneman and Frederick, 2002). A classic exercise is:

Linda is 31 years old, single, outspoken and very bright. She majored in philosophy. As a student she was deeply concerned with issues of discrimination and social justice and also participated in antinuclear demonstrations (Kahneman, 2011).

When participants are asked, 'What is Linda's likely occupation?' and given a range of options, they were more likely to choose *'Bank cashier who is active in the feminist movement'* than '*Bank cashier'*.  Since it is logically impossible for her to be more likely to be a feminist bank cashier than to be a bank cashier, it was concluded that participants were answering the question of how closely she fitted the stereotype of the category. Therefore, their error was that they acted on an erroneous belief that something is more likely if it is more representative.

When a heuristic rather than a target attribute is chosen, there can be more than one heuristic attribute available. For example, when asked, 'Which is more dangerous, a rattlesnake or a bee?", participants may think of any news stories that we can bring to mind (availability heuristic). If they can't bring anything to mind, they may think about which creature fits our stereotype of a 'dangerous animal' (representativeness heuristic). It may be that the question provokes both a search for instances and an assessment of dangerousness and the final answer to decided by a 'contest of accessibility' (Kahneman and Frederick, 2002).

Three other heuristics that are relevant to this study are the halo effect, confirmation bias and the Semmelweis complex. The halo effect refers to the influence of an overall evaluation of a person on evaluations of their individual attributes, i.e., we are more likely to regard a person that we like as trustworthy, even in the absence of information to base this upon (Nisbett and Wilson, 1977). Confirmation bias is the tendency for people to seek and pay attention to information that confirms our existing hypotheses rather than information that challenges our hypotheses, which can result in a 'cognitive tunnel vision' where we are likely to ignore conflicting or inconsistent information (Chia, 2005). This is heightened when factors such as time pressures are present (Dror and Fraser-Mackenzie, 2008). A related heuristic is the Semmelweis reflex, which refers to the tendency to automatically reject new evidence that contradicts a paradigm. It was named after Ignaz Semmelweis, a physician who discovered that infectious diseases were being inadvertently transmitted by physicians who did not wash their hands between seeing patients. Such beliefs were so unacceptable to the medical establishment that they were rejected during his lifetime (Hardman, 2009).

## 2.2.2  The dual process model

In chapter one, the traditional distinction between intuitive and analytic reasoning processes was examined. Kahneman and Frederick (2002) argue that this traditional division is best thought of as two types of thinking that have been named System 1 and 2 (Stanovich and West, 2000). Rather than perceiving thinking as a single process, the dual process model presents our thinking as characterised by two types or systems of thinking, System 1 and System 2.

System 1 is a form of thinking that operates rapidly and automatically and with little sense of voluntary choice or effort. For example, when we speak to someone we know on the phone, we are often aware of their mood within the first few words. System 2 is controlled, effortful and analytical and is able to undertake complex computations that require considerable effort. For example, we use System 2 thinking to work out complex arithmetical calculations and other rule-based problems.

In everyday situations where judgment problems arise, System 1 provides intuitive answers that are rapid and associative. The quality of these proposals is monitored by System 2, which applies rules and uses deduction to endorse, correct or override them (Kahneman and Frederick, 2002; Kahneman, 2011). If the proposals are accepted without significant revision, it is likely that we will regard them as intuitive. Whilst System 1 processes characterise the majority of our everyday thinking, our sense of agency, choice and identity is associated with System 2 (Gilovich et al., 2002; Kahneman, 2011). The dual process theory offers an interesting account of how we develop expertise. Kahneman and Frederick (2002) argue that as we gain proficiency and skill, the complex cognitive operations that originate in System 2 migrate over into System 1 (Kahneman and Frederick, 2002).

## 2.2.3 The naturalistic decision making (NDM) approach

In contrast to the heuristics and biases tradition, a second approach has evolved called the naturalistic decision making (NDM) approach. The NDM approach developed in the late 1980s, though it grew out of

earlier studies of the intuitive expertise of master chess players, which found that chess grand masters rapidly identified the best moves which were commonly overlooked by less skilled and experienced players (DeGroot, 1978; Chase and Simon, 1973). The NDM approach has focused upon the study of skilful decision making by expert practitioners in real life settings, such as pilots and fireground commanders. Indeed naturalistic decision making has been defined as the study of 'the way people use their experience to make decisions in field settings' (Zsambok, 1997, p.4).

Rasmussen offers a three-phasee model that explains the development of the study of decision making and the place of the NDM approach (Rasmussen, 1997). The first phase consists of normative models of classical decision making, which make the assumption that social actors engage in rational choice by comparing options and choosing the optimal choice. This model was challenged by the second phase, the heuristics and biases approach, which presented models of how human beings deviate from classical rational behaviour. The third phase is the naturalistic decision making tradition, which challenges the previous two phases by arguing for the observation of actual behaviour in real life field settings (Rasmussen, 1997; Lipshitz et al., 2001).

The focus of my discussion of the NDM tradition will be the work of one of its main theorists, Gary Klein, who has developed an approach called the recognition primed decision (RPD) model. This has been chosen partly because it has been described as the 'prototypical NDM model' (Lipshitz et al., 2001, p.335) and partly because it appears potentially relevant to child protection.

Whilst the heuristics and biases approach focuses upon how heuristics can lead to systematic errors, the naturalistic decision making approach focuses upon how heuristics led expert practitioners to make skilled

decisions. For example, Klein accepts the concept of heuristics and his approach blends three of Kahneman and Tversky's heuristics, i.e. representativeness, availability and simulation (Kahneman and Tversky, 1982):

> Instead of seeing these as biases, I have found it more useful to see them as strengths that permit skilful decision making in field settings. Experienced decision makers are able to categorise situations rapidly as typical of various prototypes, using representativeness and availability heuristics, and are able to evaluate the courses of action suggested by these prototypes by conducting mental simulations, using the simulation heuristic, without us having to compare options' (Klein, 2002, p.114).

In his research with firefighters, Klein interviewed experienced fireground commanders about critical incidents with a working hypothesis that they did not compare a wide range of options and were likely to compare only two options under time pressure (Klein, 1999). He found that even his reduced option was incorrect and that the option-comparison model did not reflect real-life decision making for fire commanders. In urgent situations, there was simply insufficient time to be able to engage in the classic option comparison model. Instead, the fire commanders engaged in intuitive thinking, which consisted of a rapid pattern-recognition process in which they identified the key features of the situation based upon their previous repertoire of experiences. When they were asked about how they made decisions, the fire commanders commonly stated that they did not make 'decisions' because they did not engage in the option-comparison type decision making that they had been taught.

The concept of practitioners engaging in intuitive thinking can be problematic because the term 'intuition' can suggest some mystical or

extraordinary power, such as extra sensory perception (ESP). However, the way that it is used in both the HB and NPD tradition is more straightforward. In a joint article, Kahneman and Klein (2009) agreed on the definition offered by Herbert Simon:

> The situation has provided a cue: This cue has given the expert access to information stored in memory, and the information provides the answer. Intuition is nothing more and nothing less than recognition (Simon, 1992, p. 155).

In the recognition primed decision making (RPD) model, experienced practitioners see patterns when they start to see particular cues that link together and lead them to look for further cues. For example, when firefighters see that smoke has a particular colour, they are alerted that it is likely to have been started by specific chemicals and when paediatric nurses see a particular combination of symptoms such as skin colour and lethargy, they know that a baby may be experiencing sepsis. As practitioners accumulate experiences, they build up a repertoire of recognised patterns (Klein, 2004).

The recognition-primed decision making model states that practitiones do not identify a range of options that they evaluate in order to identify the best option. Instead, they identify these relevant cues that aid situational understanding and enable them to develop expectancies and appropriate goals and to identify a course of action. They evaluate this through the use of mental simulation in order to imagine how the course of action would play out. It is only when they identify that their chosen course of action has a problem that they consider other options (Klein, 1999).

Klein provides a model of mental simulation that we use to develop explanations and argues that mental simulation is good for solving

problems where traditional analytic strategies do not apply (Klein, 1999). However, he states that there is a danger that we can place too much credence to the mental simulations that we develop, particularly if we lack experience:

> Once we have built a mental simulation, we tend to fall in love with it. Whether we use it as an explanation or for prediction, once it is completed, we may give it more credibility than it deserves, especially if we are not highly experienced in the area and do not have a good sense of typicality' (Klein, 1999, p.68).

This 'overconfidence effect' has also been documented by Hirt and Sherman (1985), who found that less knowledgeable subjects had strong confidence in their predictions even though they had little experience. This suggests that feelings of confidence in one's judgments on their own are not a reliable indicator if one is inexperienced and this will be discussed shortly in relation to the boundary conditions for genuine expertise identified by Kahneman and Klein (2009).

Pliske and Klein outline three types of cases faced by practitioners (Pliske and Klein, 2003). The first type of case is the simplest, where the practitioner 'sizes up' the situation, forms expectations about what is going to happen next, determines the cues that are most relevant, recognises the reasonable goals to pursue in the situation, recognises a typical reaction, and carries it out. It is practitioners' experience that provides them with prototypes of how to respond in typical cases (Lipshitz et al., 2001).

The second type of case is where the practitioner is not entirely sure about the nature of the situation, perhaps because there is some irregularity in the information that may make the practitioner unsure

about what type of situation it is. The primary activity becomes identifying what type of scenario it is and the effort in identification may exceed that of then deciding what to do, e.g., categorising a referral. Identification strategies take two common forms. Firstly, feature matching, where the focus is upon looking for similar features to known cases. Secondly, story building where the features of the situation are synthesised into a causal explanations. The practitioner will frequently use a story-building strategy to develop mental simulations of events that have led up to the situation (Pennington and Hastie, 1993; Klein and Crandall, 1995).

The RPD model argues that the decision maker tries to find the most plausible story or sequence of events in order to make sense of what is going on. This claim is supported by studies on how juries form judgments in criminal and civil cases, which found that jurors constructed their own plausible storyline from the evidence that they had heard and then decided which party in the case had an account that was closer to their storyline (Pennington and Hastie, 1993; Hastie, 2008).

In the third scenario, the practitioner has recognised a pattern and decided on a course of action but events make them reconsider. Mental simulation again helps the practitioner to imagine different options. Lipshitz et al., (2001) states that the third option, called progressive deepening (DeGroot, 1978), is where practitioners evaluate a course of action without comparing it to others to see whether it will work. Instead of comparing options, their focus was on thinking ahead for potential unintended consequences that may be unacceptable.

Klein's model emphasises the importance of experience and traces its intellectual heritage back to Dreyfus and Dreyfus' (1986) five-stage model of skill acquisition. The Dreyfus and Dreyfus model describes

how expertise develops from initial novice to the final stage of expert, where decision making is characterised by high level of intuition. This model has been used in the field of nursing (Benner, 1982) and to a lesser extent in social work (Fook et al, 2000).

Klein does not dismiss the use of analytic thinking, he simply argues that it cannot replace intuition at the centre of the decision making process (Klein, 2004). He uses the example of chess grandmasters and states that they do not take the first satisfactory option because they want to play the best move. Rather than comparing options by set criteria, they use mental simulation to see how different options play out:

> Analysis has a proper role as a supporting tool for making intuitive decisions. When time and the necessary information are available, analysis can help uncover cues and patterns. It can sometimes help evaluate a decision. But it cannot replace the intuition that is at the centre of the decision making process (Klein, 2003, p.24).

More recently, Klein has argued that traditional decision-making models treat social actors as if they were passive gamblers making bets by comparing the costs and benefits for different options (Klein, 2009). Klein argues that, in real life situations, people experience themselves as actively managing situations and shaping options.

The NDM approach argues that, since expert knowledge is context specific, modelling should be informal and context-bound rather than abstract modelling (Ericsson and Lehmann, 1996). It does provide prescriptive models of decision making, in the sense that prescriptions are derived from empirical models of expert practitioners in real life settings, but these aim to improve rather than replace practitioners' actual decision making modes (Lipshitz et al., 2001, p.335).

Klein's RPD model tends to focus upon decisions made under time constraints. One criticism is that not all naturalistic decision making happens under these conditions (Hardman, 2009). Munro (2008) argues that Klein's model appears to be accurate for front line teams dealing with referrals, e.g., duty officers categorising referrals. However, she asserts that it does not encourage workers to think broadly so the danger is that workers get stuck in tunnel vision, e.g. viewing the choice as whether a child stays long term with the current foster carers or goes back to live with birth parents, rather than considering a wider range of options. Klein (1999) found that workers commonly responded to all cases with a fixed pattern of response, which is understandable given the expertise they had built up. However, Munro (2008) argues that it is also necessary at times to stand back and consider a broader range of options.

The traditional dispute between the heuristics and biases and the naturalistic decision making approaches had an interesting recent development with a joint publication between two of their key proponents, Daniel Kahneman and Gary Klein (Kahneman and Klein, 2009). This focused on the nature of intuitive expertise and sought to identify where they agreed and disagreed about the boundary conditions that separated true intuitive skills from biased and overconfident impressions.

Subtitled as, 'a failure to disagree', they found that there were many areas of agreement and they identified two boundary conditions that relate to the environment in which the judgment is made and the extent to which the judge has learnt the patterns and regularities of that environment. Firstly, the judgment must be made in an environment that has a reasonable degree of validity in the sense that there is a stable relationship between cues and subsequent events or between cues and

outcomes. They argue that medicine and firefighting are high validity environments whilst making long-term predictions of political events or the value of individual stocks are low or zero validity because they are too unpredictable. The second boundary condition is that practitioners have sufficient experience through prolonged practice and clear and rapid feedback (Kahneman and Klein, 2009). Their article is an important step towards an integrated model that has a conception of intuitive expertise whilst also allowing for expert error.

Appying this analysis to child protection practice is an interesting challenge and raises two questions. Firstly, is child protection a low or high validity environment? Secondly, do practitioners get clear and rapid feedback? In response to the first question, it would appear that medicine and firefighting are better analogies than stock market speculation, which is promising for the potential for expert practice in child protection. The second question is more problematic since the extent to which child protection practitioners receive clear and rapid feedback varies between tasks and organisations. A child protection practitioner trying to build up a relationship with a hostile parent during a difficult home visit is likely to get rapid feedback about whether they are successful, particularly when they are not. The same practitioner placing a child for adoption is in a much more difficult position to get feedback about whether this was a successful long-term decision because they are likely to lose contact with both child and birth parent. However, it can be argued that this is similar to other professions, such as medicine where practitioners lose contact with patients where interventions are successful. Consequently, there are *prima facie* grounds for arguing that child protection practice generally satisfies the boundary conditions for the possibility of expert practice.

## 2.2.4 Application of judgment and decision making research to child protection

The psychological literature of judgment and decision making was initially applied to the field of child protection in the work of Eileen Munro. In an early study, Munro applied a theoretical framework utilising the heuristics and biases literature to identify common errors that child protection practitioners made in their reasoning process (Munro, 1996, 1998, 1999). Her study analysed 45 publicly available reports of inquiries into child abuse deaths between 1973 and 1994. Munro concluded that the inquiry reports persistently identified errors that could be understood in terms of heuristics. One of the most prevalent errors was confirmation bias, which is the tendency for people to see what they expect or want to see and this made practitioners less likely to revise their judgments in the light of new information (Munro, 1996, 1999). Practitioners were repeatedly criticised for confirmation bias because they accepted information that supported their perceptions of the family whilst being sceptical about information that conflicted with their view (Munro, 1996, 1999).

More recently, Munro's work has developed to incorporate the growing literature within the naturalistic decision making tradition. Whilst the first edition of her main text (Munro, 2002) focused almost entirely about the heuristics and biases approach ('human as hazard'), her second edition (Munro, 2008a) presented a more balanced perspective based upon developments in naturalistic decision making ('human as hero'). Similarly, the Munro Review itself has a strong and positive sense of professional judgment and the importance of not seeking to eliminate it through rational bureaucratic approaches.

The other main empirical study that examines the reasoning processes that child protection practitioners use to form professional judgments was a doctoral study completed by Abigail Taylor (Taylor, 2007). Taylor aimed to reconstruct the cognitive dynamics of the reasoning processes used by social workers when completing core assessments. She completed a documentary analysis of 98 core assessments completed by 50 social workers across 4 local authorities and followed up with individual interviews with the practitioners (Taylor, 2007). Taylor (2007) contributed towards the literature by viewing the data using naturalistic decision making (human as hero) as well as the heuristic and biases (human as hazard) approach.

Taylor (2007) concluded that, although intuitive decision making strategies were diverse, there were three primary strategies. Firstly, decisions were made based upon family member's reaction to intervention, with a positive and cooperative working relationship with the parents most likely to lead to children being reunited. Secondly, decisions were made based upon comparison to the known family history through prior experience of the family. Thirdly, decisions were made based upon comparison with other cases drawn from prior experience. Interestingly, no examples were found of practitioners using solely analytical decision making processes; analytical processes were always combined with intuitive processes.

More recently, there has been increasing interest in applying psychological models to decision making in child protection. This has mainly taken the form of theoretical literature (van de Luitgaarden, 2009; Taylor, 2012; Platt and Turney, 2013) and a small-scale Department of Education pilot study with very limited data gathering (Kirkman and Melrose, 2014).

In a theoretical article, Platt and Turney (2013) state that thresholds for child protection services have been a perennial problem and the technical rational solution has been to try to develop ever more precise definitions. However, they argue that the technical-rational approach to understanding thresholds is an oversimplification for two reasons. Firstly, the assumption that the risks faced by individual children can be quantified and compared on a scale underestimates the complexity of real life situations. Secondly, the technical-rational model of thresholds presupposes a sense of rationality that they argue did not exist in practice. Instead, they argue for the application of theoretical models from the psychological literature on judgment and decision making that capture how practitioners engage in real life decision making. In particular, they focused upon adopting a naturalistic decision making approach in which threshold decisions are viewed as being mediated through local sense-making strategies. They argue that, although these sense-making strategies may appear as shortcuts arising from a high pressure setting, further examination would enable a deeper understanding of decision making (Platt and Turney, 2013).

More recently, the Department for Education commissioned the Behavioural Insights team (more commonly known as the 'nudge team') to apply a behavioural science approach to front line child protection services (Kirkman and Melrose, 2014). The study undertook a small amount of fieldwork (7 days of orientation and observation in 5 different local authorities), but this was intended to ensure that they focused upon the theoretical aspects from their models that were the most relevant rather than systematic data collection and analysis.

The study argued that there were four key factors that reduced or complicated the efficiency of social workers' ability to make decisions. Firstly, workload and time pressures increased reliance upon social workers' intuition to make decisions in comparison to other professions

that have focused more overtly on evidence-based, skilled intuition. Secondly, practitioners were affected by a range of behavioural biases that impacted on their ability to make objective judgments, such as the availability heuristic and confirmation bias. Thirdly, they found that many sequential decisions had to be made throughout each day that increased the risk of 'depletion' or 'decision fatigue'. Fourthly, the information that practitioners received was often low quality and entailed a considerable amount of effort to piece together information (Kirkman and Melrose, 2014, pp.4–5).

In summary, there has been a growing theoretical interest in applying psychological models from judgment and decision making research to child protection. Although this is promising, there has been very limited empirical research into how these models can help us understanding every practice.

## 2.3  The importance of emotions

Decision making within child protection is highly emotionally charged and ethically fraught, yet efforts to improve the quality of decision making have traditionally paid insufficient attention to the emotional aspects of everyday practice (Ferguson, 2005; Cooper, 2005; Munro, 2008a; Trevithick, 2014). This was particularly important given the complexities of relationships with children and their families, which often include involuntary clients. For example, in their study of all 319 child care referrals made to three social work teams over a three month period, Ferguson and O'Reilly (2001) found that 34% of the parents or carers involved were defined as involuntary clients who did not want a service.

Similar criticisms have been made of research on judgment and decision making from the cognitive psychology tradition, in which emotion has been largely ignored or regarded as a contaminant. For example, the heuristics and biases approach has developed the concept of the affect bias, which states that people's emotional responses to a particular object or situation (as distinct from the objective characteristics of the object or situation) may be treated as information in its own right that can influence their decision making (Schwarz and Clore, 2003; cited in Rehak et al., 2010, p.324). This supports a more general suspicion of emotion and the view that judgments are most reliable and trustworthy when people have little or no emotional response to the issue being considered.

This view has been challenged by the work of Antonio Damasio, a neuroscientist whose work has generated insights into the relationship between emotions, judgments and decision making and highlights how emotions can inform intuitive judgments, even without conscious awareness. Damasio works with patients who have experienced damage to a particular area of the frontal lobe called the ventromedial prefrontal cortex (VMPC). Although patients typically have normal IQs and no cognitive impairments or memory disturbances, their capacity to experience emotion is impaired. For example, Damasio (2006) described how participants with ventromedial prefrontal cortex damage were shown pictures consisting of mostly bland images, e.g., scenery and abstract patterns interspersed with emotionally disturbing pictures. When measured using skin conductance, patients with damage to the ventromedial prefrontal cortex demonstrated no emotional responses, in contrast to clear emotional responses to the control group and to patients with non-frontal lobe damage. Patients with ventromedial prefrontal cortex damage were able to discuss the content of the disturbing pictures and even describe the disgust, fear and sadness that the pictures ought to provoke but which they were unable to experience

(Damasio, 2006). As well as more powerful emotions, people with ventromedial damage are unable to experience the everyday emotional responses that guide our ordinary actions. For example, Damasio (2006) describes arranging an appointment with a patient, who was beset with acute and lengthy indecision. Damasio argued that, without any emotional markers, the patient was paralysed because all future dates seemed equally preferable.

A key study completed by Damasio's research group is the Iowa Gambling Test, which examines how participants respond to a situation where they must make choices to maximise their rewards (Bechara et al., 1994). In the Iowa Gambling Test experiment, participants are given money and asked to take cards from four decks marked A to D. Each card provides a reward or penalty, which are distributed unequally between the four decks. Participants have 100 attempts at the game, although they are unaware of this beforehand.

The first two decks (A and B) provide high rewards ($100) but the penalties are disproportionately large compared to the rewards. If participants chose only cards from the first two decks, they cannot win and will end up losing money.

The second two decks (C and D) provide lower rewards ($50) but the penalties are significantly lower (decks A and B have penalties up to $1,250, whilst decks C and D have penalties than are on average less then $100). The overall lesson of the game is that players will only end in profit if they choose cards from decks C and D (Bechara et al., 1994).

The study had two groups of participants, a non-clinical control group and a group of patients who had experienced ventromedial prefrontal cortex damage. The control group sampled all of the decks, then learnt to avoid the A and B decks and maximised profit by choosing only from

the C and D deck. By contrast, the patient group behaviour was diametrically opposite, with players sampling all of the decks then drawing mainly from decks A and B. The result was that they quickly ran out of money, which required them to borrow more money from the researcher.

The researchers interviewed participants as they undertook the task to explore their understanding and thinking processes. The control group participants moved away from choosing decks A and B within about 30 turns, articulated a 'hunch' that the A and B decks were loaded against them after about 50 turns and clearly stated this after 80 turns.

When skin conductance was used, they showed growing emotional responses in anticipation of a choice that guided them away from choosing the A and B decks (Bechara et al., 1996). By contrast, the control group showed no anticipatory emotional response and their behaviour was focused upon present rather than the future. The central difference is that the patient group had significant difficulty in thinking ahead and could only process the immediate present with clarity.  This is a state that Damasio described as a 'myopia for the future', a term previously used to describe people who are under the influence of alcohol and similar drugs (Damasio, 2006, p.218).

Damasio's central argument is that the emotions experienced by the control group guided their behaviour. The patient group, who could not draw upon their emotions to inform their choices, repeatedly made poorer choices. Whilst there has always been clear evidence that strong emotions can impair our judgment and lead to rash decisions, Damasio's work provides evidence that judgment that is devoid of emotion is also poor.

In discussing Damasio's work, my intention is not to undertake a comprehensive review of the neuroscience field at some length as this is beyond the scope of the present study. Instead, I have discussed Damasio's work since it highlights how emotions can inform intuitive judgments, even without conscious awareness. It has been applied to the dual process model in order to understand how the pattern recognition involved in System 1 processes is informed by emotionally weighted intuitive judgments (Fenton-O'Creevy et al., 2011; Dane and Pratt, 2007). For example, when a practitioner undertaking a home visit has a sense that something is not quite right, this can be seen as informed by Damasio's somatic markers that often operate below conscious awareness (Ferguson, 2009; Munro, 2008a). Ferguson (2009) expresses it in the following way:

> Sensing atmospheres always occurs intuitively, but where the physical signs of risk are less overt, it is essential to use and rely on intuition and trust 'gut feelings' to make sense of the experiences that are swirling around and unconsciously entering the mind and body (Ferguson, 2009, p.476).

By contrast, emotion is regarded quite differently in System 2 reasoning, in which it is viewed as what Muramatsu and Hanoch (2005) describe as 'sand in the decision machinery'. Of course, either view is a partial truth and as Gigerenzer argues, gut feelings are in fact 'neither impeccable nor stupid' (Gigerenzer, 2007, p.228). What is needed is a balanced view that combines a healthy respect for the potential contribution of emotion in providing insights without losing a critical stance.

## 2.4  Organisational influences on practitioner sense-making and professional judgment

There have been a significant number of studies about decision making in child protection that have examined how organisational settings can influence professional judgment. Although there were earlier studies (Mattinson and Sinclair, 1979; Satyamurti, 1981), a particularly influential large-scale study of child protection was completed by Dingwall et al (1983). This study had an ethnographic design in which the research team attended court hearings, case conferences and home visits in three local authories combined with interviews with a range of professionals and managers and case file analysis. Their main research problem was examining why the level of child protection referrals was considerably lower than the levels predicted by survey research using adult self report of childhood abuse and neglect (Dingwall et al., 1983).

Dingwall et al. (1983) argued that child abuse was not inherent in a child's presentation in a similar way to physical illnesses, but was a product of complex social processes of identification and confirmation. The study concluded that the relative rarity of confirmed cases of child abuse was at least partly explained by practitioners not only looking at the clinical and social evidence of abuse, but undertaking an assessment of parents' moral character, which is conducted under what they describe as a 'rule of optimism', that required staff members to think the best of parents (Dingwall et al., 1983). The rule of optimism was operated through two mechanisms that enabled child protection professionals to neutralise parental 'deviance'. Firstly, they could justify parental behaviour through cultural relativism, in which this behaviour is

permitted because it is part of a wider cultural context and there was a belief that it was unacceptable for the agency to impose dominant societal values (Dingwall et al., 1983, p82). Secondly, there was the excuse of 'natural love', which acknowledged parental deviance but worked on the belief that all parents love their children as a fact of nature. Consequently, it becomes difficult to understand information in ways that contradict this basic assumption. If parents are seen as being able to fulful the basic test of loving their children, workers were more prepared to go to great lengths to avoid removing children (Dingwall et al., 1983).

The term 'rule of optimism' is sometimes misunderstood as suggesting that individual social workers were naïve and unquestioning in their work with families. For example, the Jasmine Beckford inquiry (London Borough of Brent, 1985) misused the 'rule of optimism' to suggest that the individual social workers were easily deceived and overly optimistic (White, 1997). Indeed, in their postscript to the 1995 version of their study, Dingwall et al (1995) go as far to suggest that the behaviour of staff that led to the Cleveland inquiry (Butler-Sloss, 1988) could be seen as attempting to operate a 'rule of pessimism' in response to Louis Blom-Cooper's criticisms in the Jasmine Beckford inquiry. In their preface to the second edition, Dingwall et al. (2014) make a wider point that treating the rule of optimism as a psychological property of individuals leads to individual workers being blamed and diverts attention from the wider organisational and social contexts that require practitioners to make decisions with fragmented and imperfect knowledge. Rather than being the failing of gullible workers, the rule of optimism was an organisational strategy that results from the nature of the social licence that governs the child protection system. This is based upon the compromises involved in a liberal society in which families are expected to lay themselves open to inspection, but on the basis that state services are required to take great care when

intervening in private family life and to only confirm deviance if there is overwhelming evidence (Dingwall et al., 2014).

The rule of optimism has been both confirmed and challenged by later studies. For example, Buckley (2000, 2003) found that practitioners were anxious about the potentially 'devastating' impact of a child protection investigation on a family and about imposing standards, particularly when familes were experiencing considerable adversity. This appeared to orientate practitioners to construct evidence in a positive light and less likely to seek more evidence that would contradict this view (Buckley, 2000). By contrast, Parton et al (1997) argued that social work had become increasingly authoritarian and White (1997) found that professionals were implicitly expected to demonstrate scepticism about parental accounts as an essential part of being a competent child protection professional, although actual removal from home occurred in very few cases (White, 1997). Corby (1987) found mixed evidence of social work interventions that were both authoritarian and over-liberal, concluding that interventions were generally a form of supportive surveillance.

More recently, there has been an interest in the influence of organisational systems, particularly how technology has hindered or supported practitioner sense-making. A key study was an ESRC-funded study of the everyday working of children's services in five local authority areas in England and Wales (White 2009; White, Hall, et al. 2009; White, Broadhurst, et al. 2009; Peckover et al. 2009; Pithouse et al. 2009; Broadhurst et al. 2010; Broadhurst et al. 2010; White et al. 2010; Wastell et al. 2011). The study had a broadly ethnographic design with a mixed method approach that combined institutional ethnography, interviews, documentary analysis and the development of micro-world simulation software to provide a quasi-experimental means of testing hypotheses. In total, 280 days of observation were completed

across the five sites combined with 60 interviews and 12 focus groups over a two year period (White, 2009).

A key finding of the study (White, 2009) was that the ICT data management systems used in child protection, known as the Integrated Children's System (ICS), had become increasingly formalised to the point where it was impeding rather than supporting practitioners in their decision making. White, Hall, et al., (2009) argue that the rigid and fragmented nature of the way in which information is recorded in the ICS acts as a 'descriptive tyranny' that disrupts the traditional storied nature of accounts that welfare professionals give of families that are assembled in a temporal narrative (White, Hall, et al., 2009). Information is split up into different domains and is not contextualised into an overall narrative or story about the child and their family, which often led to practitioners carrying a more meaningful account 'in their heads' (White et al., 2010, p.412). These difficulties were highlighted in the Munro Review and the Department for Education responded by developing guiding principles for ICT use that should 'rebalance functionality to take account of the importance of maintaining a narrative' (Munro, 2010, p. 32).

The study also found that the inflexibilities of the system led to practitioners using a range of 'operational strategies' that helped practitioners to meet performance targets and avoid blame. These included 'speed practices', such as 'front and backing' where practitioners only completed the beginning and end of initial assessments to save time. They also found 'general deflection strategies' designed to avoid taking on work, such as deflecting referrals by signposting them to other agencies and strategic deferment, where referrals were sent back to the referrers for additional information (Broadhurst et al., 2010).

In summary, there has been a rich history of studies from sociological perspectives that have provided valuable insights into how organisational settings influence everyday child protection practice. The literature using psychological perspectives has been less developed but there has been a small but promising vein of literature that does address emotions from a psycho-social or psychoanalytic perspective (Ferguson, 2004, 2005, 2011; Cooper et al., 1995, 2003; Cooper, 2005; Parkinson, 2010; Ruch et al, 2010; Trevithick, 2011) and this approach will be discussed next.

## 2.4.1 Psychoanalytic approaches to understanding organisations

Psychoanalytic approaches can be useful in helping understand how practitioners experience and manage emotions and how organisational settings can influence this (Obholzer and Roberts, 1994; Hinshelwood and Skogstad, 2000). Child protection work can provoke a range of emotions, such as fear, anger and disgust (Ferguson, 2004, 2011; Cooper et al., 1995; Cooper, 2005, 2009). If these emotional responses are not managed well, they can become overwhelming and practitioners can find it difficult to think coherently (Ruch, 2007a). Psychoanalytic approaches have been used in a range of classic studies that have examined local authority social work (Mattinson and Sinclair, 1979; Satyamurti, 1981; Woodhouse and Pengelly, 1991) as well as more recent studies (Stevenson, 2012; Lees et al., 2011).

Bion's (1962) concept of container-contained provides a useful account of the processes involved when supervision is used to help practitioners understand and manage their emotions, which was developed from the

study of infant-caregiver relationships. When the infant experiences powerful emotions, the infant's caregiver responds to the infant's projections of confusion and anxiety by receiving them, processing them and returning them to the infant in a more acceptable form (Bion, 1962; Briggs, 1995; Ferguson, 2009). In child protection settings, the anxiety-provoking nature of the work can provoke primitive feelings that make it difficult for social workers to think coherently about a situation (Ruch, 2007; Trowell, 1995). Supervision can provide effective containment for children and families in order to help parents develop their own internal resources. However, practitioners require effective containment for themselves in order to be able to manage their own emotions and the emotions that are projected into them by clients and professional colleagues (Hughes and Pengelly, 1997; Ruch, 2007; Ferguson, 2009). This can come from a range of sources, including personal supervision, peer support and other forms of what Ruch calls 'emotionally informed thinking spaces' (Ruch, 2007a; Ferguson, 2009).

As well as being a source of containment and support, organisational settings can be a source of anxiety and psychoanalytic approaches can provide useful insights into the processes involved. To be clear, a focus in this study is on exploring how psychoanalytic concepts can increase our understanding of how organisational cultures influence practitioner sense-making processes rather than wider aspects of practice.

This study is informed by a theoretical framework developed within the Tavistock tradition because of the convergence of psychoanalysis and social science that took place at the Tavistock Institute of Human Relations after the Second World War (Obholzer and Roberts, 1994). A particular contribution of the psychoanalytic study of people within organisations in the Tavistock tradition has been the concept of defences. These are patterns of belief and behaviour, often unconscious, that individuals within organisations engage in that are

designed to enable them to avoid experiencing difficult emotions such as anxiety, disgust or fear of death (Menzies, 1960; Hinshelwood and Skogstad, 2000; Obholzer and Roberts, 1994). These have been used effectively within the social work literature to understand practitioners' experiences of child protection work (Ferguson, 2011; Trevithick, 2011; Goddard and Hunt, 2011; Whittaker, 2011).

The study of social defences against anxiety used within institutions has a long history, beginning with the seminal work of Isobel Menzies Lyth, who examined the reasons for the high rate of nursing students dropping out of their professional training within a large London teaching hospital (Menzies, 1960). She identified a range of social defences used by nursing staff to manage the anxieties inherent within their work and her theoretical model has been influential in how we understand behaviour within organizations. Menzies Lyth used the concept of social defences to understand how nurses coped with the high levels of anxiety in their everyday work with often seriously ill or dying patients. This model will be described in more depth because it is highly relevant to understanding the findings of the present study.

Jaques (1955) originally developed the concept of social defences to refer to unconscious agreements or collusions within organisations to deny or distort aspects of experience that provoked unwanted emotion (Long, 2006). He later reformulated his ideas away from psychoanalytic towards structural accounts, in which social defences were viewed as the result of poor organisational structures (Long, 2006).

In her study, Menzies Lyth identified a range of socially organised defences used by nursing staff, which can be grouped into three main constellations. The first constellation of defences concerned the reduction of the impact of the nurse-patient relationship by denying the importance of relationships. Rather than individual nurses providing all

of the care for a specific patient, the work was organised so that staff members performed one task for a large number of patients. The workload for nursing staff was organised into task lists and this splitting up of the nurse-patient relationship enabled staff members to avoid having to deal with the entirety of any patient's needs.

This social defence was combined with the depersonalisation, categorization and denial of the significance of the individual. An underpinning belief of the organisational culture was that all nursing staff members were interchangeable and this was was symbolised in the nursing uniform, which reduced the visible individuality of staff. Similarly, staff members regularly referred to individual patients by reference to their illness ("the gallstone in Bed 17"), even though this was officially discouraged. This was combined with the encouragement of detachment and the denial of feelings. Menzies Lyth recognised that having a level of professional distance was a necessary part of professional training, but found that the organisational culture within the hospital took this to extremes. For example, the organisational culture was that 'a good nurse doesn't mind moving' so staff members found themselves moved to different wards without any notice. During individual interviews, Menzies Lyth found that senior staff demonstrated a good understanding of how distressing such experiences could be to student nurses. However, their responses were usually highly repressive and critical rather than supportive (Menzies, 1960).

The second cluster of social defences related to the issue of responsibility. The role of the nurse provoked a strong sense of responsibility, creating a conflict between a sense of duty and impulses that would be regarded as irresponsible, e.g., avoiding difficult tasks, becoming overfriendly with patients. This was experienced at an individual level, but the role of being 'responsible' or 'irresponsible' was assigned to groups rather than individuals in the form of a collusive

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social redistribution of responsibility and irresponsibility. Nurses regularly complained that others, usually more junior staff, required constant supervision because they were 'irrresponsible'. On the other hand, many also complained that more senior staff members were overly strict and repressive. Another defence in this cluster was the purposeful obscurity in the formal distribution of responsibility. On the wards, the organisational systems routinely failed to clearly specify who was responsible for what, and authority was complex and widely distributed, e.g. more experienced students were treated as responsible for less experienced students.

The third cluster related to social defences aimed at reducing the anxiety of decision-making. Since staff members never made a decision with perfect knowledge, every decision was anxiety provoking to some extent. One way of reducing this anxiety was ritual task performance, which reduced the need for active decision making by adopting prescriptive and inflexible ways of working. For example, there are several effective ways of making a hospital bed but one way was selected and used exclusively. Although this required effort to chose and enforce standardised procedures, it reduced the need for explicit decision making. A second social defence in this cluster was the use of checks and counterchecks as a means of reducing the anxiety involved in making a final decision. When a staff member had to make a decision, the responsibility was often dissipated by the staff member involving others in decision making, including people who were not directly involved but merely available.

Another social defence was the use of upward delegation to avoid responsibility for a task. When faced with an anxiety-provoking task, a common response was for staff members to force it up the hierarchy in order to avoid responsibility. Menzies Lyth found that senior staff members were routinely engaged in relatively minor tasks that did not

require their skill levels and would be undertaken by more junior staff in comparable organisations. A final social defence in this cluster was an organisational culture that avoided change. Familiar ways of working were clung to, even when it was clear that they were no longer relevant or appropriate, since change threatened the status quo.

The study had a number of limitations. Cooper (1999) argues that, like many psychoanalytic forays into the social, the study focuses on the intra-psychic level at the expense of larger social formations. The study uses language that conveys a sense of the certainty that characterises many social studies in the 1950s. Little detail is given about the methodology, though she later wrote about this (Menzies, 1960) and acknowledged the challenges involved in the study, e.g., only getting access to the nursing sub-system, not the medical and lay sub-systems. However, the relevance of Menzies Lyth's model to the present study is that it explored how psychoanalytic concepts help to understand emotions at an organizational level. More specifically, it deepens understanding of how anxieties related to professional judgment can lead to social defences that distort how the work of the organisation is conducted.

## 2.5 Rationale for the study

This final section will draw together these elements into my theoretical approach and provide a rationale for why the study is needed. The study examines how child protection practitioners engage in sense-making processes and how these processes are influenced by their organisational setting. A key element of my rationale is that this is an important issue for social workers in child protection settings. It has been argued that the dominant approach to decision making adopted by

policy makers has been a rational-bureaucratic approach that ignores emotions and makes assumptions that are not borne out by real world decision making. Having a clearer understanding of how practitioners form professional judgments in real life situations and how they are influenced by organisational settings would generate a deeper understanding of practice and how it can be supported.

The majority of previous studies of professional judgment in child protection have been informed by sociological perspectives and this has provided an important understanding of how organisational and wider contexts can influence everyday child protection practice (Dingwall et al., 1983; Pithouse, 1984; Wattam, 1992; Thorpe, 1994; Parton et al., 1997; Scourfield, 1999; Holland, 1999). These studies have focused upon the social processes, meanings and contexts rather than the psychological and emotional processes that underlie professional judgment. There is a smaller but rich literature that uses psychoanalytic ideas to explore emotions and how they can be influenced by organisational settings (Cooper et al., 1995, 2003; Ferguson, 2004, 2005). However, there is a relatively underdeveloped empirical literature that helps us understand the psychological processes that underpin professional judgment (Munro, 1996, 1999; Taylor, 2007), though there is evidence of growing theoretical interest (van de Luitgaarden, 2009; Platt and Turney, 2013; Kirkman and Melrose, 2014).

My study will examine both cognitive and emotional processes in everyday child protection social work and explore how these can be influenced by organisational settings. My theoretical framework is informed by two perspectives, the psychological literature on judgment and decision making and the psychoanalytic literature on organisations. At the individual level, the psychological literature explains how individuals form judgments using both intuitive and analytic reasoning. At the level of the organisation, the psychoanalytic literature explains

how emotions are responding to within teams and institutions. In chapter 1, these two aspects were linked using Herbert Simon's metaphor of human decision making as a pair of scissors (Simon, 1956).

The study aims to build upon and extend previous empirical studies in this field. As discussed earlier, Munro completed an influential study that applied a psychological framework derived from the judgment and decision making literature to study child protection (Munro, 1996, 1999). My study will build upon this earlier work by examining everyday practice within child protection in naturalistic settings rather than public inquiries and my theoretical framework will include both the heuristics and bias (HB) approach and the recognition primed decision (RPD) model in order to study practitioners as both 'hazard' and 'hero'. The two aspects are related in the sense that the primary focus for each tradition lend themselves to different methodological preferences, i.e., the study of skilled intuitive decision making is most easily conducted using naturalistic observation, whilst errors and biases are most easily studied using experimental designs.

The second empirical study that was outlined was Taylor (2007), which I aim to build upon in two ways. Firstly, the current study will use the dual process model to examine the relationship of intuitive and analytic reasoning processes, which has become central in the psychological research on judgment and decision making since the Taylor study was completed. Secondly, it will examine the organisational context as the second blade in Simon's decision scissors by using an ethnographic design.

In summary, previous studies using psychological models have taken the form of retrospective analysis of cases either as documentary analysis (Munro, 1996, 1999) or as documentarly analysis combined

with interviews (Taylor, 2007; Hackett and Taylor, 2013). By contrast, this study has included 'live' ethnographic observations to examine the influence of organisational settings on professional judgment. The study also aims to make an original contribution to knowledge by paying attention to both cognitive and emotional processes in everyday child protection social work. The study integrates approaches that are traditionally regarded as incommensurate by combining psychological models of judgment and decision making with psychoanalytic approaches to organisations through the use of research into emotions and intuition.

## 2.6  Summary

In this chapter, I have examined how previous studies have explored the sense-making and decision making processes that practitioners engage in and provided a rationale for my study. I have examined how researchers from two opposing psychological traditions, the heuristics and biases approach and the recognition primed decision making approach, have recently found common ground in the study of intuitive expertise. The role of emotion in decision making was examined using research from a neuroscience perspective and the psychoanalytic study of organisations.

Finally, I argued that the study contributes towards the research literature by examining everyday child protection practice using a theoretical approach that combines the dual process model, the heuristics and biases approach and the recognition primed decision making model. The influence of the organisational setting on practitioner sense-making will be examined using psychoanalytic

concepts to understand how emotions are experienced and responded to within organisations.

Having set out my theoretical framework, the next chapter will set out my research approach and study design. It will consider the options available at each stage of the research design, provide a rationale for the choices made at each stage of the research process and explain how they are compatible with my theoretical framework.

# Chapter 3 - Methodology

Having identified the research question and established the context of the study within the wider literature in the two previous chapters, this chapter explains and justifies the research approach and design that guided the study. The wide range and competing research paradigms present a wide choice for the researcher and these choices need to be considered and explained in order to give a clear account of the choices made. Providing a clear account of the research methodology and process is a central element in establishing the credibility of research findings (Hammersley and Atkinson, 2007; Miles and Huberman, 1994).

The structure of the chapter will be broadly chronological, from initial stages and the background of the researcher through to gaining access to the research sites, collecting and analysing data and dissemination. Researcher reflexivity will be an important part of my approach and I shall be explaining the choices that I have made and exploring how my own personal history, values and beliefs influenced the research process.

# 3.1 Research question, approach and epistemological position

When deciding upon a research approach and design, the best research design is the one that answers the research questions (Bryman, 2012). Therefore, I shall begin by examining the research

questions and explaining my subsequent choices of research approach, design, methods and data analysis. The focus here is upon how my research questions match my epistemological position.

This thesis examines practitioner sense-making processes in child protection and is organised around two interrelated research questions.

1. How do practitioners engage in sense-making and form professional judgments in their everyday work?
2. How and in what ways are these sense-making processes influenced by the organisational setting within which practitioners work?

It is important that researchers explicitly address their epistemological position in order to ensure that their epistemology, methodology and research methods are consistent (Creswell, 2014). Identifying my epistemological position involves outlining my underlying assumptions about the nature of knowledge and the social world.

Within social science research, the traditional epistemological debate has been between positivism and interpretivism (Sarantakos, 2005). Whilst positivist approaches has provided the central epistemological position for quantitative research, interpretivist approaches have been central to qualitative research. Positivism traces its intellectual heritage back to Comte and argues that the traditional scientific method applied in the natural sciences is appropriate to the study of society (Archer et al., 1998; Giddens, 1993). More specifically, social research should adopt methods from the physical sciences, exemplified in physics, which promote rigorous testing of hypotheses by means of quantifiably measurable data. It relies upon the study of artificial settings (experimental designs) or of what people say rather than what they do (survey design) (Atkinson and Hammersley, 1994). Positivism has been

influential within social sciences, promoting the status of surveys and experimental research (Hammersley and Atkinson, 2007). From a positivist stance, the researcher is seen as an objective observer whose role is to infer laws that explain relationships between observed phenomena. It lends itself to research that follows an experimental logic of examining quantitatively measurable variables that can be manipulated in order to understand the relationship between them.

The contrasting position, interpretivism, is a broad term to describe a range of approaches that challenges positivism. Interpretivism argues that the research methods of the natural sciences are inappropriate to study social phenomena because they do not take into account the viewpoints of the social actors involved. Rather than seeking objective realities, interpretative research aims to uncover the subjective experiences of participants within their social world (Denzin and Lincoln, 1994). It is often linked with a relativist approach to ethics, which challenges the idea that values can be universally and rationally grounded (Sarantakos, 2005).

The traditional debate between positivism and interpretativism has become rather stylised, with positivism being presented almost as a caricature, a 'straw man' to be knocked down. This can be seen as reflecting a general cultural disillusionment with the natural sciences that developed in the late 20th century (Atkinson and Hammersley, 1994).

My epistemological position is critical realism, which argues that there is an external reality, but our knowledge of it is mediated by social structures and processes (Bhaskar, 1975). Critical realism provides an alternative to positivism by arguing that reality is constituted not only by experiences but also by structures, powers and tendencies (Archer et al., 1998). It acknowledges our understanding of the world is

provisional, but believes nevertheless that we are able to make statements about people's experiences within the social world (Finlay and Ballinger, 2006). This epistemological stance is compatible with my study, which aims to examine practitioners' sense-making processes using qualitative research methods and has been used in previous psychoanalytic studies (Briggs, 1997; Rustin, 1991).

## 3.2 Reflexivity

The issue of reflexivity is central to qualitative research and particularly so in ethnographic research (Hammersley and Atkinson, 2007). In chapter one, I described my original motivation and interest in the research topic as having being provoked by my experience as a practitioner and argued that my study has been a working through of issues that perplexed me in practice. It would now be helpful to discuss how my study developed in order to explore how my own personal history, values and beliefs influenced the research process. I will then discuss how I managed my reflexivity within the research process, ensuring that it informed but did not detract from my study.

Although my research questions have remained relatively constant, the way that I approach these has changed over time. I had initially approached the research question from a broadly sociological perspective and had intended to use sociological frameworks to analyse my data in a similar way to many other ethnographic studies of child protection (for example, Dingwall et al., 1983; Pithouse, 1984; Scourfield, 1999; Holland, 1999). However, as my fieldwork progressed, I was struck again by the powerful emotions provoked by child protection practice, both by the direct work with children and their families and by societal expectations of child protection services.

When I started the study, I had been in academia for four years. During that time I had become acclimatised to the protected world of academia and had lost touch with the 'smell' of practice (Ferguson, 2004, 2011). Alongside my data collection and analysis, I was completing the literature review about decision making and child protection and found that the psychological and psychoanalytic literature was powerful in explaining what I was seeing in my observations and hearing in the interviews with practitioners. Consequently, my theoretical approach moved gradually towards more psychological and psychoanalytic approaches as they helped me make sense of my data in greater depth.

Quantitative research has traditionally focused upon issues of bias in order to separate the influence of the researcher from the research. By contrast, qualitative research argues that this is neither possible nor necessarily desirable (Fook, 2001). As a researcher, I bring my background and identity to my research, but from a traditional positivist perspective this is viewed as a source of bias, rather than a valuable component to my research. This is addressed in qualitative research through the concept of reflexivity, which acknowledges that we bring our own thoughts, values and beliefs as well as our ethnicity, race, class, gender, sexual orientation, occupation, family background and schooling to our research (Kirby and McKenna, 1989). Viewed from a reflexive point of view, subjectivity is not a problem but an asset (Fook, 2001).

Since we are part of the social world that we study, we cannot escape it in order to study it, nor can we avoid relying upon 'common sense' knowledge or avoid having an effect on the phenomena that we are studying (Hammersley and Atkinson, 2007). Indeed, rather than viewing reactivity as a source of bias, we can exploit it as a form of data - how people react in the presence of ourselves as observers can be as

informative as how they react to other situations (Hammersley and Atkinson, 2007).

Managing my own reflexivity involved examining the aspects of myself that relate to undertaking the research. More specifically, I shall examine how I became aware of how my previous experience as a child protection social worker influenced how I approached my fieldwork and how I moved beyond an 'insider' perspective. Examining and understanding my previous experiences is central to understanding what Madden describes as the personal 'ethnographic gaze' that each researcher will be bring to the task (Madden, 2010).

As I was approaching my fieldwork, I was intensely aware of my previous experience in the field. Mosse (1994) argues that membership of an organisation makes it harder to observe or understand that institution. This was my own experience and one of the greatest challenges for the study was developing an outsider perspective. The danger for my study was not the traditional danger in ethnographic research of 'going native', i.e., adopting a perspective in which I over identified with participants to the point of not being able to maintain a critical distance. Having been a 'native', the danger was that I would remain a native and not be able to get beyond an insider perspective.

Having been previously immersed in the setting, I needed to be able to put one foot outside, to enable everyday, taken-for-granted assumptions to become visible. As a researcher, I am involved in constructing meaning from what I see and hear. In my interactions with participants, the danger is that my shared experience can signal shared understandings that can remain unexamined and unchallenged because they seem 'common sense' (Chew-Graham et al., 2002). They are common sense to the extent that they are beliefs and assumptions that are held in common with my participants. The danger is that, as a

former practitioner, I may be so steeped in experience that I feel a premature sense of certainty that closes off and reifies analysis too early. So the research task is precisely to make explicit those take-for-granted aspects of everyday practice because they are vital for understanding the process of sense-making that practitioners undertake.

I sought to develop my reflexivity in several ways. Firstly, I kept a fieldwork journal in which I reflected upon the emotional impact of undertaking the fieldwork and explored where my assumptions were challenged. Secondly, my supervision was invaluable in helping me to see aspects that would have otherwise gone unnoticed and supporting me to use theory to decentre from my everyday perspectives as a practitioner.

A third resource was my doctoral group, who were helpful because there were a mixture of child protection practitioners and non-practitioners. The practitioners worked in different geographical areas and were able to challenge my data analysis where it did not accord with their own experience or suggest alternative explanations. The non-practitioners were helpful because they were able to help me to see the setting with fresh eyes and asked me to explain aspects that had become so familiar to me that they had become invisible. A fourth source was a Tavistock institutional observation group that I joined alongside my observational fieldwork. This included two practitioners and a manager who were working in the child protection field, who were able to offer alternative interpretations to the material that I presented.

Finally, I found presenting my on-going research at conferences was helpful to expose my fledgling analysis to a wider national and international audience. For example, when I presented some of the early findings to a doctoral conference, a non-social work participant

said that it was good that I was raising awareness of how shocking it was in child protection social work. She added that 'it is good that you are observing it with fresh eyes'. I responded by discussing how difficult it was for me to view it with fresh eyes because it feels so familiar. Indeed, I had not felt shocked by the data that I was presenting precisely because it was so familiar. This enabled me to realise the extent to which my previous experience had raised my tolerance of difficult circumstances so that my personal 'thresholds' about what was intolerable were much higher than someone who was coming fresh to the field. With this in mind, I went back to my data analysis to look afresh at my data from that perspective.

# 3.3 Research design and methods

Within qualitative research, a wide range of approaches can be used.  It would be possible, for example, to address my research question to some extent by using only qualitative, semi-structured interviews. Interviews enable participants to talk about what they do and explain why they do it. However, the accounts that they give may be limited in the absence of any other data because participants may not be consciously aware of the sense-making processes that they use in real life situations or they may describe an 'official' version of how they form judgments that is about how they defend their judgments, not how they make them. Consequently, the research approach that I chose was ethnography, which combines observation with interviews.

Ethnography has a long history in the social sciences, traditionally traced back to the work of Malinowski (1922) fieldwork in the Trobriand Islands (Atkinson and Hammersley, 1994). Ethnographic research has

a long tradition in the study of childcare social work in the UK ((Dingwall et al., 1983; Pithouse, 1984; White, 1997; Holland, 1999; Scourfield, 1999), Ireland (Buckley, 2003), Canada (De Montigny, 1995) and Australia (Gillingham, 2009). Hammersley and Atkinson provide an account of its most central features:

> Ethnography usually involves the researcher participating, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is said, and/or asking questions through informal and formal interviews, collecting documents and artefacts – in fact, gathering what data is available to throw light on the issues that are the emerging focus of inquiry" (Hammersley and Atkinson, 2007, p.3).

I chose ethnography because my research question requires rich and detailed data about how practitioners developed judgments about the families they worked with.  This is a key feature of ethnography and Geertz (1973) borrows the term 'thick description' from the philosopher Gilbert Ryle to describe the ethnographic approach to observation. He illustrates with one of Ryle's examples of a boy winking. To describe a wink as a contraction of the eyelid is an example of 'thin description' because it gives no indication of its significance. It may be an involuntary twitch, or it could be a deliberate message to another person employing a socially established code without the awareness of other people (Geertz, 1973). This is relevant to my research because it demonstrates the importance of context for understanding the meaning of social actions and communication.

Hammersley and Atkinson (2007) argue that ethnographic research is characterized by a 'funnel' structure, in which the focus is developed over time. Over the course of the research, the research problem is

progressively developed and eventually clarified and delimited. This may involve significant changes in the research problem or a gradual process of refinement. Indeed, one of the advantages of ethnography is its flexibility in generating theory (Hammersley and Atkinson, 2007). Since it does not involve the extensive pre-fieldwork usually required for survey or experimental designs, the strategy or even whole direction of the research can be changed if initial ideas are not supported by early fieldwork or promising new ideas arise. The detailed nature of the research methods of ethnographic research will be discussed under research methods below (Section 3.5).

## 3.3.1 Selecting research sites

Like all elements of my methodology, my sampling strategy and my research sites were chosen to best respond to my research questions. At the beginning of this chapter I outlined my research questions, which are; what sense-making processes do practitioners engage in when seeking to understand their work with families and how are these sense-making processes influenced by the organisational setting within which practitioners work? Purposive sampling was used as it allowed me to choose a case because it illustrates the processes that I was interested in and where those processes are most likely to occur (Silverman, 2013; Denzin and Lincoln, 2005). I will describe the sites briefly here to explain my sampling strategy and will describe them each in considerable depth in chapters four and five.

The first site was a local office consisting of four children's fieldwork teams providing an emergency service and the second site was a specialist NHS court assessment centre that undertakes planned

assessments. In both sites, practitioners engage in sense-making processes but in contrasting organisational settings. As such, the choice of sites represents an extreme or contrasting sampling strategy (Yin, 2009). The logic used was replication logic, in which contrasting cases are selected with the intention of producing a theoretical replication in which each example produces contrasting results but for predictable reasons (Yin, 2009). These sites were chosen for both methodological and practical reasons because they examine the situated complexity of decision-making in everyday practice (Stake, 2003) and resource limitations meant that a larger scale study was impractical.

## Site 1: The 'City' children's fieldwork teams

My first site was a local children's office with four intake teams in an inner city local authority. The pseudonym 'City teams' is used to protect confidentiality. Intake teams were the 'front door' to children's social care, responding to all referrals ranging from urgent child protection concerns to routine information requests about children from other agencies. The teams worked within the national guidance provided by The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000), which sets out rigorous time limits. For example, at the time of commencement of the fieldwork, an initial assessment had to be completed within seven days of the referral.

## Site 2: Sycamore court assessment service

The second site was a much smaller service within an NHS mental health trust in the same large city in England. The pseudonym 'Sycamore service' is used to protect confidentiality. It was a multidisciplinary team that included three team members from a social work background as well as members from child and adolescent psychiatry, child psychotherapy and clinical psychology backgrounds. Although it was formally one large team, it operated on the basis of several smaller teams led by a senior clinician who acted as the case manager.

**Comparison of the two research sites**

These two sites were chosen because they present contrasting organisational settings. The 'City' service was a high volume, fast moving environment, comprising of short-term assessments within short and nationally prescribed timescales. It acted as the 'front door' for all referrals and worked with a wide range of families, ranging from families that were unknown to services to those that had an extensive history of local authority involvement. It received a high number of referrals at the time of the fieldwork and this placed considerable pressure upon the service.

By contrast, the Sycamore service was a low-volume service providing in-depth assessments within longer and more negotiable timescales. The service worked with families who predominantly had an extensive history of local authority involvement resulting in court proceedings.

During the fieldwork, one practitioner in the City teams described the service as being like 'an A&E department' in the sense that it was fast, reactive and under constant pressure because it was the 'single gate' entry system for children's social care. If the City teams were like an A&E department, then the Sycamore service was more like a surgical

ward where access was via referral from another service, the work was planned rather than reactive and it was a specialist service where small teams were lead by a senior clinician.

Figure 3.1  Comparison of the two research sites

|  | **City Children's Teams** | **Sycamore assessment service** |
|---|---|---|
| Level of practitioner discretion | Carrying out statutory duties within a tightly prescribed legal framework | Working within a court process but with significant professional discretion about how they carry out their work. |
| Organisational setting and culture | High volume, fast paced, reactive environment. Large staff team (48 members)<br><br>A&E department metaphor | Low volume, scheduled work where there is usually more time to plan. Small staff team (15 members)<br><br>Surgical ward metaphor |

As with any study, there are considerations about whether findings can be generalised to wider settings. Yin (2009) argues that there are two form of generalisation, statistical and analytic generalisation. Whilst statistical generalisation seeks to make inferences about a population based upon empirical data collected from a sample, analytic generalisation seeks to generalise a particular set of results to settings or populations wider than that of the research itself. Therefore, the appropriate criterion is whether the insights gained can be transferred

meaningfully and robustly to other settings. This will be discussed in depth in chapter 8, where the strengths and limitations of the study will be examined.

## 3.4 Access and research ethics

This section will address the practical aspects of gaining access to the research sites and the ethical issues that were addressed. Access is an important issue when considering any research design, but this is particularly important in ethnographic research (Gobo, 2008). The preliminary stage was undertaking the internal University of East London research ethics process, which was completed successfully. The University of East London research ethics approval letter is included in appendix 5.

The next stage was to gain access to the two research sites, which presented a contrast at the formal level of research ethics procedures. I sought access to the City teams by emailing a senior manager with responsibility for training whose name I had been given as a suitable link person. I successfully completed a research ethics application to another local authority, but the key person to provide access changed job and was not replaced so my access could not proceed. When this senior manager asked for more details about the nature of the research, I sent him the full research ethics application that I had submitted to the previous local authority but tailored to the new local authority. The manager contacted me to say that he would be passing this onto the 'research committee'. After three months, I got back in contact but found that this senior manager had since retired and the local authority did not

have a 'research committee'. It was suggested that I contact the service manager direct and send her my research ethics application. I approached the service manager and provided full details of my research study, which was followed by a lengthy telephone interview. This was successfully completed and I was allowed access to the teams. An introductory email was circulated within the team that had a participant information sheet with details of my research.

By contrast, the Sycamore service was part of the National Health Service and was regulated by a detailed and robust national ethical governance system. The service manager in the Sycamore service was also welcoming and positive about research and willing to support my application. I attended an NHS ethics committee meeting in April 2011 and permission was subsequently granted. The NHS ethics approval letter has not been included as it contains information that compromises the confidentiality of the research site but it is available on request.

The sensitive nature of the topic and the potential vulnerabilities of the participants require detailed consideration of the risks involved and the following risks were identified and addressed. Firstly, there was the duty to protect the confidentiality of those involved, which was addressed at each stage of the research process. At the stage of conducting interviews, background information about participants was recorded on a personal details form that was kept separate from the interview transcript. The personal details form and the interview transcript were linked by a key in which each participant was given a number. This number was recorded on the transcript and the two sets of documents were kept separately, so that if another party should gain unauthorised access to the transcripts, they would not know the identity of the participant. Observation notes and interview transcripts were kept in an encrypted file on a password protected computer. At the stage of data analysis and presentation, careful attention was given to removing

identifying information. All names and characteristics that could identify participants were changed to protect the anonymity of those involved.

Secondly, there was the risk that participants would feel pressurised into engaging in the research and would not truly give informed consent. This is particularly relevant to ethnography, where observation of a setting generates a wider range of ethical issues. For example, Sue White (1997) described how she obtained permission from her organisation to observe social workers in her work setting, but was then in a situation where she observed a social worker visiting from another organisation and was unsure about whether to explain her study in order to obtain consent. This did not occur in my study, but I had a more general concern about how participants would feel about being observed and asked to undertake individual interviews. This was particularly heightened as children's social work is one of the most highly scrutinised areas of social work and this scrutiny is undertaken by public inquiries, the press and regulatory bodies.

Thirdly, there was a possibility that a participant may disclose information that may indicate that a child or adult are at risk of harm. As I was interviewing social work professionals rather than children or family members, this risk was considerably less. It was arranged that in the first instance, I would discuss it with the research link person on each site, who was a senior manager.  Finally, there was a risk that a staff member could become upset during the interviews. My previous practice experience as a social worker and counsellor meant that I felt reasonably confident to respond during the interview and information was obtained on in-house staff support services to give to participants if appropriate.

Cassell (1988) argues that field access strategies can be divided into two phases: 'getting in' (achieving physical access to the site) and

'getting on' (achieving social access)". One of the early issues for me was how to introduce myself when I began fieldwork in each research site. I was aware that I had to negotiate the 'getting on' stage by building trust to achieve social access. When I was introduced to the teams, I explained about my study and I often added that I had previously worked in a child protection team. I did this because I wanted to be open about my own background as an 'insider' studying a setting that I had previously worked with but I was also aware that this was likely to reduce suspicion and mistrust. Since many practitioners were aware of negative media coverage and other research studies of local authority children's teams that were critical of practice, such mistrust was not entirely misplaced.

Reflecting upon this, I was communicating that I was an 'insider', implicitly reassuring them that I was viewed them and their practice from the inside, not from the outside. This may have been in reaction to my expectation that they would feel a certain degree of defensiveness beyond the defensiveness that would be found in any participant who was also going to be observed rather than just interviewed. When one is being interviewed, one is giving a verbal account of one's work, the original meaning of 'audit' (Power, 1999). This alone can be stressful and demanding because it requires the participant to present herself or himself in a way that they anticipate will be socially acceptable. My assumption was that the experience of being observed and interviewed was likely to increase the potential anxiety for participants because they may be concerned about whether there is a gap between what they say that they do and what they actually do. For social workers, this anxiety is often heightened by a fear that outsiders will come in and scrutinize their practice in a highly critical way.

In reality, I was surprised by how willing and enthusiastic participants were to be interviewed and to discuss their daily work from their

perspective. At the time, I considered that this might be linked with me being a white, male, middle aged and middle class academic who was a traditional authority figure. However, I was also quite warm and friendly and may be able to communicate their perspective to a wider audience. As the interviews progressed, my impression was that their enthusiasm for being interviewed was not particularly related to me, but was more related to having the opportunity to talk about their everyday work in a setting with someone who showed sympathetic interest. This was particularly true in the City teams, where such opportunities for discussion were more limited by the pressurised nature of the work.

My challenge was to develop a position as researcher in which I had one foot outside in order that I could look in with an awareness of the 'taken for granted' assumptions that characterise such settings. The experience of being a passive observer in an active, busy office did create a sense of dislocation that was initially unnerving but created space for me to be able to be both within and outside the teams. In addition, the experience of supervision and the institutional observation group helped to tease out the implicit assumptions that would otherwise be invisible.

## 3.5 Research methods

In ethnographic research, the research methods that are traditionally used are a combination of participant observation, semi-structured qualitative interviews and documentary analysis. The strength of using multiple research methods is that it increases the depth and range of the data and reduces the risk that the findings are method-dependent (Hammersley and Atkinson, 2007; Madden, 2010).

For this study, the research methods that were used were a combination of participant observation and interviews, which has been successfully applied in previous ethnographic studies in social work (For example, Dingwall et al., 1983; Pithouse, 1984; Scourfield, 1999). When designing the study and gaining access to the research sites, one of the data sources that I considered was agency client files using documentary analysis, as has previous been used in ethnographic studies as an additional source of data (Holland, 1999, 2010; Scourfield, 1999, 2003; Foster, 2009). As part of my initial induction, I read agency documents and historical case files as a means of orientating myself to the work of the organisation in a similar way that social work students would on a practice placement. However, I decided to not use it as a primary source of data in the present study for three reasons. Firstly, there were significant ethical issues about using client files as a main data source. The issue of whether to use client files was discussed explicitly at the NHS Research Ethics Committee when my application was heard and panel members expressed significant concern about this possibility.

Secondly, there were significant practical problems about gaining access to client records. For example, the case records in my first research site were held electronically and required a staff log-in to gain access. Thirdly, there was an issue about the quality of data in case files. As Ferguson and O'Reilly (2001) noted, case files tend not to tell the full story of the decision making process. Other researchers conducting ethnographic studies in childcare social work settings have found similar issues when using documentary data. For example, previous doctoral studies of social work practice using an ethnographic approach has found that the agency documentation was not helpful for understanding the family's narratives (Holland, 1999; Foster, 2009). The study previously discussed in chapter 2 came to similar conclusions (Broadhurst, et al., 2010).

In my first research site, the software used was in the form of a database and each entry was usually brief, sometimes fragmented. Consequently, there was also an issue about the quality of data and what it would add to the study.

## 3.5.1 Fieldwork undertaken

The following data was collected during the periods of fieldwork in both sites (see figure 3.2). The rationale for each data collection method will be discussed in the following sections.

Figure 3.2: Summary of data collection from both research sites

| Research method | Number | Site | Timescale |
|---|---|---|---|
| Participant observation | 18 days | 'City teams' | April 2010 - March 2011 |
| | 22 days | 'Sycamore service' | July 2011 - May 2012 |
| | Total - 40 days | | |

| Interviews | 17 interviews | 'City teams' | April 2010 - March 2011 |
|---|---|---|---|
| | 7 interviews | 'Sycamore service' | July 2011 - May 2012 |
| | Total - 24 interviews | | |

## 3.5.2 Participant observation

In this study, participant observation took the form of spending time at each site, observing the everyday life of the teams, attending meetings and listening to conversations between team members about their work with families. The rationale for using participant observation is that it enables the observer to study aspects of behaviour in a natural setting that may be difficult to access using other methods, including behaviour that the social actor may not be consciously aware of. As a method, it gets the researcher closer to taken-for-granted aspects of the setting than other alternatives (Lofland et al., 2006).

In ethnography, the traditional typology of observer roles was provided by Gold (1958), who identified the following four roles: complete observer, observer as participant, participant as observer, complete participant. Applying this typology to my study, I would argue that I adopted the role of observer as participant, i.e., I had a mainly passive role but with some ethnographic interviewing of participants in order to understand the meaning of the activities that participants were engaging in. I found the concept of cultivating the position of 'marginal native' (Freilich, 1970) to be useful for expressing my aim of recognising that I had been a member of the social group that I was studying but was

striving to develop a critical distance that would enable me to go beyond that.

It is a potential weakness of any form of observation, however sensitively it is undertaken, that people behave differently when being observed (Patton, 2002). However, Hepburn and Wiggins (2007) argue that these effects are often less in practice than it may first appear for three reasons. Firstly, a period of acclimatisation can help to reduce participants' sensitivity to being observed. Bryman (2012) also argues that participant observers typically find that participants become accustomed to their presence and begin to behave more naturally the longer that they are around. Secondly, they argued that observations are often done in situations where there are important practical goals, such as courtrooms, police interrogations, NSPCC calls, psychotherapy and so on. Since the parties are likely to be focused on these issues, the research process is less likely to make much difference here (Hepburn and Wiggins, 2007). Thirdly, recording technology is a pervasive feature of modern life.

The exact nature of the observations was slightly different in each site because of the structures and rhythms of their everyday work. In site one, the four teams were situated in the same building and had a 'duty room' where the teams worked during the days when they were on duty. Consequently, I was based in the duty room amongst the practitioners as the teams regularly rotated. During the 18 days of observation, I had the opportunity to observe all four teams, which were similar in composition and practices. The fieldwork of 18 days of observation was undertaken over a period of 12 months (April 2010 - March 2011) and the pattern tended to be more intensive during the academic breaks at Christmas, Easter and summer due to my practical availability. The short-term nature of the team's work meant that this pattern did not appear to present problems for data collection. It is

possible that there may have been some influence on my data collection because these also are periods when schools are closed so the teams may have been slightly less busy, but this was not noticeable to me and was not commented on by practitioners. Previous ethnographic studies had noted how demanding it is to observe for a full day (Scourfield, 1999; Holland, 2000) but I was keen to ensure that I understood the patterns over a whole work day. Consequently, all of the observation days were full working days (9am-5pm), which was very demanding but very exciting. In order to cope with the demands, I rarely did consecutive days and had quiet days before and after to ensure that I was able to maintain my attention as fully as possible.

In site two, the fieldwork commenced with an induction where I attended a full range of activities, including observing a direct work session with a family with their permission. Given the ethical concerns, data were not recorded for this induction period. At this phase, I sat in the clinical team room, where all the practitioners were based. In site two, the observation included attendance at team meetings when cases were discussed and during assessment days when the team members involved would meet before the family arrived and at the end of the day when the sessions with the family had been completed.  Given that the work was more long term and structured, the pattern of observation of 22 days over 9 months (July 2011 - May 2012) was more structured in order to enable me to follow teams working with specific families and tended to take the form of observing one day per week over the full working day.

In both sites, I considered the possibility of observing worker-family interaction, but this was not necessary to answer my research questions and I had not included it in my research ethics applications because I was concerned that it would be unlikely to be granted. In chapter eight, I will revisit this decision as a potential limitation of the

study. Although I still maintain that observing practitioner-client interactions is not necessary to answer my research questions, it could generate interesting and valuable data that may suggest different avenues and with hindsight I would have questioned my self-limited assumptions about not receiving research ethics approval as it has provided possible in other studies (Ferguson, 2014a; Slembrouck and Hall, 2011).

Data were recorded in both sites using detailed contemporaneous field notes. Scratch notes were taken in the field wherever possible and my fieldwork day was broken up by a lunch break, which enabled me to spend time intensively writing up the morning's observations as recommended in the ethnographic literature (Madden, 2010; Emerson et al., 2011). The field notes were informed by key texts in ethnographic research, including the importance of key field notes and analytical memos separately (Spradley, 1980; Emerson et al., 2011; Lofland et al., 2006). After work, I immediately wrote up the afternoon session. In between, the infamous 'ethnographer's bladder' (withdrawing to go the toilet to enable further opportunities for case recording) enabled me to withdraw to jot down notes.

During many of the meetings that I observed at site one, such as strategy meetings and child protection conferences, other people were taking notes so I was able to write detailed notes during the observation without drawing attention to myself. In the second site, it was clear that making notes during the internal team meetings would be intrusive and recording the meeting would be even more intrusive for the team. This is common in ethnographic research, where the reactivity of participants to audio recording and note taking may preclude contemporaneous records (Madden, 2010). It is virtually impossible to state for sure when and to what extent participants were influenced by my presence, although my impression over the course of the fieldwork was that it

appeared to be less than I feared. However, I was sensitive to how my presence affected participants and treated each participant as what Hollway and Jefferson (2000) describes as a 'defended subject', i.e., with an understanding that participants' actions and the accounts that they give may serve to defend against anxiety. I have noted in the presentation of data where I felt that this might have been in play.

# 3.5.3 Semi-structured interviews

After the majority of the participant observations had been completed, semi-structured interviews were undertaken with participants, which were informed by what had emerged through observation. The rationale for using semi-structured interviews is that they enable the researcher to understand practitioners' behaviour from their own perspective.

As well as formal interviews, the observations included more informal ethnographic interviews that were contemporaneous with the observations (Spradley, 1980). Most days of observation included at least one informal interview in which I talked to participants about what had just happened or was happening. For example, when I observed managers reading referrals, I often went over to ask them to talk to me about the referrals, what information they were focusing on and how they made decisions. This was helpful in understanding what was happening as it unfolded and for becoming more embedded within the setting and its implicit assumptions and meanings. The combination of observation combined with informal and formal interviews was particularly important as the focus was to understand the reasoning processes that practitioners engaged in rather than on direct social work practice.

The rationale for using interviews combined with observation is that together they provide an opportunity to gain a greater depth of understanding and allow participants to contextualise and explain observed behaviour (Spradley, 1980; Heyl, 2001). This design has been successful in similar doctoral studies of child protection work practice using an ethnographic approach (Scourfield, 1999; Holland, 1999).

My early observations informed my sampling strategy for the semi-structured interviews. In both sites, I completed more than half of my observation days before I started to conduct formal interviews because I wanted my observations to inform my interview sampling strategy. In the City teams, my observations suggested that it would be helpful for my interview sample to include practitioners with a wide range of experience to explore whether practitioners' sense-making processes changed as they gained more experience. In reality, it was straightforward to implement this sampling strategy as the City team practitioners had a wide range of experience ranging from student social workers to practitioners with more than twenty years of post-qualifying experience. In the Sycamore service, the same sampling strategy was appropriate for the individual interviews as there was a similar range of experience.

The dimension of practitioner experience was particularly significant and it is important to outline how I divided practitioners into discrete categories. In my original sampling strategy, the aim was to interview practitioners with a wider range of experience. Having achieved this, I analysed the interview transcripts and identified three categories of experience. It is important to emphasize that these categories were the result of my data analysis rather than predetermined before data collection. Indeed, it was not clear that the level of experience that practitioners had would be a clear influence upon how they engaged in sense-making, but this emerged as the data collection and analysis

progressed. In chapter six, I will explain in detail how I developed the three categories and provide data extracts that explain the key features of each stage.

Figure 3.3  Level of experience of interview participants

| Category | Level of experience | The City teams | The Sycamore service |
|---|---|---|---|
| Less experienced | Less than 18 months experience of assessment in a child protection setting | 3 participants | 2 participants |
| Experienced | Between 18 months and 5-6 years experience of assessment in a child protection setting | 9 participants | 0 participants |
| Highly experienced | More than 5-6 years experience of assessment in a child protection setting | 5 participants | 5 participants |

This table identifies interview participants only because it was not possible to reliably gain this information on all participants observed during the fieldwork. The names given are anonymised pseudonyms that will be used throughout the study. The three categories of practitioner experience were developed through analysing my data rather than imposed before data collection and in chapter six I will explain how I arrived at these categories.

As the table indicates, the spread of experience was significantly different in each site. In the City teams, there was a spread of

experience, with more representation in the 'experienced' group and slightly smaller representation in other two groups. In the Sycamore team, the spread was polarised into two groups, the less experienced and highly experienced group. This was representative of the team, which consisted of highly experienced senior clinicians working with less experienced clinical associates such as assistant psychologists and family support workers who were predominantly undertaking the work in preparation for professional training in clinical psychology, child psychotherapy or social work. The total interview sample for the Sycamore service was almost 60% (4 out of 7) of the senior clinicians and just over 40% (3 out of 8) of the clinical associates. The total interview sample for the City teams was approximately 35% (17 out of 48) of the practitioners in the service. The nature of the teams will be discussed in more detail in chapters four and five.

There was a serendipitous aspect to my fieldwork because my sample included some practitioners who had trained or practiced overseas including Australia, New Zealand, USA, Canada, Nigeria, Zimbabwe and South Africa (7 out of 24 participants). These participants were often able to provide useful insights into the English child protection system by comparing it with other child protection systems worldwide.

# 3.6 Data analysis

## 3.6.1 Choosing a method of data analysis

Analysing data is a crucial stage in any research study and the quality of a study is highly dependent upon the quality of data analysis. The method of data analysis that was chosen was thematic analysis as

proposed by Braun and Clarke (2006) because it provides a process and framework that is compatible within my research question, design and data collection. Thematic analysis has been defined as a method for identifying, analysing and reporting patterns (themes) within data (Braun and Clarke, 2006) and is one of the most commonly used methods for analysing qualitative data (Bryman, 2012; Davies, 2007; Riessman, 2008).

An alternative approach that was considered was narrative analysis but this was not appropriate because it requires a relatively standardised dataset. Whilst it is useful for analysing interview data where participants give developed accounts that are similar in structure and length, narrative analysis is more problematic with ethnographic data that are more heterogeneous (Riessman, 2008). For example, I collected data in meetings in which a particular family was discussed but it had a structure that was quite different to a story told by a practitioner about a family in an individual interview.

A third approach that was considered was grounded theory. This is an approach to research rather than just data analysis, which emphasises the importance of generating new concepts and theoretical frameworks from data (Glaser and Strauss, 1967). It is characterised by a number of key concepts and principles, namely, constant comparison, theoretical sampling and theoretical saturation (Glaser and Strauss, 1967; Corbin and Strauss, 2008). Constant comparison refers to the practice of analysing data as it is collected in a continuous process. Theoretical sampling is an approach in which sampling is not predetermined but evolves as the research develops. Early sampling is directed towards having a wide variety of data, which is progressively narrowed as the analysis develops. This continues until new data does not provide any new insights, the point known as theoretical saturation. In practice, the study has incorporated almost all of these key features. However, there

is a tension between ethnography and grounded theory because, whilst ethnography focuses upon the relevance of culture for understanding meaning, grounded theory does not have this focus (Barnes, 1996).

Like any method of data analysis, thematic analysis has its weaknesses and limitations. It has been criticised for having a less theorised approach than other methods such as interpretative phenomenological analysis (IPA) or grounded theory (Bryman, 2012). This can lead to analyses that are too descriptive and insufficiently interpretative unless they are used within some form of theoretical framework. Secondly, thematic analysis has been criticised for paying less attention to language practices compared to approaches such as discourse analysis or conversation analysis (Braun and Clarke, 2013).

Both of these perceived weaknesses are less problematic within my study. The study already has a theoretical approach derived from psychological and psychoanalytic literature that supports interpretation that goes beyond description and thematic analysis is compatible with this approach, unlike approaches such as IPA. Secondly, although the study will pay attention to language use and practices, this is not a primary focus in the same way as discourse analysis or conversation analysis so thematic analysis is an appropriate approach. In conclusion, thematic analysis provides a more flexible and compatible approach to data analysis that is consistent with the research questions and study design.

## 3.6.2 Undertaking the analysis

In ethnography, as in most forms of qualitative research, the process of analysing data is an iterative process rather than a separate stage in

the research process (Hammersley and Atkinson, 2007; Gobo, 2008). It begins before data is collected, with analytic memos and initial thoughts that feed into the research design and is not finished until the final draft of the thesis. During the fieldwork period, data collection and analysis work alongside one another.

In the early stages of the research, the concepts that are being developed often take the form of a loose collection of 'sensitizing concepts' (Blumer, 1954).These sensitizing concepts provided the researcher with a general sense of direction and guidelines for dealing with empirical instances. As the analysis develops, these concepts are refined to the stage where they become 'definitive concepts', which identify the common features of a class of objects (Hammersley and Atkinson, 2007). The difference between these two has been characterized by Hammersley and Atkinson as follows:

> "Where definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look" (2007, p.164).

The data collection from 24 interviews and 40 days of observation amounted to more than 300,000 words, which was a daunting amount of data to analyse. In order to handle this amount of data successfully and systematically, qualitative data analysis software (NVivo version 10) was used to code the data. Unlike quantitative data analysis software such as SPSS, computer aided qualitative data analysis software (CAQDAS) does not automatically analyse data, it simply offers the researcher a means of working with a considerable amount of data. The software uses a 'code and retrieve' system which means that the researcher completes a process of coding observation notes and transcripts in a similar way to traditional manual coding, but these are stored electronically and can be retrieved more easily. It works by

enabling the researcher to highlight text and link it to specific codes. When these codes are then selected, all of the data linked to it are retrieved. These codes can be grouped together into themes and sub-themes, enabling the data to be worked with at a broader level combined with the ability to quickly drill down into the data itself. It also enables the codes or themes to be represented visually through the use of models to represent possible relationships between the codes or themes.

One of the criticisms of qualitative data analysis software is that it has the potential to remove data too far from their context (Bazeley, 2007). For example, specific behaviour in practitioners can be given a particular code and each example can be grouped together, but the danger is that this can be abstracted from the immediate social context, such as the relationships between the practitioner and other social actors. My strategy to try to reduce the risk of this was to code data extracts generously, i.e., to include some data before and after the specific text that I was interested in so that I had a greater sense of the wider context.

Braun and Clarke (2006, 2013) present a model of thematic analysis that outlines a six-stage process for analysing data. The first stage involved me reading through the dataset as a whole several times. One of my key aims was to know my dataset in considerable detail, so I also listened to the audio tapes as well as reading the transcripts repeatedly. This was repeated several times during the process. This was very helpful because it meant that, when I was coding a specific transcript or set of observational notes and noticed a potential theme, I was able to gain a sense of the wider context of the dataset as well as identify similar or contrasting examples.

The second stage was coding my transcripts and observational notes. In order to ensure that the coding framework addressed a wide range of data, care was taken to choose contrasting cases when building a coding framework (Yin, 2009). For example, my initial coding of interview data from site one began with two transcripts from relatively newly qualified practitioners (Amy, interview one and Josie, interview four) and two from more experienced practitioners (Areta, interview two and Kadin, interview five). This group also included a participant (Areta, interview two) who had qualified overseas so two more participants who had qualified overseas from different continents were chosen (Christina, interview eight and Jeanette, interview eleven). In this way, the process of developing a constantly evolving coding framework was shaped by cases that reflected the full range of experience and backgrounds of the participants across the dataset.

At this second stage of coding my transcripts and observational notes, I created initial codes. A code identifies a feature of the data that is of interest to the researcher and is the most basic building block of data analysis (Boyatzis, 1998; Braun and Clarke, 2006). The aim of the process is to break down the data into its smallest parts (codes) before rebuilding it into major patterns (themes). I did this as new data come in and, after I had coded all of the data, I had over four hundred individual codes. Part of the reason for such a large number of codes is that I did not want to dismiss data at an early stage that may seem unpromising, but which may later prove to be important later. Although the software enabled me to keep track of such a large number of codes, the sheer volume of codes was overwhelming at times and it was difficult to see an overall framework at first. Whilst it is tempting to talk of 'emerging themes', it is important to recognise that data analysis is an active rather than a passive process, in which choices are continually made (Braun and Clarke, 2006).

The third stage is to search for themes by grouping codes together. The software was particularly helpful at this stage because it enabled me to start to construct models of how the codes may be sorted into broad themes, which represent 'some level of patterned response or meaning within the data set' (Braun and Clarke, 2006, p.82). As the data analysis proceeded, it became clearer that there were some themes that were central to my research question whilst others were more peripheral. There were some codes that did not fit into any group and these were gathered together into a 'miscellaneous' category but were not discarded as they might prove important later in the analysis. Although coding was primarily inductive, there were data extracts that linked well with theoretical concepts identified in the literature review. At the end of this stage, I had developed a set of initial themes and sub-themes.

In the fourth stage, I reviewed these initial themes and sub-themes in order to test and refine them at two levels. At the first level, I examined all of the data extracts within the individual themes in order to establish whether each theme had sufficient data and whether the meaning was consistent across the theme. At times, this involved dividing or combining themes. For example, I found that one theme had two distinct aspects and it was better to divide it into two separate themes whilst two related themes had such a degree of overlap that it was better to combine them into one theme. At the end of this stage, I was starting to generate thematic maps to understand my analysis and the software was helpful in enabling me to represent possible relationships between the codes or themes. As tentative conclusions were beginning to be developed, I explicitly sought disconfirming evidence to test the robustness of potential insights.

In the fifth stage, the central task is defining and naming themes. This focused on defining the essence of what each theme is about, which involved going back to the data in order to organise them into an

internally consistent account. Each theme was considered individually and in relation to the overall analysis. At the end of this stage, I was able to identify and summarise each theme and provide a name that captured the essence of what the theme was about.

The sixth stage is about writing up the final analysis in a form that tells the complex story of the data in a logical and coherent way. This involves writing an analytic narrative that illustrates the account, using appropriate data extracts to provide evidence of the merit and validity of the analysis. When selecting examples, I was aware of the danger of what Silverman (2013) has referred to as 'anecdotalism'. This is the tendency for the analyst to select particularly interesting or unusual examples because they 'tell a good story', even though the anecdote is far from typical and possibly unique. To guard against this, I have endeavoured to indicate how typical examples and cases are.

In practice, data analysis was a long and exhausting but fascinating process. The term 'data analysis' suggests a rather dry, analytical process, but I was surprised to discover that the process was both emotionally and intellectually demanding. Given the large volume of data, the process of immersion in the dataset at times in the early stages felt almost like drowning. I had to remind myself that feeling uncertain and confused were part of the process and I should not deal with my feelings of being anxious and overwhelming by racing into premature conclusions.

One of the key lessons that I learnt was that the processes of reading the literature and data analysis were intensely interactive and iterative. Key concepts that were identified in the literature sensitised me to specific aspects of the data. Conversely, the process of data analysis sensitised me both to promising concepts that were worth following up

in the literature and to concepts that were prominent in the literature but absent in my dataset.

# 3.7 Strategies for promoting rigour

An ethnography is ultimately a story that is backed up by reliable qualitative data and the authority that come from active ethnographic engagement (Madden, 2010, p.6).

The temptation to form premature theories upon insufficient data is the bane of our profession (Sherlock Holmes' remark to Inspector MacDonald), The Valley of Fear (Doyle, 1951).

Like other forms of qualitative research, ethnography is often criticised for lacking rigour (Hammersley, 1992). Lincoln and Guba (1985) outline four qualities that are regarded as central to promoting rigour in qualitative research, which are credibility, transferability, dependability and confirmability. Credibility refers to the extent to which we can have confidence in the 'truth' of the findings. Transferability refers to the extent to which the findings are applicable to other contexts. Confirmability refers to the extent to which the findings are shaped by the respondents rather than researcher bias, motivation or interest. Dependability is concerned with the question of the extent to which we can rely upon a set of findings (Lincoln and Guba, 1985; Becker, et al, 2012). The strategies used in the study to promote these qualities are outlined below in Table 3.4.

Table 3.4 Strategies to promote rigour

Based on Lincoln and Guba's (1985) criteria, adapted from Baillie
(2007).

| Criterion | Strategies adopted | How strategy promotes rigour |
|---|---|---|
| Credibility | Developed detailed knowledge of research methodology by writing research textbooks in social work and nursing (Whittaker, 2009; Whittaker and Williamson, 2011; Whittaker, 2012b; Williamson and Whittaker, 2014). | Ensures that methodological choices are based upon knowledge of a wide variety of alternative approaches and methods. |
| | Research design and data collection tools, e.g., interview schedule, scrutinised by supervisor, doctoral group, university ethics committee, NHS research ethics committee, R&D staff and managers within the research sites. | Inconsistencies and lack of clarity are identified and addressed early on in the process. Data collection tools are clear and likely to collect relevant data, |
| Credibility (continued) | Use of appropriate and coherent research design, ethnography, which matches research question. | Use of tried and tested approach that results in an in-depth account that is close to the lived experience of practitioners. |
| | Research sites chosen using an extreme case sampling strategy. | Likely to lead to relevant data that will illustrate key features across the spectrum of cases. |

| | | |
|---|---|---|
| | Developed a rapport with staff on both research sites. | Staff more likely to be relaxed and open. |
| | Fieldnotes written at and immediately after the observation. | Accurate record of events. |
| | Interviews were digitally recorded. | Accurate record of interview data. |
| | Data analysed systematically and critically reviewed with supervisors and doctoral group. | Ensures that data analysis processes are robust and well grounded in the data. |
| Credibility (continued) | During data analysis, particular attention was paid to deviant or disconfirming cases and examining alternative explanations of the data. | Ensures that analysis is well grounded in the data and alternative explanations are carefully considered (Yin, 2009; Braun and Clarke, 2013). |
| | Researcher reflexivity developed through keeping research journal to explore previous experiences and beliefs. | Develops increased understanding of how these impact on the research process. |
| | Published article in peer-reviewed journal based upon preliminary findings (Whittaker, 2011b). | Ensures that preliminary findings are scrutinised at peer-reviewed journal standard. |
| | | Ensures that preliminary findings are scrutinised at peer-reviewed conference standard and identify |

| | Presented findings at conferences (Whittaker, 2011a, 2012, 2013, 2014) | whether they have a 'truth value' for conference participants. |
|---|---|---|
| Transferability | Purposive sampling with an extreme case sampling strategy used to capture a wide range of organisational cultures and practitioners with a wide range of experience. | 'Typical' children's teams in inner city local authority leads to potentially greater transferability with other inner city local authorities.  Atypical nature of organisational setting and culture in the second site can highlight what impact this has on social work practice. |
| Transferability (continued) | Detailed description of research sites. | Enables readers to judge how the research sites may be similar or dissimilar to their own context. |
| Dependability | Interview schedule used. | Ensures consistency in interview questions asked. |
| | One researcher conducted all of the data collection. | Consistency in researcher approach and practice. |
| | Clear account given of how the research was developed and conducted and how data was analysed. | Auditability of research process enables readers to follow researcher's decision trail. |
| | Researcher kept research journal. | Enables self-monitoring of consistency within the research |

| | | process. |
|---|---|---|
| Confirmability | Detailed description of research process provided an audit trail. | Enables readers to assess choices made and understand the context of the findings. |
| | Strategies described above to promote credibility, transferability and dependability will promote confirmability. | Described above. |

# 3.8 Summary

This chapter has explained the rationale for the choice of research approach, design and research methods used and discussed how access to the two research sites was obtained and ethical issues were addressed. Each of the data collection methods and sampling methods was then outlined and the data analysis process was detailed. Finally, strategies for achieving rigour during the research process were outlined.

The next chapter is the first of four findings chapters. Chapters four and five will present a detailed account of each research site. Chapter six will address my first research question by examining the sense-making processes that were common to both sites. Chapter seven will address my second research question about the influence of organisational setting by examining how differences in the research sites affected practitioner sense-making. Chapter eight will discuss the conclusions,

implications and limitations of the study as a whole and suggest future
areas of research.

# Chapter 4 - The 'City' local authority children's teams

> When French social workers participating in our study first walked
> through the doors of a London area office, they were astounded by
> the fortress atmosphere of the reception area (Cooper et al., 1995,
> p.111).

This chapter is the first of four findings chapters. In the previous
chapter, a rationale for choosing ethnography as a research design was
presented. As an ethnographic study, it is important to set out the two
research sites in depth and this is the function of this and the next
chapter. These will be followed by chapter six, which will focus on how
individual practitioners engage in sense-making in their everyday work
with families. Chapter seven will draw together a cross-site analysis that
will focus on upon how these sense-making processes are influenced
by the organisational setting.

This chapter will focus upon the first of the research sites, the local
authority children's 'City' teams. The aim of this chapter is to enable the
reader to gain a sense of how the teams operated through context-rich
description, in which behaviour is described within its wider background
to enable it to becomes meaningful to an outsider (Lincoln and Guba,
1985; Miles and Huberman, 1994). Therefore, social and emotional
aspects of the setting will be explored in order to provide a deeper
understanding of the setting within which sense-making took place.

This chapter is divided into four sections. The first section will provide a short description of the City teams in the context of the wider service and local community. The second section will outline the everyday processes in the City teams through an extended excerpt from observation notes. The third section will examine the theme of 'a service under pressure', where the demands upon the service from national timescales, referrers and the families themselves will be explored. The final section will explore the theme of 'an accountable service', focusing upon the effect of high profile child deaths and anxieties around decision making.

# 4.1 The City teams

The City teams were a local authority children's intake service consisting of four teams. The service will be described in terms of its location within the local community and network of services, the nature of referrals and how their work was organised. As described in chapter three, the names of the local authority and all names and characteristics that could possible identify participants were changed to protect the anonymity of those involved.

The teams were located in a single local office that was situated within an ethnically diverse local community. One third of local residents were Black African, a quarter were White British and fifteen percent are Black Caribbean. The remaining quarter were composed of Chinese, Bangladeshi, White Irish and Pakistani ethnicities. The levels of poverty were high by national standards but within the average for similar inner city local authorities.

The children's intake teams acted as the 'front door' or single entry which handled all referrals where there were concerns about the well-being of a child, responding to all referrals ranging from urgent child protection concerns to routine information requests about children from other agencies. Referrals were received from a wide range of sources. Internal service monitoring information obtained through the local authority (April 2010 - March 2011) indicated that the four most common sources were the police (20%), schools (17%), other external or internal local authority teams (11%) and the local authority's out of hours emergency duty team (10%).

Each of the four teams had approximately 10-12 social workers, two practice managers and a team manager. The term used to refer to social workers throughout the service was 'workers' whilst practice managers and team managers were collectively described as 'managers'. Each team had its own open-plan office and a separate small office for the manager. When teams were undertaking their 'duty' period, they moved to a separate duty room to demarcate their change of role. The duty room replicated the physical segregation between managers and workers, with practitioners occupying long rows of desks headed by a separate 'manager's desk' which operated as a central point. The teams operated a rota system whereby each team was on duty for four working days and responded to all referrals during that period. This was followed by an 'off duty' period of twelve working days, when they followed up and complete assessments on these referrals.

Referrals were received by an unqualified information officer and reviewed by a duty manager, who would decide what course of action to take. When reviewing a referral, the manager had three main options; accept, reject or request further information. Once a referral was accepted, it was allocated to a social worker and an initial assessment was instigated. The teams worked within the national guidance provided

by the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) and a version of Working Together that applied during the period of the fieldwork (DCSF, 2010). These documents provided a detailed account of how referrals should be responded to and set out fixed time limits. For example, an initial assessment had to be completed within seven working days of the referral. During the period of the fieldwork, the national guidance changed to ten working days, but the local authority retained its seven-day timescale.

In most of the cases observed and reported in interviews, the initial assessment consisted of a single home visit by a lone social worker, which was then written up on a set pro forma on the local authority's computer database system. This was consistent with a large-scale ethnographic study of five local authorities, which found that initial assessments typically consisted of a single home visit (Broadhurst et al., 2010). The City teams received referrals that required emergency action that day, although the majority were less urgent and required attention over the timescales of several days. A more detailed assessment, known as a core assessment, was occasionally required, although this was normally completed by other teams where it was established that long term work with the family was necessary. Where a child protection conference was necessary, the intake teams wrote the initial reports and took the case to the conference and then handed it over.

Internal service monitoring information obtained during the period of the fieldwork indicated that, during the previous 12-month period (April 2010- March 2011), the teams completed approximately 2,900 assessments. This means that on average eleven assessments were initiated every working day and when each team completed a four-day

duty period, they would have initiated forty-four assessments that would be completed during their off-duty period.

The period of fieldwork commenced one year after the death of Peter Connelly became a high profile media case, which coincided with national pressures on local authority children's services that became known as the 'Baby P effect'. Local authority children's services across England experienced a significant increase in the number of referrals that they received during the period of the fieldwork and an increase in the number of court applications that they made to safeguard children. A report completed by the Children and Family Court Advisory and Support Service in November 2009 provides a possible explanation for this rise in demand in terms of local authorities becoming more averse to managing risk in response to a fear of public criticism following the Peter Connelly case (Hall and Guy, 2009).

Like many local authorities, the electronic case record system had a 'traffic light' system that indicated whether an assessment had been completed within statutory timescales. This meant that each case had a green light during the first seven days but this turned to a red light if the assessment had not been completed.  When practitioners logged onto the computer system, their caseload was presented with the most overdue cases at the top of the list listed in red with the number of days overdue indicated clearly.

There were a number of opportunities for practitioners to discuss the cases that they were working on. The most common was informal supervision with a practice or team manager as an issue arose, which usually took the form of a short, ad hoc discussion that focused upon any immediate action that may be necessary.  Informal discussions with colleagues were another source of advice, although practitioners described being aware that their colleagues were also under pressure.

Formal supervision sessions were relatively rare and self-reports from practitioners suggested that formal supervision would take place every 3-6 months. When teams were on duty, team meetings were held every morning but the purpose of the meeting was to check who was doing what and to allocate any work that needed doing rather than to discuss cases in any depth.

When including quotations from individual participants, their level of experience will be indicated using three categories; 'less experienced' (less than 18 months experience), 'experienced' (18 months-5 years experience) and 'highly experienced' practitioners (more than 5-6 years experience), which was explained in chapter three. In chapter six I will explain how these categories derived from my data analysis.

## 4.2  The everyday life of the teams

In order to gain a sense of the everyday activities of the City teams, it would be helpful to examine an extended excerpt from my observation notes:

> Duty room, day 3, 12.30pm: The duty room was a large, open plan office. The focal point was the managers' desk, where the team manager and two deputy managers sat. Nine social workers and four information officers sat at the long rows of computer terminals that lined the walls. Five people were speaking on the phone, two were talking with each other and the remainder were typing at their computers. One social worker was out on a home visit and another was seeing a family who had presented themselves at reception. The team were on day two of a four-day duty period.

I sat at the desk that was nearest the manager's desk. This bridged the social space between the 'managers' and 'workers'. Next to me was Sharon, a social worker in her thirties. At the duty team meeting this morning, she explained that she had a report to write by 4pm. The manager had been supportive and said that she would only allocate her a case that would start tomorrow morning. Her phone rang and it was a health visitor who wanted to talk about a referral that Sharon had dealt with yesterday. The mother that Sharon visited had complained about the health visitor for making the referral with 'wrong' information and the health visitor wanted to know what Sharon had told her. Sharon explained at length exactly what had been said, reassuring the health visitor that the information that she had passed on had been correct. On her desk sat an unopened Coke can and sandwich in a paper bag.

Next to her sat Amy, a social worker in her twenties, who was on the phone to a GP surgery, seeking information about a child. She said, *'You have a duty to share that information under the Children Act 2004'.* Her tone was formal and her voice sounded a mixture of annoyance and boredom. *'So the GP will be free at 1pm? Please tell him to expect my call'.* She resumed her typing. When she clicked onto a record, nothing happened for 10-11 seconds. *'God, the system is slow today'*, she muttered.

*'We get some really rubbish referrals'*, said the team manager, Elaine, to her deputy manager who was sitting next to her. Elaine, a woman in her forties, was reading a referral from a hospital that related to a mother who was feeling depressed. The hospital staff weren't sure whether mum was receiving the right services. Elaine added, '*What are they expecting us to do with that? The mother*

*needs to go back to her GP'.* Her deputy manager nodded in agreement.

Faith, a social worker in her thirties, approached the manager's desk and started talking about a mother with a three-year-old whom the local authority had put in a hostel in an emergency. The team manager, Elaine, seemed to know the case well and, after listening for a minute or two then said, '*What is it that you want from me?*' The social worker replied that she wanted the manager to agree that it was to okay to give a mother a one-week extension on her hostel tenancy otherwise the housing department would have insufficient time to rehouse her. The manager said, *'Okay'.* The social worker added that she also wanted her signature to give her £20 of section 17 monies. In a mock outraged voice, the manager said *'You want me to give her money too!?* Sue looked a little tense, before realising that Elaine was joking. Elaine then talked to her about the practicalities of the finance process and who she should keep informed of the payments.

Nicola, a social worker in her fifties, came back from reception after seeing a mother who had a fourteen-year-old son. Nicola explained to the manager Elaine that the family had been known to the local authority for several years for 'low-level neglect' but things had been getting better. The mother had come in today because she was worried that she was spending £75 a week on cannabis for herself and this was putting a lot of strain on the family's income. Andrew, a team manager in his forties, who had come in from another team, quipped, *"Her problem is that she's going to the wrong dealer. She can't be smoking £75 of weed a week and still be standing, unless she's getting a really bad deal. We should put her in contact with some of our looked after children, they'd get her a much better deal".* Everyone laughed. Elaine said that it was a positive sign that she

had come in, she hadn't done that before. She started talking with Nicola about the next steps (Observation notes, day sixteen, City teams).

## Reflective commentary

This excerpt has been chosen as typical in two senses. Firstly, it captures the demands upon practitioners and managers from referrers, resistance from other agencies and the pressures of deadlines. Secondly, it illustrates some of the everyday strategies, such as humour, that the teams used to cope with these demands. It portrays the everyday activities of the teams as predominantly office-based, but this was a fair reflection of the whole observational data. The majority of the team were in the office at any one point in time, mainly working on PC screens and making telephone calls.

Having provided a description of the key features of the service, the key themes from the observational and interview data will be examined. The key themes of City teams as a 'service under pressure' and 'an accountable service' will be examined in detail.

# 4.3  Theme one: 'A service under pressure'

In the everyday work of the City teams, a consistent theme was the pressure upon social workers and managers related to the national time limits on assessments and the level of referrals received by the service. There was a particular focus upon the influence of national time scales on how social workers worked with families:

... trying to keep up the timescales and get the information that they want it is a struggle and sometimes to be honest it's an ethical struggle. Where the previous [country of origin] worker just left and she wrote a scathing analysis, honest, brutally honest and there was one line from there that sticks with me. She said, "I learned that you either learn to cut corners or you sink". And I learned to cut corners to the point where I don't recognise myself anymore (Jeanette, interview eleven, experienced practitioner, City teams).

I always feel that even with like initial assessments, we don't have the time. Because you know you want to balance your organisation's requirements with the needs of the family and sometimes that does conflict but you try and balance it as much as possible I think (Christina, interview eight, experienced practitioner, City teams).

When you go and dig deeper you find there is more and more going on but normally you need time. With time and then building a relationship of trust but because it is such a fast pace job we don't give families time to process, because it must be shocking for a social worker to come to your door. So by that time you are going to build your defences straight away, to give that social worker time to explain it for you and to gain the trust is beyond 7 days. It is not something you can build in 7 days, probably that could explain why referrals keep coming back" (Tanya, experienced practitioner, interview six, City teams).

Sometimes you can only see a family once, and that's all you can do. You can see them once, speak for the child alone on one occasion and do checks with other agencies and then try and make a decision on that, which sometimes I don't think is enough time really (Christina, interview eight, experienced practitioner, City teams).

I can't believe the sheer amount of work that social workers are allocated. Trying to get it all done in the timescales is a real challenge (Comment by overseas trained practitioner, observation notes, day six).

These accounts describe how practitioners felt that the timescales compromised how they would like to work with families. One of the main ways that practitioners responded was through the use of a range of 'operational strategies' that enabled the work to be completed within the timescales (Broadhurst et al., 2010; Platt and Turney, 2013). The operational strategies observed consisted of two main types, organisational defences and speed practices, which occurred at different stages in the process. Organisational defences were aimed at reducing the demands on the service at the 'front door' by challenging, deflecting or delaying the acceptance of referrals. Speed practices refer to strategies that enabled practitioners and managers to complete work within timescales by creating shortcuts and have been identified in the previous ICS study discussed in chapter 2 (Broadhurst et al., 2010).

Managers within the City teams had a key gatekeeping function because they decided whether a referral was accepted, rejected or sent back to the referrer for further information. Faced with considerable and growing demands, front line managers were not only expected to be able to make appropriate decisions but also manage increased demand within fixed resources.

The first organisational defence that was observed was deflecting referrals by disputing responsibility when another local authority was involved. For example, one mother who had lived in the City area for several years had moved to a different local authority six months previously and now presented herself and her child to the new local

authority as in need. The new local authority said that she was really a resident of the City authority and had given her bus fare in order to present at the reception of the City teams. Staff from the City teams explained to her that she was now the responsibility of her new authority and gave her the bus fare to return to them. This process carried on as the mother and child moved back and forth between the two authorities and at the point of observation, they had travelled back and forth three times over two days before the City legal staff forced the new authority to accept responsibility. This issue has been identified by Brandon et al. (2008) in a biennial analysis of serious case reviews. Another deflection strategy that was observed was signposting as a means of redirecting referrals to another service, which was observed in the ICS study discussed in chapter 2 (Broadhurst et al., 2010; White, 2009).

A second organisational defence that was observed during the fieldwork period was when two out of the four City teams chose to adopt a 'robust' approach to challenging referrers, which was lead by one manager in particular:

> The team manager told me that the team used to have about 180 active cases but they are now down to about 75 because they had been applied the thresholds in the London Safeguarding Children procedures in a 'robust' way. The team manager said that their approach was to finish off every telephone conversation with a referrer by asking, "What is it that you want us to do?' The manager said this was good to get the referrer focused on what the local authority can realistically do, adding that some referrers may say 'I just wanted you to know about it' or they may say, 'I want you to go down there and talk to the family'. Sometimes you may find that they say, 'Thinking about it, I don't think that there is anything that you

can do about it?' The manager added, 'we get some inappropriate referrals, real rubbish'. The practice manager joked, 'We've got a referral here for a child who picked his nose and his mother told him off!' Everyone laughed (Observation notes, day fifteen, City teams).

This excerpt captures how managers sought to defend against the demands of referrers by challenging them to be clear about what they want the local authority to do. The implication was this could be effective in challenging inappropriate ('rubbish') referrals. One way of interpreting this is using Bion's theory of the fight-flight basic assumption in groups (Bion, 1962). In the basic assumption of fight-flight, the group prioritises its own survival by either fighting or taking flight from a perceived threat. In this case, taking a more combative role with referrers was seen as an effective means of gatekeeping and negotiating the demands upon the service.

A part of this organisational defence that was observed was the 'normalising' of referrers' concerns, in which parental behaviour that had caused the referrers to be concerned was reframed as being part of a wider continuum of 'ordinary' (though imperfect) behaviour. The excerpt above ends with a practice manager using humour to ridicule what referrers thought was an appropriate referral. This could be seen as an example of using humour to 'normalise' socially unacceptable behaviour by parents as a means of dealing with the problem of the demands upon the service. Similar strategies were identified in a study of local authority services for adolescents, which found that sometimes practitioners attempted to manage demand for non-urgent services by 'normalising' the young people's behaviour as means of justifying non-intervention by downplaying parental concerns (Biehal, 2005). The study also suggested that practitioners may have become so used to

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working with families with severe problems that they become desensitized to the extent of these difficulties.

There was a wider issue of there often being a disparity between the City team managers and the referrers' estimation of how severe the difficulties were. This usually took the form of the referrer seeing the difficulties as more severe than the City team managers. In some senses, this is to be expected because the referrer and City team managers usually came from different baselines for comparison. As Dingwall et al. (1983) argued, a health visitor who made a referral was referring a family whose difficulties were the highest of all of the families that she or he worked with. For the team manager who received the referral, those difficulties may be the lowest of the families that they are working with. Consequently, the potential for different assessments of need and risk could be considerable and one way that this was managed was that referrers were regarded as 'over anxious'. For example, one experienced practitioner stated:

> It actually pays to contact the referrer as your first port of call to gather further information because the majority of the time, let's say 80% of the time, when these concerns have come over, they are considered as the referrer's crisis and not social services' crisis. So it doesn't meet our critical thresholds but it meets **their** thresholds (Areta, interview two, experienced practitioner, City teams).

One manager gave the example of a health visitor who became concerned because a child had not received the controversial MMR vaccination and this anxiety was transmitted to the City team practitioner:

Then that rubs off on the worker because say, as a manager we'll get the referral on paper, we'll look at it, right, okay, fine this is the same, we'll then give it to our worker, our worker then contacts that professional and gets it up there (hand held high above her head] where there it's just there (hand held lower)… I think some workers are very good at managing anxieties of other professionals and then some are not' (Sadie, interview fourteen, highly experienced practitioner and manager, City teams).

A third organisational defence that was observed was 'strategic deferment' of non-urgent referrals, though this was less prevalent than the other defences. Strategic deferment consisted of sending the referral back to the referrer to ask for more information, which also provided additional time (Broadhurst et al., 2010). For example, it was routine practice for managers to request further information from referrers:

The information worker showed a referral to the manager. She scanned the referral and handed it back to him, saying 'Request more information from the referrer, that'll give us a better picture and it'll give us some time' (Observation notes, day 15).

Since the time limits did not start until a referral was accepted, sending a request to the referrer for more information meant that demand could be managed. This was not to suggest that the information requested was unnecessary or irrelevant, merely that it also served as a means of managing pressure on the service. An interesting alternative interpretation from a naturalistic decision making perspective is that practitioners sometimes requested further information to postpone having to make a decision, even when the information was unlikely to alter the decision:

... in an age of information, people are less comfortable making decisions under uncertainty. Instead, we delay. We wait for more information even when that information will not affect our decisions (Klein, 2009, p.146).

Making decisions in child protection can have an enormous impact on children but decisions are often made on the basis of evidence that is not entirely conclusive. This temptation to defer decisions to collect more information even when it was unlikely that the new information would make more clear cut was noted in a study of children where care proceedings had taken two years or more (Beckett and McKeigue, 2003).

The second type of operational strategy that was observed were 'speed practices' (Broadhurst et al., 2010). The consequences of the timescales and the volume of work were that they created a sense of urgency that lead to early categorisation. This process of early categorisation was highlighted at an early stage of my fieldwork in the City teams:

Soon after I arrived, Manager C came over to me and handed me a referral relating to a young woman who alleged she was being forced into a marriage overseas. She said, 'Have a look at that and tell me what you think'. Other managers had simply let me observe quietly so I immediately felt anxious that I was 'put on the spot' and that I was being set a test, particularly as the manager was aware of my background as a former practitioner who had become an academic. I engaged with it because I didn't want to appear defensive. The referral involved a complex set of circumstances around a family that lived across two continents and were there were concerns about religious and cultural practices that had

resulted in a s.47 investigation being initiated in her previous local authority before she moved into the current area.

Having spent twenty minutes analysing the case, I went over to her at her desk and started talking to her about my tentative formulations about the relationships within the family and what may be going on for the family. I had drawn a detailed genogram and started talking that through after a minute or two, she stopped me and asked, 'Is it section 17 or a section 47?', i.e., whether it met the legal threshold for a child in need (section 17, Children Act 1989) or the higher threshold for child protection (section 47, Children Act 1989). When I started to talk about the case more, she repeated the question. I hesitated, feeling that I should understand the case properly before making a decision. She explained that she had initially thought that it was a section 47 investigation because this is what had been initiated by the previous local authority but she had realised that the change in circumstances meant that it was now a section 17 (Observation notes, day seven, City teams).

Though initially disarmed, I came to realise that she was telling me about the framing of the case that she was using to process the volume of referrals that the team received. What was clear was that the manager's approach was designed to produce a timely response, but I felt confused about how to interpret it. One way to interpret this was a clash between my understanding and that of the manager is that I was adopting a psychosocial approach, whilst she was adopting a legal approach. Indeed, it could be seen as an epistemological clash about what types of knowledge should be valued in real-life decision making. In this reading, what the manager was communicating to me was that my more abstract approach, which valued understanding every aspect of the family and their situation, was neither necessary nor helpful in a fast moving environment.

An alternative but not mutually exclusive interpretation is that the manager was using an operational strategy to reduce the complexity of the case to a series of choices that could be made through an algorithm. This strategy enables the manager to manage the cognitive and emotional complexities through a form of algorithmic reductionism. On this reading, the manager was reducing a complex case down to an algorithm of key decisions within a set procedure. In essence, from her perspective I was seeking to address the wrong question for the current stage at which the referral was. The decision that had to be taken was framed in an either/or choice (s.17 or s.47). Indeed, the manager seemed to have presented it as an interesting 'tricky case' because her initial impression proved to be challenged (the previous authority had opened it as a s.47 but she judged that a s.17 was appropriate currently). The use of an algorithmic approach had several benefits for practitioners and managers. Firstly, they simplified the complexity of each case by reducing the information into a series of choices. Secondly, they reduced the anxiety of the practitioner, who could draw upon external justification for their choices. Such categorisation work has been described as an important and inevitable part of the decision making process (Platt and Turney, 2013). The Victoria Climbié inquiry (Laming, 2003) recognised this process of categorisation, but criticised what was described as the tendency for practitioners to categorise cases at too early a stage of the assessment process because miscategorisation can be difficult to detect at later stages.

Another operational strategy that was generally employed by local authorities before the fieldwork started was the use of standardised responses. For example, before the fieldwork started, there was a change in police policy whereby all incidents of domestic violence where a child was in the house were reported by the police to local authority children's social care. Like many other authorities, the City

teams were overwhelmed by the levels of referrals that they would previously have been unaware of and responded by having what was known as the 'three strikes' policy. This meant that the first two incidents were responded to by the service sending out a standard letter stating that they had received a notification from the police and would take action if further notifications were received. A home visit for an initial assessment only was triggered only when a third referral was received. However, like many local authorities, the City teams realised that a standardised response was unworkable because some initial referrals were too serious to not trigger an investigation and the letters could increase the risk to the victim (Stanley et al., 2011).

## 4.4  Theme two: 'An accountable service'

This consisted of two subthemes that related to the impact of high profile child deaths and the anxieties around decision making in child protection.

### 4.4.1 Subtheme 1 - 'The shadow of child deaths'

Another consistent theme across the interview data was an emphasis on accountability. The period of the fieldwork was shortly after the Peter Connelly case, which resulted in the public vilification of individual workers and managers in the tabloid press (Jones, 2014). Approximately a quarter of participants (4 out of 17) explicitly mentioned Baby Peter and other high profile child deaths during their interviews, ranging from a recently qualified practitioner to an experienced manager. Their responses varied, ranging from identifying with the

social worker, Maria Ward, to distancing themselves from the mistakes made or seeing the case within the wider context of the child protection system in English.

One social worker described a strong sense of identification with the social worker, Maria Ward:

> The context in which we practice social work in the UK is very hostile, particularly to social workers in the event of something going wrong. I asked [my team manager] one day for information about Baby Peter and Maria Ward, what happened and, while he was on annual leave went through all the information, what was happening, what was done, the visits that Maria Ward did and things like that. At the end I finished and you think, completely different mind-set on that story.  When the media reports, it reports as if nothing was done.  If it was done, it was not enough.  But when you read the actual information from the files, problems were identified, several visits were identified dealing with the a very resistant family which is very good at covering up. You only go there for a visit for ten minutes, you can't spend all day.  You've got a caseload of 20 cases.  If you give all your time on one child, you are going to kill the other 19.  So it's balance.  Go there, have an hour, as long as we've done quite reasonable work.  So at the end of the day, if you look at it critically, and say, "Oh, it's sad the child died. It's sad these things that happened."  But the criticism the social worker got, was it really justified? (Emmanuel, interview sixteen, experienced practitioner, City teams).

Other practitioners seemed to distance themselves from the practice and demonstrate that they would not make the same mistakes:

Baby P case, extremely interesting. So that was one issue that they tended to believe the mother's account because Baby P himself was too young to give a clear account of what was being done to him. I think they made one key error. And that was ignoring the fact that the doctors were saying "We think this is probably NAI", where the mum was saying it was just accidental and he's clumsy, and the injuries kept happening and yet they put him back into the home and left him there. And that is crackers… the thing that would've saved the skins of all those people is all saying "Ah, it's like you go through, you walk through the airport and you say 'Ha ha ha I've got a bomb in here', and you spend the next two months in prison, basically the airport is evacuated dah-de-dah. A doctor writing on a piece of paper 'I think this is probably NAI' should have the same impact on you as a social worker as that kind of statement in the airport (Andrew, highly experienced practitioner and manager, interview ten, City team).

When another practitioner was asked about how parents engage, she used the Peter Connelly case as an example of parental deception:

Interviewer: So when a family engage with you more, would you give their account more weight?
Amy: I think that if they are more open then this would give what they are saying more weight. But equally, you have to be wary of people who are almost too willing to engage with you. This could be a smokescreen for something else. It's 'playing the game', like Baby P. The mother was incredibly good at fooling people and telling them what they want to hear. Perhaps she needed to in order to get them off her back… (Amy, interview one, experienced practitioner, City teams).

A third response was to view the Baby Peter case within a wider context of the child protection system in England:

> I think it's the culture, or maybe because of the Baby P case I found that we are more careful about our assessment, making sure that when we cover all the areas, we've spoken to this and this and this person.  Maybe the 'cover our back' culture may give us more of a pessimistic view (Josie, interview four, less experienced practitioner, City teams).

> …other professionals tend to go a long way with protecting themselves sometimes if everything goes far, at the expense of the families to ensure the children are safe (Emmanuel, interview sixteen, experienced practitioner, City teams).

One manager in the local authority children's teams made an observation that the dominant perception of paperwork as demonstrating accountability promulgated under a Labour government was being replaced by a perception of paperwork as bureaucracy under the coalition government:

> 'Bureaucracy is bad', 'accountability is good'.  The actual act you carry out - typy typy into computer, put thing in post, send it to family - is absolutely identical.  So, get rid of what used to be called 'accountability', now it's called 'bureaucracy' (Andrew, highly experienced practitioner and manager, interview ten, City team)

The fear of negative media coverage was not confined to the national tabloid press. A practitioner described how a family who were squatting in a garage came to the attention of the local press:

Senior management had been made aware that there was some press involvement with the case and had gone to look at the file. I had literally been with the family all day and left late. When I arrived back the next day, I was told 'why isn't it on the system?' That put the wind up my sails and made me feel very anxious indeed. You do feel that you're being watched and your practice is being scrutinised. I do keep my notes up to date because it keeps them off my back. The fear drives you to that (Amy, interview one, experienced practitioner, City teams).

This practitioner described how managers had questioned why she had not updated the case files and described feeling anxious that she was being 'watched' and 'scrutinised', leading to her now keeping all of her files updated because 'the fear drives you to it'. This will be discussed more in chapter 7, where accountability cultures will be explored.

## 4.4.2 Subtheme 2 - The anxiety of decision making

The second subtheme explores the anxiety that was provoked by decision making within the City teams, which is linked with the previous subtheme about the impact of high profile child death inquiries on everyday practice. There were certain decisions that only a manager or service manager could make, such as decisions involving financial resources, whether a case was child in need or child protection (section 17 or 47 of the Children Act 1989), whether a case could be closed or not and so on. However, these formed only a small proportion of the decisions involved at every stage of working with a family. For the majority of the often small decisions, it was problematic as an observer to distinguish when a decision genuinely required the involvement of a manager. Initially, I had anticipated that this would become clear as the

fieldwork progressed. At the end of the fieldwork, I came to the conclusion that this uncertainty and confusion was not just within myself as an observer, but appeared to be part of the organisational culture.

It was commonplace during the observations to hear practitioners talking on the phone to family members or other professionals and to state that they would have 'speak to their manager' about a decision. One of the possible interpretations is that practitioners were responding to pressure from referrers and agencies by introducing an additional barrier that deflected the pressure. Whilst this may be true at one level, there was also evidence that it permeated the relationships between practitioners and managers. For example, it could take the form of practitioners subtly withholding their own view, as demonstrated in the following observation:

> The team manager asked a social worker "What is happening with the [X] case?" The social worker said that she had spoken to the school and the teacher had been concerned about the child. The team manager asked "So what do you think we should be doing?" The social worker responded by describing the information received in more detail. After several minutes, the team manager said, "So what do you think we should be doing?" The social worker appeared tense but went back to describing the information received. After a few minutes, the team manager stated what the social worker should do and whom she should contact. The social worker appeared relieved and strode off to start the tasks (Fieldwork notes, day 7).

This subtle act of withholding a view created a vacuum that was filled by the manager in the decision-making process. One way of interpreting this is through psychoanalytic concepts used to understand organisations, as it can be seen as an example of what Menzies Lyth

described as the social defence of upward delegation, where staff reduced the anxiety of decision making by forcing decisions up the hierarchy in order to disclaim responsibility (Menzies, 1960).

Like many inner city local authorities, a high proportion of the practitioners within the overall service had been trained overseas, mainly in the USA, southern Africa, Australia or New Zealand. This provides an interesting comparative perspective and practitioners were able to offer their impressions of working within British local authority settings:

> When I first arrived, everyone said, 'I need to see my manager'. I need to discuss this with my manager, and social workers were not making recommendations, not saying 'this is what I think, this is my recommendation'. I was told, "It's the culture"… (Areta, experienced practitioner, interview two, City teams).

> I've not practised in the UK before so I've never seen workers spend so much energy trying to cover themselves. One of the ways that they do it is by not taking responsibility and making the managers take responsibility for decisions. It doesn't work, because every inquiry that I have read has blamed the worker (Jeanette, experienced practitioner, interview eleven, City teams)

In the City teams, the majority of the observed use of upward delegation was undertaken by less experienced practitioners. This appeared to be linked to a lack of confidence in their judgment so upward delegation was more likely to reduce anxiety. There were no examples of this social defence being used by highly experienced practitioners. Indeed, it is following their own judgment that serves to reduce their anxiety. For example, three highly experienced practitioners (interviews 2, 8 and 12) described how they had learnt to trust their own judgment, so they felt

safer when they contributed to decision making. One expressed it in the following way:

> Ultimately it's my responsibility to convey to my manager in the most clear way and effective way possible, you know, what my views are on it. Ultimately at the end of the day yes, your manager does have the last say in regards to whether or not you know it should close or continue. But I think it's up to you as a worker if you feel strongly about something, you need to also push for it and make clear that you've given your reasons for why you wanted to close or not to close…
>
> And if after all of that they still decide to not go forth and back, at least I know and allow me to…okay not always sleep at night, but at least I know I've done everything within my power to ensure that you know that child is safeguarded…
>
> You know as a social worker you don't really have like unlimited powers and whatever. So I mean you just need to do what you can and if that's not good enough, that sucks. But it's not really that much that you can do to change it (Christina, interview eight, experienced practitioner, City teams).

Another experienced practitioner described how she took a range of approaches depending upon how certain she felt that a particular course of action was necessary;

> I know in my supervision, most of the time I tell the cases, I say what's happened, what needs to happen, this is what I think, this is where I think it should go. I will ask for the supervisor's feedback. Other times, where I want a certain decision, I would discuss the case and influence my manager to see it from my perspective (Areta, experienced practitioner, interview two, City teams).

This is different to Menzies Lyth's original study, where upward delegation was used as a social defence generally by staff across the same grade who may have different levels of experience. In the City teams, there was some evidence that this approach was matched by managers who were less likely to be tolerant towards highly experienced practitioners who attempted to use upward delegation:

> More experienced workers will be able to give you a better picture on average and will come into supervision already with a view, they will come to supervision already with a plan. They've already got a plan, right, so it's not "*Oh no, oh what do you think we should do?*" Some experienced workers do that and I just want to whack them with something. *"You've been in this job 10 years, you've met the family. This is one of 10 cases that you've got. I've never met the family. This is one of 150 cases that I supervise so you tell me the plan. And I'll tell you if I think it's a good plan"* (Andrew, highly experienced practitioner and manager, interview ten, City team)

A common feature of everyday practice in the City teams was checking decisions with others. This usually took the form of informal consultations by practitioners with their managers, who appeared to welcome practitioners consulting them about a wide range of issues, including relatively minor ones. Some participants had worked within other settings and were able to share their initial impressions of working within statutory settings. For example, a student social worker with previous experience of working in the voluntary sector described checking with her practice educator about whether she could ring a health visitor that she had met the previous day at a core group:

> …in this sector it's like - even sometimes making a phone call is a decision you can't really make by yourself. You have to check and then that has to be checked. It makes you do feel in some ways as a

student quite protected because you're not really responsible for making those decisions.  But in another way it's like, surely I'm able to make a decision having met the people first hand and having done all that work… one thing that I really have noticed working in the statutory sector is how difficult it is to make even quite minor decisions and then it leads on to feeling panicky when you do.  It's like, oh, you know, should I make this phone call?  Do I need to check on this?  Do I need to check about ringing this person or, you know, whereas previously in other positions it would have just been an automatic thing that you would have taken on, without question… But it feels like everything has to be accounted for.  Every kind of decision has to be a right one and, you know, I can't - I mean I don't actually know what could be the comeback from phoning a health visitor but I think it's just part of the culture that people have got used to (Nicola, less experienced practitioner, interview thirteen, City teams).

This captures a culture of pervasive accountability that will be explored in chapter 7. It also highlights how the process of checking reduces anxiety but also reduces the sense of responsibility and limits knowledge and skills development. Although the example involved a student social worker, similar examples involved qualified workers. Indeed, one team manager stated:

Social workers, one thing they do definitely do is have consultations continually because it is a job that you need continual reassurance. No matter how experienced you are you still ... I think you could be a service manager and you still need to be reassured by someone if there's a case that's particularly difficult" (Sadie, highly experienced practitioner and manager, interview fourteen, City teams).

This is reminiscent of Menzies Lyth's social defence of reducing the impact of decision-making on any one person by the use of checks and counterchecks. This was true not only for high-risk decisions, such as the administration of medicine, but for '…all kinds of decisions, including many that are neither important nor dangerous' (Menzies, 1960, p.104).

At the time of the fieldwork, the Social Work Task Force recommended the introduction of 'consultant social workers' through Advanced Social Work Professional status in order to recognise high levels of expertise and to retain highly experienced social workers in practice (Social Force Work Task, 2009). During the individual interviews, practitioners and managers are asked about their views on this recommendation and there was surprisingly little support for the concept, mainly centred on concerns about how this role would fit into traditional management structures. One of the issues raised was that people in the consultant social work roles would have greater discretion, but this would leave them more vulnerable. One practitioner described it in the following terms:

> There is some security in the sense that decisions are not made solely by individuals and that's somehow the processes are there clearly within the structures that we have now for somebody to scrutinise these guys and apparently say 'look actually you've done this but you may have missed this,' and I think once you remove that, one, a lot of people feel a lot more exposed… As it stands, I make the suggestion and somebody ratifies it's, so it's not just me. And if you become an independent consultant it's you, so you're more exposed and you make a mistake it's down to you, and I think people will be a lot more vulnerable there…well at least the feeling will be you'll be a lot more vulnerable (Richard, highly experienced practitioner, interview twelve, City team).

The practitioner described how they made a suggestion for a particular course of action and this was ratified by others. This reduced anxiety because it shared the responsibility for the decision and therefore the potential blame if the outcome was negative.

In her original study, Menzies Lyth focused upon the way that ritual behaviour serves as a defence against anxiety. If it has been agreed within the organisation that a particular way of undertaking a task is the 'correct' way, then no choice is required and workers can feel that they are safe from blame and criticism if they follow it irrespective of the consequences of those choices. Just as one way of making hospital beds is chosen and regarded as the only 'correct' way in the original study, there were similar examples in child protection social work.

In the City teams, one of the clearest areas for ritual task performance was the use of child protection procedures and the psychological functions that they perform. This was best described by a practitioner who trained in a South African country and had worked in the City teams for two years:

> There is one thing that I have been learning and seeing in my development as a social worker, apparently because of the criticism that professionals get when something goes wrong with the child. Professionals have tended to develop this back covering attitude, where to them it's not about the child being safe, it's about me being safe, when something wrong happens to this child.  So the approach is now to make myself the good guy and this one the bad guy. "If something happens to this child, where I did one, two, three, I have sent a referral, I have done one, two three.  This is all I'm supposed to do."  So it's about their own concern about his or her own professional life and public scrutiny… to cover themselves and ensure they remain safe should something go wrong. I don't think

that needs to take precedence over doing the actual work that is supposed to have been done. Because sending a referral and notifying social services alone will not make a child safe. There is more that needs to be done, there is more work that needs to be implemented.  But apparently that doesn't seem to stick quite well in people's minds.  So in the process of covering themselves… the child becomes the victim of the whole scenario (Emmanuel, experienced practitioner, interview sixteen, City teams).

During the fieldwork observations, the guidance and policy formed an implicit backdrop to everyday practice that had become embedded in a shared language within the teams rather than being explicitly cited. There were few examples of practitioners or managers consulting the child protection procedures and these usually took the form of drawing upon the threshold guidance in the procedures to justify a potentially unpopular decision, such as not accepting a referral or providing a service that the referrer was expecting. The following extract from fieldwork notes outlines an example of using policy to justify allocating a 'low priority' to a referral:

> The team manager showed me a self-referral from a 13-year-girl who contacted the local authority and alleged that she has been hit by her mother. When the girl was asked, she stated that she did not have any physical marks or bruises. The team manager showed me an excerpt from the local child protection procedures she kept on her desk, which was a rubric used to standardise thresholds and responses. She showed me the procedures and states, "Look there, according to the rubric, it was an allegation of physical abuse without physical injuries to a mobile child, therefore it was low priority. Of course, a pre-mobile child would receive a high priority response because they are so vulnerable" (Fieldwork notes, day 1, City teams).

My initial view was that the manager offered this account because she wanted to demonstrate that all her decisions were justified using the child protection procedures. However, in subsequent observations, she did not refer to policy or procedures when discussing referrals that had been accepted and there were several other examples where I overhead conversations with referrers that had very similar content, i.e., where the referral had been rejected or allocated as low priority. Where the referral was accepted, no reference to the procedures was observed. This would suggest that an important purpose of invoking the child protection procedures was to defend against possible criticism or challenge for unpopular decisions.

It was interesting to note the social defences that were not present. There was little or no evidence of the social defences related to responsibility and accountability, such as the splitting up of the practitioner-client relationship and the purposeful obscurity in the formal distribution of responsibility. It would appear that these were not present because the current organisational systems ensured that they were not available to practitioners and managers. This is because these defences were used in previous child death inquiries, most clearly in the Victoria Climbié Inquiry, where local authorities were criticised for having insufficiently clear lines of accountability (Laming, 2003). This has been addressed to some extent in subsequent legislation, policy and guidance, which has reduced the potential for these social defences to be employed because they are felt to have a significant impact on the task of safeguarding children.

# 4.5 Summary

In this chapter, the aim has been to provide an account of the City teams that provides an organisational context for the sense-making processes that will be explored in later chapters. The City teams were a service characterised by high workloads, tight and inflexible timescales and a strong accountability culture. The pressures came from the time pressures related to national time limits, the level of referrals that the service received and the pervasive nature of the accountability culture.

This left social workers and managers with the twin challenges of managing the workload and managing their anxieties. In order to manage the workload, City practitioners and managers used a range of operational strategies that aimed to either reduce demand upon the service (operational defences) or to complete work within timescales by creating shortcuts (speed practices). Operational defences included disputing responsibility if other local authorities were involved, a 'robust' approach to challenging referrers, the 'normalising' of referrers' concerns (parental behaviour was reframed as being part of a wider continuum of 'ordinary' though imperfect behaviour) and strategic deferment (sending the referral back to the referrer to ask for more information). Speed practices included early categorisation and algorithmic reductionism (reducing the complexities of a case to a series of either/or decisions) and standardised responses. These were very similar to the speed practices identified by Broadhurst et al., (2010) in their study of the ICS system in five local authorities.

In order to manage their own emotions, practitioners at times engaged in a range of social defences that reduced anxiety and helped maintain psychic equilibrium but at the cost of practitioners disowning their own authority and distorting relationships between workers and managers.

The defences that emerged most strongly were the constellation related to decision-making; upward delegation, ritual task performance and reducing the weight of responsibility by checks and counterchecks. The defences that were not observed were also discussed and the reasons for this were explored. The role of procedures within the service was examined and it was argued that they functioned primarily to help staff manage anxiety rather than to inform practitioner thinking.

The next chapter will focus upon the Sycamore service, an NHS court assessment service that undertook a similar task but in a contrasting organisational setting. This will be followed by chapter six, which examines commonalities in the psychological processes that individual practitioners engaged in across both sites, and chapter seven, which examines the differences and how they affected practitioner sense-making.

# Chapter 5 - the Sycamore service

This chapter is the second of four findings chapters. This chapter will examine the work of the second research site, the Sycamore court assessment service. As with the previous chapter, the aim of this chapter is to enable the reader to gain a sense of how the organisation operated through 'thick description' of everyday life, in which behaviour is described within its wider context to enable it to become meaningful to an outsider. It will focus upon social and emotional aspects that are relevant to the research question in order to provide a deeper understanding of the setting within which sense-making took place.

This chapter is divided into three sections. The first section will provide a description of the Sycamore service and will examine everyday activities and processes. The second section will explore the shared nature of sense-making, which will be developed through examining an extended excerpt from observation notes. This will be followed by a third section that will explore how expertise was used as a basis for authority within the Sycamore service and how this authority was understood within the triangular relationship between the family, the local authority and the court.

## 5.1 The Sycamore service

The Sycamore service was an NHS court assessment service that received referrals from local authorities or directly from courts to provide expert assessments of families to inform court proceedings. The

referrals usually involved children who were subject to family court proceedings and where the court was making long-term decisions about whether children should return home, be placed with other family members or for adoption/long term fostering. The assessments requested commonly included psychiatric, psychological or psychotherapeutic assessments of parents, children or other caregivers as well as more general assessments of parenting.

The Sycamore service was part of a range of services offered by the NHS mental health trust. The other services included mental health services for children, adolescents and adults as well as professional education in the mental health field. The service had a suite of offices within the main NHS mental health trust building, comprising of clinical rooms to see family members and offices for staff members.

Each referral was normally accompanied by a Letter of Instruction from the court that identified specific questions that the court wanted the team to answer. This was accompanied by a court bundle that could frequently be several hundred pages long detailing the history of the case. Once the referral was accepted, there would be a series of meetings with the family that could also involve the local authority. The team would meet frequently to discuss family sessions and plan future sessions. At the end of the assessment process, the team would have a formulation meeting where the team met to finalise an overall account of the family that would be written as a detailed report for the court.

The Sycamore service had a multi-disciplinary team with clinicians from social work, child and adolescent psychiatry, clinical psychology, psychoanalytical psychotherapy and systemic psychotherapy. There were seven senior clinicians, two administrative staff and approximately ten clinical associates. I have used the term 'clinical associate' as an umbrella term to denote a range of student or assistant roles including

assistant or trainee psychologists, student social workers, practitioners qualified overseas who were on placements to gain experience and students on professional doctorates that incorporated clinical placements. All of the clinical associates had an academic or professional qualification in their profession either from the UK or their home country and the majority had experience within mental health and social care. Whilst the senior clinicians were permanent members of staff, clinical associates usually joined the team on a time-limited basis.

Clinical associates occupied roles with titles such as assistant psychologist, trainee clinical psychologist or family support workers. The most common qualification that clinical associates had was a degree in psychology and many were gaining experience to apply for further training in clinical psychology, psychotherapy and social work. All of the practitioners in the service were called 'clinicians' and the leadership function was shared within the senior management team, which consisted of seven senior clinicians who were responsible for leading their own clinical team and holding their own cases. The senior clinicians had similar roles as generic case holders with particular specialisms dependent upon their clinical background. For example, some Letters of Instruction from the court requested a formal psychiatric diagnosis, which was the domain of the psychiatrist or a formal assessment of a family member's attachment style, which was usually the domain of the clinical psychologist with support from clinical associates. There was a single staff member who had overall management responsibility for accepting referrals, managing finance and liaising with external agencies. This was a dual role, as the postholder was also a senior clinician who held a leadership role in a clinical team. This role appeared to be *primus inter pares*, a central coordinating role within a peer group of senior clinicians.

During the fieldwork period, I observed team discussions of seven families who were being assessed as well as general team meetings and observing everyday life in the staff room. This involved observing almost all of the senior clinicians (six out of seven) and a majority of clinical associates (seven out of ten). This was followed by seven interviews (four senior clinicians, three clinical associates). Having provided a description of the key features of the service, the key themes from the observational and interview data will be examined. The three key themes of 'space for thinking', 'overwhelming families' and 'expertise as authority' will be examined in detail.

## 5.2 Theme one - Space for thinking

A prominent theme was 'space for thinking', which refers to opportunities that practitioners had to discuss cases and share sense-making in their work with families. In the Sycamore service, there appeared to be a strong emphasis upon shared sense-making which was expressed in the working practices of team meetings to discuss ongoing assessments. For example, a typical assessment day would consist of morning and afternoon sessions with the family interspersed with team discussions at the beginning, middle and end of the day. This emphasis on shared sense-making was captured by one clinical associate:

> It is quite helpful to know that you can bring problems that you're experiencing to that sort of space.. I think with this work, group supervision is often more helpful for me anyway because it there are just so many minds reflecting on what's going on that it's quite useful

in that way (Tina, clinical associate and less experienced practitioner, interview eighteen, Sycamore service).

In order to gain a sense of these everyday sense-making activities within the team, it would be helpful to examine an extended excerpt from my observation notes:

Main meeting room, day nine, 9.30am. It was the third family assessment day for the Y family. The day began with a pre-session team discussion meeting before the family session. This was held in the large meeting room, which served as the main room for seeing families and team discussions. At the centre of the room was a circle of padded chairs, bordered by a large play area with soft mats, a brightly-coloured rocking horse and boxes of children's toys. Along one wall was a long, one-way mirror that connected to an observation room next door where practitioners could observe sessions.

The assessment of the Y family was in the mid stages and the family had attended two previous assessment days. The family were a White British family with two girls aged 4 years and 18 months. The 18-month-old girl had sustained injuries that were thought to be non-accidental and a fact finding hearing to establish whether there was culpability for either parent was to be held in several weeks' time. The local authority social worker allocated to the case had known the family for a while and had informally indicated that she thought that the mother was the most likely suspect on the evidence so far.

The senior clinicians leading the team were Sarah, a clinical psychologist, and Louise, a senior social worker. They were supported by four clinical associates, which consisted of Rebecca, a

trainee clinical psychologist, Olivia, a family support worker and two assistant psychologists, Luisa and Tina.

Sarah (clinical psychologist) said, *'Today, we've got the whole family! Contrary to mum's predictions, Dad has come in today and he has also brought his parents'*.

Louise (senior social worker): '*That's interesting. Mum said that he wouldn't be able to get the time off work. We must clarify about her name again. When I rang her, she said, 'Hello, Mrs Y here'. I was a bit confused because this is her maiden name, not her married name. I clarified this and she said that she was going back to her maiden name. When I asked why, she said, 'Oh, it was the social'. I was rather confused. It is interesting that she has changed her name back but is still using Mrs. I don't know whether she knows how to play it and she's positioning herself as, 'Well, if you want me to get rid of him, then I will and I'll do it alone'. So she's positioning herself as being independent. But she's done a half-way house and taken back her own name but kept the 'Mrs'. I don't know whether she's being compliant with the local authority to get them off her back'*.

Sarah (clinical psychologist) said, '*Yes, it does seem strange. We're going to be seeing Dad's parents today, which is helpful. His father is apparently called Oscar, which suggests that he comes from a 'good' family, in the sense that you don't get many Oscars on the estate'* (general laughter).

Luisa (assistant psychologist) said, *'I've not seen dad before. I've just seen him and I got the feeling that he is gay, I don't know why'*.

Rebecca (trainee clinical psychologist) said, *'We did the adult attachment interview [a structured interview that assesses*

*relationship styles] with mum last week and it was hard work. She found it difficult to retrieve memories when we asked her for examples that showed the qualities she'd given for her parents'.*

Sarah (clinical psychologist) said, *'X [Well known attachment theorist] would say that at the beginning, an A type would say that they can't remember anything about their childhood and can have difficulty retrieving memories but you'd warm to them as the interview develops'.*

Rebecca (trainee clinical psychologist) responded, *'I didn't find that I warmed to her'.*

Sarah (clinical psychologist): *'Me neither. Later on, I wondered whether she was a C. Type Cs make a call for you to become involved, to elicit help. She did a bit of that, but not in a way that I felt I could respond to. I just felt annoyed. But that might just be my own compulsive self-reliance! (Laughter). (To Rebecca) We need to book a time to code the interview. When she was asked her to describe her relationship with her father, she said 'abusive'. That was the one word that she could think of. But when she was older, she went to go and live with her father. She already told me about an aunt who was lovely and 'she could always go there'. But she lived with her father instead. So something doesn't make sense. She described him as being violent, but it doesn't fit with her choosing to go to live with him when she was older when she had a nice aunt she could have gone too'.*

Louise (senior social worker): *'Yes, it doesn't fit together. There's also something quite provocative about her. Last week, she said that she was relaxed with her husband, she could "burp and fart" in front of him. Perhaps that's a bit too much information!' (laughter). She*

*may be testing dad by burping and farting in front of him, but then she is also doing it to us by telling us about it'.*

Chris (Assistant psychologist) added, *'Yes, and when she talked about having affairs with other men, she didn't seem that interested in them and made sure that her husband found out'.*

Sarah (clinical psychologist) said, *'So that would fit with the idea of provoking him and trying to get his attention. Maybe she wants him after all, but it is him who's not interested. (To Luisa) Perhaps your comment about thinking that dad was gay may suggest a reason, though I didn't get that impression myself. I find my thinking changing as things develop. Each assessment is unique to each family, but it also needs to fit into the spectrum of the families that we see here. There are several things that need to be considered together. Mother says that she wants to change, though it's unclear whether she can do this in the children's timescales. Then there is the nature and severity of the injuries. And the presentation of the children. This is not a family where they're hiding things and trying to pull the wool over our eyes in a straightforward way. We heard last week about mother's affairs with other men and the burping and farting. The family has been open about everything apart from the injuries. So we're interested in how they present with each other and what it tells us about their relationships'.*

This was followed by a discussion about the practicalities of the different sessions today. It was agreed that Sarah would meet with the mother and maternal grandmother, Louise would meet with the father and his parents whilst the two children would have a session with Rebecca and Tina.

# Reflective commentary

This extract has been chosen because it is reasonably typical of the group discussions over the twenty-two days of observation and highlights many features of 'case talk' within the Sycamore service. During the discussion, reference was made to theory through the explicit use of concepts drawn from attachment theory, which was the most frequently used theory observed across the observations. This is consistent with other ethnographic studies of the assessment of families in child protection settings (White, 1997; Holland, 1999). Other theoretical concepts observed across the case discussions were drawn from family therapy and psychiatry, e.g., depression, personality disorder, ADHD. In this discussion, attachment theory was used to locate the mother's relationship style within a typology, which included how the assessor emotionally responded to her, i.e., her countertransference. The concept of countertransference refers to the emotional response of the practitioner to the client and has been the subject of debate within psychoanalysis. Heimann (1950) argued that the practitioner's emotional response provided valuable clinical evidence that could inform the work, whilst Melanie Klein was concerned that this approach could give too much weight to the subjective feelings of the practitioner (Rycroft, 1995). The senior clinician supported such use of the countertransference by reference to a well-known authority in the field, who had indicated 'rule of thumb' patterns that help practitioners identify particular attachment styles in practice (*'an A type would say that they can't remember anything about their childhood and can have difficulty retrieving memories but you'd warm to them'*). This identification of a pattern in the parent's behaviour combined with the emotional responses evoked in the practitioner could be seen as compatible with the 'pattern spotting' undertaken by

experienced practitioners described in naturalistic decision making (NDM) (Klein, 1999, 2009). The same practitioner later demonstrated caution in her use of the countertransference ('*Type Cs make a call for you to become involved, to elicit help. She did a bit of that, but not in a way that I felt I could respond to. I just felt annoyed. But that might just be my own compulsive self-reliance!*') This shows an awareness that some 'data' (the emotional response of the practitioner) has alternative explanations (her own personal values and experiences) and should be treated with caution. This use of the countertransference was used in parallel with the formal assessment of attachment through the use of a structured instrument.

Viewed from a dual process model perspective, such formulations drew upon intuitive judgments (System 1) and formal theory combined with critical self-awareness (System 2), which formed an important feature of case talk across the observational data. During the ongoing assessment sessions, these processes appeared to happen spontaneously and dynamically, providing a dynamic flux of suggestions and intuitive judgments that were generated and evaluated. The group process focused upon generating intuitive judgments (System 1) that were then subjected to analytic evaluation (System 2). Practitioners appeared to share their intuitive judgments without censure at the early stages and there was a process of the 'survival of the fittest', in which some intuitive judgments were taken up and developed because other team members felt that there was some value in them whilst others were ignored. For example, one of the clinical associates shared her impression that the father was gay and was honest that she was not sure where this impression had come from. Others did not take up and develop the observation initially so it could be inferred that they did not share this impression, but I did not detect any sense of censure for having suggested it without a clear evidential

basis. This was later revived as a potential explanation in the story building process because it has some potential explanatory power, i.e., it would offer a potential explanation to the perception that he showed little interest in his wife. So, although Sarah's System 1 intuition contradicted that of Luisa ('I didn't get that impression'), it was reviewed when it offered a contribution towards the story that was under construction ('mum's trying to get dad's attention but he's not interested'). This flux was commonplace as practitioners moved between intuitive (System 1) and analytic (System 2) thinking.

Whilst this process of testing hypotheses was occasionally an explicit and directly challenging process, this was the exception. What was more common was an implicit and non-confrontational process, which appeared to encourage practitioners to share their intuitions freely. At the early stages, the priority appeared to be generating intuitive (System 1) hypotheses to explore and the final stages were characterised by analytic (System 2) evaluation. The tendency that was most reliably observable was that the team discussions featured predominantly System 1 thinking at the beginning of the assessment when the team were generating possible hypotheses that could lead to an overall story, whilst System 2 thinking was most dominant towards the end of the assessment, where the strongest hypotheses were examined from an evidential perspective according to the extent that they offer a cogent explanation of the information available.

In the final stages, a formulation meeting was held in which there was a more focused discussion that concentrated upon developing and agreeing a final account and recommendation that would be written as the assessment report. At this stage, the discussion tended to feature more analytic (System 2) features because formulating the final story about the family required the team to develop an overall account that explained the key features in a way that would be defendable in a court

arena. These processes could be seen as consistent with models of theory building and testing within the social sciences, which suggest that we move from an initial stage of examining data towards a second stage of theory testing as a means of establishing a robust model that best explains the available data. More specifically, it appeared to be consistent with the story model of jury decision making described in chapter two, which found that jurors constructed a plausible storyline from the evidence that they had heard and then decided which party's account is closer to their storyline (Pennington and Hastie, 1993; Hastie, 2008).

As well as this explicit use of the countertransference, practitioners also discussed their emotional responses more widely, particularly when these were uncomfortable. For example, when the clinical associate stated that the mother's discussion of 'burping and farting' was 'too much information', she was greeted with general laughter within the team. One potential interpretation was that the practitioner was disclosing a mild sense of disgust, an emotion that can be common in child protection but practitioners can feel uncomfortable to admit to (Ferguson, 2011). The shared laughter in response may be other team members giving her social permission to admit a forbidden emotional response or even admitting that they had a similar response.

Overall, the team appeared to be struggling to make sense of complex and conflicting information in order to piece together an overall account of the family. There were important pieces of information that were missing, such as whether the child's injuries were definitely non-accidental and, if so, who was responsible. Other pieces of information, such as the nature of the mother's relationships with her husband and her father, were conflicting and confusing. The comment by the senior clinician that her thinking was changing as things developed is interesting given that one of the identified weaknesses of practitioner

thinking in child protection is for practitioners to be unwilling to change their mind despite growing evidence that their original assessment is no longer accurate (Munro, 1999). She goes on to comment that each family was unique but also fitted within the spectrum of families, which appears to be compatible with the naturalistic decision making (NDM) model of practitioners drawing upon their repertoire of experiences (Klein, 1999). Indeed, it was commonplace during team discussions for practitioners to explicitly draw comparisons with previous families that they had worked with inside and outside of the Sycamore service. This will be explored in more depth in the next chapter, where this will be examined as pattern recognition and story building.

In the excerpt, there was a lively discussion with most team members contributing, though to varying levels. There was some degree of hierarchy related to role, in the sense that the senior clinicians did the majority of the talking and formed the axis around which the conversation was shaped, but there appeared to be space for the clinical associates to share their thoughts and impressions. The approach of inviting and valuing clinical associates' input in discussions about families was seen consistently across several different teams, which suggests that it is an embedded aspect of the organisational culture.

Most senior clinicians appeared to be aware of how these power differentials could distort team discussions and made some effort to reduce their effects. For example, Peter's meetings involved him asking the least powerful members of the team first and this was mirrored in other teams in a more deliberate way. It could be inferred that the intention was to ensure that less powerful members had a say and received the message that their contribution was valued.

It was difficult to separate the influence of how experienced a practitioner was from their hierarchical position since there was a considerable overlap, i.e., in a group discussion, it is likely that the most experienced practitioners would contribute more and be more likely to lead discussions. Therefore, it was problematic to disengage the influence of experience and position.

The teams were multi-disciplinary and another potentially important factor is that practitioners had different professional trainings. When I presented some early findings at a conference, a key question was whether practitioners who had professional trainings that placed greater emphasis on evidence-based practice, e.g., medicine and psychology, engaged in group discussions in a different way. Such questions are difficult to answer in a small-scale ethnographic study because it is difficult to ascertain whether individual differences between practitioners related to their professional training or other factors, such as personality and personal interests. However, I subsequently reviewed the observational data and there were no observable patterned differences in the ways that practitioners from different discipline engaged in the group discussion process. Whilst specific domains such as psychiatric diagnosis or the use of structured instruments were the legitimate expertise of specific disciplines, the same process of engaging in intuitive judgments (System 1) followed by analytic evaluation (System 2) was consistent across participants.

# 5.3 Theme two - Overwhelming families

The work with families was often emotionally demanding, particularly as the final assessment report could play an important role in the decisions

made by the court. At times, the work could become overwhelming and it is important to consider how practitioners managed the emotional demands involved. In order to understand this within the context of the organisational setting, it may be helpful to examine an extended excerpt from a family assessment that was the most emotionally challenging of those observed during the fieldwork. Whilst it can be argued this is therefore not typical of the families seen within the service, examining an extreme case could be helpful in identifying the underlying processes to be explored more clearly (Yin, 2009). The issue of whether such processes also operate in mid-range cases will be examined.

## Example: The eloquent mother

When I arrived, the team were in the clinical office. As I walked into the office, Sarah (senior clinician) said, *'Gosh, you should have been in the meeting that we have just had!'* She explained that they had just had a partnership meeting with a parent and the local authority. She said, *'It was a really difficult meeting and several of us wanted to cry'*, she said. The clinical associate sitting next to her had tears in her eyes and she said, '*I did cry'.* Louise (clinician) also was tearful and said, *'I cried too'.*

Sarah said, '*The mother was very eloquent. Louise and I both have young children so when she said that she wasn't sure whether she would ever bath her children again, it was so poignant'*. Louise added, *'We are human, we have feelings. I'm not just a clinician'.* Sarah said that the local authority social worker had *'just sat there slumped and looking like she was not listening'* (She mimics slumped body language) (laughter).

We moved into the main meeting room and Louise sat down with tears in her eyes. She took a deep breath and appeared to be trying to stop herself crying. Then she said in a defiant voice, '*No, I AM going to cry. I think that I'm only expressing what others are feeling'.* Colleagues made supportive noises, which appeared to indicate agreement. Sarah said, *'The mother wasn't angry. She talked about her sense of having done everything that the local authority had asked of her but that it wasn't going to make any difference'.* Louise added, '*It brings home to you how the child protection system is not always helpful. It can be damaging and cause problems. The mother has changed so much and has done everything that the local authority has asked of her'.* This was met with murmurs of agreement from other team members.

Sarah: '*Getting this upset happens very rarely in our line of work. That we work with parents where you feel that you want to cry. It has only happened once previously for me, in the 1990s. I've felt sorry for parents. Like Ms X, when the social worker was talking to her and she was agreeing that it was best that she gave up her child. I have worked with parents whose children had died and that is the only thing that I can imagine that is worse. At least in this scenario, parents can hang onto the hope that their child might look for them in ten or fifteen years' time'.*

Louise said, *'I don't feel that I am over-identifying with the mother'.*

Sarah: *'We seem to have had a few social workers who seem to be what the French would call, 'antipathetique', very antipathetical towards the parents. The problem is that there is so little evidence basis for reunification. We don't know enough about the outcomes for children who are returned to their parents. There was one study in the US that said that two years was the optimal time because that*

*is a good period of time for parents to change and for children to get something good out of foster care. That is for older children, not for young children'* (Observation notes, day 14, Sycamore service).


# A reflective commentary

This excerpt provides the clearest example of how the team struggled with the emotional demands of the work. It had been a very difficult meeting and the practitioners appeared to be grappling with overwhelming and conflicting feelings. The two senior clinicians had children of a similar age and the mother's described the prospect of losing her child very poignantly. Louise was the most articulate in conveying the struggle between being a dispassionate clinician and feeling a genuine emotional response to the situation ('*We are human, we have feelings. I'm not just a clinician'*). She struggled most visibly with the emotions involved and repeatedly discussed this in a way that suggested that she felt she had to justify showing an emotional response ("*No, I AM going to cry. I think that I'm only expressing what others are feeling*') and stating that this would not overwhelm her sense of professional judgment ('*I don't feel that I am over-identifying with the mother*'). This disjuncture between an individually felt emotion and the emotional expression required by a professional role was identified by Hochschild's (1983) conception of the managed heart. What appeared to be implicit is the belief that having an emotional response was unprofessional, leading to fears of being judged as biased and lacking objectivity.

In their accounts, this was contrasted with the local authority social worker who '*just sat there slumped and looking like she was not*

*listening'* and described as '*antipathetique'*. Having not observed the meeting, it is not possible for me to comment on the accuracy of these observations. If they were accurate, this behaviour can be interpreted in a range of ways. One interpretation may be that the social worker's emotional disengagement enabled her to defend herself against the pain of the mother or the potential emotional exhaustion of working with the family over an extended period or it may be more practical reasons, such as being tired or preoccupied with other cases. What was significant was that this perception by the Sycamore staff served to contrast their sense of being emotionally overwhelmed with the '*antipathetique'* (unsympathetic, oppositional) response of the local authority social worker.

I had previously been in a group discussion where team members had expressed the view that the assessment of the mother was probably going to be negative and I wondered whether the emotional reality of what this would mean for the mother was suddenly very vivid and this had provoked feelings of guilt. When I presented this extract in the institutional observation group, there was a discussion about whether the Sycamore practitioners were distancing themselves from the harsh realities of this judgment and the resulting feelings of guilt through the use of splitting and projection. The Kleinian concepts of splitting and projection describe how an individual can rid themselves of unwanted and anxiety-provoking aspects of their experience (Ruch, 2010). Klein (1946) argues that splitting begins in infancy, in which the infant experiences the good and bad aspects of their caregiver as separate entities as a means of protecting itself against the anxiety-provoking reality that positive and negative aspects are integrated. In adult life, splitting is the tendency to polarise good and bad feelings and, in the case of the Sycamore team, refers to team members attributing positive aspects to themselves and attributing negative aspects to the local authority social workers through a process of projection. The defence

mechanism of projection refers to the process whereby an individual or group denies an unwanted feeling, action or attribute and then falsely attributes it to another:

> Projected aspects of oneself is preceded by denial, that is, one denies that one feels such and such an emotion, has such and such a wish, but asserts that someone else does. (Rycroft, 1995, p.139)

In this case, it refers to the Sycamore team members attributing harsh, uncaring attributes ('not listening', '*antipathetique')* to the local authority social worker, enabling them to own the 'good' caring feelings and retain a positive sense of themselves in contrast to the 'bad' local authority.

This excerpt was chosen because it was an extreme rather than a typical example. It is important to explore whether the underlying processes identified are also present in more everyday case discussions. What was striking as an observer is that the emotional responses were different to any of the other observed families during the fieldwork. It was more common for family members to become angry, which provoked a range of responses within practitioners, usually annoyance, sympathy and fear depending upon how forcefully the anger was expressed. In this situation, practitioners appeared to have feelings of intense sadness provoked by the mother that were overwhelming at times.

These defence mechanisms of splitting and projection were seen across the observations, but in less extreme form. These centred on the relationship with the local authority social workers, who were routinely portrayed in negative ways during case discussions. For example, in one case discussion, a senior clinician questioned the local authority's decision to seek interim care orders on the children, stating:

This family wouldn't meet threshold in many local authorities but the children are on ICOs. It makes you wonder about social work training. The form filling is okay, but social workers need to be able to form a relationship with families. You get a lot more when you form a good relationship with the family. I don't know what they get taught on social work courses (Observation notes, day 10, Sycamore service).

What was challenging to identify was whether and to what extent the clinicians' perceptions of local authority staff were distorted by these processes of splitting and projection. It is possible that my presence may have influenced this exchange, as the senior clinician was aware that I was a social work educator and she may have been indirectly expressing her frustration to me. Similarly, the social worker responded by describing her own sense of disappointment at her social work training, which she felt had not prepared her for the work that she was doing.

The only example that did not fit this pattern was a difference of opinion between two senior clinicians when they were interpreting the behaviour of a local authority manager. During a meeting that Sycamore staff had with both the family and the local authority staff, the father became very angry and aggressive towards the social worker. This had happened previously and the team manager was present to provide support. The team manager said to the father that she would ring the police if he became more aggressive and she held up the phone towards him with 999 already typed in. This incident was discussed in two meetings that I attended by two different senior clinicians. On the first occasion, the senior clinician described this action as 'provocative' and 'unhelpful'. On the second occasion, this action was described by another senior clinician as 'containing', in the sense that it encouraged the father to

'contain his own anger by facing him with the consequences of his actions'. In this example, a positive interpretation of the local authority manager was offered alongside the more dominant view of local authority staff as unthinking, uncaring or oppositional.

These processes of splitting and projection were observed more frequently across the observational data than the social defences utilised within Menzies Lyth's model discussed in chapter two. There were several possible reasons for the comparatively low use of social defences. Firstly, the nature of the assessments in the Sycamore service meant that practitioners did not work within detailed procedures. Therefore the social defence of ritual task performance was not available to them in the same way as the City practitioners. Whilst the City practitioners undertook statutory investigations within national guidelines, Sycamore staff completed intensive and in-depth expert assessments that enabled them to exercise considerable discretion. Secondly, less frequent use of upward delegation was also likely to be related to the profile of team members, which was divided between less and highly experienced staff. There was one occasion when a less experienced clinical associate was asked a difficult question by a family member and responded that she would 'have to speak to' the lead clinician (Day 12). However, this appeared to be a genuine situation where the clinical associate's lack of experience and seniority meant that it was appropriate for her to refer it to the lead clinician, rather than a denial of her authority and agency. Similarly, several of the social defences worked by enabling the practitioner to deny their personal agency but the nature of the Sycamore service as an expert assessment service precluded being able to use these defences.

As an institutional ethnography, the primary focus for the application of psychoanalytic ideas has been on the institutional observation, rather

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than wider aspects of practice. However, psychoanalytic insights have been included at other points where appropriate, e.g., in the discussion of the case of the 'eloquent mother' in this chapter'. When examining the use of defences against anxiety, it is important to note the nature of responsibility and accountability in the Sycamore service as this has an important bearing on the nature and extent of the anxiety provoked by the work itself. Sycamore practitioners did not have direct responsibility for the safety and well-being of children, which was held by the local authority social workers. Instead, they had responsibility for providing expert assessments that would inform the decisions made by the court. It could be argued that this was a significant responsibility, as Sycamore practitioners were aware that the courts would give considerable weight to their recommendations. However, they were also aware that public accountability was primarily on the local authority that held the case and the local authority would receive the brunt of the blame if things went wrong.

In summary, practitioners tended to use splitting and projection as a means of getting rid of difficult and unwanted feelings rather than using more institutional defences. This was most clearly seen in the projections onto the local authority social workers and managers and it was interesting that what was projected onto local authority staff included feelings and behaviours that were commonly ascribed to the families that were being assessed, such as being 'unfeeling', difficult, oppositional or incompetent. These enabled Sycamore staff to experience themselves as the opposite - sensitive, thoughtful, insightful and reasonable.

# 5.4 Theme three: Expertise as authority

A third prominent theme was 'expertise as authority', which refers to implicit and explicit claims that were based upon expertise as a source of legitimation. At one level, this is implicit within the nature of the service, since it is a specialist service acting as an expert witness in court proceedings. However, this sense of authority as expertise was deeply embedded within the organisational culture of the service and the wider organisation and influenced internal and external relationships.

In order to understand how the service fitted into wider systems, it is necessary to examine the role of the expert witness within the child protection system. The expert witness is brought in to inform the judgments of the court and they are the only type of witness who are able to offer opinion rather than just reporting facts (Wall and Hamilton, 2007). This is on the basis that they have expertise in their field that enables them to contribute to the court's deliberations and they are required to adopt an impartial approach, offering their expertise in the service of the court rather than any particular party to the proceedings (Kennedy, 2005).

The role of the expert witness could be highly challenging as evidence was tested through a process of cross-examination. When the Sycamore service filed their report as part of court proceedings, they were aware that the legal representatives for the parties would carefully scrutinise the document and the senior clinician would be cross-examined about its contents. As one senior clinician, Peter, stated: *'Everything that we do is scrutinized by barristers and when you're in the witness box for six hours, you feel this'* (Peter, observation notes, day four). This reflects the experiences of a well-established expert

witness, Dr Roger Kennedy, who advises that, 'even the most experienced professional can occasionally come away from court feeling battered and bruised' (Kennedy, 2005, p.7).

Given the adversarial nature of the English legal system, each party has a vested interest in trying to ensure that the opinion of the expert witness furthered its case. Stevenson (2012) describes how different parties in the proceedings can use processes such as cross-examination to 'colonise' the evidence of expert witnesses in ways that reconstruct what has been said. He argues that, as an expert witness, it can be difficult to convey the complexities and uncertainties of individual cases within a court process that values certainties and must receive a definite decision, citing a classic text by King and Piper (1995):

> The law's demand for decisiveness and finality for winners and losers, for rights and wrongs to be identified and exposed to the public gaze in order to further its normative objectives tend to force legal judgments out of the mouths of child welfare representatives, there is no room for a suspended judgment (King and Piper, 1995)' (Stevenson, 2012, p.322).

Courts are faced with very difficult decisions that have been described as 'judgments of Solomon' (Kennedy, 2005; Beckett et al., 2007; Taylor, 2007). These judgments are at times not being about the best option for children, but choosing the 'least worse' option (Kennedy, 2005). The Rt Honourable Lord Justice Thorpe describes the process of a judge weighing up a case in the following terms, *'The judge must move through fast-running and possible even deep water before he reaches the banks of conclusion'* (The Rt Honourable Lord Justice Thorpe, 2003, p.304).

Courts have the burden of dealing with complex cases where there can be considerable risk and uncertainty. Faced with difficult decisions, it would be understandable for courts to hope that expert witnesses can use their expertise to reduce the uncertainty. However, there is a potential danger that expert witnesses become idealised in unrealistic ways. One highly experienced practitioner expressed this in the following way;

> The risk with talking about experts is that it, in common parlance, its pejorative use is a way of minimising anxiety coming from a sense of worry about 'what if', or the sorts of very anxiety proven questions that we're faced with here about the safety and protection of children. And if one was an expert, then it would appear that one could say unequivocally, without question or doubt, that this will keep them safe and this is where the risks are (Peter, senior clinician and highly experienced practitioner, interview 22, Sycamore service).

The practitioner articulated his uneasiness about hopes that the expert can eliminate the uncertainty and therefore the anxiety that comes from making a difficult decision. Another practitioner discussed how local authority staff may have unrealistic hopes that the Sycamore service would be able to conduct a detective-style investigation that would reveal what the local authority staff had been unable to find out:

> Usually in my most honest moments, what I want to say to them is … look, you're giving this family to us as some kind of dumping process in your anxiety, and we're not gonna come up with any miracle answers; you're after a 'whodunnit'; we're not gonna give you answers to that; what we'll do is trawl through all of the information and think about it and formulate it; we're not gonna come up with anything new; we'll just help you piece together all the

different bits in a way that shows a way forward for the child and to get them on to a better trajectory… and can the parents do that? So that's all we do; it's not rocket science, but it's complex; it's difficult and it's highly informed by research and all that, so I suppose it is rocket science. But it's not this miraculous stuff that I think people think experts do, it's just quality thinking. *Just* quality thinking [laughter] (Michael, senior clinician and highly experienced practitioner, interview 24, Sycamore service).

The local authority social workers who refer families to the Sycamore service may recognise that expertise is required, but they may also resent the authority that the court invests in an expert witness service. This is captured in the following comments by a senior clinician:

We often have very able, fluent, confident social workers coming to the [Sycamore], presenting a care plan which they've really thought a lot about. The fact that they've come here at all probably suggests that they've thought a lot about what might be needed. And with that piece of commissioned work comes an ambivalence and a knowledge that they're paying a lot of money for someone else to say something which they probably could say, if not completely, then in part themselves, which may not differ much from their own formulations. And that's quite tricky, I suppose (Peter, senior clinician and highly experienced practitioner, interview 22, Sycamore service).

A sense that local authority social workers may have mixed feelings was expressed by another clinical associate:

Many of them [local authority social workers] respect the different approaches, the expertise and they feel a burden has been taken off their own shoulders and that they have people who have you know a

way of analysing what's there in the surface and why it's happening and how we can help. But it could be the other way around sometimes they can be defensive' (Luisa, clinical associate and less experienced practitioner, interview nineteen, Sycamore service).

This conveyed a sense that local authority social workers may feel that the involvement of the Sycamore service was a relief ('a burden has been taken off their own shoulders') but they may also feel defensive that their own expertise was being questioned.

Within the Sycamore service, there was an awareness of a potential idealisation of the expert witness role and the need to bring certainty to the court process. For example, a senior clinician Michael made the point in a team discussion that it was very easy to get caught up in these idealisations. He stated that courts could be very 'seductive' places in the sense that one can be seduced into doing and saying unwise things that are beyond one's remit and expertise. As he said, '*When you are in the Royal Courts of Justice and everybody is hanging onto your every word, it is difficult to retain your usual caution and not step outside your strict role'*. Another senior clinician, Simon made a similar point when he joked in a case discussion about spending all day in court where '*everyone is listening to and writing down every word that you are saying, then you go home and your wife and children take no notice of what you say'* (Observation notes, day one, Sycamore service).

One senior clinician, Louise, contrasted how the court valued her in her current role as an expert witness with how she was treated when she was a local authority social worker.

I will be included in discussions, you know, those ad hoc discussions where they are saying we're considering this and we are just drafting a letter instructing, can I just come in and ask you 'what is your opinion if we make this recommendation?' I don't think I would have ever been considered to be part of those discussions, to be able to speak on behalf of my clinical team, to feel that I have got the confidence and a right and the ability to speak on behalf of my multi-disciplinary team in terms of what we might be able to offer, what we think and even, it sounds ridiculous, even just to have people look at me and talk to me, the solicitors who will have an informal chat. I don't think that I would have been given the time of day, even as an experienced front line social worker, you are sort of like scum on the bottom of someone's shoe. It's a shame really because I think there is a lot of really good front line social workers and I think I was fairly good when I was a senior practitioner, and it was quite frustrating that you felt that people didn't even care really about what you were saying. (Louise, clinician and highly experienced practitioner, interview twenty, Sycamore service).

She described how the court placed far greater weight upon her opinion as a member of the Sycamore service that it had when she was a local authority social worker. This was consistent with data from the City teams which conveyed this sense of local authority social workers feeling undermined because the court valued expert witnesses more than local authority practitioners. This is captured in the following comments by a manager from the City teams:

It could be due to the change in the court process since the Children Act came in, whereby social workers are no longer the most important expert in the courtroom. First thing you do, before you get into court, first thing happens is oh yes, I think we need a report, who shall we have? Ah well, eminent psychiatrist Dr. So and So,

highly recommended, waiting list of only two years.  And the social worker is there, their report is, they've spent ages writing it, court looks at them, very interesting, chuck it away.  Right, what's the psychiatrist got to say?  Doesn't do anything for the confidence of the profession (Andrew, highly experienced practitioner and manager, interview ten, City team).

This attitude of 'so-called expert' did not appear to be confined to either the City teams or the Sycamore service. A clinical associate at the Sycamore service who was also a highly experienced senior manager in local authority children's services described how expertise was understood:

…experts are commonly seen by others as people with lots of letters after their names.  I think that there is a lot to be said for that in terms of academic grounding and theories and theoretical sort of frameworks and stuff like that.  I think that yes, referring someone to the [prestigious NHS service], means that they are being provided with a specialist orthopaedic service, rather than your [local] hospital type services in the locality, if I can put it that way or general hospital. I think there is something more that can be gained, I think, by going to an expert.  So, from a field work perspective I think that social workers forget that they're experts.  They're not encouraged to think of themselves as experts actually (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

The comment that local authority social workers did not see themselves as experts and are '...*not encouraged to think of themselves as experts*' is particularly interesting. It captures an important aspect of the position of local authority social workers within the English child protection system. This has been recently highlighted by the Munro review of child

protection, which has argued that the current child protection system has overemphasised procedural adherence at the cost of professional expertise and discretion (Munro, 2011a).

To summarise, the expert status that was accorded to the Sycamore service led to contradictory projections in which they experienced themselves as both idealised and denigrated through envious attacks. In order to understand the nature of these envious attacks, it is helpful to discuss the nature of envy within organisations. Whilst envy has a considerable body of work within the psychoanalytic literature on intra and inter-personal relationships, its manifestation in institutions has received little attention (Obholzer and Roberts, 1994). It can be argued that this is because the psychoanalytic literature has focused on social defences within institutions (Jaques, 1955; Menzies, 1960) and envious attacks do not fit easily within this approach.

The understanding of envy within organisations has been developed by Kane (2012), who draws up the more recent literature about shame. She argues that envy has traditionally been viewed as an innate, destructive impulse within Kleinian approaches, but more recent literature has focused upon the precipitating features behind the envious attack, focusing upon the experience of shame (Kane, 2012). Morrison and Lansky (2008) state that behind envy there is always a precedent shame, in which envy is understood as a comparative and self-conscious emotion lying "downstream", as it were, from shame' (Morrison and Lansky, 2008, p.186). They go on to argue that 'this sense of shame involves an act of comparison that must be against a self felt to be inferior, lacking or in some way defective' (Morrison and Lansky, 2008, p.181).

Kane thus argues that conceiving of an envious attack as a potential defence against unconscious feelings of shame brings it within the

social defences approach. She also asserts that this helps us to understand a related phenomenon, the expression of contempt, because it enacts the devaluing attack at the heart of envy, since the object which is devalued need not be envied any more (Klein, 1957). Adopting this approach, envious attacks are not only a protest about the preferment of others but a sense of diminution of our own sense of self. Consequently, the envious attacks on 'so-called experts' can also be thought of as a means of defending against a potential experience of shame and being diminished by the enhanced status of another.

While the previous section focused on the emotional demands of the work with families and the anxiety about decision making that this provokes, this section has focused upon the demands of dealing with the idealising and denigrating projections that they received in their role. In the previous section, it was noted that the defences of splitting and projection were seen across the observations of the Sycamore team and these centred on the relationship with the local authority social workers, who were routinely portrayed in negative ways during case discussions. One of the ways of interpreting this would be to suggest that the projections between Sycamore practitioners and local authority practitioners had a reciprocal quality at times. In the particularly powerful example discussed, this was seen quite starkly and the projections of the Sycamore practitioners  ('we are sensitive and thoughtful, they are unfeeling and thoughtless') mirrored the denigrating projections that they received.

# 5.5 Summary

In this chapter, the aim has been to provide an account of the Sycamore service that provides an organisational context for the sense-making processes that will be discussed in later chapters. The theme of 'space for thinking' was explored as an important aspect of the organisational culture. It was argued that group discussions were central to the working practices of the service. In these discussions, practitioners appeared to be struggling to make sense of complex and conflicting information in order to piece together an overall account of the family. They did this through generating intuitive judgments that were taken up if other team members felt that they had merit and developed in the process of building up the story of the family being assessed.

Such formulations, which drew upon intuitive judgments (System 1) and formal theory combined with critical self-awareness (System 2) were an important feature of case discussions across the observational data. In these group meetings, the discussions featured intuitive thinking in the form of practitioners' sharing their intuitive impressions, thoughts and judgments as part of a shared story building process. In this process, these intuitive judgments went through a process of analytical evaluation because formulating the final story about the family required the team to develop an overall account that explained the key features in a way that would be defendable in a court arena.

The second theme, 'overwhelming families', examined examples of where families threaten to emotionally overwhelm the team. Sycamore practitioners were exposed to the distress of families and at times identified with family members who were experiencing a range of

emotions, including fear, anger, guilt and shame. Practitioners managed their own emotional responses through discussing them but on occasion by using splitting and projection in order to retain a sense of being 'good' in contrast to the 'bad' City practitioners. It was argued that practitioners responded to the emotional challenges presented by families by using the defences of splitting and projection, most commonly by attributing uncaring, unthinking qualities to local authority social workers.

The third theme, 'authority as expertise', explored how expertise was used as a basis for authority within the Sycamore service and how this authority was understood within the triangular relationship between the family, the local authority and the court. It was argued that the authority conferred to expert witnesses could lead to unrealistic expectations about their abilities to reduce uncertainty and contributed towards a culture of envious attacks by local authority staff.

The next chapter will examine commonalities in the psychological processes that individual practitioners engaged in across both sites. This is followed by chapter seven, which examines the differences and how they affected practitioner sense-making.

# Chapter 6 - Sense-making processes in child protection

Having examined the two research sites in the previous chapters, the focus of this chapter will be the first research question, which examines the common processes that practitioners use to make sense of their work with families. It will be informed by the key debates in the literature on professional sense-making that were identified in chapter two. The emphasis will be on commonalities between both sites, whilst differences will be examined in the next chapter that explores the second research question concerning the impact of organisational settings on sense-making processes.

This chapter consists of three main parts. The first part will explore the initial process of receiving a new referral and meeting the family in order to understand how practitioners started to engage in sense-making. The second part will examine the dilemma of how practitioners engaged in sense-making when things stopped making sense, i.e., when the different accounts that practitioners received from referrers, family members and others did not agree. The third part will focus on how practitioners managed situations with families where they suspected that family members were engaging in deliberate and systematic deception, which was a commonly reported dilemma.

# 6.1 Theme one: Building a story

## Sub-theme 6.1.1: Sense-making as pattern recognition and story building

> In the beginner's mind there are many possibilities, in the expert's mind there are few (Suzuki, 1970, p.xiv).

The first stage began when a referral was received. For the fieldwork teams, the referral was most commonly received from the police, schools, NHS staff or anonymous referrals whilst the court assessment service received referrals from local authorities or solicitors. At this initial stage, the referral information and other information that was available was reviewed by a manager or senior practitioner to identify what the concerns were and to plan the next stages. Rather than seeing specific pieces of information in isolation, these experienced practitioners described looking for patterns in the information provided:

> I'll make sure I familiarise myself with whatever information we already have on the system which, in terms of gathering information and making some initial judgments, that is very valuable. I'd look to whether there are patterns forming (Amy, interview one, experienced practitioner, City teams).

> From my perspective, it's not just the referral that comes in but then looking back at the history of our contact and the chronology and links so looking at patterns…I guess it's just all about patterns (Faith, interview three, experienced practitioner, City teams).

The initial stages of reviewing referral information were usually undertaken by the most experienced staff members, who formulated initial hypotheses that were passed on to less experienced practitioners. A senior clinician in the Sycamore service gave a developed account of this process of pattern recognition:

> Certainly with the more senior people, you're wanting them to have the pattern recognition stuff, the ability to organise, start to create categorical sequential links, that start to produce meaning. So I think about us as small, furry creatures on the floor of the forest who, in order to survive, had to be able to pick up changes in the pattern of shadows in the surroundings, that would tell us that there's a predator, or we were all the time looking down the trail, looking for patterns which might warn us of what was ahead… those are really, really important skills. People who are just starting off in this area don't necessarily have to have them because, as a team, you only need a few analysts… you need a lot of data gatherers, and you need a few analysts who can synthesise it and see the key patterns (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

This rich data extract makes several points. Firstly, it suggests that the early stages of the process are predominantly led by intuitive (System 1) rather than analytic (System 2) processes. Secondly, it is not an emotionally neutral process and portrays the assessor as responding to cues that may indicate potential risk and danger. Thirdly, it is a skilled process that requires experienced practitioners who are able to distinguish between genuine risks ('predators') amidst all of the background information ('shadows').

This process of spotting patterns in order to start to construct a meaningful story about the family was compatible with Simon's (1992) classic definition of intuition as adopted by Kahneman and Klein (2009):

> The situation has provided a cue: This cue has given the expert access to information stored in memory, and the information provides the answer. Intuition is nothing more and nothing less than recognition (Simon, 1992, p.155).

Pattern recognition heuristics were used by practitioners who drew upon their previous experience to understand new information. For example, during the early fieldwork in the City teams, a manager offered to let me sit next to her when she was going through the referrals:

> The manager was working through the referrals that had been received. The first referral was from a school who were concerned about a 9-year-old boy. She said, "It says that he's got poor school attendance, he's got an 'unkempt appearance' whatever that means, and he seems 'preoccupied' with his mother, who's a single parent. I see that and immediately think, has mum got mental health problems? If so, he's worried about her, doesn't want to be away from her so he's not attending school properly and she's not able to look after him day to day so he's 'unkempt'. It could be something else but it's worth looking out for" (Day two, City teams).

This took the form of pattern recognition and story building in a way that enabled practitioners to start to form an overall account of what was happening in the family. A key dimension was the level of practitioner experience and the three categories of practitioner experience were developed through analysing my data rather than imposed before data collection. The three categories are less experienced (less than 12-18

months experience), experienced practitioners (18 months - 5-6 years experience) and highly experienced practitioners (more than 5-6 years experience). Given the small sample sizes, the time periods given are approximate and larger sample sizes would be needed to enable greater precision. The first stage was explicitly identified by practitioners themselves in their interviews. For example:

I'm a lot more confident now to challenge a case as to where it should go because I've been here just under two years now but in my first year and a half, you pretty much just did what they told you to do… (Areta, experienced practitioner, interview two, City teams).

'I would say that at the beginning of the 14- or 15-month period, I would have tended to see the information that was given to me by another professional in a referral or information that was held on the system and tend to take that as.. I would have given more weight to that than I would necessarily have given to what the family said, if they were saying something different. That was my inexperience at the time, I guess' (Amy, experienced practitioner, interview one, City teams).

As well as lacking confidence, two another features of this stage that practitioners described was experiencing difficulty in challenging family members (Interview four, City teams) and other professionals and in becoming overwhelmed by information (Interview one, City teams).

As practitioners moved into the next stage of the 'experienced practitioner', there were three areas where practitioners changed. Firstly, experienced practitioners had increased levels of confidence, for example:

… a more experienced worker obviously you know they might come and check a few things with you, but you know you're reasonably confident that they know what they're going out to do and check this out and come back and able to give that feedback (Sadie, highly experienced practitioner and manager, interview fourteen, City teams).

Secondly, experienced practitioners were more able to plan ahead and anticipate potential problems. For example, one manager stated that:

[Experienced workers] will be thinking of a plan. We will have given them a plan, but they will be thinking of improving that plan and how that plan will work in practice.  They'll already be thinking that.  So they'll be thinking "Where do we go and see this - if this is a one where you immediately go out, they'll be thinking "What's the time? How close is it to 3:30, could we go out and see this child at school? Am I going out on my own or am I meeting up with a police officer? What are we gonna do about the issue of parental consent, are we talking to the parent now, or are we gonna wait until we're at the school, and give them 30 seconds notice so they can't get to the school first and tell the child to shut up and not say anything."  All of that stuff.  Now the latter, right, you will very rarely find a freshly qualified worker who that springs into their mind (Andrew, highly experienced practitioner/manager, interview ten, City teams).

Thirdly, experienced practitioners had greater ability to spot gaps in information.

I think that obviously the more experienced worker would be able to look at the referral, see the information and maybe identify what the concerns and risks are and maybe gaps in information actually. Information that's not there, whether it's a full referral or

inappropriate referral, might have to go back to the referrer to get more information as a starting point (Nancy, highly experienced practitioner/manager, interview fifteen, City teams).

The key features were that practitioners gained confidence and were more comfortable in their role, including challenging family members, managers and other professionals.

Whilst this first transition was identified by participants, the second transition was identified by myself as the researcher. When interviewing participants who had more than 5-6 years experience in a local authority child protection role, I observed that they talked about the role at a greater depth than those in the experienced or less experienced categories and generally showed an understanding that got beneath the surface of everyday understandings of child protection practice.

Rather than focusing upon specific risk factors in isolation, more experienced practitioners described understanding these in the wider context of the individual family. One very experienced practitioner described this in the following way:

In my mind, domestic violence in family A may have a completely different impact on the child than in family B. Or it might be extremely dangerous in family C, depending on, you know, experience tells us when you have the combination of domestic violence, substance misuse and mental health, those are the most dangerous of cases that you can have. More dangerous than direct physical abuse, because nearly every serious case review that's gone bad, evidence is that those three factors have been playing quite a role (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

This quote describes an approach that goes beyond simply identifying individual risk factors to integrate more nuanced intuitive pattern recognition skills with formal analytic knowledge about how specific risk factors can interact. This can be contrasted with another practitioner who described how she struggled the first time she worked with a family with complex needs:

> But it was difficult to … there were so many interplaying factors that affected how available mum and dad were to give the sort of parenting that they needed to.  It was difficult for me to form an overall analysis… I felt quite bogged down with all the information that I had by the time it got to doing the Conference report. I think I could make sense, I think, of most things in isolation… (Amy, experienced practitioner, interview one, City teams).

The practitioner described feeling mired ('bogged down')' with all of the information that was available. Whilst she could make sense of all of the individual pieces in isolation, she could not see the overall picture and what it meant. The skills of pattern recognition are not only about being able to see links between the available information but also being able to spot missing information. One manager argued that, as practitioners gain experience, they become better at identifying what information was missing:

> …the more experienced worker would be able to look at the referral, see the information and maybe identify what the concerns and risks are and maybe gaps in information actually.  Information that's not there, whether it's a full referral or inappropriate referral, might have to go back to the referrer to get more information as a starting point (Nancy, interview fifteen, highly experienced practitioner/manager, City teams).

In both settings, the quantity of information provided in referrals varied widely and having too little or too much information provided challenges to this pattern spotting process. At one extreme, an anonymous referrer reported to the City teams that they heard 'a child screaming loudly' at an address but had no information at all about the family (Observation notes, day 12). The other extreme was a referral to the Sycamore service that came with a court bundle with over seven hundred, doubled-sided pages of single-spaced text (Observation notes, Sycamore service, day 32).

The problem of having too much information was particularly challenging because there may be so much information that practitioners felt overwhelmed by it. A less experienced clinical associate from the Sycamore service expressed it in the following way:

> We have to limit somehow you know the time that we are focussing on and what we want to see from when to when so we don't get lost with all the background information... (Luisa, clinical associate and less experienced practitioner, interview nineteen, Sycamore service).

More experienced practitioners tended to find extensive information less overwhelming because they had learnt to selectively focus rather than regarded all information as equally important. One social worker who had seven years of experience described how his understanding had developed during that time:

> I remember when I was qualified, I was quite worried about whether I was actually learning what was right and what was wrong… What was true and what wasn't true, basically. However, as time progressed, I go and take the referral with me and I go and see the family and actually, from that visit, you can obviously understand the

whole family dynamic. And you know where you're gonna go from there and you know whether this family will progress to core assessment to child protection conference or to court. You can sense it, from that, where the kids will go to. Where before, I just have to interview them again and again and again, you know, [laughter]… So, at the moment I am quite, really confident, when I actually see the family and gather information quickly. I can actually interview them much better than before. I know what I'm trying to find out.. I think sometimes in the past, when I was newly qualified, there were a million questions in that referral that you needed to ask the family, which gives you the picture. Where now I actually ask them every relevant question in that incident, and I know that I'm confident I have mastered every area that I need to to find out information from the family. .. My manager was quite happy, she said, "Every question comes into my mind, you have asked them' (Kadin, highly experienced practitioner, interview five, City teams)

The practitioner stated that when he was newly qualified, everything seemed important ('there were a million questions') and it was easy to become preoccupied with whether specific pieces of information were true or not. As he became more experienced, he selectively focused on a narrower range of information and was able to see it in the context of the individual family that he was working with. He also had a repertoire of previous cases that he could compare with the current family in order to predict the likely outcomes. This is consistent with previous studies of how novices and experts view information differently. In a study of professional judgment, experienced auditors and student auditors were given extensive information (Ettenson et al., 1987). Whilst the students tried to integrate all of the information and no single cue was dominant, the experienced auditors focused upon one type of information source and other sources had a secondary impact. The experienced auditors demonstrated higher levels of accuracy, consistency and consensus.

Similarly, Sutcliffe and Weick (2008) argue that information overload impairs our judgment because we become distracted by all of the irrelevant cues.

Practitioners in both settings commonly developed strategies for sifting through extensive case files. This was particularly challenging in the Sycamore service, where families often had extensive histories and practitioners rarely read through all the information before they met the family. A highly experienced practitioner in the Sycamore service described his approach:

> Well I've got it down to a bit of a fine art, in that I know what to read and what not to read in the initial stages. The late stage is the process of reading everything, to make sure you haven't missed anything. The initial stage it's reading things like social worker's first statement; any expert reports; the chronology; any fact finding judgments; summaries by the lead solicitor, so you can thin those out usually to five or six key documents (Michael, senior clinician and highly experienced practitioner, interview 24, Sycamore service).

The practitioner described how reading these key documents at the early stages before meeting the family enabled him to be able to orientate himself before he met the family. He added that he did read everything, but only in the final stage in order to check that he had not missed any information.

Several practitioners described that it was difficult to absorb an extensive amount before meeting a family because the information was too ephemeral, too disembodied and disconnected from the 'flesh and blood' family. Meeting the family made subsequent reading of the case

files more lively, memorable and digestible. One senior clinician in the Sycamore service described the following approach to the problem:

Now that is a really logical way to start, by reading the papers, having said that, I rarely do that. Mostly I read the Letter of Instruction [a letter agreed by all parties at court with a summary of the case and the list of key questions], I get a sort of feeling for the case, and then I don't read anything more, and then I go off and meet everybody, and I try and do it a bit by the seat of my pants. I'm very experienced so I'm good at sniffing in the right places. If people don't mention things that are important in my interviews, I see that as highly significant. But I find that I do a better interview with very few preconceptions in my mind... (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

This highly experienced practitioner suggested that his understanding of the case was informed by his emotional responses ('I get a sort of feeling for a case'). So far the emotional aspects have been discussed as arising spontaneously and at times being actively unhelpful, e.g., less experienced workers feeling anxious and intimidated when they hear about new families. However, more experienced practitioners actively used their emotional responses to inform their sense-making. The following extended excerpt in which a practitioner described a home visit was typical of the accounts given by experienced practitioners:

These are town houses, they're really nice, there are good schools in that area. So when I was walking towards it I thought well, a real strength here, she has secured this housing, lucky her. The closer I got to walking through her little driveway area was what a wreck it was, that just boxes on the ground and an old rusted bike, a door

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looking like it had been scraped and maybe kicked, and where if you had walked just a few feet back, if you look at the whole thing you'd go "oh such nice council housing", you get closer and closer, ring the doorbell, opens it and first thing is really…decay, old, ugly green carpet on the stairs that needs first of all washed, second, replacing, but just...raggedy, and the walls deteriorating.  And there had been complaints about the house before. But it was tidy and clean, which in the assessments we do, that's good enough, and it is for me too. But you could just read her depression in that house, you could just read it.  I'm sure she had put in an effort knowing I was coming that she…that it was clean, and it was, it was clean, but you only had to look at the walls where the children had taken crayons to the wall, just dirt on it, just in a decayed state.

I:   How old were the children, were they quite young or?

R:  One and six.  And just seeing that there was her depression, that she's working poor, the windows had towels on them not curtains, things that I think just reflect a scatteredness, a brokenness, and… it was dark… it was dark, even though there were lights on since they can't take the towels down because they're nailed on, so it's always dark.  More depression… (Jeanette, interview eleven, experienced practitioner, City teams).

This account conveys how the practitioner's initial feeling of hope, even envy ('lucky her') at the desirable housing that the mother had secured. This changed as she got closer and entered the house, where her feelings appeared to change to disgust ('a wreck', 'decay', 'dirt', 'a decayed state') and a sense of hopelessness ('a scatteredness, a brokenness', 'dark', 'depression'). This provided her with an immediate intuitive (System 1) judgment about the mother's emotional state through observation of the house ('you could just read her depression in that house'), which was confirmed when she subsequently explored this with the mother. In the face of such hopeless and despair conveyed

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through the physical fabric of the home, the practitioner could have defended herself by turning a 'blind eye' (Rustin, 2005; Parkinson, 2010) but instead she used it to inform her work with the family.

The highly experienced Sycamore clinician above described how practitioners could analyse their own emotional responses:

> You are an instrument and you have calibrated yourself through hundreds of interviews, and you know that, I don't know, this family makes you really cross, or this family makes you feel really depressed, or feel really hopeless, and you think, "Why is that?  I know that this is unusual; compared with most interviews I don't feel like that", and you need to be able to observe that, again with some acuity and to be able to record it in quite a modest way, not...  It's a different order of fact from, you know, the hard facts of the history, the slightly softer observations.  Now you're looking into yourself and saying, "There's something unusual about...  I'm picking up something unusual here".  And it's important – it tells me something; although it's going on inside of me, it tells me something really important about the family.  So you need to develop a way to apprehend that and to be able to express that in a way that doesn't sound too self-preoccupied, or up your own arse, that you can communicate with others  (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

The practitioner described how his pattern recognition covers not only how he understood specific pieces of information ('the so called hard facts') but also extended to patterns in his own emotional responses compared with other families that he has assessed. He felt that such information was often regarded as contentious in two respects. Firstly, it was of a different order to the 'hard facts of history' and the 'slightly softer observations'. Secondly, he was aware that practitioners who

presented their own emotional responses as data risk being viewed as self-preoccupied ('up your own arse'). Nevertheless, he was clear that such information could be very important in understanding families that were being assessed. Such explicit use of one's own emotional responses was more visible in the Sycamore service, which is likely to be influenced by the explicitly psychological frameworks used within the setting. The influence of the wider organisational setting will be explored in greater depth in the next chapter.

Such heuristics were imperfect in the sense that the previous cases that they drew upon could have a superficial resemblance to earlier cases but be significantly different in other ways. However, more experienced practitioners had a greater awareness and were less susceptible to overconfidence.

Even within a small sample, there was variation between practitioners at every level of experience that related to factors such as motivation, communication skills and general reasoning skills. Consequently, experience appeared to be a necessary but not a sufficient condition for expertise and was only one factor in a wide range of factors that influenced how practitioners engaged in sense-making. In the interview sample, there were less experienced (5 participants), experienced (9 participants) and highly experienced practitioners (10 participants). In my own assessment, not all of the participants had the key features that were characteristics of their experience level. In the experienced practitioner category, there was one participant out of 9 who did not have the features and in the highly experienced practitioner category, there was one out of 10 that did not have the characteristic features of that experience level. However, the key features were observed in the majority of participants in the less experienced (5 out of 5), experienced (8 out of 9) and the highly experienced practitioners (9 out of 10).

Although the pattern recognition and story building processes generally appeared to enable experienced practitioners to process information quickly and effectively, these were not the only sense-making processes that were in play. Practitioners were also vulnerable to using heuristics that lead to systematic and predictable errors described in the heuristics and biases approach. For example, there was some evidence that practitioners were susceptible to making overly positive assumptions when family members worked in the health and social care field. In one example, the family member was a maternal grandmother who worked in children's services in another local authority:

> The social worker explained to me that the 2-year-old girl was placed with her maternal grandmother after the mother was detained in a psychiatric hospital two days ago. The grandmother worked for another local authority in children's services and when she collected the child, she gave her stepson's address and added that he worked in the mental health field. Yesterday, the social worker contacted the grandmother to arrange to visit, but she said that she would need to speak with her stepson in order to get his permission and would ring her back. However, the grandmother never rang the social worker back. When the social worker went to the stepson's address this morning, he explained that he did not know where she is living. The social worker immediately telephoned the grandmother, who she was very angry that the social worker had spoken to her stepson. The social worker said that she would organise a foster care placement and told the grandmother that she need her to come in order to 'surrender' the child. She had spoken with the grandmother at nine o'clock in the morning and now it was four o'clock in the afternoon and the grandmother had not arrived. The social worker said she was surprised that the grandmother was a local authority worker herself but was behaving this way (Observation notes, day five, City teams).

Another example discussed previously was an allegation by a neighbour that a mother and her lesbian partner were shouting at a child in an abusive manner (interview seventeen, City teams). When the social worker visited the two women, who were both health and social care professionals, the child was at an after school club. They explained that their neighbour was intensely homophobic and had made previous malicious allegations. They refused consent to agency checks because they were concerned that this may prejudice their registration with their professional bodies. The practitioner had to leave before the child came back home and reported back to his manager, who said that the case should be closed. The practitioner felt that he should go back to interview the child, but the manager explained that the mother and her partner had given a convincing account and the pressure of new referrals meant that there was insufficient time.

In both examples, the family members worked in health and social care settings and this appeared to influence practitioners to view them in a more positive light than would be justified by the evidence available. This can be seen as an example of the halo effect, which refers to the influence of an overall evaluation of a person on evaluations of their individual attributes, i.e., we are more likely to regard a person that we like as trustworthy, even when we have insufficient information to base this upon (Nisbett and Wilson, 1977).

Practitioners had formed impressions about the family members early based upon limited knowledge and were surprised when contradictory evidence came in. In the first example, the practitioner responded quickly and made alternative plans whilst in the second example, the closure of the case meant that it would only be reappraised if a new referral came in.

This is interesting in the light of Munro's (1999) analysis of child death inquiries, which found that practitioners were vulnerable to confirmation bias, which meant that they were slow to revise their original opinions and tended to ignore contradictory evidence. The limited data available in this study would question this tendency, since the practitioner in the first example responded quickly when new information was available and there was no new information available in the second example. However, the difference can be at least partially explained by Munro's study being solely of child death inquiries rather than a general sample of child protection cases. If so, this would raise questions about the extent to which a study of exceptional cases can be generalised to everyday child protection practice. This will be discussed further in chapter 8.

Another heuristic that was observed was the Semmelweis reflex, which refers to the tendency to automatically reject new evidence that contradicts a paradigm (Hardman, 2009). A commonly expressed belief within both settings was that children should be believed and that, when parental deception was suspected, talking with children was the 'best hope' of getting at what actually happened:

> The mum says I no longer have contact with this person, I would straight out ask the child.  If the child hasn't specifically been drilled on that issue, he may tell you the truth.  If there is no reason for the child to mislead, you can bet it will be the truth (Andrew, highly experienced practitioner/manager, interview ten, City team).

> If you want to engage what the parents' behaviour is and how that's impacting on the child and they are deceitful and they are not telling you the whole truth, the child is the only one that you're going to get those answers from in order to assess the risk.  To me, if you have deceitful parents, it's about the child always ... You really need to

build a relationship, you need the child to trust you because you're
not going to get it from the parents.  The only way you're going to
get it is from the child (Sadie, highly experienced
practitioner/manager, interview fourteen, City teams).

Children's accounts could be used as a means of establishing detailed
information that can corroborate or challenge parental accounts. For
example, one manager discussed how he asked children about their
daily routine to check against the parent's account:

You go through the kind of things that kids like talking about, then
you home in on certain other things. Who are your friends at school?
There's little clever questions.  Who are your favourite people? One
I used to like was if the child is old enough to tell the time, I want to
go through your average day, a day at the weekend and a day -
right, it's 7:15 in the morning, what are you doing, are you still in
bed?  Are you getting up?  Okay, now it's quarter to eight, what're
you doing?  Where's everyone else in the house?  Are you looking
forward to having your breakfast?  What are you gonna have for
breakfast? Dah-de-dah all the way through the day (Andrew, highly
experienced practitioner/manager, interview ten, City team).

The only examples of practitioners not believing children were when
children gave accounts in which they claimed that abuse had not taken
place. For example, one City practitioner described investigating an
allegation of the over-chastisement of a nine-year-old boy:

You could tell just by the words that [the child] was using and the
things that he was saying that he was proper like coached, you
know like you could see that he was trained to the max, but he was
not making any disclosures whatsoever.  But you could just get a
feel from him, just by the way you know dad was talking about

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discipline and how he feels you know, "in my country this is how we do this, and this is fine, blah, blah, blah. However I realise that I'm not supposed to do that here, blah, blah, blah, blah, blah." But I mean it's just like comments that he makes and the fact that the way that like a 9-year-old responds to certain questions, you just like okay yeah this doesn't really make any sense and it just doesn't sound right (Christina, experienced practitioner, interview eight, City teams).

The examples of conflicts between accounts that practitioners found the most perplexing and disturbing were where children and young people made allegations that were found to be implausible, e.g., they had made allegations that the other evidence suggested were untrue (external inconsistency) or where their accounts contradicted themselves (internal inconsistency). This happened on two occasions where practitioners from different teams provided similar accounts of referrals where an adolescent girl (a 13-year-old in the first referral and a 15-year-old in the second referral) made allegations that a family member had sexually assaulted them. In both cases, the young people had made statements that were found to be highly inconsistent with other evidence. Such is the power of the core belief that 'children should be believed' that the practitioners were shaken and disturbed by this. Indeed, when I discussed this finding with a practitioner colleague, they asked me whether it was wise for me to include these findings as they are a little too controversial and may imply that I am 'denying' the realities of child abuse.

One way to interpret this from a heuristics and biases perspective is to see it as an example of a Semmelweis reflex, which refers to the tendency to reject new evidence that contradicts a paradigm (Hardman, 2009). It could be argued that this response was the mirror opposite of a pre-Cleveland response to children making allegations of sexual

abuse, when professionals commonly found such allegations unbelievable and professional interpretations focused on why children may make up such claims (Butler-Sloss, 1988). In either scenario, the Semmelweis reflex operated to ensure that responses were based upon paradigmatic beliefs that may certain claims unbelievable. From a sociological perspective, it could be seen as consistent with the hierarchy of plausibility that White (1997) found in her ethnographic study of local authority children's teams. She found that when practitioners were exposed to competing accounts of events, there was a hierarchy in which the accounts of certain groups of informants were privileged over other groups. She found that children were placed highest in the hierarchy, followed by professionals, mothers, resident fathers and non-resident fathers and other male caregivers (White, 1997). Indeed, she found that this belief in children's testimony was so strong that it had an 'almost consecrated correctness' (White, 1997, p.207). In many respects, there are considerable similarities between the two interpretations in which children's allegations are responded to according to a strongly held set of beliefs.

A final heuristic that was found was the availability heuristic, which is the tendency to overestimate the likelihood of events that can be retrieved from memory more easily, which can be influenced by how unusual or emotionally charged they may be as well as how recent they are. This will be discussed in chapter 7 as it was strongly linked to the organisational setting.

## Sub-theme 6.1.2 - 'Paper versus flesh and blood families'

After the referral and other information had been gathered and reviewed, the next stage was to meet the family. For the City teams, the initial assessment normally took the form of a single home visit. In the Sycamore service, families usually attended a series of sessions in the assessment centre.

A number of practitioners discussed the potential for there to be discrepancies between the family described in the referral (the 'paper family') and the family that they encountered at the first meeting (the 'flesh and blood family'). A clinical associate in the Sycamore service and a student social worker in the City teams described their early experiences of hearing referral information:

Oh my first, my first time, the first, first time that I was in the team meeting they were discussing about cases, and I was like 'Oh my God, what job is that?' [Laughter]. I hope the next family that we will be talking about is going to be something, you know not that bad not that…The anxiety, it's awful and you think 'oh God is it going to be like this, all the time it's going to be like this'? [Laughter] (Luisa, clinical associate and less experienced practitioner, interview nineteen, Sycamore service).

… sometimes in the papers it could be kind of, wow, kind of the most sensational facts are there and it's like, "Oh my goodness do I actually want to see these people, what's it gonna be like,"  And it can be quite intimidating and then when you actually, I mean in my experience anyway, when you actually see them actually they are

just people and it's not, you know, the fear's kind of gone (Nicola, interview thirteen, less experienced practitioner, City teams).

The practitioners described feeling anxiety when they first heard the 'sensational facts' of the cases. Practitioners from both sites described situations where the referral contains information that suggested high levels of risk that did not appear to reflect the family that they subsequently met:

…other times you go out, what you have on paper is not what you get there. Looking like these are two different families, what the history is telling me, what the file is telling me is totally different when you go there, this is not as bad… (Tanya, experienced practitioner, interview six, City teams).

I had noticed you tend to hear like obviously all the concerns, so you get quite this negative picture built up I think at the beginning. But I think after a few families, I've started to kind of really actively try and reserve judgment a bit because it's – especially because with the background information you get, often with children, adolescents, there's always this really negative picture built up and you have this thought, "Oh goodness, what's it going to be like when they come here?" But I think every time it's been and I've learnt that it's normally a lot more negative than the actual person that you meet and you're pleasantly surprised (Tina, clinical associate and less experienced practitioner, interview eighteen, Sycamore service).

Another practitioner described how the increased use of ICT systems and multi-agency networks meant that there was a considerable increase in the availability of information at the referral ('paper family') stage and expressed concern about decisions being made before meeting the family (the 'flesh and blood family'):

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…with every referral you get a whole heap of information.  I think my worry about that is that too much information sometimes leads to the wrong decisions being made… as a social worker you need to be informed by information, obviously, but you need to not be overtaken by it either.  One cannot form a judgment until one has seen the landscape, the family, the child, the experience, the culture.  And the danger of getting, oh, so-and-so in the family has a criminal record for burglary and this person; there was been domestic violence 15 years ago.  The more of that you get before you've actually done anything leads you to make judgments that you wouldn't otherwise necessarily make (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

He argued that it was only when the practitioner had visited the family and 'seen the landscape' that they could understand the context of the individual family. Otherwise, they may make judgments on the basis of referral information that could be misleading.

However, some practitioners described the opposite experience of dealing with referrals which appeared straightforward but further investigation revealed more extensive and complex problems:

I can think of times when the information that was presented to me in a referral has been… not necessarily a true reflection of what is going on for that family. Or perhaps they only one part of the bigger picture and it's not until you as the social worker get in and start working with the family that you realise that 'yes, that might be a presenting problem, but there is something bigger going on here' (Amy, interview one, experienced practitioner, City teams).

. ..often you'll be asked to look into one thing and actually discover that it's much more complicated with something else going on that you wouldn't have even known about if you hadn't had your attention drawn to it' (Faith, interview three, experienced practitioner, City teams).

Is what's specifically identified as the problem really gonna be what we're gonna be dealing with?… Are we looking at, you know, a bigger picture on this case? (Jeanette, interview eleven, experienced practitioner, City teams).

Then the others you go there saying "oh no, what we have is nothing", actually there is more going on here then they have given us. Just a cover of what is going on, the outside. When you go and dig deeper you find there is more and more going on (Tanya, experienced practitioner, interview six, City teams).

… once you are able to dig little bit deeper… you know you uncover a lot of things that they were hiding from you (Christina, experienced practitioner, interview eight, City teams).

Such referrals can be described as 'iceberg' referrals, where the presenting problems are symptomatic of more extensive problems that are not visible to the referrer. Whilst the former case involves practitioners meeting the family and feeling less anxious, iceberg referrals involve the opposite experience of growing anxiety as more extensive and complex problems are revealed.

## 6.2 Theme two: When the story stops making sense

One of the most significant challenges to practitioner sense-making processes were conflicts between the different accounts that practitioners received from referrers, family members and other agencies, which was reported by the majority of practitioners (21 out of 24 interviews). Two sub-themes, 'an evidential approach' and 'families playing the game' will be explored.

## Sub-theme 6.2.1: An evidential approach

In both settings, practitioners tended to expect a certain amount of disagreement and the initial approach was usually a pragmatic 'checking out' of accounts, which included gathering and checking information from the referrer, family members and other agencies involved with the children. For example, one practitioner from the City teams described getting referral information from the police or schools that provides a 'snapshot' but recognising that this may conflict with the family's account:

> .. a referral is from a school or the police.. quite a good trustworthy source so one would assume that one believes them, but at the same time they've only got a snapshot… So I guess checking the two stories against each other and finding out what the exact facts are, what things that everyone agrees on and then if there are things that there is disagreement about how to cross check that with another service (Faith, interview three, experienced practitioner, City teams).

Practitioners from all levels of experience described the importance of an evidential approach, in which they focused on discrepancies in the information they received. However, a consistent finding across the interview and observational data was that experienced practitioners were more likely to adopt a more sophisticated evidential approach. This had three features; a more active evaluation of information received, the use of triangulation to corroborate evidence and an emphasis on observation.

The first feature of this approach is to actively seek to corroborate information and to evaluate the reliability of sources. For example, an experienced practitioner described how she had previously made assumptions about the reliability of sources when she started child protection work:

> I would have tended to see the information that was given to me by another professional in a referral or information that was held on the system and tend to take that as… I would have given more weight to that than I would necessarily have given to what the family said, if they were saying something different' (Amy, interview one, experienced practitioner, City teams).

She went on to describe how she no longer assumes that referral information from professionals is accurate and reliable. In the inquiry report following the death of Victoria Climbié, Lord Laming recommended that practitioners should have a 'respectful uncertainty' towards information received. He argued that practitioners should critically evaluate information received and keep an open mind, rather than simply being 'passive recipients' of information (Laming, 2003, p.205). Whilst Lord Laming was referring to information received from family members, practitioners described adopting a similar attitude towards a wide range of information that they received. Another

experienced practitioner described a case she was working on and argued that, although there was a temptation to prioritise information from referrers over information from family members, it was important to keep an open mind:

> The hospital now thinks that the injuries may be non-accidental, but they didn't think so at the time and they discharged the child. And there have been other occasions where they have got it wrong. It is tempting to think 'a doctor has said this so it must be true'. But we have to be open to the possibility that they have made a mistake. We can't just take the view that when a parent says it, it is their 'story', but when a doctor says it, it is 'evidence' (Faith, experienced practitioner, day three, observation notes, City teams).

She went on to state that she had learnt to be more sceptical because she had experiences where the referral information was simply incorrect or was just one part of a bigger picture.

The second feature of a more sophisticated evidential approach was the use of triangulation to corroborate evidence. One highly experienced practitioner offered the following definition of triangulation:

> So I might say, "This chap can't stop blaming everybody else and seems to feel hopeless and helpless", and he might have a test done that looks at locus of control, and he comes up very highly for external locus of control, and even better if the psychologist who did this test didn't know about my observations before she did this.  So she is using her tool, which is standardised... I'm using my sort of hunches and experience and gut feeling; each has got its drawbacks and its strengths, but the fact is that we both found the same thing (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

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Another experienced practitioner stressed the importance of using triangulation to draw upon a range of sources to ensure that information is tested:

> It's about a multitude of sources, I don't just use one I observe on the one occasion…for me it's about corroborating whatever view, so it's fine you can say one thing or present one thing but I don't take it on face value, it has to be substantiated either through the school, other agencies that are working with them. For instance, somebody says to me, '..I'm not in a relationship with his father anymore, however I can see that.. you've got two more kids together, I'm sorry' (laughter) (Richard, highly experienced practitioner, interview twelve, City teams).

The third feature of this more sophisticated evidential approach is that experienced practitioners were more likely to see observation as important and use it as a source of triangulation:

> I think observation is where it all begins… if you start off with an incomplete set of data because your observations aren't sufficiently sensitive, inevitably, however well you organise and analyse the information, you very easily come to spurious conclusions because the observations were incomplete. So certainly the skill that all the team members need to share is those observational skills  (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

> I think the observation thing is huge (Sadie, interview fourteen, highly experienced practitioner/manager, City teams).

More experienced practitioners demonstrated a greater emphasis on integrating their own observations as a source of evidence:

A parent may say, "I'm very interested in my child's education.  I think it's very, very important,". Where a less experienced practitioner might say, "Okay.  Yes, that's good," a more experienced practitioner would be, "Right okay, let me quickly glance around, can I see any school pictures up on the wall or can I see anything on the fridge or whatever?  Can I see a text book out? … I think the more experience you get the easier it is to walk into a house and look at pictures on the wall or look at maybe older kids that have graduated and think and draw conclusions from observations, not just what the parents are saying"  (Sadie, highly experienced practitioner/manager, interview fourteen, City teams).

When I go to the home, you know, look at the basic set-up of the home, look at the basic food, clothing, shelter, that type of stuff I then look at family dynamics.  That really helps me assess a lot (Jeanette, experienced practitioner, interview eleven, City teams).

…if she [the mother] talks about how close the family is and they go out to parks and they go onto outings, so I normally ask them for photos. So I'll say, "Oh, show me some of the photos that you have," and that, so when we're working we'll go into, "Oh, that's a great park," added ".. of course, the child has to confirm it as well. The child has to confirm that, "Yes we do this," and, "Yes, we do that" (Areta, interview two, experienced practitioner, City teams).

..I don't know if this is right or not [laughs] 'cause often it's to do with your gut instinct a little bit so you've gotta be really cautious about double checking but I think a huge part of what I look for instinctively is probably to do with the perception of the kid and the subtleties of

what they're saying about how they see the child… (Faith, experienced practitioner, interview three, City teams).

The final practitioner makes an interesting point about following her intuition but being cautious by 'double checking' it with analytical reasoning. The evidential approach was expressed in its purest form by a practitioner from a medical background who gave a highly sophisticated account of a hierarchy of evidence:

> And then it's all the sort of how you synthesise all of those things, the so-called hard facts, the softer observational facts and then the… You know how in like evidence-based practice, they have like this kind of hierarchy – the best hyper-scientific evidence, the meta analysis of a series of randomised control trials, and you go down from there – I think that actually, when the Court is valuing the input of an institution like this, they're interested in everything, but you need to be quite discerning; you need to be able to say to them, "Look, I'm pretty positive about this, I've..."  Obviously you can't present a meta analysis, but you can present maybe triangulated evidence.  You can say, "There's evidence for this from this perspective, and from this perspective, and from this perspective", and while all of them have their weaknesses in areas in the way that we're looking, it's pretty fucking amazing if they all say the same thing and there isn't something important there' (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

This account is likely to have been influenced by his medical training and used the language of that discipline. My response when reviewing this account was a sense that the child protection field has so few examples of the kinds of 'hyper-scientific' evidence available in other fields of medicine and that practitioners work with much 'softer'

evidence. There were no examples of social work practitioners using such an explicit formulation of the hierarchy of evidence, but the distinction between 'the so-called hard facts' and 'softer observational facts' and the use of triangulation to test evidence were implicit in case discussions and informal case talk in both settings.

## Sub-theme 6.2.2: Families 'playing the game'

In both sites, there was a common tendency for practitioners to assume that families would want to minimise negative information and accentuate positive information, which several practitioners described as 'playing the game':

> It's quite a scrutinising assessment process… it's not a surprise if parents appear quite defensive and I guess you could term it playing the game but kind of trying to appear better than they are on paper perhaps (Tina, clinical associate and less experienced practitioner, interview eighteen, Sycamore service).

This was commonly regarded as a normal reaction to a stressful situation. This is consistent with the observation by Tuck (2013, p.7) that professionals are often reluctant to make negative judgments about a parent, particularly if they regard the family as disadvantaged and socially excluded. However, practitioners also described being aware of this tendency:

> I think I am somebody that, I'm a naturally empathetic person so I kind of see the best in people even when I know they've done something really horrible so I'll see the best in people and I'll want to

believe them. So I think because of that, because I am aware of that myself I am also very cynical of anything that anyone says. So even if I'm like this is a lovely person, they seem to be totally on the money, lovely, yeah speaking the praises of the child, blah, blah, blah, they're saying all the right things, I'll still assume that I'm just a gullible fool! (Faith, experienced practitioner, interview three, City teams).

One strategy used by families when they first met the social worker was to emphasise positive aspects but concerns were expressed that this focus on positives could be a potential means of distracting attention away from concerns:

Sometimes they'll respond really focused on the, "Yeah but they're doing well in school" or whatever which is nice but that can sometimes be a diversion technique…they might genuinely be positives but actually you're just focusing on it to draw my attention away from what I should be focusing on (Faith, experienced practitioner, interview three, City teams).

Parents eagerly, they eagerly want to tell you about the good things that are happening. They are eagerly wanting to show the education and how they're going in and achieving and they'll pull out their reports and all their achievements… They want to please you and they want to tell you what you want to hear. They know what to tell you (Areta, experienced practitioner, interview two, City teams).

Some people tell you what you want to hear, but it's about you making sure that you can substantiate it (Richard, highly experienced practitioner, interview twelve, City teams).

One of the most commonly parental strategies described was a family member portraying himself or herself as open and willing to engage with the practitioner. Whilst this could be genuine, practitioners kept an open mind:

I think that if they are more open then this would give what they are saying more weight. But equally, you have to be wary of people who are almost too willing to engage with you. This could be a smokescreen for something else. It's 'playing the game', exactly like Baby P. The mother was incredibly good at fooling people and telling them what they want to hear. Perhaps she needed to in order to get them off her back (Amy, experienced practitioner, interview one, City teams).

[Parents] can be very welcoming, very open but open to an extent, it meets what they want, then when you start opening other things, other areas, oh no that is when they turn. Appearance of being engaging but passively engaging that is what I just think; I think those are the more risky ones […] They are more risky in that they will only let you in on their terms (Tanya, experienced practitioner, interview six, City teams).

Even when the professionals found the family member's account convincing, they could remain cautious. For example, two experienced practitioners at the Sycamore service described a mother they were working with who had engaged well and been highly motivated. One practitioner described her in positive terms as someone whom it was 'enjoyable to work with' and the other practitioner agreed, then added, 'But she has spent all of her life in the care system, she knows how we work. So this may be her strategy' (Day 22, observation notes, Sycamore service). He felt positive feelings towards the mother but was

suspicious that she may be engaging well with professionals because she knew this was the best way for her to achieve a good outcome for herself.

There were examples of parents who had long histories of local authority involvement who tried to present professionals with over-optimistic accounts, which could be described as 'It'll be different this time' stories. In the City teams, a student described a mother who wanted to offer an unrealistically positive story:

> [The mother] had been through the whole process previously of having children removed from her care so it was like she had developed a story of what she thought would change people's perceptions. She kept telling everything that was different this time, her life was stable, how she'd been in contact with her previous child and that was her dream, to get this child back, how everything was going to be different this time.  You know, maybe seeing what her previous issues had been and making sure that she'd found a way of accounting for how things would have been different, but sadly it fell apart quite quickly (Nicola, less experienced practitioner, interview thirteen, City teams).

The accounts were usually implausible to practitioners, but they often found it difficult to ascertain whether the family members genuinely believed what they were saying or were engaging in more cynical manipulation.

There was a continuum between family members engaging in mild forms of managing self-presentation to more intentional and systematic forms of deception. This could include family members disclosing negative information in a pre-emptive way in order to try to offer a more positive account if they think that the matter is likely to come to light

anyway. For example, one practitioner in the City teams described a stepfather who was proactive in disclosing that there had been local authority involvement in relation to a child by a previous relationship (interview thirteen, City teams). The stepfather claimed that it was all a misunderstanding because the child had brittle bone disease but it subsequently came to light that he had a criminal conviction for assaulting the child.

Whilst practitioners expect a certain amount of disagreement or dissonance, most were alert to indications that this could be systematic deception on the part of families. Practitioners tended to expect that families would want to present themselves in the best light, but demonstrated an awareness that this could go beyond this into the territory of parental deception, where family members may be engaging in systematic and deliberate deception.

# 6.3 Theme three: Truth and lies: Suspected parental deception as extreme case

> You're dealing with people who are working in a secret world. Child abuse does not take place out in the open, it's secret (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

Parental deception refers to deliberate attempts by family members to provide false and misleading information to professionals. I have used the term 'parental deception' for the sake of simplicity, though there were occasionally examples of other family members engaging in deception on the parents' behalf. The focus will primarily be upon deception in family members' verbal accounts and it is not intended to be a comprehensive account of how parents may engage in deceptive strategies, which may include behaviour such as stage managing home visits or aggressive behaviour designed to unsettle practitioners (Ferguson, 2010, 2011; Tuck, 2013). It was a commonly reported problem in both sites and there is evidence that it is a more widespread problem. For example, a series of analyses of serious case reviews commissioned by the government identified deception by families as a recurring theme (Brandon et al., 2008, 2010, 2012). It is of particular interest to this study because it can be seen as a limiting or extreme example that presents significant challenges to the sense-making skills of practitioners.

Practitioners described a wide range of deceptive behaviours, ranging from very crude attempts to quite elaborate forms of deception. One practitioner described how parental deception can simply be rather chaotic and even have a compulsive quality:

> Some people just tell you straight, well tell you based on what they're thinking at the moment, and don't consider the issue of consistency of statements very much.  There are other people who all you can say is if this person said something that is an indicator that it's most unlikely to be true.  There are people who almost on - who will say untrue things even when that benefits them in no way or has no bearing on anything.  And we meet people like that.  So the information they tell you might not be of much use in terms of helping you describe reality in terms of what goes in your initial core

assessment.  But it can help you describe the person telling you it (Andrew, highly experienced practitioner/manager, interview ten, City team).

Another practitioner used irony to describe how family members can present implausible challenges to negative information about them by portraying themselves as victims of misinformation and misunderstandings:

Some people will attack the detail, and they can recite the evidence that the local authority will be submitting, but there are mistakes and misunderstandings in every element, and you know, it ends up that really, through an amazing string of coincidences, they've been totally misunderstood. And that sort of sense of irony that's coming into my response is because they seem to lack this ability to step back and look at the big picture.  How could it be that there are sort of fifteen or so mistakes that are all pointing the same direction, in this case?  But it's the person who clearly is able to fool themselves, who speaks about their behaviour in a way that would, to any reasonable listener, betray quite a lot of concerns and so forth, but it's quite clear that they aren't concerned or worried about their behaviour. So these are the sort of 'no regrets' types.  And if they're lying, it's not very good lying, it's not very really sort of effective lying (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

At the other extreme, some parents engaged in quite elaborate forms of deception that went beyond isolated lies to constitute an elaborate social identity that was presented to professionals:

I had a child protection case where mum was a drug user, like heavy drug user.  However the family seem to have like slipped through

the nets because to me she was one of the most high functioning drug users I have ever met in my whole entire life. She's very…she can compartmentalise everything in her life. I mean outside she was, you know, she was a member of the PTA and supervised the swimming lessons and her kids were…her children were intelligent, well presented, always went to school on time, you know, never raised any concerns. She was a crack user. So she would have like these air purifiers in the home and stuff… (Christina, experienced practitioner, interview eight, City teams).

In response to suspected parental deception, practitioners described a range of strategies or 'tricks of the trade'. There was a tendency for experienced practitioners to feel more confident and to have developed strategies for challenging parents in less confrontational ways. One recently qualified worker described how she would be aware that a parent may be engaged in dishonesty, but found it uncomfortable to directly challenge the parent because this broke social conventions:

In the ideal world, I should challenge them. But, in reality I do struggle and am still struggling with, you know, feeling I shouldn't be too intrusive. I should be polite, I shouldn't ask too much about their private life… So, I think I still have to gain experience in terms of how to bring up and challenge a parent diplomatically (Josie, less experienced practitioner, interview four, City teams).

Similarly, an experienced manager contrasted how she responded to suspected parental deception when she first qualified compared to how she currently responded:

I know when I first qualified, "Okay right, this isn't quite right," and often I'd left, had a thought about it and thought, "No, that's not right. I've got to go back," and wasted another visit where it wasn't

necessary, but because I didn't have the confidence… to say, "Well no actually, I didn't like the answer to that, can you explain more?" So I've had to phone and say, "Can I come back?" because you think about it and you prepare your challenges more or you prepare your questioning more and go back.  Whereas 10 years' experience you know, "Right okay, that doesn't sound right.  I'm not going to come back next week because I've got 10 cases to come back to next week, I will challenge there and then" (Sadie, highly experienced practitioner/manager, interview fourteen, City teams).

The manager then described how the less experienced workers that she supervised sometimes did not challenge parents and she felt that this was because they were concerned about how family members may react:

I do find sometimes with the less experienced workers, it's another visit, "Did you ask this?  Did you ask this?" and  I don't actually think it's, "No, because I forgot."  I think sometimes there is an element of, "Well, she did say that, but I didn't really know whether to push it or whether to take it any further because I didn't know her reaction".  But I suppose, as you go on, and see more and more parents, you get the confidence (Sadie, highly experienced practitioner/manager, interview fourteen, City teams).

Another practitioner who had been qualified for almost 18 months said that when she started out, she would have taken any inconsistencies in parent's accounts to her manager for advice rather than challenging the family member immediately. She added that she now felt able to address it with the family member at the time:

I don't think that 'challenge' is necessarily the right word, but I would bring it up in a calm and diplomatic way: "You did say 'A, B and C'

earlier and now you're saying 'X, Y and Z'. Could I just clarify this? I need to take some notes. Are you saying this or are you saying that? (Interviewer agreement and laughter). You can tell something from the person's response. Everybody's accounts can change over time and sometimes people can genuinely get things muddled up in their head. But if you take someone to that point and say, 'Could you just clarify that for me?'... there is almost a bit of 'playing dumb' in there… 'Maybe I didn't write that down right'. You can judge a lot from people's response to that. If they get a bit flustered about that, it indicates that they are trying to hide something and pull the wool over your eyes (Amy, experienced practitioner, interview one, City teams).

Experienced practitioners described a range of strategies such as 'playing dumb' (above) to work with suspected parental deception, which one manager described as the 'tricks of the trade'. For example, one practitioner described a similar strategy of 'playing dumb' during a home visit where there were concerns about neglect and poor home conditions:

[The mother] doesn't have the ability to clean the house consistently and everybody around her and in the family, even her children are saying that she lives in a pig sty but you turn up and everything looks beautiful, immaculate, clean and tidy but then you'll find out it was friends that cleaned up the place, not her… we'll question her and say, "Gosh! When did you start cleaning?" and, "How long did it take you?" And half the time, they don't know how to respond, they don't know how to answer it, so you really have to be in the game of social work for a long time to master some of these skills and knowledge (Areta, experienced practitioner, interview two, City teams).

Another strategy was to draw upon observational data. For example, a practitioner in the Sycamore service who had considerable experience as a local authority manager, described the following approach to home visits:

> You already plan with the other social worker that they'll want to use the toilet when they're there, so they can go upstairs… check that out. Quite a lot of families sit in the kitchen, so you've got a good eye line.. they open the fridge door when they get the milk out and you can have a look in the fridge' (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

Such covert methods are ethically questionable because they are not transparent and did not demonstrate an authoratitive approach (Ferguson, 2011), but they illustrated how practitioners managed the intrusive nature of their work. In summary, experienced practitioners reported greater confidence in challenging suspected parental deception and had developed strategies or 'tricks of the trade' that helped them. The common theme amongst these strategies were that they enabled practitioners to challenge family members in ways that were less confrontational.

## 6.4. Summary and discussion

In this chapter, the process of professional sense-making that practitioners engaged in was explored. In summary, practitioners engaged in sense-making processes that were led by intuitive (System 1) judgment and evaluated by analytic (System 2) reasoning. In the early stages, sense-making processes were predominantly driven by

intuitive processes, understood as pattern recognition and story building that drew upon their repertoire of experience. Analytic processes were secondary, acting as a check on the suggestions and judgments generated through intuitive processes. Such sense-making processes were compatible with the dual process model, which describes the interplay between intuitive (System 1) and analytic (System 2) reasoning (Evans and Frankish, 2009).

The intuitive (System 1) judgments came from two main sources. Firstly, they came from experienced practitioners engaging in skilful sense-making that drew upon their previous experience in order to spot patterns. When experienced practitioners reviewed the initial information that they received about families, they commonly described looking for patterns in the information that helped them to start to develop a story about the family. At the referral stage, receiving too little or too much information provided different challenges for practitioners - too little information was anxiety-provoking and too much information was overwhelming. As practitioners gained experienced, they developed ways of managing the volume of information and commonly focused on a smaller number of key sources of information. Experienced practitioners were also more able to spot missing information, usually because they were engaged in more sophisticated pattern spotting that compared current information with a previous repertoire of similar experiences. Practitioners described commonly experiencing a difference between the family described in the referral information (the 'paper family') and the family they met (the 'flesh and blood family'). More experienced practitioners came to expect this and the most commonly reported difference was that the flesh and blood family was less anxiety-provoking than the paper family. However, there were some referrals, known as 'iceberg' referrals, where the problems identified in the referral were symptoms of deeper and more complex problems. These processes of pattern recognition and story building by

experienced practitioners were compatible with a recognition primed decision making (RPD) model, which describes how experienced practitioners see patterns when they start to see particular cues that link together and this leads them to look for further cues based on the accumulated experience (Klein, 1999, 2009).

However, the second source of intuitive judgments was cognitive vulnerabilities identified by the heuristics and bias approach that lead to systematic errors arising from the use of everyday heuristics that were not linked to professional experience and expertise (Kahneman, 2011). The heuristics and biases that were found were the availability heuristic, the halo effect, confirmation bias and the Semmelweis reflex.

Emotional responses could sometimes hinder, e.g. feeling anxious when there was too little information, but they could also help. Practitioners in both sites described paying attention to their emotional responses, though Sycamore practitioners were more likely to be confident on drawing upon their own emotional responses as additional 'soft' information and including them in the pattern recognition process. This is likely to be because the psychological paradigm that the service works within is more likely to regard such responses as acceptable, though practitioners were wary of presenting this data too prominently in court reports. More experienced practitioners described comparing their emotional responses to a current family with their previous responses to a variety of families that they had worked with, which seemed similar to pattern recognition processes.

One of the most commonly-reported challenges to sense-making processes were conflicts and inconsistencies in the different accounts that practitioners received. Practitioners generally responded with a pragmatic approach that involved checking the different accounts. Whilst less experienced practitioners tended to assume that referral

information from professional sources were accurate, more experienced practitioners were more likely to keep an open mind to the possibility that information from referrers may be incorrect or only part of the overall picture. Experienced practitioners were more likely to adopt a more sophisticated evidential approach. This had three features; a more active evaluation of information received, the use of triangulation to corroborate evidence and an emphasis on observation.

Practitioners described the most challenging cases as those where there is suspected parental deception. There was a distinction between family members presenting themselves in the best possible light ('playing the game') and engaging in active and intentional deceit (parental deception). Whilst the former was regarded as understandable and therefore acceptable to some degree, the latter was regarded with considerable concern. Experienced practitioners reported greater confidence in challenging suspected parental deception and described a range of strategies or 'tricks of the trade' to work with suspected parental deception. The common theme amongst these strategies was that they enabled practitioners to challenge family members in ways that were less confrontational.

The emphasis in this chapter has been on the commonalities in sense-making processes between both sites. In the next chapter, the focus will be on the second part of my research question, the impact of organisational setting on these sense-making processes.

# Chapter 7: Sense-making within organisations

This is the final of four findings chapters. Chapters four and five examined the two research sites in detail and chapter six focused on the sense-making processes that practitioners engaged in across both sites. The aim of this chapter is to respond to my second research question, namely, in what ways contrasting organisational settings influenced practitioners' sense-making processes. Whilst the previous chapter focused upon commonalities in sense-making processes across both sites, this chapter will examine how differences in organisational setting had an impact on practitioners' thinking.

This chapter is centred on three main themes. The first theme, 'time to think', explores how timescales and opportunities for reflective thinking shaped practitioner sense-making processes. The second theme, 'space to think', undertakes a similar analysis related to the opportunities for reflective thinking. The final theme, 'cultures of accountability', examines how organisational understandings of accountability affected levels of anxiety and social defences within the two settings.

## 7.1 Theme one: 'Time to think'

The first theme in the comparison between the two sites was the availability of 'time to think', which refers to the timescales available to

practitioners to work on a case before they had to produce a final assessment report. The difference in timescales was an important factor that influenced practitioner sense-making processes on the two sites, which was evident across observational and interview data.

The influence of time limits was a strong theme in the City teams and this was discussed in depth in chapter four. In the City teams, the principal focus of the work was initial assessments, which were completed within the time limit of seven working days. In chapter four, interview data highlighted how practitioners consistently stated described these time limits as having an impact upon their work with families and observation data confirmed how this sense of urgency permeated their everyday activities.

In the Sycamore service, by comparison, the pressure of timescales did not feature as a significant theme. The usual timescale for a parenting assessment was at least six weeks or longer, though sometimes court timescales meant the assessment was more urgent. Although the court fixed dates for reports to be filed, there was some degree of negotiation depending upon their availability, the complexity of the case and other factors. Although the timescales could be taxing, there was little indication that practitioners felt this significantly compromised the quality of their work, merely presented challenges to it. Whilst there were time pressures to compete their assessments, there were no examples of practitioners describing this as problematic in the interviews nor were there examples of it being a visible influence in the observational data.

The contrast between the two settings was discussed by a Sycamore practitioner who had come from a local authority social work background, who started by describing her previous local authority experience:

In fieldwork when you go into supervision, it's a case of, "Right, you've got 50 cases...". There is no time to think about things (Louise, senior clinician and highly experienced practitioner, observation notes, day two, Sycamore service).

In the individual interview that took place several months later, the same practitioner returned to this topic when she described her previous experience working in local authority children's teams:

I remember the sense of it being like A&E, just a sense of being continually bombarded with referrals and requests to attend to something, someone and you quite often, sort of sense of blurred boundaries in terms of what you are thinking about, what you are focusing on and the difficulty really to stop and think. And now having had the experience of working in this kind of setting, I think the absolute void between the two types of my, two aspects of my role, are two different contexts (Louise, senior clinician and highly experienced practitioner, interview twenty, Sycamore court assessment service).

This excerpt relates to a different local authority than the City teams, so must be treated with caution. However, the description of local authority children's teams as like 'A&E', where practitioners are 'continually bombarded with referrals' conveys many similarities with my observations of the City teams. There were two sub-themes that related to the contrast in timescales between the research sites, which will be examined in turn. These were pressures for the investigation to be reduced to fit the time limits and the threshold for an acceptable story.

## 7.1.1 Sub-theme: Pressure for the investigation to be reduced to fit the time limits

Assessments in both settings had to be completed within timescales so the depth of the assessment had to be tailored to the time available. However, this was experienced more acutely in the City teams because of the significantly greater pressure of referrals combined with shorter and more rigid timescales. Given that there were a fixed number of workers to investigate referrals and rigid time limits in the City teams, one potential area of flexibility was the depth of the assessment. Practitioners described how the time limits meant that initial assessments typically consisted of a single, one-hour home visit:

> We're forced to go out for an hour maximum to go and see these families and try and get as much information (Areta, experienced practitioner, interview two, City teams).

> The rigid time scales that we have, especially with initial assessments, means you sometimes don't have the opportunity to see them more than once… You can see them once, speak for the child alone on one occasion and do checks with other agencies and then try and make a decision on that, which sometimes I don't think is enough time really… I always feel that even with like initial assessments, we don't have the time. You just don't have the time. (Christina, interview eight, experienced practitioner, City teams).

Such limited direct contact with families was experienced by practitioners as problematic and even by the families themselves:

> There's written complaints, they write and say, 'you were with me for 45 minutes and you judge my life? You didn't listen to my story, you

only asked the questions you needed to fill out the information',
those are weekly complaints (Jeanette, interview eleven,
experienced practitioner, City teams).

When conducting an assessment, it is always necessary to decide at
some point that there is sufficient information in order to complete a
'good enough' assessment. Within the City teams, there was some
evidence that staff engaged in optimistic thinking as a means of
justifying less information gathering, particularly when time and
resources were limited:

> I think the timescale does, yeah, have an impact on how we view the
> information 'cause sometimes we tend to, "Okay, maybe lets be a bit
> more optimistic so that we could do less investigation and give it in
> seven days." [Laughter]  Sometimes I find that I do try to observe the
> managers, you know, their opinion if they think, "Okay maybe we
> shouldn't be doing too much investigation, don't try to, you know,
> call the doctor, the GP or nurse or health visitor.  Just send them a
> letter.  If they don't respond to you don't go and keep digging (Josie,
> interview four, less experienced practitioner, City teams).

> If you really take a forensic approach, it is very much down to how
> do we know what we know and if you've got this allegation what do
> you need to do in order to be less uncertain about what's happened.
> You need to make your enquiries and sometimes I think managers
> based on the huge number of referrals we get in, often make
> decisions that perhaps some people would regard as quite risky in a
> sense that they can't know for certain when they're saying NFA [No
> further action]' (Jonathan, experienced practitioner, interview
> seventeen, City teams).

It was interesting to note that, when there was a shortage of time, the first task to be sacrificed was often time spent with the family and particularly children:

> If I have to produce an assessment and there are managers at your back saying that, "You have to produce it before this and this day, I have to sign it off." Then my focus would definitely not be focusing on playing with the child and seeing them. And if I have questions to go to see them again, yeah. I mean I have no time to see them again, or I have no time to go back to the family, "Look, actually I have more questions to ask you." No, I'm not going to do that because I have to finish the report, set time to type it up actually, do all the paperwork instead of prioritising, no I have to go back and see them again... although sometimes I know that I need to, but I can't (Josie, less experienced practitioner, interview four, City teams).

This could be understood in several different ways. Firstly, the time limits mean that the assessment task has been conceived more as collecting information rather than genuinely seeking to understand children's experiences. Parton (2008) argues that social work practice has become increasingly less concerned with the relational and social dimensions of the work and more with the informational dimensions. There is evidence from previous studies that this prioritisation of written assessment over face-to-face work with families was a more widespread trend. For example, the ethnographic study of the Integrated Children's System (ICS) discussed in chapter two found that practitioners reported that they spent between 60-80% of their time doing office-bound work (Broadhurst et al., 2010; White et al, 2010).

A second and possibly complementary interpretation is that practitioners, consciously or unconsciously, sought to defend

themselves against children's painful experiences by distancing themselves from the child, and the existence of fixed time limits provided a 'legitimate' rationale for this. A clinical associate at the Sycamore service who was also a local authority manager described the challenges of genuinely seeking to understand the experiences of children:

> In a sense of, you're always trying to understand the child's experience, even if the child is talking to you about something that happened to them at the hands of the parents, you're exposing yourself to that child's hurt.  You internalise it somewhat, you have to work your way through it, you have to process it, as well as obviously, put it back out there, as an assessment.  So it comes in and goes out, but it leaves you with a residue and the more cases you deal with the greater the residue that you end up carrying… you become swamped with the residue of all these nasty things that you've deal with throughout the whole of your stuff (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

This powerful account identifies how emotionally painful it can be to seek to understand children's experiences and helps explain why practitioners may avoid engaging in the process to avoid 'carrying the residue' that can lead to feeling emotionally 'swamped'. This goes part of the way to explaining the disturbingly frequency and well-documented references to practitioners not having meaningful contact with the child in inquiries and serious case reviews (Brandon et al., 2008; Ferguson, 2011). For example, Ferguson (2005) describes how the professionals involved with Victoria Climbié did not discuss feelings such as disgust and fears for their own wellbeing in staff supervision and so they were never properly acknowledged in order to be worked through. This raises questions about how such experiences are

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'detoxified' in child protection settings and the role of supervision will be explored in section 7.2.

## 7.1.2 Sub-theme: Threshold for an acceptable story

In chapter six, it was argued that practitioners in both sites were engaging in sense-making processes that involved pattern recognition and story building. The assessment process was complete when practitioners felt that they had built an adequate story that explained the information available about the family, which was presented in a written report.

In the City teams, fluctuations in referral levels placed high demands upon the service. Given the rigid time limits and a fixed number of workers to investigate referrals, a potential area of flexibility is the threshold for what counts as an acceptable story. In the previous chapter a neighbour referral was briefly discussed concerning the children of a mother and her lesbian partner who were accused of shouting at their children in an abusive manner (interview seventeen, City teams). When the social worker visited the two women, who were both health and social care professionals, the children were not at home. The couple gave a 'very, very plausible' account of how they had experienced long-term harassment from the neighbour who was intensely homophobic and had made previous malicious allegations. They refused consent to agency checks because they were concerned that this may prejudice their registration with their professional bodies and the practitioner had to leave before the children came back home. When the worker returned to the office, the duty manager decided to

close the case despite the fact that the children had not been seen and agency checks had not been completed. The practitioner felt that he should go back to interview the children, but the manager stated that there was insufficient time and they had enough to close the case. He described arguing with his manager:

> We need to actually see the children.  It's an absolutely basic element of child protection. It's just almost kind of coming to a conclusion too quickly.  There's so much pressure on timescales that we're losing sight… it's so easy to lose sight of how are you coming to the conclusion that you're coming to.  How are you making the decision that you're making? (Jonathan, experienced practitioner, interview seventeen, City teams).

He concluded that pressure of referrals could influence what gets regarded as an acceptable story that would justify categorising a referral as 'no further action':

> I find it frustrating sometimes because it feels like depending on how stressed or how busy are at any one time, people's threshold for what's an acceptable story or what's acceptable for closure or NFA [no further action] varies (Jonathan, experienced practitioner, interview seventeen, City teams).

This example could be understood in different ways. Firstly, from a heuristics and biases perspective, it could be seen as an example of the halo effect (Kahneman, 2011). The halo effect refers to the error of knowing individual attributes of the family member ('they are health and social care professionals', 'they are a lesbian couple') and inferring other attributes ('they are therefore unlikely to have abused their children'). This is combined with a negative halo effect in relation to the neighbour referral, in which anonymous and neighbour referrals are

more likely to be categorised as malicious, a finding that has been consistently reported (Department of Health, 1995; Broadhurst et al., 2010; Buckley, 2003). However, another interpretation is that practitioners are more likely to over-identify with professional parents and more likely to imagine what it is like to be subject to a child protection investigation. In a focus group study of child protection practitioners, Horwarth (2010) found that practitioners acknowledged that they 'tended to tread more cautiously' with families from higher socio-economic groups (Horwath, 2011, p.1080). Participants stated that this did this because parents would know their rights and be better able to argue their case and they also recognised that they can over-identify with the parents and expressed their own sense of anxiety at the thought of being subject to a child protection assessment. A third interpretation is that this was an example of the 'rule of optimism' (Dingwall et al., 1983), whereby families are expected to submit to external scrunity on the basis that agency staff are required to think the best of the parents as part of the compromises involved in the a liberal society. These alternative interpretations are not mutually exclusive ('either/or') but can be multi-layered ('both/and') understandings that offer explanations at different levels (Larner, 2000). In this example, it appears that a number of cognitive, emotional and organisational processes worked together to create a scenario where basic child protection practices such as talking with children were forgotten.

In the Sycamore service, by comparison, the thresholds for an acceptable story did not feature as a significant theme. This is likely to be linked to the primary purpose of the service, which was to offer an in-depth assessment of the family. Whilst the emphasis in the City teams was on early categorisation, the Sycamore service attached importance to not getting too fixed a view of the family too early. In the Sycamore service, one of the themes was avoiding rushing into premature

narratives without allowing sufficient time to digest and discuss all of the information:

> …not having a prefixed picture of the family in your mind sometimes gives you the opportunity to, you know, to go ahead and see it a different way as wouldn't happen if you had already formed a stereotypical picture of the family (Luisa, clinical associate and less experienced practitioner, interview nineteen, Sycamore service).

This can be understood as different approaches to intuitive (System 1) and analytic (System 2) processes. In both research sites, intuitive reasoning processes were the driving force, as practitioners engaged in pattern recognition and story building as they sought to construct an assessment. The key differences related to the different time scales and primary tasks. In the City teams, the primary task was to conduct assessments to safeguard children within short, fixed time limits. In the Sycamore service, the primary task was to conduct assessments to inform long-term court decisions within longer and more flexible time limits.

In chapter five, the purpose of the group sessions in the Sycamore service was examined. Practitioners worked as part of a team to discuss their thoughts and to generate and evaluate hypotheses to explain what was happening within the family. These discussions were characterised by intuitive reasoning in the form of pattern recognition and story building and the hypotheses generated were examined using analytic reasoning in order to establish which were most consistent with the evidence and had the most explanatory potential. These hypotheses then formed the final account contained in the assessment report. This report was then subject to the scrutiny of the court process and would need to be defended in a court hearing. As they were providing an expert witness service to inform court decisions,

maintaining an open mind early on in the process was valued in order to counter the charge that they had decided the outcome based upon first impressions then simply collected evidence to substantiate a decision that had already been made. This supports the claim by Munro (2008a) that courts value analytic thinking more highly than intuitive thinking because legal reasoning requires an explicit rationale to justify the decision made.

## 7.2 Theme two: 'Space to think'

The second theme in the comparison between the two sites was the availability of 'thinking space' to talk about cases. This refers to opportunities for practitioners to discuss cases with others, including managers, colleagues or other professionals.  These opportunities could be divided into 'planned versus unplanned' spaces. Planned thinking spaces included formal individual supervision and group sessions. Unplanned thinking spaces refers to all forms of ad hoc case discussions, most commonly informal and reactive case discussions between practitioners and managers or colleagues within the office setting.

Planned supervision took the form of individual supervision and group sessions. In the City teams, practitioners routinely stated that individual, formal supervision sessions occurred approximately every 3-6 months and the primary focus was on workload management. For example, one City practitioner described her experience of supervision:

You go through the cases and your manager says, 'when is this one going to close, this one has been opened way too long, get rid of

this, close it, type it, close it, move it somewhere, do something. So I think those are the times you go into supervision and expect "oh no they are going to ask me when I am going to close this case". So I am so engrossed in when I am going to close this case at times you are not thinking through how much you are struggling with the case (Tanya, experienced practitioner, interview six, City teams).

In the Sycamore service, formal individual supervision happened more regularly, typically occurring several times during a specific family assessment but the focus was similar, in that they primarily focused upon practical case management issues. Interestingly, it was the group discussion sessions that were the focus of shared practitioner sense-making.

The primary difference between the two sites was that the Sycamore service had planned group sessions focused upon specific families and there were no comparable opportunities in the City teams. Whilst the City teams had regular brief team meetings in the morning when they were on duty, the primary focus was allocating the work that was coming in rather than discussing individual families. It could be argued that meetings such as child protection conferences were opportunities for group discussion about a case. However, the quasi-judicial nature of such settings means that they are of a qualitatively different nature to the group discussions in the Sycamore service. The impact of accountability on practitioner thinking will be explored in the next section on cultures of accountability.

The opportunities for case discussion could also be divided into individual versus group discussions and I had anticipated that this would form an important distinction. However, I found this distinction to be difficult to apply in real life, particularly to ad hoc case discussions within the office setting where the distinction between individual and

group discussions was blurred. For example, City practitioners came up to the desk where the team manager and two deputy managers were based to discuss a case. Whilst the discussion was between the practitioner and the team manager, several managers and sometimes nearby practitioners would contribute towards the discussion. The only example of practitioners having genuine individual discussions was formal supervision, which formed a comparatively small proportion of the thinking spaces that were available to practitioners in both sites.

Case discussion in the City teams most commonly took the form of informal case discussions and tended to focus on practical case management issues. More in-depth discussions were observed, usually focusing upon understanding the behaviour and motivations of individual family members, but they formed a minority of the case discussions in the fieldwork and were more likely to be seen when practitioners discussed cases with colleagues rather than managers. Indeed, a practitioner from the Sycamore service commented that the local authority staff who made referrals often had limited discussions about cases before referring them:

> When there's a referral, we engage with the referrers and the professional network to say, why have you done this? Why the referral? What are you after? What's behind the thinking? So we can help them to refine those or even maybe help them start thinking about the case for the first time. And often, I find, when we have those consultation meetings by the referral, the social workers and team managers will often say 'that's the first time that we've sat and talked and thought' and I'm left thinking, 'oh my god, that's very worrying' (Michael, senior clinician and highly experienced practitioner, interview 24, Sycamore service).

When practitioners do have the opportunity for case discussion, it can support practitioners to become more confident about their judgment because it has been thought through. One Sycamore practitioner stated that she had confidence in her assessments because she had the opportunity to discuss them in depth, which she contrasted with her experience of front line local authority social work:

> In front line invariably you know what you present is what you have thought about. You may have had a discussion with a team manager in supervision but it would probably have been minimal, so little confidence that actually time and consideration has gone into what you have put down on paper and presented (Louise, senior clinician and highly experienced practitioner, interview twenty, Sycamore service).

There were two sub-themes that related to the contrast in opportunities for thinking spaces between the two sites, which will be examined in turn. These were related to the opportunities for practitioners to gain a fresh perspective on the families that they were working with ('a second pair of eyes') and to understand and manage their emotional responses to the work with families ('making sense of emotions').

## 7.2.1. Sub-theme: 'A second pair of eyes'

This refers to opportunities for case discussion where managers and colleagues provided a second pair of eyes. This can be conceptualised as offering analytic (System 2) thinking to check the suggestions offered by the practitioner's intuition (System 1). Practitioners and managers described one of the main purposes of supervision as being able to

make sense of cases and form a judgment, as well as being a second pair of eyes who might spot something that has been missed:

As a duty manager your job is precisely to point the worker in that direction anyway, to make sure they don't miss anything which they might otherwise have done (Interview 10, manager, City teams).

I think supervision is important to help the social worker to form a view themselves. I mean that's what you're asking them to do, go out and give their view as a profession and a worker to go out and form a view and come back and can discuss that maybe. You agree issues, you agree or disagree or will hopefully resolve those and it means going out and getting more information and reviewing it, it's all part of the process. You know it's not black and white as such, so you should be able to discuss those issues really (Interview 15, manager, City teams).

This was particularly important if the practitioner was struggling with a case:

I would hope actually that the worker would be able to come and say that to you, I'm struggling, I'm not sure about this. This is what I've got, what do you think or what do I need to do. Go and get more information or you know so I think that's important to have the supervision, informal supervision to check those things out and it gives the social worker a message that it's okay to say that, it's good practice, struggling, not sure about this one, what do you think. Rather than somebody struggling with that and perhaps not being able to check out the information really which is needed, so it's about safe practice and their own safe practice really (Interview 15, manager, City teams).

However, this was not confined to individual supervision but was also central to case discussions, whether they were planned or ad hoc. One clinical associate stated that individual supervision was often quite orientated towards practical matters, adding that she felt that group discussions were often more helpful:

> I think with this work, group supervision is often more helpful for me anyway because it there are just so many minds reflecting on what's going on that it's quite useful in that way (Tina, clinical associate and less experienced practitioner, interview eighteen, Sycamore service).

The value of peer discussion was highlighted by a City practitioner, who discussed how peer discussions were often valued in her country of origin. She described how she utilised this as a manager by drawing in the views of others when trying to make sense of cases:

> I'm a whiteboard person and in the office that I had back in [home country], the wall was covered by a whiteboard so when people came, I had all the stuff so I'd just go, "Okay, strength factors, risk factors, worries. Talk to me, just 'ra ra ra…' What are you worried about? What are your external influences?" So everything I'd put on the board, so whoever knocked at my door, they'd get dragged into it and before I answer their question, because they then, "Oh, what do you think of this?" So more heads; the more eyes into the case, the better, hopefully, the more sound plan you'll get (Areta, experienced practitioner, interview two, City teams).

She described using this approach in the City teams when a colleague had a particularly complex case and she drew together team members to develop a plan:

Whoever's in the team at the time, I've called them together and I've said, "Hey, can we get together, [Mary] has got this case, can we get together to discuss it. And lets put all our heads together and help to develop a plan for her." So we did that, got together and we came up with a plan. Brilliant. Brilliant stuff. We did an analysis, we did the risk assessment, just from the information sharing, everybody's feedback and then we said, "Here, take that to your manager." A wealth of experience coming together and a wealth of skill in sharing. It's a safer way of practising. And everybody knows about the case. It's not just one person. She took it to her manager. Beautiful. She really appreciated that. She goes, "Oh, this is something that we should do all the time." You know, I'm like, "Yeah I know that." But, that's not the way it works around here. I was told peer supervision is 'not authoritative' (Areta, experienced practitioner, interview two, City teams).

This example demonstrates both how helpful peer discussion can be and how it can be threatening to the traditional, hierarchical decision-making within local authorities. This highlights the dual role of supervision - it is both an opportunity for sense-making processes and a formal decision making process that must be recorded and accountable through organisational structures. The potential influence of cultures of accountability on practitioner sense-making processes will be discussed later in this chapter.

## 7.2.2. Sub-theme: Making sense of emotions

Case discussions helped not only in creating fertile space for sense-making, but also provided practitioners with the opportunity to make

sense of their emotions. These two processes were intertwined because understanding their emotional responses often told practitioners something important about the case. For example, a clinical associate at the Sycamore service who was an experienced local authority manager described how he supported practitioners to be able to reflect upon their emotional responses:

> How did you feel, was the other question that I frequently say to social workers. Well, how did it make you feel talking to this and they usually start off; if they seem in a stuck situation, they usually start off, but they were very plausible and then it is about sort of saying; yeah, but how did it make you feel? That's not a feeling; you've processed something, what have you processed to come to that? (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

He then gave the example of a worker doing a home visit to a mother with a three-month-old baby and only later realising that their sense of unease was related to the fact that the mother never made any eye contact with the baby during the hour that the practitioner was there.

Earlier in the chapter, the importance of understanding the child's experiences was emphasised using a quote from a practitioner who described the danger of becoming 'swamped with the residue of all those nasty things you've had to deal with' (Section 7.1.1 above). Case discussion offers the opportunity to 'detoxify' these experiences as well as to retain a sense of emotional equilibrium. For example, one practitioner described working with a mother with substance misuse problems, which had involved her working intensively with a number of family members over several months:

I got enmeshed in their lives. Not purposefully but it's just because of the fact that you're spending a lot of time with them. You have a lot of history. You get a lot of information from this family. So you become so enmeshed but sometimes you need to just step back and have an overview picture and supervision I think helps you to do that. And I mean I think it's absolutely essential in you being able to not just manage your caseload but just keep yourself sane as well' (Christina, experienced practitioner, interview eight, City teams).

The comment about 'staying sane' hints at the emotional challenges of the work and how important supervision can be in supporting practitioners to identify, explore and manage their emotional responses, including their anxieties about balancing the competing demands of their role. In chapter two, the concept of containment developed by Bion (1962, 1965) was applied to supervisory relationships within organisations to refer to the way that a supervisor needs to be able to contain both their own feelings and the feelings of the person they supervise in order to enable them to able to reflect upon their feelings rather than simply act upon them (Ruch, 2007a).

However, the manager-worker relationship in the City teams was perceived by some practitioners as a threat rather than a resource in the containment of anxiety. Practitioners who consistently were not able to work within the national timescales could become subject to disciplinary measures, which began with a 'guidance' meeting before formal procedures were initiated. One practitioner described supporting a colleague through this process:

I went as a support person for a colleague who was going through a guidance meeting … the guidance meeting was to do with work performance and it was about… meeting timeframes and moving things through.  So clearly at the other side of it there's quality of

work and essentially this person's problem that - it was a genuine concern for management and so I'm not disputing whatever their decision was to put this person on guidance but it was about - it seemed like the other side of that was this person was doing too high a quality of work so that they weren't getting the quantity done (Faith, interview three, experienced practitioner, City teams).

The practitioner described how she perceived that her colleague was subject to a 'guidance meeting' because the good quality of their assessments meant that they were not completed within the timescales. Another practitioner, who had been subject to a 'guidance meeting' herself, described how she presented positive feedback from families to her managers but did not feel that this was valued:

…it really always came down to 'that's fine, you still didn't get it done in time and that left the family in danger,' and that's…it makes my head spin. I'm beyond justifying, I'm maybe I don't get it, maybe I'm not a good fit (Jeanette, interview eleven, experienced practitioner, City teams).

One of the most significant challenges for managers was that they struggled to contain their own anxieties at times. This was particularly true in the City teams, where managers were faced with managing the demands of high levels of referrals within limited resources and short, fixed time limits. For example, one City experienced practitioner described how managers can become overwhelmed with their own anxiety when several serious referrals come in at the same time:

First of all they go into panic mode. And you can see that; you can see that in their faces. You can see that in their body language. And then they start asking you to do things. It's like, instead of thinking, they're going, "Can you do this. And can you do that'. This

would get to the point of having to write down what they've tried to say and then they'll come back and then they'll just keep double checking it. It's a panic. It creates the social worker to panic. There's no logic, there's no brief. Yeah there is a brief, there is, but it's a panic brief of a case (Areta, experienced practitioner, interview two, City teams).

In this example, it appears that managers struggled to be able to contain their anxieties and felt compelled into action as a means of acting out the emotions involved in a flight from thinking and feeling. Ruch (2007) describes 'thinking' and 'doing' as alternative modes and argues that there is a tendency for local authority social work to be characterised by organisational settings and cultures that engage in 'doing' at the expense of 'thinking'. One key explanation that she presents is a change in the nature of individual supervision, which has been the traditional setting that offered emotional containment:

The supervisory model that dominates current practice is one based on surveillance rather than support, with the emphasis on monitoring, management and narrowly conceived performance indicators. No longer does supervision help practitioners to connect their thinking and feeling (Ruch, 2007b, p.372).

This model of supervision makes it more difficult for practitioners to be able to acknowledge, understand and work through difficult feelings and has implications for the safety of everyday practice, as is evident from previous child death inquiries and serious case reviews (Ferguson, 2009). This approach to supervision was echoed in a comment by a practitioner who described her experiences of supervision in a local authority team:

It was very much, what cases have you got, what deadlines have you got, when are you in court, when are you on annual leave and that was the crux of supervision really. And not really having any substance to, or a lot of scrutiny to what I was doing, either for myself reflecting, or for my team manager's point of view or in a group, there is definitely no group stuff (Louise, senior clinician and highly experienced practitioner, interview twenty, Sycamore service).

Rather than experiencing formal supervision as a means of coping with the stress of the work, it was experienced as simply another source of stress. Since supervision is focused on monitoring worker performance, it was stressful for both practitioners and managers and informal discussions with City practitioners suggested that there was a tendency by both parties to avoid supervision. A similar result was found by Horwath (2011) in her study of the experiences of front line practitioners, which found that participants were selective about what they took to supervision or avoided it altogether.

Although individual, formal supervision is viewed as central in the literature, it is important to remember that it is only one forum for case discussion. Indeed, I was initially surprised that the individual supervision sessions in the Sycamore service were not more reflective and emotionally focused. When I discussed this with a clinical associate, she stated that this occurred in the group sessions rather than individual supervision. My assumption had been that practitioners would feel too self-conscious to discuss emotional responses and their own reflexivity in group settings, but my subsequent observation sessions (discussed in detail in chapter five) demonstrated to me that this was possible if there was an open, accepting atmosphere where such expression was acceptable and valued.

The capacity for teams to offer support to practitioners has traditionally been under-recognized (Ruch, 2007b). Earlier in the chapter, the value of peer discussions was explored as a means of enhancing practitioner sense-making, but they were also regarded as helpful and supportive, particularly when thinking through what the emotional responses meant. For example, one Sycamore practitioner described the advantages of group discussions:

> It's very helpful in team meetings with other clinicians from different backgrounds, psychotherapists and psychiatrists because you might say something quite off the cuff, "Oh this woman makes me angry" or something and I think it's very useful for them to try and unpick how one of their staff members is experiencing another person and it's often quite helpful (Tina, clinical associate and less experienced practitioner, interview eighteen, Sycamore service).

Whilst the planned and protected sessions in the Sycamore service offered a relatively safe and supportive environment for practitioners to discuss emotional responses, group discussions in the City teams were almost entirely on an ad hoc basis and the open plan and fast moving nature of the environment appeared to be a barrier to practitioners discussing their emotional responses in the same depth.

In chapter five, the role of the group discussions in the Sycamore service in helping practitioners to manage overwhelming feelings was discussed and it was concluded that such sessions helped practitioners to make sense of their emotional responses. There was also evidence of the use of defence mechanisms such as projection as a means of getting rid of unwanted feelings and the use of such defences is undesirable because they involve distortions. However, they were less institutionally embedded than the social defences that were observed in

the City teams, such as upward delegation, checks and counterchecks and ritual task performance, which were discussed in chapter four.

# 7.3 Theme three: Cultures of accountability

Accountability was a strong theme in both sites, but to different degrees and expressed in different ways. Before discussing the differences, it would be helpful to explore the similarities. Both services working within the English child protection system and this wider context is an important influence in both services. In chapter one, the legislative and policy context for child protection was outlined and linked with the history of high profile cases where children were killed or seriously harmed. It was argued that the English child protection is 'haunted' by these incidents and practitioners fear this happening to children for whom they have responsibility (Munro, 2010; Cooper et al., 1995; Cooper, 2012).

There were three sub-themes that related to the differences in how accountability was understood within the two settings. The first sub-theme relates to blame in child protection and explore how the fear of being blamed affected practitioner thinking and behaviour in both sites. The second sub-theme relates to the stage in the sense-making process that accountability was applied, whether at the final stage or throughout the process. The third theme examines the political nature of accountability and locates it within a wider socio-political context.

# 7.3.1 Sub-theme: 'Losing our heads' - Blame and anxiety in child protection

Practitioners in both settings were acutely aware of the strong public reaction to child deaths and the likelihood that local authority social workers were blamed if things went wrong. One City practitioner who trained overseas was surprised by how hostile the media and public are:

> The context in which we practice social work in the UK is very hostile, particularly to social workers in the event of something going wrong (Emmanuel, interview sixteen, experienced practitioner, City teams).

One practitioner, who had long experience as a local authority manager, offered an explanation for the public outcry that follows high profile cases:

> We're paid to stop the public from knowing that this sort of stuff goes on. So when the public find out about it, they get angry because they're denying that people do this stuff to children. And therefore if it becomes exposed they've got to blame somebody - 'how dare you invade my living-room at six o'clock when the news is on with this horrible stuff?' (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

The practitioner appears to be arguing that the public tries to keep painful awareness about child abuse out of consciousness by denying its existence. When high profile child abuse cases challenge this, members of the public becomes angry both about becoming aware and about the abuse itself. This anger is dealt with by blaming others and,

whilst this anger may be directed towards the perpetrators, it is also directed towards professionals, most commonly social workers (Warner, 2013). He went on to argue that central government allow the press to blame social workers, both individually and as a profession:

> … from Maria Colwell in the 70s, I think that was the first big one and then from that point forward, every time there has been one of these things it's the social workers get blamed, they get named in the press. I think one paper even published an address or something like that (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

Whether this last claim was true or not, it expresses a fear of the general public acting out some form of harassment as 'revenge'. This was a common fear amongst CIty practitioners, with very few examples in the Sycamore service. For example, one City practitioner highlighted it alongside the fear of a litigation culture:

> We're probably embracing a lot of the American culture of litigation over the slightest thing with no claims and whatever. And also we just fear that people might be…your name is publicised somewhere, the impact on you professionally (Richard, highly experienced practitioner, interview twelve, City team).

The culture of accountability within the City teams appeared to be based upon an implicit belief that mistakes would be 'fatal' to the practitioners involved, expressed in metaphors such as 'heads will roll' or that individuals will be 'for the chop'. For example, a duty manager described attending a strategy meeting about a looked after child who had made allegations of sexual abuse against the birth child of her foster carers from another local authority. The manager felt that the other local authority was not handling the situation well:

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It was all a bit chaotic. It doesn't make sense. If I was [other local authority], I would put my best Senior Practitioner on it. If another child is placed with the foster carers and there is sexual abuse, then heads will roll fairly high up into management and they won't work in social work again" (Andrew, highly experienced practitioner/manager, observation notes, day five, City teams).

The fear of 'losing one's head' was interesting because it provides a metaphor in two senses. Firstly, it can refer to the fear of death in a professional and social sense of losing one's job and being ostracised from one's professional community. Such a professional 'death' could represent a form of public retribution in the wake of the death of a child. Secondly, the fear of 'losing one's head' can also refer to the fear of being overwhelmed and not being able to think clearly, i.e., the death of thinking. The two are linked, in the sense that practitioners may fear that if they fail to think clearly, it will lead to the death of a child and ultimately their own professional 'death'.

One way in which practitioners can 'lose their heads' in the sense of not thinking clearly is when anxiety distorts the sense-making processes that practitioners engaged in. At the time of the fieldwork, there had been two recent high profile child deaths, Peter Connelly and Victoria Climbié. These created an emotional resonance that sensitised workers to situations that shared key features of those cases. For example, the following extract is from the observation notes of a strategy meeting for a seven-year-old boy who was seen as displaying 'challenging behaviour':

The strategy meeting was drawing to a close and a list of action points was being drawn up, when a CAMHS worker added, 'The mother mentioned about a man who had been visiting the house..'.

The team manager visibly stiffened and she exchanged anxious glances with the social worker. 'Who is this man?' the manager said in a tense and seemingly annoyed voice. The community police officer, who knew the family well, said that he thought it was the boy's father, who lived nearby. The manager and social worker both appeared to relax. but the team manager said. 'We need to establish who this man is for certain. We'll put that first on the action plan'.

   After the meeting. I spoke with the social worker and asked about her and her manager's reaction upon hearing the information. She said, 'Well, it was rather worrying. You can't be too careful about dodgy men visiting the house after Baby P' (Observation notes, day four, City teams).

In this case, the sense-making process took a different turn because there were details of the case that mirrored those of a high profile child death case. Although the similarities were minor, the impact was significant because of the emotional resonance between the two cases. This can be seen as an example of the availability heuristic, where people judge an event (the man visiting the house being an abuser) as being more likely because they can retrieve another example (the Peter Connelly case) relatively easily (Gilovich et al., 2002; Kahneman, 2011). The only thing that was known about the visitor was his gender and no other risk factors were known. The fear that was generated was principally derived from a superficial resemblance to the Peter Connelly case, but this was sufficient for the task of establishing the man's identity to be escalated as a priority over other risk factors for which there was clear evidence. Once an alternative, low risk explanation was offered, the social worker and manager appeared to relax but the first priority was establishing this alternative explanation.

There were repeated references to the anxiety about being publicly 'named and shamed' in the City team but no comparable references in

the Sycamore service.  The most straightforward explanation is that the services had different primary tasks and accountabilities. The primary task of an organisation is defined as the task it must perform if it is to survive (Roberts, 1994). Whilst the overall primary task of practitioners in both settings was safeguarding and promoting the welfare of children, there were differences in their primary task and the nature of their responsibility.

Put simply, the direct responsibility for safeguarding resided with practitioners from the local authority children's teams. Consequently, City team practitioners were not just writing assessment reports, they were directly responsible for ensuring the safety of the children. In contrast, practitioners in the Sycamore service who had immediate concerns about a child contacted the allocated local authority social worker who had made the referral because they had direct responsibility for the child's welfare. This meant that, although the tasks seemed similar, the levels of responsibility and accountability were different and generated significantly different levels of anxiety.

## 7.3.2 Sub-theme: 'Pervasive accountability versus distanced accountability'

A second difference between the two sites was that there was also a different structure to the accountability within the assessment process. In the Sycamore service, the final assessment report was scrutinised through the court process, which meant that their assessment was only examined when it was completed. The nature of the court process meant that the scrutiny of the final report was often intensive but this was at the end of the sense-making process. Prior to this, there was a

significant level of thinking time and space that was devoted to creating a robust overall account through pattern recognition and story building using System 1 intutive thinking and tested thoroughly using System 2 analytic thinking. Thus, the structure of the work and the wider organisation served as a 'bulwark' against the anxiety provoked by the work. This accountability structure can be described as distanced accountability, in the sense that scrutiny was applied at the end of the process. For the Sycamore, this process was analogous to the 'sandboxing' process in computer systems, where a part of the system that is being developed is temporarily protected before it goes 'live' in order to both protect it from outside interference and to ensure that it is ready before it interacts with wider systems. Staff in the Sycamore service rarely discussed accountability and when they did, it was either an arms-length accountability to the court or a more informal accountability towards the child.

By comparison, the form of accountability present in the City teams was pervasive because every stage of the process was open to immediate public scrutiny. This is most clearly seen in the electronic client database, where digital technology increased opportunities for professional surveillance through the increased visibility of practitioners' case records. Client records were available to be scrutinised at any time by team managers, more senior managers and others outside the immediate service, such as the emergency duty service that provided cover out of hours. This significantly increased the ability of managers to engage in surveillance of practitioners and this was something that they were aware of, e.g. one manager joked that, if he wanted to 'spy' on his staff, he no longer had to go down to the office to collect the paper file because he could access everything electronically (Andrew, highly experienced practitioner/manager, interview ten, City team).

Whilst there are clear arguments that this is necessary for the immediate protection of children, the public nature of such case records adds an extra dimension to the anxiety that practitioners experienced. In chapter 4, the practitioner who discussed a case of the family squatting in a garage stated that she felt that she was 'being watched' and described how fear drove her to ensure she prioritised her case recording in order to 'keep them off my back'. This mirrors the description of parents in chapter 6, where they are being scrutinised and will do whatever is necessary in order to get social workers 'off their backs'. It is not being argued that such behaviour began with the development of electronic case record systems, merely that the increased visibility that such records enable is likely to increase the likelihood of its occurrence.

One way in which workers responded to the anxiety provoked by the nature of the work was to focus their case recording upon defending their practice against future potential criticism. This is captured by one senior Sycamore clinician who discussed the reports and case records that they received from different local authorities:

> It's really pretty, uninteresting information; the social workers record all the funny things that they've been up to, and obviously that might be relevant in some way to an analysis of whether the social worker has done the right thing, but that's really not what I'm interested in. I'm interested in the kid, and so whether or not the social worker rang three times and blah, blah, blah, blah, I don't really care that much – that's not my job.  But you know, I feel that sometimes that's taken too far and uses up too much space.  So there's a, to some extent you're searching for a needle in a haystack; you're trying to find a few needles, a few key needles, a few key things that you can link together to make sense of this case, and there's a lot of other

information which is just sort of background noise (Simon, senior clinician and highly experienced practitioner, interview 23, Sycamore service).

He argued that the local authority social workers often had too strong a focus on accountability, which distorted their attention away from the child and towards defending their actions against potential criticism. One interpretation is that such behaviour can be seen as a form of pre-emptive vindication, in which practitioners manage their fear of being held accountable by using their case recording and reports to justify their actions before they are criticised. If there is a mirroring process whereby societal perceptions of wayward and neglectful parents are extended to the professionals who monitor them, then it is unsurprising that these professionals spent a considerable amount of their time and energy demonstrating that they were 'good' practitioners. If so, it could be argued that it is ironic that such an imperative detracted from their ability to actually be good practitioners by drawing their attention away from focusing on the child.

In the Sycamore service, practitioners were also careful about what they recorded, particularly as they were aware that their records could potentially be subject to a court subpoena if there was a dispute. However, their records were not networked and accessible to others outside the immediate team, so access was exceptional and delayed rather than routine and immediate. It is likely that other core differences, such as differences in primary task and responsibility, were also influential.

### 7.3.3 Sub-theme: 'Accountability is political'

Another form of response to the culture of accountability within the City teams was more political and involved challenging the dominant conceptions of accountability. This operated as a counter discourse and tended to be offered by more experienced practitioners when they were discussing local authority social work practice. The politically driven nature of the child protection system was highlighted by a City practitioner who had trained overseas:

> Listen, I wasn't around pre-Baby P and pre Victoria Climbié. I wasn't around in that time, but from reading Lord Laming's report and the recommendations and I read a book about Baby P – I read that book and it's like, 'Oh gosh!' So that brought me up to speed as to what happened before and why the system is set up the way it is because I can't understand why the system is set up; it's politically driven. That's how I see it. So our systems are so politically driven and I wonder why everything's such a tick box exercise and why we're so overwhelmed with paperwork because I've lost the sense of what real social work is and they've turned social work into a business transaction. Although they say it's about the children, they don't honestly mean that and I need to vouch for my profession and say, "No. You've got this wrong, government. You've got this so wrong. This is what social work is about: the face-to-face contact, the value of face to face contact with our clients and their families," (Areta, experienced practitioner, interview two, City teams).

Another practitioner argued that the public blaming of the social work profession by the media is wrong and promotes mistrust:

..it encourages other professions to look at the social work profession as something that is, usually gets it wrong, therefore to be challenged; therefore not to be trusted; therefore the statements of social workers that are put into court are not to be trusted (John, clinical associate and highly experienced practitioner, interview 21, Sycamore service).

The theme of accountability being a response to mistrust of the social work profession was taken up by a manager in the City teams:

Why should we be more accountable than architects or doctors? Why is that? It's almost as if we're doing something that's inherently wrong or bad, and therefore we've got to be restricted, restrained, spied on constantly. And it's a profession with an inferiority complex, social work is… What [doctors] do is regarded as inherently good whereas what we do is regarded is inherently suspect, very suspect. Yeah, even though doctors are committing what would but for the rationale for the profession appear to be acts of extreme destruction and violence. Doctors give people poisonous substances and tell them they'd better take them. Poisonous substances that make their hair fall out. Doctors approach sleeping people with sharp knives and cut them open from end to end and then start pulling bits out of them. God almighty! Think those people should be put under a bit of observation at the very least. What do we do? We go out and have friendly chats. The worst thing that we do is we say to children, 'You've got to live here for a while. And not with those 'nice' people who beat you up every day and don't give you anything to eat'. That's the worst thing we do (Andrew, highly experienced practitioner/manager, interview ten, City team).

The manager presented this account in a humorous way, but there appears to be an undertone of anger at the public perceptions of the social work profession. Indeed, there may have been some element of envy at other professions that he perceived to be regarded as inherently trustworthy and therefore not subject to the levels of suspicion shown towards the social work profession. He went on to make an observation that the dominant perception of paperwork as demonstrating accountability developed under a Labour government was being replaced by a perception of paperwork as bureaucracy under the coalition government:

> Bureaucracy is bad, accountability is good. The actual act you carry out - typy typy into computer, put thing in post, send it to family - is absolutely identical.  So, get rid of what used to be called accountability, now it's called bureaucracy (Andrew, highly experienced practitioner/manager, interview ten, City team).

This suggests that the concept of accountability can be seen as highly political and, with a change of government, activities that previously demonstrated desirable accountability are now reframed as demonstrating undesirable bureaucracy. This highlights the interpretation of accountability as a blame allocation process rather than professional responsibility.

It was interesting that the political nature of accountability was only highlighted in relation to the City team and local authority social work in general and there was no comparative focus within the Sycamore service. One explanation is that local authorities are subject to direct political control, whilst the expert professional status of the Sycamore service meant that it was not subject to political scrutiny in the same way. Another contributory factor is that local authority children's services have been disproportionately blamed by both political leaders

and the mainstream media when child are harmed, which can be seen as a primary driver behind the politicisation of accountability within child protection (Jones, 2014; Warner, 2013).

## 7.4. Summary

In this chapter, I have explored how organisational settings influenced practitioner sense-making in both sites and identified three central themes. The first theme, 'time to think', explored how timescales influenced practitioners' sense-making. Whilst the impact of rigid, short timescales was a strong theme in the City teams, it did not feature as a significant theme in the Sycamore service, which was linked with the longer and more negotiable time limits. One of the consequences in the City teams was that investigations were sometimes reduced to fit the available time limits, which was often experienced with dissatisfaction by practitioners and managers. There was evidence of the rule of optimism (Dingwall et al., 1983) and speed practices (Broadhurst et al., 2010). When faced with challenging time limits, one of the first tasks to be sacrificed was time spent communicating with children, but various reasons for this was explored, including practitioners seeking to defend themselves against children's painful experiences by avoiding contact with the child. Another way that practitioners may manage rigid and short time limits was lowering the threshold on what is an acceptable story. Various heuristics were examined, from parents from professional backgrounds being viewed more positively in a halo effect to anonymous and neighbour referrers being routinely categorised as malicious. Whilst early categorisation was valued in the City teams, it was discouraged in the Sycamore service, which was linked with their different primary tasks.

The second theme, 'space to think', explored how opportunities for reflective thinking influenced practitioners' sense-making. It was argued that limited shared discussion about cases acted as another barrier to the sense-making process. Case discussion provided practitioners with valuable opportunities for their intuitive judgments to be challenged by the intuitive and analytic reasoning of others. This enabled others to act as a second pair of eyes in the sense of offering alternative intuitive judgments and offering analytic scrutiny of existing judgments. Peer discussion and support was important in both settings, but it was only incorporated into formal decision making in the Sycamore service. In the City teams, peer discussion was ad hoc and was not formally recognised because it did not fit within traditional accountability structures.

It is important for practitioners to be able to discuss cases to help them understand and manage their emotions as well as sense-making, though they were intertwined because understanding their emotional responses often told them something important about the case. Managers are expected to contain the feelings of the practitioners they supervise, but often had difficulties containing their own anxieties.

The third theme, 'cultures of accountability', examined how organisational understandings of accountability influenced levels of anxiety and social defences within the two settings. It was argued that practitioners were highly aware of negative media and public attitudes towards social workers that influenced of their sense-making, such as over responding to cases that appeared to share features with high profile cases, however tenuous these similarities were. A distinction was made between distanced and pervasive accountability to distinguish at what stage scrutiny took place in the sense-making process. The Sycamore service was characterised by distanced accountability, where the final assessment report was scrutinised in the

court process, whilst the City team was characterised by pervasive accountability, where every stage of the process was scrutinised and was subject to challenge. It was argued that an overly-pervasive sense of accountability made it more difficult for City practitioners to retain a focus upon the child and encouraged case recordings that focused on a form of pre-emptive exoneration as a means of defending against anxiety. While digital technologies have the potential to bring about significant improvements, they also have the potential to increase anxiety by increasing the visibility of practice and providing greater opportunities for surveillance of practitioners by managers. Finally, the political nature of accountability was explored as a counter discourse in relation to local authority social work that was offered by more experienced practitioners.

In this final findings chapter, my aim was to examine how aspects of organisational structure and culture can influence practitioner sense-making. The next chapter will discuss the conclusions, implications and limitations of the study as a whole and suggest future areas of research.

# Chapter 8 - Discussion and conclusions

The purpose of this final chapter is to establish and discuss how the research questions have been addressed, to identify and explore the importance and implications of the study for child protection policy and practice and to evaluate the strengths and limitations of the study. The chapter is structured into three parts. The first part will provide a summary and discussion of the key findings. The second part will explore the implications for a range of stakeholders and provide recommendations for future research. The final section examines the strengths and limitations of the study and provides a critical reflection on how the study has contributed to the literature.

# 8.1. Returning to the research problem

In order to discuss the findings, it is necessary to return to the original research problem. In chapter one, it was argued that the predominant focus in inquiry reports has been on failures in professional judgment, often leading to increased central prescription of everyday practice in the form of increased procedures and guidance (Ferguson, 2004; Munro, 2010). Since this study started, this issue has gained prominence through the Munro review, which recommended redressing the balance by reducing the amount of central prescription and increasing the scope for professional judgment (Munro, 2010, 2011a, 2011b). Child protection has continued to have a high media profile in England, following a string of prosecutions of celebrities following the Jimmy Saville scandal. Social work education has been the subject of

two government reviews (Narey, 2014; Croisdale-Appleby, 2014) that were set up to address perceived weaknesses in how social work students are prepared for practice, alongside the government's Frontline initiative to fast track graduates.

The two research questions were; how do practitioners engage in sense-making in their everyday work and, how are these sense-making processes influenced by the organisational setting within which practitioners work? These sense-making processes were studied though ethnographic observations and interviews in two sites, a local authority children's service and an NHS multi-disciplinary court assessment service. Contrasting organisational settings were chosen to explore how this influenced practitioners' thinking when undertaking assessments.

In chapter two, it was argued that the dominant theoretical perspectives that have informed previous studies of practitioner sense-making in child protection have been broadly sociological in nature (Dingwall et al., 1983; Pithouse, 1984; White, 1997; Scourfield, 1999; Holland, 1999; Buckley, 2003; Broadhurst et al., 2010). The current study has adopted a theoretical approach that has been informed by the psychological study of judgment and decision making and the psychoanalytic study of emotions within organisations.

## 8.2. Summary and discussion of findings

The findings can be divided into two interrelated clusters that address the two research questions, namely, the nature of practitioner sense-making processes and how these are influenced by organisational

settings. Each cluster of findings will be outlined and discussed in relation to the previous literature.

## 8.2.1 Individual sense-making processes

The first cluster of findings related to practitioners' sense-making processes. In both sites, practitioners engaged in sense-making processes that were characterised by quick, intuitive judgments followed by analytic evaluation. This dynamic interplay between intuitive and analytic thinking processes could be undertaken by a practitioner individually but was most visible during case discussions. For example, when an intuitive judgment was offered ('Dad looked furious with Mum for how she answered that question"), the responses usually took one of several forms. Firstly, it could take the form of questioning whether the intuitive judgment is likely to be accurate ("I didn't get that feeling") or to suggest alternative intuitive judgments ('I thought Dad looked frustrated with your question rather than angry with Mum'). Secondly, it could take the form of analytic questioning of whether the intuitive judgment was consistent with previous information about the family ("Do we have any history of him being aggressive to her? Is he trying to hide something?") and the hypotheses or stories that are being developed ('How does the couple manage conflict? Is there a pattern of him being controlling? Does it fit with what we think is going on with the family?'). These processes are compatible with the dual process model, which argues that we understand complex and sometimes conflicting information through the interplay of intuitive judgments (System 1) and analytic thinking (System 2) (Evans and Frankish, 2009).

These findings are similar to Taylor (2007), who found that social work decision making was primarily intuitive but with some fluidity between

intuitive and analytic modes of cognition. Interestingly, analytical decision making was never found to be the sole method of decision making in any of the cases; analytical processes were always combined with intuitive processes. This would support the dual process model's contention that analytic thinking processes are primarily reactive, i.e., they are critical evaluations of judgments deriving from intuition (Kahneman, 2011). However, Taylor's study did not use the dual process model, which is most likely because the study was completed before the dual process model gained prominence.

Intuitive (System 1) judgments had two main potential sources (Kahneman and Klein, 2009). Firstly, the skilled pattern recognition of experienced practitioners based upon their previous repertoire of experiences that is described in the recognition primed decision making model (Klein, 1999, 2009). Secondly, the heuristics and biases that derived from the vulnerabilities in human cognitive processes described by the heuristic and biases approach (Gilovich et al., 2002). Each of these will be discussed in turn.

The intuitive judgments that practitioners generated were informed by their previous repertoire of experience and the process took the form of pattern recognition and story building. When engaging in pattern recognition, practitioners made sense of information by spotting patterns and making connections. These processes are outlined in the recognition primed decision making (RPD) model, which identifies how experienced practitioners see patterns when they start to see cues that link together and this leads them to look for further cues based on the accumulated experience (Klein, 1999, 2009).  Practitioners identify these relevant cues that aid situational understanding and enable them to develop expectancies and appropriate goals and to identify a course of action (Klein, 1999; Hardman, 2009). These processes appeared to

be consistent with the Pennington and Hastie (1993) story model of jury decision making described in chapter two, which found that jurors constructed a plausible storyline from the evidence that they had heard and then decided which sides' account is closer to their storyline (Pennington and Hastie, 1993; Hastie, 2008).

The level of experience of the practitioner appeared to play a significant role in the development of pattern recognition and story building skills. Three categories of experience were identified; less experienced practitioners (less than 12-18 months experience), experienced practitioners (18 months - 5-6 years experience) and highly experienced practitioners (more than 5-6 years experience).

As practitioners gained experience, their sense-making skills changed in three main ways. Firstly, they developed ways of managing the volume of information to avoid cognitive overload and commonly focused on a smaller number of key sources of information. Secondly, they were more able to spot missing information, usually because they were engaged in more sophisticated pattern spotting. Thirdly, they had a more sophisticated evidential approach that involved triangulating information using multiple sources and with an increasingly strong emphasis on observation. These are summarised in figure 8.1 below:

Figure 8.1: Summary of key phases:

| Level of experience | Key features |
| --- | --- |
| Less experienced (Less than 18 months experience in a local authority child protection role)<br><br>(5 participants) | Vulnerable to feeling overloaded by information, i.e., cognitive overload.<br>Made assumptions about information sources, e.g., 'all professional sources are reliable and accurate'.<br>Generally lacked confidence |
| Experienced (Between 18 months and 5-6 years experience)<br><br>(9 participants) | More developed pattern recognition skills<br>Beginning to focus on key information rather than treating all information as equal.<br>Starting to spot missing information.<br>Greater emphasis on triangulating information, particularly with observation. |
| Highly experienced (More than 5-6 years experience)<br><br>(10 participants) | Highly developed pattern recognition skills, particularly going beyond categorisation cases in terms of specific features, e.g. a 'DV' case, to recognising that each family is highly individual.<br>Consistently focuses on key information rather than giving equal attention to all information.<br>Consistently able to spot missing information<br>Highly sophisticated evidential approach with strong emphasis on observation. |

The limited sample size means that these timescales should be treated as approximate and would need to be confirmed by a larger scale study. Although the level of experience generally had a consistent effect on practitioners' sense-making skills, it was not simply the case that experience equalled expertise. Even within a small sample, there was variation between practitioners at every level of experience and this related to factors such as motivation, communication skills and general

reasoning skills. In the experienced practitioner category, there was one participant out of 9 who did not have the features and in the highly experienced practitioner category, there was one out of 10 that did not have the characteristic features of that experience level. However, the key features were observed in the majority of participants in the less experienced (5 out of 5), experienced (8 out of 9) and the highly experienced practitioners (9 out of 10). Consequently, experience appeared to be a necessary and important but not a sufficient condition for expertise and was only one factor in a number of factors that influenced how practitioners engaged in sense-making. Whilst experience did not guarantee expertise, inexperienced workers were less likely to demonstrate strong pattern recognition and story building skills because such skills required a repertoire of previous experiences to draw upon.

It is important to recognise the limitations of self-reports, in the sense that participants can make claims about their abilities that may not be supported by observation of their practice (Forrester et al, 2008). Hollway and Jefferson (2000) developed the concept of the 'defended subject' to describe how participants are likely to give accounts that serve to defend against anxiety. In this study, two points are relevant. Firstly, the focus is upon practitioners' reasoning processes rather than their practice skills in a wider sense. Consequently, these reasoning processes were observable by me as the researcher when practitioners were discussing cases. This is quite different from other skills such as the ability to engage with children, where practitioners may be able to give a convincing account in an interview that would not be substantiated by observation of their practice. Secondly, the later transition between the 'experienced' and 'highly experienced' category was not identified by the participants themselves but by myself as the researcher. It was through undertaking and analysing interviews with

practitioners in these two categories that I identified key differences in the ways that they thought about cases.

This pattern of development has similarities to the Dreyfus and Dreyfus (1986) model of expertise, which presents a model of how people progress from being novices to becoming experts. Dreyfus and Dreyfus (1986) argue that novices start with a rigid adherence to rules with little situational awareness and progressively build up to being able to focus on the most important features of a situation and develop discretionary judgment. The final stage in their 5-stage model is the expert stage, in which practitioners predominantly use intuitive decision asking and rely upon analytic reasoning only when situations are novel or when decisions must be formally justified (Dreyfus and Dreyfus, 1986). Gary Klein acknowledges the strong influence of the Dreyfus and Dreyfus model and Hubert Dreyfus was personally involved in the development of the RPD model (Klein, 1999). The Dreyfus and Dreyfus model has been adapted more widely to explain professional development by Eraut (1994) and applied to the nursing profession by Benner (1982). The contribution of this study is that it provides further evidence for the Dreyfus and Dreyfus model combined with the application of the dual process model to provide a more developed account of the relationship between intuitive and analytic reasoning processes.

Although the pattern recognition and story building processes generally appeared to enable experienced practitioners to process information quickly and effectively, these were not the only sense-making processes that were in play. The second source of intuitive (System 1) judgments was the heuristics and biases that result from the cognitive vulnerabilities of human thinking processes. The ones observed were the availability heuristic, halo effect, the Semmelweis reflex and confirmation bias (Gilovich et al., 2002; Nisbett and Wilson, 1977; Hardman, 2009).

The availability heuristic is the tendency to overestimate the likelihood of events that can be retrieved from memory more easily, which can be influenced by how unusual or emotionally charged they may be as well as how recent they are (Gilovich et al., 2002). The clearest examples came from situations where practitioners saw some similarity between a case and a well-known child death, most frequently Peter Connelly and Victoria Climbié. This typically led to increased anxiety in the short term, even when the similarities with the case were limited or tangential.

The halo effect refers to the influence of an overall evaluation of a person on evaluations of their individual attributes, i.e., we are more likely to regard a person that we like as trustworthy, even when we have no information to base this upon (Nisbett and Wilson, 1977). Negative halo effects were noted in relation to anonymous, neighbour and family referrals, where practitioners routinely suspected the motives of the referrers and were less likely to act upon the referral. Positive halo effects were identified in relation to two separate referrals where family members worked in health and social care. Their professional identity led practitioners to form more positive views of their attributes as carers and to place greater trust in them. In one case, further information came in that contradicted the earlier appraisal and the worker quickly reappraised the case rather than succumbing to confirmation bias. This was consistent with other observational data, particularly in the Sycamore service, which suggested that practitioners were more likely to revise their appraisals of situations where contradictory information was received.

This is interesting in the light of Munro's (1996, 1999) analysis of child death inquiries, which found that practitioners were usually slow to revise their original opinions and tended to ignore contradictory evidence. The limited data available in this study would question this

tendency in everyday child protection. However, the difference can be at least partially explained by Munro's study being solely of child death inquiries rather than a general sample of child protection cases. If so, this would raise questions about the extent to which a study of exceptional cases can be generalised to everyday settings.

Confirmation bias refers to the tendency to pay more attention to information that confirms our existing beliefs than information that challenges it (Munro, 1999; Hardman, 2009). Practitioners in both settings demonstrated an awareness of confirmation bias, but this was more explicitly acknowledged in the Sycamore service. Whilst there was significant pressure for City practitioners to categorise referrals early in order to meet tight time limits, there were opposite pressures on Sycamore practitioners; early categorisation left them vulnerable to being accused during cross-examination of having made up their minds early and distorting evidence to fit their early impressions.

There was limited evidence of the Semmelweis reflex (Hardman, 2009), which refers to the tendency to automatically reject new evidence that contradicts a paradigm, which was found in one specific circumstance – practitioners' disbelief and confusion when children or young people made allegations that were subsequently found to be false. In chapter 6, two separate examples of teenagers making false allegations of sexual abuse were discussed along with the practitioners' struggles with the paradigmatic belief that children should always be believed.

In summary, practitioners in both settings were vulnerable to predictable errors that derived from heuristics and biases (Gilovich et al., 2002). However, these were not observed to be as frequent as might be expected from the heuristics and biases research. A likely explanation derives from one of the main critiques of the heuristics and biases approach, namely, that the research uses experimental conditions that

artificially exaggerate cognitive vulnerabilities, e.g., through using inexperienced participants undertaking unfamiliar tasks designed to generate errors in intuitive judgment. As the study observed practitioners undertaking tasks in naturalistic settings that they were familiar with and had completed lengthy professional training to undertake, it should be unsurprising that they made less errors than observed in experimental conditions.

Practitioners reported commonly experiencing a difference between the family described in the referral information (the 'paper family') and the family they met (the 'flesh and blood family'). More experienced practitioners came to expect this and the most commonly reported difference was that the flesh and blood family was less anxiety provoking than the paper family. However, there were some referrals, known as 'iceberg' referrals, where the problems identified in the referral were symptoms of deeper and more complex problems.

## 8.2.2. The influence of organisational settings

The second cluster of findings focus upon the question of how practitioner sense-making is influenced by organisational settings. Three themes were identified: the amount of time that practitioners had to think ('time to think'), the extent to which they had opportunities for shared case discussion ('space to think') and the culture of accountability within the organisational setting ('an accountable service').

## 8.2.2.1 'Time to think'

The first theme, 'time to think', expressed how timescales influenced practitioners' sense-making. Whilst the impact of rigid, short timescales was a strong theme in the City teams, it did not feature as a significant theme in the Sycamore service, which was linked with the longer and more negotiable time limits. A significant contextual factor was that the usual high pressure on local authority intake services such as the City teams had substantially increased during the period of the fieldwork in the wake of the death of Peter Connelly and the subsequent media scandal.

In response to these pressures, City practitioners and managers used a range of operational strategies that aimed to either reduce demand upon the service (operational defences) or to complete work within timescales by creating shortcuts (speed practices). Operational defences included disputing responsibility if other local authorities were involved, a 'robust' approach to challenging referrers, the 'normalising' of referrers' concerns (parental behaviour was reframed as being part of a wider continuum of 'ordinary' though imperfect behaviour) and strategic deferment (sending the referral back to the referrer to ask for more information). Similar strategies were identified in both the ICS study discussed in chapter 2 (Broadhurst et al., 2010; White, 2009; Wastell et al., 2010) and a study of local authority services for adolescents (Biehal, 2005), which found that sometimes practitioners attempted to manage demand for non-urgent services by 'normalising' the young people's behaviour as means of justifying non-intervention by downplaying parental concerns (Biehal, 2005).

Speed practices included early categorisation and algorithmic reductionism (reducing the complexities of a case to a series of either/or

decisions), early foreclosure (lowered thresholds for an acceptable story), standardised responses and reducing time spent with children and their families. These were very similar to the speed practices identified by Broadhurst (2010) in their study of the ICS system in five local authorities. When faced with challenging time limits, one of the first tasks to be sacrificed was time spent communicating with children, but various reasons for this were explored, including practitioners seeking to defend themselves against children's painful experiences by avoiding contact with the child. Another way that practitioners may manage rigid and short time limits was lowering the threshold on what is an acceptable story if existing information could be understood in a positive way so further action was not necessary. There were similarities to the 'rule of optimism' identified in Dingwall et al (1983), where child protection practitioners are expected to apply positive interpretations unless there is overwhelming evidence to the contrary. However, whilst Dingwall et al (1983) saw this as an inherent part of the social licence granted to the child protection system in a liberal society, this study suggests that it may also function as a means of managing demand within finite resources.

One of the ways in which differences in time scales affected practitioner sense-making was the relative emphasis on intuitive and analytic processes (Systems 1 and 2) and the stage at which conclusions were reached. The short and rigid timescales in the City teams increased the pressure to analyse information and come to conclusions earlier in the assessment process. The longer and more flexible timescales in the Sycamore service meant that there was little pressure to come to firm conclusions early and the organisational culture valued delaying assessments until later in the assessment process. As discussed earlier, this was at least partly because it was regular practice for the barristers representing the parents to examine the final report for evidence that the team had come to precipitous conclusions early and

had shaped the evidence to fit their early conclusions, i.e., confirmation bias. Consequently, Sycamore practitioners were particularly cognisant of heuristics and biases and demonstrated vigilance against them.

## 8.2.2.2 'Space to think'

The theme of 'space to think' explored how opportunities for case discussion influenced practitioners' sense-making. It was argued that opportunities for case discussion supported practitioner sense-making in two ways. Firstly, it supported the dynamic interplay between intuitive and analytical sense-making reasoning processes. Case discussion provided practitioners with valuable opportunities for others to offer either their own intuitive judgments (System 1) or for their own intuitive judgments to be challenged by the analytic reasoning (System 2) of others. This enabled others to act as a second pair of eyes in the sense of offering alternative intuitive judgments and offering analytic scrutiny of existing judgments. This was significantly more formalised in the Sycamore service, where this interplay changed as the assessment progressed. In the early stages, discussions were more dominated by intuitive thinking processes with less pronounced analytic evaluation. In the final stages, discussions were more focused upon formulating a final account and recommendation that would be written as the assessment report. At this stage, the discussion tended to feature more analytic (System 2) features because formulating the final story about the family required the team to develop an overall account that explained the key features in a way that would be defendable in a court arena.

The second way in which opportunities for case discussion influenced practitioners' sense-making was that it provided space for practitioners to make sense of their emotions and to have these contained. In

everyday practice, these were intertwined because understanding their emotional responses often told them something important about the case. Practitioners in both settings managed their emotional responses through discussing them but on occasion by using splitting and projection, usually in order to retain a sense of being 'good' in contrast to some 'Other' who was identified as 'bad', whether this was other professionals, organisations or family members.

Peer discussion and support was important in both settings, but it was only incorporated into formal decision making in the Sycamore service. In the City teams, peer discussion was ad hoc and was not formally recognised because it did not fit within traditional accountability structures.

## 8.2.2.3 'Cultures of accountability'

The theme of 'cultures of accountability' examined how organisational understandings of accountability influenced levels of anxiety and social defences within the two settings. It was argued that practitioners were highly aware of negative media and public attitudes towards social workers in ways that influenced their sense-making, such as over responding to cases that appeared to share features with high profile cases, however tenuous these similarities were. A distinction was made between distanced and pervasive accountability to distinguish at what stage scrutiny took place in the sense-making process. The Sycamore service was characterised by distanced accountability, where the final assessment report was scrutinised in the court process, whilst the City team was characterised by pervasive accountability, where every stage of the process was scrutinised and was subject to challenge. It was argued that an overly-pervasive sense of accountability made it more

difficult for City social workers to retain a focus upon the child and encouraged case recordings that focused on a form of pre-emptive exoneration as a means of defending against anxiety. It could be argued that this finding is subtly different from the ICS study, which found that:

> Workers consistently claimed that it was easy to lose sight of the primary activities of supporting families and safeguarding children, to the second-order activities of performance and audit (Broadhurst et al., 2010, p.359).

Instead of explaining this as simply about practitioners managing the competing claims on their time, this study suggests that it was about managing the anxiety-provoking nature of the work.

This can be seen within the context of wider developments within New Public Management, where accountability is equated with documentation (Munro, 2004; Tsui and Cheung, 2004; Burton and van den Broek, 2009). It is important to note that there is a difference between the processes that practitioners use to make their professional judgments and the account that they give to justify that process (Taylor, 2007; Gillingham, 2009). Whilst the former is about reaching a judgment, the latter is about being able to defend that judgment in an accountable way. In both research sites, the processes of accountability were heavily emphasised but this was particularly acute in the City teams because of the culture of pervasive accountability. There is evidence from other studies of this split between the processes used to make a decision and the processes used to justify that decision. In his study of the use of structured instruments in Australia, Gillingham (2009) concluded that although the structured instruments were designed to support decision making processes, their dominant use was as a means of defending decisions that had been made by other processes. This is also consistent with the ethnographic study of child

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protection services in the UK completed by Holland (1999, 2010), in which she found two discourses of decision making, scientific observation and reflective evaluation. She found that the dominant discourse used for communicating and justifying assessments to the court was scientific observation, even if that was not the dominant process used to make the decision.

All three themes are interlinked, in the sense that supporting practitioners in their professional judgment required both the time to be able to think, the availability of space for discussion and for that space to not be dominated by the concerns of accountability. As such, the study provides evidence for Munro's assertion that shorter timescales mean that practitioners rely more on intuitive reasoning and the more supervision focuses upon performance indicators, the less it will contribute towards or provide opportunities for reflective thinking (Munro, 2008a).

In summary, the model for understanding practitioner sense-making is illustrated in figure 8.2 below:

Figure 8.2 The DEED model of practitioner sense-making and professional judgment.
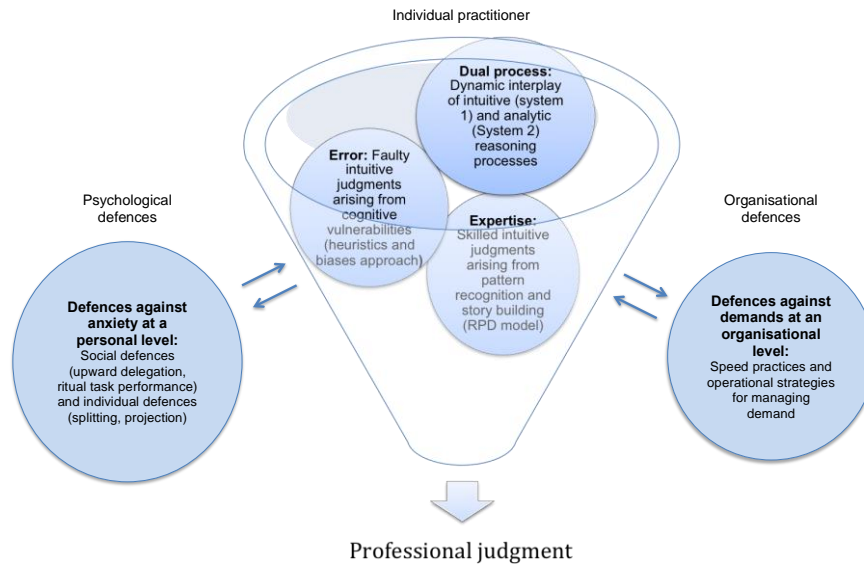


The acronym DEED has been used to capture the different elements of the model, which refers to:

D – Dual process (intuition and analytic processes)

E – Error (heuristics and biases)

E – Expertise (pattern recognition and story building)

D – Defences (psychological and organisational)'.

The central funnel represents the cognitive and emotional processes practitioners engage in to form professional judgements. As such, it can be seen as a triple process model in which the two processes of intuitive and analytic reasoning occur within a third emotional context.

In this model, the focus of the emotional context is on the social defences, and from the analysis of the data from the two sites, on the

defences of splitting and projection. Intuition and analytic reasoning interact interact in a two-way flow with the psychological and emotional defences that individual practitioners and organisations engaged in. To be clear, these social defences should not be automatically regarded as negative, since they form a boundary around the organisation and serve to protect it. As such, these defences are neither inherently negative nor positive, but should be evaluated upon the consequences that they produce. Thus the model incorporates the inner lives and interior world of the organisations and individuals and is thus constitutive of all experiences and decision-making processes.

# 8.3 Implications

The implications of the study can be divided into theoretical implications and implications for child protection practice. Rather than provide an exhaustive discussion of all of the implications, my aim is to focus upon key implications in each domain.

## 8.3.1. Theoretical implications

There are three key theoretical implications of the findings of the study. Firstly, the application of the dual process model to practitioner sense-making deepens our understanding of the traditional debate between intuitive and analytic reasoning processes. Rather than competing alternatives, they are two ways of thinking that are recursive, interactive and integrated into our everyday reasoning processes. As well as

theoretical implications, this has implications for everyday practice that will be discussed in the next section.

Secondly, the application of the recognition primed model of decision making extends our understanding of how experienced child protection practitioners make sense of information in a different way to less experienced practitioners. More specifically, the concept of pattern recognition and story building focuses attention on the specific sense-making processes that experienced practitioners use and enables the possibility of capturing these through further research, which will be discussed later in this chapter.

Finally, there are theoretical implications for the conclusion that practitioners were subject to heuristics and biases as suggested by Munro's (1996, 1999) previous study of child death inquiries, but these were less pronounced or frequent. Whilst this supports the substance of Munro's claims, it also suggests that the study's focus on exceptional cases may lead to overestimating the influence of heuristics and biases in everyday practice. To be fair, this limitation was acknowledged by Munro in the original study and it is a common critique of the heuristics and biases approach that studies often find less frequent or pronounced effects in naturalistic settings than experimental conditions, which have been purposefully designed to maximise the effects (Klein, 2009; Gigerenzer and Todd, 1999).

## 8.3.2. Implications for policy and practice

The main implication for practice is that organisational systems need to recognise how judgments are formed in real life situations, which has several aspects. Firstly, organisational systems could provide a means

of raising awareness of the predictable and avoidable errors that arise from vulnerabilities in human reasoning. Practitioners, however experienced they are, are as vulnerable as the general population to making these errors through faulty heuristics. Organisational systems could provide a means of raising awareness of the weaknesses in sense-making processes that affect all practitioners, e.g., availability heuristic, halo effect and confirmation bias. However, they could also raise awareness of the specific weaknesses in sense-making processes that affect inexperienced practitioners, e.g., cognitive overload, an inability to spot what is missing.

Secondly, one of the key implications is that an organisational approach that only focuses upon reducing errors is insufficient. Strengthening analytic (System 2) processes would mean more robust evaluation of intuitive (System 1) judgments to ensure that they are not derived from faulty heuristics and biases. But good professional judgment requires not just high quality analytic (System 2) evaluation but high quality intuitive (System 1) judgments, which can only consistently come from skilled and experienced practitioners.

Thirdly, an implication for organisations is that practitioner sense-making can be supported by providing opportunities for shared case discussion in a safe space which is not dominated by a focus on accountability or the need to defend a position. Whilst this can be seen as relevant to all practitioners, it is particularly important for local authority social workers, as this was most acute in the City setting. Such opportunities support the dynamic interplay of intuitive and analytic thinking processes and provide practitioners with opportunities to understand their emotional responses. The study provides evidence for the importance of what Ruch (2007b) describes as 'emotionally informed thinking spaces'. The purpose of these thinking spaces is that they support practitioners' professional judgment as well as their

emotional well being, because they enable practitioners to share their intuitive judgments and the emotions that are provoked by the work. This process can support the effective use of Systems 1 and 2 by enabling practitioners to share intuitive judgments that can be scrutinised by practitioners themselves and others. This process can help to determine whether intuitive judgments are grounded within the practitioners' experience or could be the result of faulty heuristics.

The opportunity for practitioners to experience this form of 'thinking space' is traditionally seen as the domain of individual supervision, but this study suggests that this may be avoided or compromised at times because of the dominance of managerial concerns that provoke accountability anxiety in both practitioner and manager and damage the ability of supervision to be a containing experience. Across both research sites, it was peer discussion that provided the clearest support for practitioners, whether this was the formalised group discussions of the Sycamore team or the informal, ad hoc discussions of the City teams. Ruch (2013) described a study involving reflective case discussions with local authority practitioners from a range of teams where co-working cases was viewed as valuable by practitioners but this formed the exception rather than the rule. More formalised models for providing peer 'thinking spaces' are provided by work discussion groups within the Tavistock tradition (Rustin and Bradley, 2008) and the case discussion groups described by Ruch (2007b).

Fourthly, there are a number of implications for social work education on qualifying and post-qualifying courses. Formal teaching on decision making using the models described in this study would enable students to have a deeper understanding of real life processes, including the strengths and weaknesses of intuitive judgments, the role of emotions and the importance of analytic reasoning. The use of case discussion groups described above would enable students to develop their

reasoning and pattern spotting skills in a supportive environment and reinforce the value of peer supervision.

Finally, there are wider policy implications for the finding that an overly-pervasive sense of accountability made it more difficult for practitioners to retain a focus upon the child and encouraged case recordings that focused on a form of pre-emptive exoneration as a means of defending against anxiety. Put simply, the commonly expressed view that if 'bureaucracy' and 'paperwork' are reduced, this means that practitioners are freed up to spend more time with children and their families is likely to be over simplistic. The study would suggest that if the actual number of forms is reduced but the culture of pervasive accountability remains as strong, the levels of accountability anxiety will remain or may even increase because there are fewer opportunities to manage this anxiety by engaging in defensive strategies such as pre-emptive exoneration. This will be discussed further in the conclusion.

## 8.3.4. Dissemination of findings and recommendations for future research

I have already undertaken a number of dissemination activities as the research has developed. These have included a peer-reviewed journal article that used early data to examine whether Menzies Lyth's (1960) model of social defences remained relevant to current child protection services (Whittaker, 2011b) and several conference papers that have presented preliminary findings as the study developed (Whittaker, 2011a, 2012a, 2013). A full list of these outputs is presented in Appendix 4. Another key means of disseminating the findings is through teaching, which I have done on social work courses in my own and other universities. Interestingly, I presented my findings to a research

conference within my university and have subsequently received multiple requests to talk on nursing, public health and health service management courses because it was felt that the findings were relevant beyond child protection social work.

Future plans for disseminating my findings are mainly through peer reviewed journal articles and conference presentations. It would appear that there is a growing interest in applying psychological and behavioural science approaches to professional judgment and decision making in child protection (Platt and Turney, 2013; Kirkman and Melrose, 2014) so this would be a key area. But the findings that relate to organisational influences, the impact of timescales and accountability cultures are also relevant for current debates about child protection and social work more generally.

There are two interrelated areas of future research that can further develop the knowledge generated by this study. The two areas are interrelated because the research problems that they address are, firstly, whether the skilled pattern recognition and story building that experienced practitioners engage in can be captured and secondly, whether this knowledge can be used to accelerate the pattern recognition skills of novice practitioners.

A potential research design that would address both areas of research is the use of a computer simulated practice environment, in which skilled practice can be captured in controlled conditions and taught to less experienced practitioners. There are several projects already underway in which computer simulations or 'micro-worlds' are being used to enable students and practitioners to engage in exercises that simulate real world situations, which could be adapted for this study. For example, the computer simulated microworld 'Brigit' has been developed to examine how practitioners use case documentation

(Wastell et al., 2011) and the 'Rosie' project provides a virtual reality environments with real life scenarios (Reeves et al., 2012).

In the first stage of this project, highly experienced practitioners would engage in a number of case scenarios within the virtual microworld and provide a running dialogue about what they are paying attention to. In addition, the software would measure which documents the practitioners pay attention to and how long they view each document. The responses would be synthesised to capture the pattern recognition skills that they employed, which would inform focus groups in which the same practitioners developed expert guidance to accompany each case scenario.

In the second stage of the project, novice practitioners would engage in half of the microworld scenarios chosen randomly whilst providing a running dialogue about what they are paying attention to. They would then repeat the exercise with the other half of the scenarios but would receive the expert guidance developed through the focus groups. They would then be interviewed in order to explore their experiences and sense-making processes. This would provide two sets of data, a benchmark of their initial performance within guidance and their performance while receiving guidance. This would be augmented by data on which documents they viewed and how long they spent reading each document. This exercise could be undertaken as a one-off event or as a series of events with the novice practitioners.

This research design utilises some of the features of the Shadowbox technique, a training technique in which less experienced practitioners engage in vignette exercises with expert opinion (Hintze, 2008). This has already been successfully used in studying the decision making of Dutch forensic crime scene team leaders (Helsloot and Groenendaal, 2011) and to train police officers in social interaction skills (Klein et al.,

2013). An initial focus group was used to identify contextual factors that might influence decision making and a 'serious game' was conducted in order to understand how these contextual factors might influence the decision making process.

Each stage of the research design addresses a different research problem. The first stage addresses the problem of whether skilled pattern recognition can be captured and the second stage explores whether this knowledge can be used to accelerate the pattern recognition skills of novice practitioners.

Another way that the research can be extended is to engage in exploratory research with local authorities to investigate three areas of potential benefit. Firstly, to examine ways of raising practitioner awareness of errors arising from heuristics and biases. Secondly, to explore ways that local authorities can value and harness the expertise of experienced practitioners. Thirdly, how peer discussion can be promoted and become more formally recognised within organisations.

A final potential area for future research is undertaking similar research in collaboration with researchers in other countries. The serendipitous nature of having practitioners who had trained overseas was particularly useful because it helped identify and challenge unexamined assumptions, which is a strength of international research (Finch and Poletti, 2014).

# 8.4 Limitations, strengths and potential contribution to knowledge

The study had a number of limitations. A limitation of naturalistic research is that it does not enable for a controlled environment in which particular phenomena can be manipulated and controlled. As a piece of ethnographic research, the study was limited by the opportunities that were present at the time of the fieldwork. In general, there was a richer range of opportunities that were available than were originally envisaged. However, one notable exception was that there were no opportunities to observe individual supervision in the City teams. It was agreed that I would observe a supervision session on one occasion, but the manager shortly afterwards became ill and so the session could not go ahead. According to the accounts of practitioners, a likely explanation is that individual supervision happened relatively infrequently but there is also the possibility that neither practitioners nor managers wanted to be observed. A more general limitation is that any such study is always a snapshot at a particular point in time. The field of child protection is particularly historically contingent and fieldwork undertaken at earlier or later points in time would be likely to find different attitudes, organisational structures and constraints.

It could be argued that a limitation of the study design was that, although sense-making was visible in both sites, it was naturally more visible in the Sycamore service because of the opportunities for group sense-making in the team meetings that occurred before and after sessions with the family. An alternative argument is that this difference was not a limitation, but a finding, in the sense that shared sense-making received greater emphasis in this setting in Sycamore service.

Another question that I have asked myself is whether I should have focused upon a more formal sample of cases or decisions, e.g., selecting a specific sample of cases or focusing on formal decision making such as child protection conferences. This would have enabled me to provide more structured data, e.g., quantitative data on frequencies and categories. On balance, I would argue that the ethnographic design that I used deliberately focused on the less formal aspects of sense-making rather than the formal decisions. This was a significant strength because it was better at capturing the 'corner of the eye' processes that occur in everyday practice but which rarely command attention.

As a small-scale ethnographic study, another limitation is that it was difficult to isolate specific factors that may have influenced sense-making processes. For example, practitioners in the multi-disciplinary Sycamore teams came from different professional backgrounds and one hypothesis is that practitioners from disciplines such as psychiatry and clinical psychology that emphasize formalised analytic thinking may approach sense-making differently. Such questions are difficult to answer in a small-scale ethnographic study because it is difficult to ascertain whether individual differences between practitioners related to their professional training or other factors, such as personality, communication skills and personal interests.

When examining whether the research findings are transferable to other settings, a key issue is whether the research sites were typical. This presents different issues for each research site, depending upon the rationale for them being chosen. The issue of typicality is highly relevant to the City teams but this is less relevant to the Sycamore service because it was not chosen for its typicality. Instead, the Sycamore service was chosen because it is a specialist service that provided a

contrasting setting to the City teams in order to help identify which factors in the organisational setting influenced sense-making.

The issue of whether the City teams were 'typical' of local authority children's teams is important but problematic one because there are so many dimensions to potentially consider. It was one of a large number of local authorities in that city, which have significant differences to rural, semi-rural and even other major UK cities. Within the range of local authorities, it was mid-range in several dimensions, such as size, resources and inspection ratings and had a structure that was typical of local authority children's services. At an experiential level, two of the key respondents were asked whether the City teams were 'typical' of their experiences in other local authorities. One had experience in eight local authorities across the course and stated that they felt it was a relatively 'typical' local authority. The other key respondent went on to gain experience in another local authority and regarded the City teams as 'more typical' than the other local authority that he now worked in, which had greater resources and a higher national profile. In summary, it would be more accurate to state that there were no clear indicators that the City teams were untypical of local authority children's teams. As such, the findings should be treated with a degree of caution as to their immediate transferability to other local authorities, particularly in rural and semi-rural settings, but there were no indicators that there were significant barriers to transferability.

The limitations of the study were not limited to methodological limitations but were also about my own limitations as a researcher. Being a White, middle class male, it is likely that there will have been aspects of situations that I will have been unaware of that would have been picked up by other researchers. Similarly, participants may have related to me in particular ways, which was discussed in more depth in chapter 3. My own inexperience as a researcher may have meant that I

missed things that a more experience researcher would have noticed, though my previous experience as a practitioner in the settings was helpful in this respect.

Evaluating the study at this stage, I would argue that observing the relatively protected world of the office had its limitations. It was essentially an institutional ethnography in its focus and design, since it sought to examine the influence of organisational settings (Ferguson, 2014b). In the City teams, there was the possibility of observing home visits and I undertook several visits as part of my orientation rather than data collection. However, I thought that it would be problematic to gain the consent of families who were subject to child protection investigations. Whilst this was not insurmountable, I believed that it would have been very difficult to obtain NHS ethical permission to undertake similar activities in the Sycamore service. There is some evidence for this as, when I attended the NHS research ethics committee hearing in relation to my ethics application, the main issue that they sought reassurance on was that I would not be directly observing children and their families. Reflecting upon this now, I think that my decision was also influenced by my inexperience as a researcher and a fear that if I included home visits, I could potentially become embroiled in an ethical quagmire that could seriously undermine the viability of the study. Given that the study was so important to me, this appeared as too great a risk at the time. However, with hindsight I recognise that there is a danger that this colludes with ways in which the social work research community can be 'self-policing'; we assume that we would not get ethical permission for research activities involving service users so we do not seek permission.

In defence of the study design, I would argue that my research question did not require me to directly observe practitioners working with families

because I was interested in practitioner sense-making processes and these were more likely to be visible when they were in the office having discussions with managers and colleagues. However, I do have a regret that I did not challenge my own assumptions more vigorously as observing practitioners with families would have broadened my data and would have been likely to produce valuable insights. As a study about sense-making in office settings, it has all of the limitations that this entails, i.e., a focus on organisational matters at the expense of direct work with children and families. If I had included observations of direct work with children and families, it is likely that I would have much more material about emotions. My data about emotions has primarily been about the emotions provoked by the organisational context and less about the work with families. Observation of direct practice would have enabled analysis of a wider range of situations and contexts and psychoanalytic ideas could then have been applied beyond an institutional ethnography. And, in particular applied to the psychodynamics of individuals and within families. So in that sense, my study is limited by my choice of what and where I observed.

The study had a number of strengths, which are interlinked with its potential contribution towards the literature. The study had all of the strengths of a naturalistic study, because it provides an account that is grounded in everyday practice rather than artificial or exceptional circumstances. The ethnographic design proved to be well suited to studying everyday sense-making in naturalistic settings as it utilises both observational and interview data, which reduces the risk that the findings are method-dependent (Hammersley and Atkinson, 2007). But the strength of using both research methods was more than this, because there was an iterative process between observation and interviews, in which insights derived from observations were followed up in interviews and vice versa.

The contrasting research sites worked well in helping develop an understanding of how organisational settings can influence practitioner sense-making. There were also serendipitous aspects, e.g., having participants who were overseas-trained provided additional insights into child protection practice in England compared to a range of other countries.

## 8.4.1 Contribution to the literature

The study has contributed to the existing literature in three main ways. Firstly, the study applied the dual process model and the recognition primed decision making model to child protection practice. Whilst the former offers a new model for understanding the relationship between intuition and analysis, the latter explains how experienced practitioners develop their sense-making skills as they become more experienced.

Secondly, the study has integrated approaches that are traditionally regarded as incommensurate by combining psychological models of judgment and decision making (Klein, 1999, 2009; Kahneman and Klein, 2009; Gilovich et al., 2002) with psychoanalytic approaches to organisations (Menzies, 1960; Hinshelwood and Skogstad, 2000). These were linked through research from a neuroscience approach (Damasio, 2006) that has linked emotions with intuitive judgments and built upon existing insights into how 'gut feelings' can inform practitioner judgments (Ferguson, 2009, 2011).

Thirdly, one of the key strengths of the study is that, unlike previous studies, it explored practitioner reasoning processes within their organisational settings rather than through the retrospective file analysis that has characterised previous studies (Munro, 1996, 1999; Taylor,

2007). This enabled the organisational dynamics and the vicissitudes of everyday practice to become visible and their influence on professional judgment to be explored. In chapter one, Simon's (1956) metaphor of human decision making as a pair of scissors was introduced, in which the individual decision maker and their reasoning processes was one blade and the decision environment was the other. The strength of the current study is that it is the first psychological study to combine observational data as well as individual interviews and so pays attention to both the individual decision maker and the decision environment.

# 8.5. Conclusions

The thesis began with the well-established argument that the dominant response to high profile failings in child protection has been a rational-bureaucratic approach that is wary of allowing social workers to use their professional judgment and seeks to promote compliance through standardised procedures and performance indicators (Ferguson, 2004; Munro, 2010). This approach is guided by a technical-rational approach to decision making, in which it is assumed that practitioners and managers evaluate the potential risks and benefits of every option available. It was maintained that this is a prescriptive model of decision making that advocates the use of analytic reasoning processes and is highly mistrustful of the use of intuitive reasoning. This conception of human decision making has been widely challenged in the psychological literature on judgment and decision making as being unrealistic and ignoring how decisions are made in real life situations (Klein, 1999, 2002; Gigerenzer and Todd, 1999; Gilovich et al., 2002).

The first overall conclusion of this thesis is that psychological models can make an important contribution to understanding professional judgment in child protection in more realistic and in-depth ways. The study found that experienced practitioners were engaging in skilful sense-making and professional judgment that was more complex than the rather simplistic accounts prescribed by formal models of decision making. Whilst such models emphasise the importance of technical-rational comparison of alternatives using analytic reasoning, real life decision making consisted of a dynamic interplay of intuitive, emotionally-informed judgments and analytic evaluations. As practitioners gained experience, they managed large volumes of referral information by selectively focusing on the most salient information, engaging in pattern recognition that drew upon their previous repertoire of experience in fast, intuitive ways and using sophisticated evidential approaches to evaluate information. The study found that although practitioners were vulnerable to the same heuristics and biases that affected the general population, they were less frequent than would be suggested by a previous study that applied the heuristics and biases model to child protection practice (Munro, 1996, 1999). This is likely to be because that study used child death inquiry reports rather than everyday practice, so is likely to suggest a picture of practice that overestimates the frequency of errors.

The second overall conclusion is that organisational settings can have a significant impact on practitioner judgment for better or worse. There were three themes that related to the influence of the organisational setting on practitioners' sense-making processes. The first two themes were interrelated and consisted of the time and space that was available to undertake assessments and to discuss cases with colleagues. Time pressures were likely to increase the use of operational strategies as shortcuts designed to manage the workload within the timescales. Having space to think in the form of opportunities

to discuss cases with managers and colleagues supported the interplay of intuitive and analytic sense-making processes. The third theme was the culture of accountability that operated within the organisation, specifically the stage at which practitioners were subject to scrutiny. Whilst the NHS court assessment service experienced distanced accountability, i.e., scrutiny of the final report, the local authority teams experienced pervasive accountability, where their practice was subject to scrutiny at every stage. Whilst a culture of pervasive accountability was designed to ensure that practitioners focused on protecting children, this appeared in practice to be self-defeating because it raised anxiety levels beyond limits that can be tolerated without individual and social defences that distracted practitioners away from the primary task.

In evaluating the contribution of the study to child protection policy and practice, I would like to emphasise two key messages from the study. The first message is that improving decision making requires organisations to create conditions for supporting practitioner expertise rather than merely minimising errors. As Reason (2008) argues, the study of error ('human as hazard') has traditionally received greater attention than the study of skilled practice ('human as hero'). In the child protection field, this has followed the contours of a rational bureaucratic approach, which has focused upon reducing errors by increased prescription. The consequence is that this restricts the opportunities for experienced practitioners to be able to use their expertise and reduces the incentives for practitioners to remain in frontline practice. In the context of this study, 'heroic' practice refers specifically to the skilled pattern recognition and story building skills that experienced practitioners developed rather than a wider range of practice skills. The proceduralised nature of the English child protection system lends itself to recently qualified social workers and presents retention challenges for more experienced practitioners, who lack clear mechanisms for maximising practice skills compared to other professions such as

nursing and teaching (House of Commons, 2009; Webb and Carpenter, 2011).

These have been key messages of the Social Work Reform Board (2009), which argued for advanced practitioner status and the Munro Review (2010), which argued for increased space for professional judgment. By examining practitioner expertise in the form of pattern recognition and story building, this study identifies a key area of expert practice that can be further researched in a systematic way and offers the potential to benefit less experienced practitioners.

The second key message for child protection policy and practice is that further debate is needed about accountability in local authority child protection social work. The study found that a culture of pervasive accountability created significant anxiety, which increased the risk that practitioners defended themselves by directing their attention towards case recording as a form of pre-emptive exoneration. This directed attention away from the primary task of protecting children and the decision making processes that support this towards defensive strategies that protect practitioners and organisations. Indeed, the concept of 'pervasive accountability' challenges the dominant discourse of accountability being an inherent good.

It can be politically sensitive to challenge the emphasis on accountability within social work, because it can be perceived as advocating unbridled professional power over the lives of others, seeking unfettered freedom for oneself or arguing that social work is not a responsible or 'proper' profession. To be clear, this study does not argue against the concept of accountability *per se*. Instead, it suggests that accountability should be appropriate to the task and should promote the practitioner performing the task well. If the approach to accountability diverts attention away from children and reduces the

capacity of the practitioner to perform the task, it stops becoming a means of promoting good practice and merely becomes a means of allocating blame for the poor practice that it has unwittingly contributed towards. This is not an argument against accountability, but for better accountability that serves to promote rather than inhibit or distort good practice.

A final thought is that I regard my central findings as essentially hopeful. Academic studies of everyday practice in social work can sometimes provide rather pessimistic accounts, as described by Pithouse and Williamson (1997):

> '…the unrelieved gloom that sometimes characterises academic accounts of practice, particularly social work, whereby oppression, neglect, and incompetence are unerringly found by those whose intellectual fascination with welfare is to ensure they find little that is positive or liberating about it (Pithouse and Williamson, 1997, p.xiii).

This study offers grounds for cautious optimism because it suggests a more developed way of looking at human reasoning that can help move us beyond the tired battle lines of the intuition versus analytic reasoning debate. By focusing on the strengths as well as the weaknesses of intuitive judgments, it challenges the traditional 'human as hazard' approach that focused exclusively upon errors of judgment. As such, it offers new ways of understanding professional judgment and can contribute towards developing organisational cultures that genuinely support and value practitioner expertise.

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# Appendix 1: Participant information sheet and consent form

## Participant Information Sheet

**Section A: The research project**

**Title of project**: Child protection professionals' accounts of 'high risk' families: An ethnographic study.

**Purpose and value of study**: The purpose of the study is to understand the accounts that child protection professionals give of the families that they work with and to analyze the underlying narratives or stories that these accounts tell. The value of the study is that it can provide valuable insights that can inform frontline practice in the child protection field.

You are invited to participate in this research study, which is a PhD project undertaken through the Tavistock Clinic and University of East London. The study is a piece of individual, independent research that is not funded by any organization. It is intended that the results of the study will be published in an academic journal or similar forum, but all identifiable information about the centre and individual staff members will be removed.

If you would like any further information, please contact the researcher, Andrew Whittaker. His email is whittaka@lsbu.ac.uk and his telephone number is 020 7815 8438.

**Section B: Your participation in the research project**

You are invited to take part in this research project because you are a staff member at the [Sycamore Family Assessment Service]. You can refuse to take part or withdraw at any stage without having to give a reason by informing the researcher, Andrew Whittaker.

It is intended that principal researcher will attend the [Sycamore Family Assessment Service] on approximately 15-20 days. He will observe the everyday running of the team, which is likely to involve attending team meetings and other forums where individual families are discussed. If you give your informed consent, this could include observing supervision sessions that you attend. You will also be invited to be interviewed by the researcher, which will be for approximately one hour at a time and place that is convenient for you. The interview can take place either during work time or in your own time if you prefer this.

During the interview, I shall ask you about how you make sense of information contained in the initial referral and the information that you receive from interviewing families in order to create an overall account of the family. I will also ask you about how you use supervision to help you with this process.

It is not anticipated that there will be any significant risks involved in this study, but if you are unhappy about any aspect please discuss this with the researcher or with [X], who is the link person. Agreement to participate in this research will not compromise your legal rights should anything go wrong.

All information will be stored on an encrypted file on a password protected computer. All data will be destroyed within one year of completing the project. You will be given a copy of the summary of the findings and will have the opportunity to address concerns about anonymity of findings.

Although participating in the research study may not benefit you personally, the study will contribute towards an increased understanding of practice in the child protection field and can contribute to the training of practitioners in the future.

Your participation in the project will be kept confidential in accordance with the [Sycamore Family Assessment Service] confidentiality policy. Providing you give your informed consent, any individual interview will be digitally recorded to ensure that your views and comments are not lost. You will be asked at the beginning of the interview to not use your own name or the names or identifying features of colleagues or clients during the interview to protect confidentiality. The digital recording will be kept secure by being immediately transferred onto a password-protected computer. Once they have been transcribed, the digital audio files will be destroyed securely. When the recording is transcribed, you will be allocated a pseudonym and your personal details will be stored separately from the transcript at all times. You will be given a copy of this information sheet to keep.

# Appendix 2: Participant Consent Form

**Title of the project:** Child protection professionals' accounts of 'high risk' families: An ethnographic study.

**Main investigator and contact details:** Andrew Whittaker, c/o Faculty of Health and Social Care, LSBU, 103 Borough Road, London SE1 0AA. Email: whittaka@lsbu.ac.uk. Tel: 020 7815 8438

1. I agree to take part in the above research. I have read the participant information sheet, which is attached to this form. I understand what my part will be in this research, and all my questions have so far been answered to my satisfaction.

2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.

3. I have been informed that the confidentiality of the information I provide will be safeguarded.

4. If I raise issues about my being hurt or abused or some other vulnerable person I understand that someone will contact me to talk about it before taking further action.

5. I have been provided with a copy of this form and the participant information sheet.

**Data Protection Act 1998:** I agree to the researcher processing personal data that I have supplied. I agree the processing of such data for any purposes connected with the research project as outlined to me. I further agree to the researcher processing personal data about me described as sensitive data within the meaning of the Data Protection Act 1998.

Name of participant

.................................................... ............................................ ..............................
(print)                                           Signed                                Date

Name of researcher

.................................................... ............................................ ..............................
(print)                                           Signed                                Date

If you wish to withdraw from the research at any point, please contact the researcher at the address above.

# Appendix 3: Interview schedule

**Introduction and consent**

Give participants another copy of the Participant Information Sheet, explain about research

Give participants another copy of the Consent Form. Go through the consent form, highlighting all the issues.

**Preamble**

What I am interested in is the real life process of you getting in information from referrers and other agencies, going out to talk to family members, making sense of all the information and then 'tell the case'. It may help to think of particular cases that you've worked on.

**Topic 1: Making sense of referral information**

1. When you first read the information from referrers, what are you looking out for, what are you paying attention to?

**Prompts**

Details of who is in the family?
Details of the cause for concern?

**Topic 2: Making sense of client accounts**

2. When you meet with parents and other close family members and you are listening to them, what are you looking out for, what are you paying attention to?
3. What happens if they give you their account and some of it doesn't make sense?

**Prompts**

Is their story is consistent with the facts?
Does their story contradict itself?
Is there corroboration with other sources?

What makes a parent's account convincing? What would respond if you found a parent's account unconvincing?

**Topic 3: Developing an overall account**

When you are collecting information from families, referrers and other agencies, how do you create an overall account?

**Prompts**

Are there times when you're found it difficult to be able to make sense of all of the information to form an overall narrative about what is going on?

**Topic 4: Telling the case, presenting an overall account**

When you are presenting the case, either in a report or verbally at a strategy meeting, a conference or in court, how would you 'tell the case'? Have you found that there are ways of presenting the case that have worked better than others?

**Topic 4: Supervision**

How do you use supervision to help you in your work with families?

**Prompts**

Process of working with family
Decision-making

# Appendix 4: List of dissemination outputs

Whittaker, A. (2011a) 'Sense-making in child protection: A practice-near approach', *European Conference for Social Work Research, Oxford University.*

Whittaker, A. (2011b) 'Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review?' *Journal of Social Work Practice* 25(4), pp. 481–495.

Whittaker, A. (2012) 'Protecting children and promoting human rights: An irreconcilable contradiction?' *Joint Social Work World Conference,* Stockholm, July 2012.

Whittaker, A. (2013) 'Truth, lies and incredible stories: Narrative sense-making in child protection', *Joint Social Work Education Conference,* Royal Holloway, University of London, July 2013.

Whittaker, A. (2014) 'Decision making in child protection', *LSBU Research Conference*, November 2014.

In addition to formal outputs, I have incorporated my study into teaching on qualifying BA and MA courses at LSBU and on post qualifying courses at Royal Holloway, University of London and Kingston University/St George's, University of London.

# Appendix 5: UEL ethics approval

**UEL**
**University of East London**

Stephen Briggs
Psychology School, Stratford


ETH/11/87

29 April 2010

Dear Stephen,


**Application to the Research Ethics Committee: Childcare social workers'accounts of high risk' families: An ethnographic study. ( A Whittaker )**

I advise that Members of the Research Ethics Committee have now approved the above application on the terms previously advised to you. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely

Simiso Jubane
Admission and Ethics Officer