The use of theory and research knowledge in child protection social work practice:

A study of disorganised attachment and child protection assessment

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Word count: 95,190

Thesis submitted for the Degree of Doctorate of Philosophy of Social Work

Social Policy, Sociology and Social Research

University of Kent

Canterbury

2014

University of
Kent

ABSTRACT

This thesis seeks to examine how child protection social workers use theory and research knowledge related to disorganised attachment in the course of their practice with potentially abused or neglected children. In order to facilitate this understanding, three supplementary research questions are posed – (1) 'how do child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse or neglect?' (2) 'how do child protection social workers use theory and research knowledge related to disorganised attachment when assessing children who may be at risk of significant harm due to abuse or neglect?' and (3) 'how do child protection social workers incorporate the theory and research knowledge related to disorganised attachment into their existing social work practice?'

The research described in this thesis consists of the use of two methods – guided conversation interviews and Q-method. In answer to the primary research aim, it was found that child protection social workers, suitably trained, are able to usefully apply the theory and research knowledge related to disorganised attachment in practice and that they may do so in a small variety of ways related to developing a better *understanding* of the children and carers they work with; as a way of aiding them to *help and support* the carers of the child being assessed, and as a way of completing *better assessments*. Thematically, it was notable that all of the participants described their use of the theory and research knowledge related to disorganised attachment by reference to the methods and techniques they were able to put into practice, such as Adult and Child Attachment Interviews, and how their use of this theory and research knowledge was thus mediated or applied via the use of these and other similar techniques.

As a result of these findings, further research would be useful as to how the development of new techniques (or co-option of existing techniques) may be helpful as a way of facilitating the transfer of theory and research knowledge into social work practice. Further research regarding the impact of the use of theory and research knowledge related to disorganised attachment in child protection social work practice would also be useful, particularly whether the outcomes for children and families are improved as a result.

CONTENTS

ACKNOWLEDGEMENTS

I am enormously grateful to my primary supervisor, Professor David Shemmings, without whom this thesis would never have been started, let alone completed. Professor Shemmings' patience, kindness, wisdom and expertise have guided me, inspired me and kept me going when I wanted to give up. Dr Simon Shaw, my second supervisor, has also been a great source of support and challenge in equal measure.

This thesis was made financially possible by the Centre for Child Protection Studies at the University of Kent and although working as a part time researcher has been challenging at times, I am fortunate that the Graduate School have supported me so effectively throughout.

Apart from my supervisors, I have had the privilege of being sustained and buoyed by a number of other marvellous people over the past five years. My mother, Janet Wilkins, who gave me much needed support and in particular provided some very helpful feedback on early drafts. Beth Graham who with an exceptional eye for detail provided a superb proof reading service and whose assistance and critical feedback proved invaluable in turning draft chapters into final chapters (although of course any remaining errors are my responsibility) and Godfred Boahen, fellow social worker, researcher and firm friend, who has provided more support than perhaps he realises.

Finally, I have been exceedingly fortunate to have had my wonderful wife, Hayley Wilkins, alongside me these past five years and more. Hayley has put up with me, cajoled me, made me countless cups of tea and without her this thesis would not have seen the light of day.

Chapter One - Introduction

INTRODUCTION

The research described in this thesis has been conducted with the aim of understanding how child protection social workers in England use theory and research knowledge in practice. To facilitate this understanding, the use of theory and research knowledge related to disorganised attachment has been selected as a practical example and has been considered in relation to child protection social work assessments. In other words, this thesis describes research regarding how child protection social workers use the theory and research knowledge related to disorganised attachment in the course of their assessment work with children who may have been abused or neglected. Although disorganised attachment is an important concept within contemporary attachment theory, especially as it has been applied to child abuse and neglect, and although attachment theory is very popular amongst child protection social workers, the application of the theory and research knowledge specifically related to disorganised attachment within child protection social work appears to be a relatively new development. Thus, this thesis aims to provide an original contribution to the literature on the use of theory and research knowledge in social work practice by its focus on this particular aspect of attachment theory within the particular context of child protection assessments.

In this introductory chapter, the primary and supplementary aims of the thesis will be outlined and the context of the research explored, namely the system of child protection social work in England, and the use of theory and research knowledge in social work practice. Part one of this thesis, in addition to this chapter, includes a review of the relevant literature in three areas - Chapter Two outlines contemporary attachment theory and the use of attachment theory in social work practice; Chapter Three considers three ways in which Strengths-based theory and research knowledge has been applied in social work practice, with the purpose of highlighting the variety of ways in which theory and research

knowledge can be translated into practice; Chapter Four discusses several significant and contemporary issues within child protection social work in England, with a focus on the assessment of children who may be at risk of abuse or neglect. Part two of the thesis contains in Chapter Five a discussion of the research design, methodology and methods, and in Chapters Six and Seven, the findings from the research. The thesis concludes in part three, Chapter Eight, with a discussion of these findings, including the potential implications for social work education, as well as a reflexive consideration of the research process.

DEVELOPMENT OF THE RESEARCH INTEREST AND RATIONALE

My personal interest in the field of child protection social work stems from my professional qualification as a social worker, and from having worked in the field of social care since 2000. My interest in attachment theory also developed during this time, beginning with a Master's thesis on the use of attachment theory in social work with disabled children, and developing further via post-qualifying training in methods such as the Child Attachment Interview and the Story Stem Assessment Profile. Undertaking this research project has enabled me to combine my interest in both of these areas.

The question of how social workers use theory and research knowledge in practice forms a central component of recent and historical debates concerning the system of child protection social work in England. For example, the Department of Education has commissioned a number of reviews in recent years regarding child protection social work, including a systematic study of decision-making tools for child protection social workers (Barlow, Fischer and Jones, 2011) and a review of social work education (Department of Health, 2013 and Narey, 2014). In addition, Munro (2011a, 2011b) conducted a 'whole systems' review of child protection in England, on behalf of the Department of Education, and found that amongst many other things, *"Good professional practice is informed by knowledge of the latest theory and research"* (2011, p. 23). Thus, the research described in

this thesis is timely and of potential significance for these debates. The decision to focus on the practice area of assessment is justified because of the central importance of assessment work within child protection social work. As Holland has argued, *"One of the most controversial and complex areas of social work is the assessment of a child and their family when there are concerns about the child's welfare"* (2004, p. 1). Davies and Ward (2011) have further argued that *"Outcomes for children tend to be better where there is evidence of careful assessment"* (p. 2) and this suggests that, *"assessment…is a major component of child care practice"* (Woodcock, 2003, p. 87).

For the purposes of this thesis, and as defined by the latest statutory guidance for social workers in England, social work assessment is conceptualised as *"a continuing process, not an event"* (Department for Education, 2013, p. 19). In addition, social work assessments are also characterised for the purposes of this thesis as being *complex psychosocial processes*, potentially necessitating engagement with carers who may be reluctant to work with social services, who may at times present as hostile or deceptively non-compliant, and with children who may be frightened or even traumatised. Therefore, the process of completing social work assessments is conceptualised as being far more complicated than simply gathering 'the right information', analysing it and forming a reasonable conclusion; rather, it will involve a range of more complex tasks, such as negotiating 'access' to carers and children, and undertaking home visits in often fraught circumstances (see Ferguson, 2009, 2010).

Attachment theory and disorganised attachment are considered in more detail in the next chapter, along with a discussion of the use of attachment theory in child and family social work. However, in brief terms, the rationale for selecting the concept of disorganised attachment from within attachment theory as a practical example of theory and research knowledge for this thesis is twofold – (1) the popularity of attachment theory within child and family social work, and (2) the relationship between disorganised attachment and child abuse and neglect. Firstly, attachment theory is very popular amongst child and family social workers and is often considered to be a valid and useful theory for them to use. For example, Beckett (2006) argued *"Anyone interested in child and family social*

work should...be familiar with attachment theory" (p. 49), whilst Barth et al (2005) found that "*attachment theory is arguably the most popular theory for explaining parent-child behaviour*" (p. 257). Cooper (2010) has also noted the generally accepted applicability of attachment theory to child and family social work, saying, "*A knowledge of attachment theories can be invaluable in helping children's social workers solve many of the issues facing them*" (un-paginated). Crittenden has also argued that attachment theory "*offers a better form of assessment. Good, thorough…assessment can make a huge difference to outcomes and to the cost of care pathways…If* [the assessment] *is carried out properly, using theories of attachment to understand everybody's motivations, then it becomes much easier to identify those parents who have the wherewithal to change*" (quoted in Cooper, 2010). Zeanah, Berlin and Boris (2011) have argued that attachment theory is a particularly useful framework for the assessment of abused or neglected children (see Atwool, 2006), and Howe, Dooley and Hinings (2000) have proposed an attachment-based model for child protection social work. Finally, Cyr et al (2012) have argued that "*work stemming from attachment theory offers a critical theoretical framework*" (p. 80) particularly when working with "*maltreated and at-risk children*" (ibid).

In addition, between 2000 and 2013, the relevant statutory guidance for child and family social workers in England stated that all assessments of children should take into account the child's attachment-related needs (Department for Education and Employment, Department of Health and the Home Office, 2000; p. 19, p. 21, p. 58). This guidance, known as *The Framework for the Assessment of Children in Need and Their Families*, set out 27 dimensions for social workers to consider within their assessments, and under the dimension of 'Emotional and Behavioural Development', social workers were directed to assess the "*nature and quality of early attachments*" (p. 19). Under the dimension of 'Stability', they were similarly directed to assess the ability of the child's carer(s) to provide "*a sufficiently stable family environment to enable the child to develop and maintain a secure attachment*" (p. 21). The same guidance also stated that "*The development of secure parent-child attachments* [and] *the quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another, or re-uniting a child with his or her birth family*" (p. 58). However, although the 2013 edition of *Working*

Together to Safeguard Children (Department for Education, 2013) superseded the *Framework for the Assessment of Children in Need and Their Families*, the principle that child protection social workers should seek to assess the child's attachment relationships is well established. In any event, the *Framework for the Assessment of Children in Need and Their Families* was extant during the period that the research described in this thesis was undertaken. The Munro review of child protection in England also argued that, "*as a minimum, the capabilities being developed for child and family social work must include knowledge of child development and **attachment***" (2011a, p. 96, paragraph 6.14, emphasis added). Thus, this suggests that the choice of attachment theory as the practical example for research aimed at understanding how child protection social workers use theory and research knowledge in practice, is quite apt.

Secondly, disorganised attachment behaviour and child abuse and neglect are theoretically and empirically related. Children are thought to display disorganised attachment behaviour when they experience 'fear without solution'. As described by van IJzendoorn, Schuengel and Bakermans-Kranenburg (1999), "*Maltreating parents…are supposed to create disorganised attachment in their infants because they confront their infants with a pervasive paradox: they are potentially the only source of comfort for their children, whereas at the same time they frighten their children through their unpredictable abusive behavior*" (p. 226). Again, according to van IJzendoorn, Schuengel and Bakermans-Kranenburg (1999), "*It is clear…that maltreatment is an important antecedent of disorganised attachment*" (p. 243). In a recent meta-analysis, Cyr et al (2010) found that abused or neglected children were significantly more likely than other children to display disorganised attachment behaviour. Such research highlights the evidential links between child abuse and neglect and disorganised attachment.

There is also a body of research regarding the characteristics of the carers of children who present with disorganised attachment behaviour; characteristics such as low reflective functioning, unresolved loss and trauma, and extremely insensitive or disconnected parenting (see Shemmings and Shemmings, 2011). Thus, if the robustness and significance of the link between child abuse and neglect and disorganised attachment is accepted, it is

reasonable to conclude that it may be beneficial for child protection social workers to understand and apply in their practice, the theory and research knowledge related to disorganised attachment.

The final factor in the development of the research interest for this thesis lies in the significance of child protection social work to the government, to the national media, and to the general public. Official public inquiries into child deaths have been a regular feature of the discourse surrounding child protection social work in England since at least the 1940s, and for understandable reasons, it is at these times in particular that governmental, media, and public interest increases[1]. However, criticisms also tend to be made when child protection social workers mistakenly conclude – or are accused of having mistakenly concluded - that children are at risk of abuse and neglect. Overall, it appears that these criticisms are broadly divisible into two categories. Either child protection social workers are criticised for inappropriately or unnecessarily interfering in private family life, or they are criticised for intervening ineffectively, or even naively.

Interventions may be characterised as inappropriate or unnecessary when social workers are accused of having failed to focus on the 'correct' aspects of 'family dysfunction' (e.g. Heffer, 2012), or when social workers are portrayed as having 'overreacted' (e.g. Brooke, 2013 and Harrison, 2007). Interventions may be characterised as ineffective or naïve when social workers are portrayed as having failed in their duty to protect children, more so when a child is killed by his or her parents or other close carers (see Community Care, 2009). Clapton, Cree and Smith (2012) have argued that at such times, much of the media reporting of child protection social work is reminiscent of a 'moral panic'. For example, Warner (2013, p. 8) quotes the following excerpt from *The Sun* newspaper, regarding the death of Peter Connolly, a 17-month-old child killed in the London Borough of Haringey in 2007:

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[1] For example, the number of searches for the word 'Haringey' made via the Internet search engine *Google* (*www.google.co.uk*) peaked in November 2008 (Google, 2013) and this is surely related to November 2008 being the month in which reporting restrictions were lifted regarding the death of 17-month-old Peter Connolly, who lived and died in the London Borough of Haringey.

"...how is it that this disgusting piece of humanity, in the shape of the mother, was ever allowed to have a child in the first place? She came from a family of drunks, never worked and watched porn all day. Her council house – she had to have one didn't she? – stank. Why wasn't the child taken away from her at birth?" (MacKenzie, *The Sun*, 13 November 2008).

In Warner's view, it is highly significant that MacKenzie links his criticism of child protection social workers (and other child welfare professionals) with his 'moral disgust' (*'disgusting piece of humanity'*, *'family of drunks'*, the family home *'stank'*) at the family. As Garrett (2009) has observed, this type of reporting may reflect or act as a *"signifier for a disparate constellation of anxieties and projects"* (p. 535) as much as it reflects genuine concerns regarding child protection social work.

Of course, this is not to suggest that child protection social workers do not make mistakes. For example, child protection social workers have breached data protection laws in the course of their enquiries (e.g. Butler, 2013), whilst others have been found guilty of professional misconduct in the course of their work with vulnerable children (e.g. Health and Care Professions Council, 2013). In many reviews of cases in which children have died or been seriously injured as a result of abuse or neglect, the actions of individual social workers and organisations are often difficult to understand or to justify (e.g. Lock, 2013 and Lundberg, 2013). Nevertheless, in my view, what is often missing from much of the reporting of child protection social work, is any serious consideration of the complexity of the task. Thus, in summary, my interest in this area of research stems not only from my professional background as a social worker and from my pre- and post-qualifying training regarding attachment theory, but also from my desire to understand and present the complexity of child protection social work, particularly the complexity of assessing children who may be at risk of abuse or neglect.

PURPOSE AND AIMS OF THE RESEARCH

To recap from the start of this chapter, the aim of this thesis is to understand how child protection social workers in England use theory and research knowledge in practice. In order to facilitate this understanding, the theory and research knowledge related to disorganised attachment have been chosen as a practical focus. Therefore, the primary aim of this thesis is:

To understand how child protection social workers use theory and research knowledge related to disorganised attachment in practice.

In addition to this primary aim, particular attention will be given to the following supplementary aims:

1. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse or neglect.
2. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment when assessing children who may be at risk of significant harm due to abuse or neglect.
3. To understand how child protection social workers incorporate the theory and research knowledge related to disorganised attachment into their existing social work practice.

RESEARCH CONTEXT

Given the primary and supplementary aims of this thesis, the broad legal and social context for this research project is the system of child protection social work in England. In explicit legal terms, this system is designed to protect children from abuse or neglect; although as with all complex legal-political systems, such as the welfare state in general, there are those who believe it has other, less explicit aims. For example, Hayek (1960) argues that welfare states may be utilised by modern States as a way of controlling their populations, particularly poorer communities (although Hayek also wrote inconsistently in support of

welfare states as well, e.g. 2009). This criticism resonates with the debate concerning the oppositional 'care and control' aspects of child protection social work (see Day, 1979 and Okitikpi, 2011). Nevertheless, there is an explicit relationship between the legal system of child protection social work in England and the prevention of 'significant harm' to children as a result of abuse and neglect. The concept of significant harm, introduced by the 1989 Children Act, is the threshold at which mandatory state intervention into private family life can be legally justified. However, it is also clear that the development of this system has far deeper roots than the 1980s.

The development of the current system of child protection social work

Historical notions of childhood and efforts to protect children

Various authors have taken different views regarding child abuse and neglect, and of childhood more generally in pre-modern societies. One view is that for children, the past was a 'barbarous place', with De Mause going so far as to suggest that "*The history of childhood is a nightmare…the further back in history one goes, the lower the level of child care and the more likely children are to be killed, abandoned, beaten, terrorised and sexually abused*" (1995, p. 1). Of course, there are many historical examples of behavioural practices towards children that modern societies would find extremely cruel and abhorrent, including infanticide and the abandonment of babies in the Roman empire (De Mause, 1995 and Boswell, 1990), child cruelty, including physical and sexual abuse in Europe during the Middle Ages (5th - 15th-century; Pollock, 1983), and a belief that some (predominantly poor) children should live in workhouses in 18th-century Britain (Cunningham, 2005).

Despite these examples, Corby, Shemmings and Wilkins (2012, p. 23) have argued that the evidence to support a perception of the past as *generally* barbaric for children is mixed. Furthermore, whilst harsh and cruel treatment towards children may well have been historically more prevalent, there is also evidence to suggest that a special value and sympathetic care have always been given to children. In part, this debate relates to notions of

childhood more generally. Those who view the past as essentially barbarous, tend to believe that until relatively recently, children were not seen as significantly different from adults and were therefore not afforded any special protection. According to the French historian Aries (1962), "*In medieval society the idea of childhood did not exist* [although] *this is not to suggest that children were* [necessarily] *neglected, forsaken or despised*" (p. 125). Others, such as Archard (2004), argue that, "*what the past lacked was **our** concept of childhood*" (p. 22; emphasis in the original).

Alongside changing historical notions of childhood, and of what constitutes child abuse and neglect, there have also been debates regarding the appropriate role of the State with regards to the protection of children. It was not until the latter part of the 19th-century, via the 1889 Prevention of Cruelty to Children Act, that the British State began to demonstrate, or at least to declare, a willingness to intervene into private family life if there were reasonable cause to suspect that a child might be in danger. Prior to 1889, the remit of the British State was generally not considered to extend as far as a private home, at least with regards to the investigation and prevention of child abuse and neglect, which tended to be understood as the responsibility of charitable or religious organisations (Corby, Shemmings and Wilkins, 2012, Chapter Two). However, the introduction of the 1889 Prevention of Cruelty to Children Act did not by itself indicate a sudden shift towards a more modern understanding of the State's role in protecting children. Indeed, as Parton (2005, p. 11) has argued, this Act in particular was more concerned with the 'criminal' or 'delinquent' behaviour of (possibly abused or neglected) children *outside* of their homes, than it was with their care and protection *within* them.

From the 19th century to the 1960s

This ambiguity about the role of the British State in protecting children persisted into the 20th-century, with social work generally considered to be a voluntary activity, and as such, not within the proper remit of the State. At around the same time, there were discussions on-going as to what constituted 'social work', with many believing, as they do now, that social work is a much wider entity or set of activities than 'simply' child protection work. These

discussions included the question of whether social work was a profession or not, and it is possible to draw comparisons between these discussions and modern debates regarding the use of theory and research knowledge in practice. For example, Flexner (1915) argued that because social workers lacked specialised knowledge and did not specifically apply theory to their practice, social work could not be considered a professional activity.

The result of these debates and of the State's general reluctance to become involved in social work, signified that for almost all of the first half of the 20th-century in England, what we might now consider to be child protection social workers operated with little or no State scrutiny of their activities (Ferguson, 2004) and it was not until the late 1940s that the State began to regulate and incrementally take-over these functions. Arguably, the current national system of child protection social work in England has its legislative origins in the 1948 Children Act, passed primarily in response to the report of the Curtis committee, which discussed child neglect in the context of subsequent 'delinquent' behaviour (Hearn et al, 2004). The passage of the 1948 Act was also influenced, albeit modestly, by the death of Dennis O'Neill, a 13-year-old boy from Newport, Wales, who died in January 1945, having been physically abused and neglected by his foster carers (see O'Neill, 2010). This primary legislation led to the development of a set of national regulations regarding children in care, and placed a duty on local authorities to form children's departments in order to implement these regulations.

Over time, these departments took on more responsibility for the general welfare of children, a process given particular impetus by the publication of Kempe et al's (1962) paper, *The Battered-Child Syndrome*, which was later described as signifying the 'rediscovery of child abuse' as a problem about which society and government ought to be concerned (with the original 'discovery' of child abuse said to have occurred in 1874 when the New York Society for the Prevention of Cruelty to Children was founded; see Costin, Karger and Stoesz, 1996, p. 46). These Children's departments remained in place until the early 1970s, when following the publication of the 1968 Seebohm Report into the poor state of institutional care for disabled adults, separate child and adult social services departments were combined into more generic organisations (see Parton, 2009).

The 1970s and 1980s and the pressure to avoid mistakes

Although the death of Dennis O'Neill in 1945 had a modest influence on the 1948 Children Act, and although the 1962 Kempe et al paper began a process of raising awareness regarding the seriousness and prevalence of child abuse and neglect, from the 1970s onwards, a number of high-profile child deaths arguably had a much greater impact on the practice of child protection social work in England. The first, and still one of the most significant of these, was the death of Maria Colwell in 1973, and the subsequent public inquiry into her death in 1974. This inquiry led to an increased pressure on social workers to 'avoid mistakes' in their work with abused and neglected children and contributed to a growing view that the State had a general duty to protect all vulnerable children (Munro, 1999b). Prior to the 1974 inquiry into Colwell's death, social workers in England operated with a high degree of professional autonomy; following the Colwell inquiry, social workers were increasingly expected to adhere to national policies and procedures.

As described by Parton (2004), these policies and procedures included the establishment of many of the still familiar components of the modern system of child protection social work in England, including the establishment of Area Child Protection Committees, tasked with coordinating the work of different agencies in local areas (although these were later replaced by Local Safeguarding Children Boards via the Children Act 2004) and the practice of holding 'case conferences' in order to make key decisions regarding whether a child was in need of protection or not. Following the Colwell inquiry, there also began to form a growing consensus that if a child were killed as a result of abuse or neglect, this necessarily indicated a failure on the part of the child protection system (Munro and Calder, 2005). As Munro argued, "*Expectations* [became] *unrealistic, demanding that professionals 'ensure' children's safety, strengthening a belief that if something bad happens 'some professional must be to blame'*" (2012, p. 3). Due to this increased pressure, many child protection social workers began to focus – understandably – on the avoidance of 'false negative' errors, which in the context of child protection, occur when child abuse or neglect is mistakenly overlooked (Adams, 1998; see Figure 1). This in turn led to a predicable increase in the number of 'false positive' errors, when child abuse or neglect is mistakenly

thought to have occurred (Munro and Calder, 2005).

Figure 1: Barlow, Fischer and Jones' (2011) model of decision making in child protection social work. Note the four possible outcomes – 'correct yes' could also be termed 'true positive' and 'correct no' could also be termed 'true negative'.

	HIGH RISK YES	HIGH RISK NO
TAKE ACTION YES	CORRECT YES	FALSE POSITIVES
TAKE ACTION NO	FALSE NEGATIVE	CORRECT NO

Events in Cleveland, Scotland in 1987 dramatically illustrated the damage that false positive errors could have. 121 children were 'diagnosed' as having been sexually abused and many of them were removed from their family homes and placed either into foster care or, when the local authority ran out of foster carers, the children's ward at the local hospital. A subsequent Court hearing found that 96 of these children – nearly 80 per cent - had been removed unnecessarily due to overly risk-averse social work practice and an over-reliance on an unreliable and invalid diagnostic procedure (British Medical Journal, 1988). The public outcry following these events was significant (Campbell, 1988) and as a result, child protection social workers were increasingly expected to avoid making false negative errors but without 'erring on the side of caution' and thus committing more false positive errors. According to Munro and Calder (2005), these pressures contributed to the beginning of an intensified and continuing trend to regulate the activity of child protection social workers.

The 1989 Children Act and the growth of public sector managerialism

As noted already, at the end of the 1980s the underlying legal basis for social work with

children in England was significantly altered via the introduction of the 1989 Children Act. This Act consolidated or replaced the majority of child-related legislation in England and for the first time placed a specific duty on local authorities to investigate suspected cases of child abuse or neglect. Section 47 of the 1989 Children Act, entitled '*a Local Authority's duty to investigate*', reads as follows - "*Where a local authority…have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare*". The section continues, "*The enquiries shall, in particular, be directed towards establishing…whether the authority should make any application to the court, or exercise any of their powers under this Act…with respect to the child*". Thus, section 47 of the Act outlines the duty that local authorities have to respond to referrals that indicate a child may be suffering or be at risk of suffering 'significant harm'.

Section 31(9) of the Act (as amended by the Adoption and Children Act, 2002) defines 'harm' as "*ill-treatment or the impairment of health or development, including any impairment suffered from seeing or hearing the ill-treatment of another*"; 'ill-treatment' is defined as "*physical and sexual abuse and forms of ill-treatment which are not physical*"; 'health' is defined as "*physical or mental health*"; and 'development' is defined as "*physical, intellectual, emotional, social or behavioural development*"" Together, this defines harm as constituting physical, sexual or other forms of abuse or any treatment that impairs the health or development of a child.

However, there are no absolute or national criteria for determining whether the harm a child experiences is 'significant' or not and in practice, local authorities are relatively free to determine this threshold at a local level, although statutory guidance does direct local authorities to make such determinations with reference to the child's development, their family context, any 'special needs' they might have and the nature and impact of the harm (Department for Children, Schools and Families, 2010, p. 36, paragraph 1.28). Various family court judgements have also been made regarding the proper interpretation of these sections of the 1989 Children Act (e.g. Feehan and McKenna, 2013). Nevertheless, this

relative local freedom appears to have resulted in thresholds varying between local authorities (see Oliver et al, 2001) but also within the same local authority over time. According to Broadhurst et al (2010), in order to "*enter the assessment system, a…referral must meet **local eligibility** criteria…based not just on the nature and relevance of the concern but on team-specific factors reflecting staffing and resources. Thus, thresholds are not static, but rather shift and flex to fit local conditions*" (p. 358, emphasis in the original).

Regardless of threshold differences, if a child is assessed as being at risk of significant harm because of abuse or neglect, the usual course of action is to hold a child protection conference, whereby the family and the relevant professionals consider the risk to the child, the harm they have suffered or may suffer in future and, if required, formulate a child protection plan. The statutory aim of any child protection plan is to "*ensure a child is safe from harm and prevent him or her from suffering further harm;* [to] *promote the child's health and development and to support the family and wider family members to safeguard and promote the welfare of the child*" (Department for Education, 2013, p. 42).

Alongside the implementation of the 1989 Children Act, the late 1980s and early 1990s also saw the introduction of the first national, statutory guidance for social workers regarding how they should complete their assessments of children (Department of Health, 1988) and this took place within a context of growing public sector managerialism more generally. Morley and Rassool (2000) have defined managerialism as the belief that the efficient performance of any organisation is dependent upon the introduction of centralised, management-led decision making structures and on the diminishment of 'professional autonomy'. This process, applied broadly across the public sector, continued the trend away from the type of social work that existed prior to the mid-1970s, in which social workers operated with a high degree of professional autonomy, and towards the current circumstances of definition and prescription in which child protection social workers are scrutinised on many (measurable) aspects of their performance both by their own managers and by external inspection bodies such as the Office for Standards in Education (OFSTED). Over the subsequent two decades, these changes have had a significant impact on child protection social work, largely through the development of complex systems of

management oversight with the aim of identifying and addressing measurable 'deficiencies' in practice and via a concomitant growth in risk aversiveness (see Lymbery, 2001).

In 2001, the 1988 statutory guidance regarding social work assessments was replaced by the *Framework for the Assessment of Children in Need and Their Families* (Department of Education and Employment, Department of Health and Home Office, 2000). In 1999, the government also issued additional statutory guidance in the form of *Working Together to Safeguard Children* (Department for Education and Employment, Department of Health and Home Office, 1999). This document set out "*how all agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect*" (p. vii) and contained detailed guidance as to how individual cases should be managed. *Working Together* was updated in 2006 (Department for Education and Skills, 2006), 2010 (Department for Children, Schools and Families, 2010) and most recently in 2013 (Department for Education, 2013). However, just as the death of Maria Colwell in the 1970s positively influenced the trend towards more prescriptive guidance for child protection social workers, so the death of Victoria Climbié in 2000 significantly accelerated this trend.

Climbié, an 8-year-old girl from the Ivory Coast, was tortured and killed by her great-aunt and her great-aunt's partner but before she died, she had contact with four local authorities, a major teaching hospital, the National Society for the Prevention of Cruelty to Children (NSPCC) and the police. Climbié's death led to a government review of child protection services in England, led by Lord Laming who, in his report, commented that despite a number of these agencies noting that Climbié may have been suffering physical abuse, none of them conducted a proper investigation and as a result, none were able to take sufficient action to protect her (Laming, 2003). In total, Laming made 168 recommendations for the reform of child protection services, many of which concerned the need for more explicit policies and procedures for child protection social workers to follow and an increased level of management oversight of their work. In 2008, following media reports of the death of Peter Connolly, a further series of reports were commissioned by the government, including a second report by Lord Laming (2009) and a 'whole systems' review of the child protection system in England (Munro, 2010a, 2011a and 2011b). The government also created a Social

Work Task Force, which would later form a Social Work Reform Board, and both of these bodies issued a number of reports regarding the state of social work practice and made recommendations as to how it might be reformed and improved.

In addition, media coverage of Connolly's death led to an increase in the number of referrals made to local authority social services departments in England, from 547,000 children in 2008/9 to 607,000 children in 2009/10 (an increase of 11 per cent), this following a period of declining numbers of referrals between 2002 and 2008 (NSPCC, 2013). Applications for care orders via the family courts also increased during this period (Macleod et al, 2010). Additionally, Munro found that many local authorities had "*a major problem in…recruiting and retaining statutory social work staff*" (2011b, p. 115; paragraph 7.32) and that child protection social work practice had become increasingly 'risk averse'. In other words, in the first decade of the 21st-century, child protection social workers faced a significant increase in their workload at the same time as many local authorities experienced difficulties in recruiting and retaining experienced child protection social workers and at a time of increased government, media and public scrutiny of the profession.

The use of theory and research knowledge in social work practice

The second main context for the research described in this thesis is the use of theory and research knowledge in social work practice. As noted already, this is a timely issue for social work in England not least because of the identification by the Munro review of child protection in England that one of the key principles of good child protection practice is that it should be "*informed by knowledge of the latest theory and research*" (Munro, 2011a, p. 23). However, Munro also found that "*Theory and research are not always well integrated with practice and there is a failure to align what is taught with the realities of contemporary social work practice*" (p. 97, paragraph 6.43). In addition to this, all social workers in England are required to register with the Health and Care Professions Council (HCPC) and by so doing they commit to adhering to the HCPC standards of proficiency (Health and Care Professionals Council, 2012). Standard 13 states that registered social workers must "*understand the key concepts of the knowledge base relevant to their profession*" and

"understand in relation to social work practice, social work theory, social work models and interventions" (p. 12).

What kind of theory and research knowledge?

As a result of the primary aim of this thesis – 'To understand how child protection social workers use theory and research knowledge related to disorganised attachment in practice' – it is situated within the wider debate as to what might constitute the knowledge base for child and family social work and how theory and research knowledge can be used to inform practice. A knowledge base is typically understood as 'containing' the information required in order to perform a certain task but as Fisher and Somerton (2000) have argued, it is not wholly clear what the knowledge base for social work might be or where the distinction might be drawn between using theory in practice and using models and methods of intervention in practice. According to Trevithick (2008), the knowledge base for social work should contain *"theoretical knowledge (or theory)…factual knowledge (including research)…*(and) *practice / practical / personal knowledge"* (p. 1212).

However, as noted by Gomory (2001a) *"knowledge claims rest heavily on how they are selected and by whom"* (p. 67) and this suggests that the use of theory and research knowledge in social work practice cannot be value-neutral but will depend on who has the authority to select – and by what means – the particular theoretical or research knowledge to be used. Others have argued that social workers operate by-and-large without recourse to theoretical knowledge. For example, Thyer (1994) has argued that social work education at undergraduate or Masters level should not include theoretical content because, in his view, these qualifications are 'professional practice degrees' and do not require such content. In other words, Thyer's position is that social workers *"can practice without recourse to theory"* and that *"many…appear to do so everyday"* (2001, p. 52). Whilst it may seem relatively straightforward to critique such a position – by noting that it depends on an overly narrow, positivistic and simplistic notion of what a theory actually is - Sutphin, McDonough and Schrenkel (2013) have made a similar argument with regards to social work research, suggesting that *"The use of formal theory in social work research is currently absent"* (p.

501). Gomory (2001a, 2001b, 2001c) has provided a counter-argument by noting that a lack of reference to explicit theory is not the same as a-theoretical practice and that social workers will inevitably make theoretical assumptions in the course of their practice, even if these are mainly implicit (see also Levy Simon, 1994).

In addition, Lynham (2002) has developed this critique further by arguing that 'theory building' is an on-going process, an inevitable result of our interaction with the world (p. 222). In other words, *"there is practice that uses theory thoughtfully and practice that uses theory thoughtlessly"* (Fisher and Somerton, 2000, p. 389) but there is no practice that dispenses with theory altogether. In part, one could argue that the difference in Thyer and Gomory's positions represents two distinctive conceptions as to the nature of theory and knowledge more generally and Payne (2005) has attempted to summarize this difference as follows:

> *"Two positions exist, one broadly positivist, the other leaning towards postmodernism…the positivist view is a strict application of scientific method. This argues that a 'theory' is a general statement about the real world whose essential truth can be supported by evidence* [research knowledge] *obtained through scientific method…In postmodernist views, the meaning of 'theory' is looser. It is a generalisation, which takes on three different possibilities: 1. Models* [that] *describe what happens during practice in a general way, applying to a wide range of situations…*[and], *which give the practice consistency 2. Approaches to or perspectives on a complex human activity… which allow participants to order their minds sufficiently to be able to manage themselves while participating…*[and] *3. Explanatory 'theory'* [to account] *for why an action results in particular consequences and the circumstances in which it does"* (p. 34 – 35).

As noted by Beckett (2003), it is the second of these meanings, the constructionist or post-modernist position, which is the more influential definition within the debates regarding social

work theory and the use of theory and research knowledge in practice. For example, Johnsson and Svensson (2005) have argued that in order to understand almost any information, social workers need theoretical frameworks and Parrish (2009) has similarly argued that theoretical knowledge plays a key role in any attempt to understand human beings and that theories are "*profoundly relevant*" (p. 4) for social workers because they enable the interpretation – and therefore the potential understanding – of human behaviour. These conclusions only seem warranted when one is employing the relatively loose, postmodernist definition of theory as outlined by Payne above. Thus, when Thyer argued that social workers practice largely without recourse to theory, he appears to be employing the less common and relatively narrow positivist definition of theory. Conversely, when Gomory argued that social workers inevitably make implicit theoretical assumptions in the course of their practice, he appears to be employing the more common postmodern definition.

Indeed, it is only by assuming that the majority of the social work literature regarding the use of theory and research knowledge in practice has employed this second definition that much of it makes sense. For example, Parrish has argued that "*social work's contextual emphasis may alter the way in which some theories are applied*" (2009, p. 4) and Shaw has argued that in social work, "*practice informs the development of theory as much as, if not more than, vice versa*" (2012a, p. 278, citing Parton, 2000), neither of which arguments are strictly compatible with a positivist conception of theory and research knowledge. Indeed, for a profession (or craft) such as social work with a self-professed 'moral core' of caring for some of the most excluded and vulnerable members of society (Bisman, 2004) and the promotion of "*social justice, equality and inclusion*" (HCPC, 2013, p. 9; see also British Association of Social Workers, 2010), accepting positivist ideals of neutrality and objectivity in research may be thought of as unpalatable (see also Goldstein, 1990). As argued by Beresford (2005), neutrality and objectivity in research may exclude or discriminate against people who use social services ('service users') and their experiential knowledge. Biesta (2007) has argued similarly that framing theoretical and research knowledge in positivist terms is impossible in complex fields such as social work and that attempting to do so necessarily results in restricted opportunities to participate in these debates, especially for service users. Of course, not everyone agrees. For example, Chalmers (2005) has argued from an evidence-based

perspective that if a particular method can be shown 'to work' in practice, then theoretical or value-based criticisms should be irrelevant.

The nature of social work practice

The debate regarding the nature of theory and research knowledge is in some ways reflected in the debate regarding the nature of social work practice. As with theory and research knowledge, one can identify two broad conceptualisations in this field – namely, that social work is primarily a rational-technical activity in which scientific data, techniques derived from scientific research and objective research knowledge can and should be applied to solve the 'problems' encountered by social workers or that social work is primarily a practical-moral activity, in which the key activity is not the application of theory and research knowledge but the art and craft of providing skilful care and help. Understanding social work as either - or even primarily as - one or other of these kinds of activity can have practical implications. For example, conceiving of social work as a rational-technical activity may lead to a conception of social work assessment as being akin to natural enquiry, to the seeking out of *the truth* or an approximation of it. In such a view, the perspectives of other professionals and services users, whilst not irrelevant, are not necessarily helpful in obtaining the truth of any given situation.

Alternatively, conceiving of social work as a practical-moral activity may lead to a conception of social work assessment as primarily a method for developing *understanding* and for the sharing of different perspectives (Parton and O-Byrne, 2000a). Such an understanding may be highly inclusive of different perspectives but may make it more difficult to justify why the social worker's own perspective should have priority over any other. Parton (2003) has argued that the rational-technical conception of practice is currently ascendant in England, as evidenced at least in part by "*the proliferation of procedures* [aiming to] *make practice accountable and transparent*" (Parton, 2000, p. 452 – 453). A potential difficulty with this rational-technical conception and the resulting 'proliferation of procedures' is that "*child protection cases do not always come labelled as such*" (Laming, 2003, p. 365, paragraph 17.106) and hence, simply following the correct policies and

procedures or employing techniques based on what a 'typical' case of child protection involves may increase the risk of "*crucial case-specific idiosyncratic factors*" being overlooked (Barlow, Fisher and Jones, 2011. p. 21).

Schon (1983, 1987) has criticised the technical-rational conception as well, arguing that it fails to capture the ways in which professionals such as social workers actually behave and act in practice and how they know how to behave and act. Parton (2000) has indicated his preference for a practical-moral conception of social work by arguing that 'knowing' in social work "*develops from dialogue with people about* [their] *situation, through which the practitioner can come to* **understand**" (p. 453, emphasis added). Others, such as Holland, believe that a technical-rational conception of social work is not particularly prevalent and thus may have less influence than Parton has suggested. Indeed, Holland has argued that in England "*a largely qualitative approach to assessment has been conceived*" (2004, p. 2).

The relationship between practice, theory and research knowledge

To a significant degree, these debates about the nature of social work practice are *about* the relationship between practice, theory and research knowledge. As noted above, in the discussion regarding the roots of the modern system of child protection social work in England, since at least the early part of the 20th-century, one question has been whether social workers do put theory and research knowledge into practice and if so, whether social work can therefore be considered a profession, or whether social work is less about theory and research knowledge and more about the use of practical skills to help people based on 'common sense' knowledge (Curnock and Hardiker, 1979, p. ix). Surely, as Parton (2000) has noted, social work is an ambiguous set of activities and it is this very ambiguity that makes it such a difficult discipline to understand and to theorise about. However, for Parton, this ambiguity does not preclude social workers from using theory and research knowledge in practice.

Indeed, Parton goes so far as to suggest that social work's "*central and unique characteristic is the way theory and practice are closely interrelated*" (p. 449 - 450). This recalls Payne's argument that social work theories need to be understood as dynamic and as the result of interactions between practitioners and others, including service users. Parrish has also argued that theories are "*profoundly relevant*" (2009, p. 4) in social work because they *enable* social workers to practice by making sense of human behaviour. Parrish has also noted the centrality of practice for social work, arguing that "*social work's contextual emphasis may alter the way in which some theories are applied*" (ibid) and in so doing, Parrish would surely agree with Parton's contention that in social work, "*practice informs the development of theory as much as, if not more than, vice versa*" (Parton, 2005; p. 461).

Such arguments resonate with Evans' (1976) earlier claim that social work operates using 'theories of practice' derived from psychological or social sciences but also with 'practice theories' derived from the experiences of individual social workers engaged in case work activity. Evans noted how social workers use formal theories of practice (those derived from the psychological or social sciences) in order to interpret their own practical experiences but also how they use their own practical experiences as a way of 'testing' formal theories and to then adapt those theories or adapt their own understanding of them in response. More recently, Olsson and Ljunghill (1997) found that social workers may develop 'naïve theories', by which they are referring to the social worker's own explanations for the situations they encounter, which may combine formal theoretical or research knowledge, the social worker's own practice knowledge based on previous experiences and elements of the organizational culture in which they work. Fook, Ryan and Hawkins (1996) and Fook, Munford and Sanders (1999) have also conducted research in this area and consistently found that experienced social workers (those with more than five years post-qualifying experience and with responsibility for supervising social work students) tend to talk about the complexity of practice situations, the situational context and of their 'frameworks' for making sense of these (see also Fook, 2000).

However, these frameworks tend not to be formal theories and may not even be based on formal theories. In other words, many of the experienced social workers that Fook and her

colleagues interviewed often had very clear rationales for their practice but they were not 'textbook' rationales (see also Sheldon and Chilvers, 2000). Other studies have made similar findings regarding the lack of explicit reference to formal theories and research knowledge made by social workers when asked to discuss or describe their practice. For example, Narhi (2002) found that social workers' knowledge seemed to be constructed from service user accounts, from previous case work and experience, from value and moral perspectives and is primarily created *through* practice. Thus, it is not based on theory or research in any formal sense. As noted by Maclean et al (2012), this does not mean that social workers do not use theory and research knowledge in practice.

Indeed, Payne (2007), has suggested that the methods used in these kinds of studies are flawed as, according to Payne, these researchers have attempted to impose or project the 'certainty' of particular theoretical positions onto uncertain social work situations. Marsh and Fisher (2008) have raised similar criticisms, arguing that many researchers in this field appear to assume that social workers use knowledge from research in a passive way, that too little attention has been given to learning 'about practice from practice' and suggest that researchers should not 'ignore the language of practice' (see Longhofer and Floersch, 2012). Cnaan and Dichter (2008) have also suggested that it is important not to 'over-quantify social work' and to not overlook the 'art of practice'. As an alternative approach, Ferguson (2003) has employed a method known as 'critical best practice research', in which the work of skilled social workers is analysed in detail in order to elucidate how they are using knowledge and theory; in other words, to 'learn about practice from (observing skilled) practice'.

These debates recall the work of Eraut (2010), who argued that a much more nuanced understanding of the interactions between what he termed codified knowledge (formal theories and research knowledge) and tacit knowledge (personal experience, practical knowledge) is required in order to comprehend the activities and decisions of practitioners or professionals engaged in complex activities (such as social work). Eraut (1994) also cautioned that the theories espoused by practitioners or professionals may be different from the theories they use in practice (perhaps because of a desire to present themselves in a

particular way to the researcher) but also that the use of 'codified knowledge' in practice can lead to the development of different interpretations of such knowledge in different places (and times) and may also lead to new types of knowledge being created *by practitioners* as they integrate their tacit knowledge with their codified knowledge (recalling Olsson and Ljunghill's (1997) idea of 'naïve theories'). More recently, Anastas (2014) has more recently called for something of a 'rapprochement' between social work practice and scientific approaches to knowledge generation, arguing that there are many fertile grounds for shared approaches with regards to values and aims (of helping people) and recognition that for social work, researchers and practitioners (and service users) must be equally valued in the 'knowledge exchange' debate.

Trends in theoretical and research knowledge

Another way of understanding the use of theory and research knowledge is to consider the various trends that have emerged and faded away within social work practice in England since the formation of the first local authority children's departments in the late 1940s. According to Young (see Curnock and Hardiker, 1979), social work practice during the 1950s and 1960s was particularly influenced by a medical model of intervention, characterised by "*diagnosis and treatment*" (p. vii), with social workers in England primarily using ideas and concepts from psychodynamic theory. Young links the ubiquity of psychodynamic theory in this period with the 'euphoria' of the post-war Welfare State in which it was assumed that individuals would be protected from the 'Five Giant Evils' of squalor, ignorance, want, idleness (unemployment) and disease (Beveridge, 1942).

Thus, according to Young, the majority of social workers in the 1940s, 1950s and early 1960s were engaged in attempts to 'individualise' the new welfare state and there was a tendency to assume that any individual experiencing 'personal' difficulties would require therapeutic support in order to resolve their "*internal conflicts*" (Curnock and Hardiker, 1979, p. vii). By the late 1960s, systemic theory was also beginning to grow in popularity, representing something of a shift away from the concentrated individuality of psychodynamic theory (see Hudson, 2000). Even so, by the 1970s, it was becoming

increasingly clear that many social problems had persisted or even worsened despite the introduction of a relatively comprehensive welfare state and at the same time, the effectiveness of the standard 'casework' approach in social work was also being severely questioned (e.g. Fischer, 1973). As a result, it became more common for social workers to conceptualise the difficulties they encountered as being "*reflection*(s) *of the problems of society*" and many social workers came to perceive themselves as being *"agent*[s] *of social change*" (ibid, p. vii).

This change in perspective challenged the dominance of individually focused theories and of the case work model, recalling the early 20th-century debate between Addams and Richmond regarding the purpose of social work and whether it was primarily to 'combat social injustice' or to understand and change the 'unique situation' of each client (see Addams, 1910 / 1998; Richmond, 1917; Dore, 1999 and Morell, 1987). In addition, Dominelli (2010) has argued that the dominance of psychodynamic theory at this time was also challenged by emerging research and alternative theoretical approaches including behavioural and learning psychology and task-centred approaches. In part, this occurred because "*many interventions employing psychodynamic casework methods had been sitting on social workers' desks for years with little sign of progress having been made*" (p. 63).

The death of Maria Colwell and the subsequent public enquiry in 1974 also contributed to a re-examination of the role of social work and of the use of theory and research knowledge in practice. In part, this debate centred on the perceived lack of a shared knowledge base across the profession (see Witkin, 1989) but also included a consideration of whether social work was adequately equipped to challenge perceived power inequalities in society, with this argument being made especially from radical or critical feminist or Marxist perspectives (e.g. Nes and Iadicole, 1989; Hudson, 1985; Dominelli, 2002 and Collins, 1986). Concurrently, arguments were developed that social work needed to look beyond the 'empirical sciences', such as behaviourism, in order to develop its own knowledge base (e.g. Imre, 1984 and Karger, 1983). In the 1990s, radical and critical social work theories became less popular, as implied by Ferguson's (2009) argument that such approaches need now to be 'reclaimed', something that perhaps would have been predicted by Bitensky

(1973), given his argument regarding the role of political power in determining the theoretical development of social work and the dominance of the New Right in the 1980s and early 1990s (see Richards and Smith, 2002). In the early part of the 21st-century, systemic theory was reconsidered as a basis for social work, exemplified most clearly in the 'reclaiming social work' model of Goodman and Trowler (2011). Nevertheless, no one model can be said to have dominated social work again in the way psychodynamic theory did in the 1950s and 1960s and perhaps if any approach now dominates, it is that of eclecticism.

The value of eclecticism?

Various authors, including Compton, Galaway and Cournoyer (2005) and Poulter (2005), have argued that eclecticism is presently a key strength of social work practice and education. Indeed, for current practitioners or social work students there is a potentially disconcertingly wide range of theories that may be thought appropriate and applicable for practice. In Howe's well-known *A Brief Introduction to Social Work Theory* (2009), the following theoretical frameworks or approaches are discussed – psychoanalytic theory, attachment theory, behavioural therapies, cognitive therapies, cognitive-behavioural social work, task-centred work, solution focused approaches, systemic and ecological approaches, radical social work, critical social work, feminist social work, anti-oppressive practice, relationship-based social work and person-centred approaches. Further examples can be found in Payne's *Modern Social Work Theory* (2005), which additionally refers to crisis intervention, social psychology and construction, humanism, existentialism and spiritualism.

These two texts may seem to provide a comprehensive list of possible theories, approaches and models for use in social work practice but there are many more examples not discussed by either Howe or Payne, including structural social work (Weinberg, 2010), critical realist grounded theory (Oliver, 2012), narrative social work (Roscoe, Carson and Madoc-Jones, 2011), chaos theory (Bolland and Atherton, 1999) and motivational social work (Forrester, Westlake and Glynn, 2012). In part, as noted by Beckett (2006, p. 6 - 7), this diversity can

be explained by the range of service users that social workers may work with and by the variety of settings in which they may do so but as noted by Roscoe, Carson and Madoc-Jones (2011), this diversity can make it difficult for social workers to know which approach they should use in any given situation, notwithstanding that any one theoretical approach cannot account for the range of human behaviour and circumstances that a social worker might encounter (see also Lehmann and Coady, 2001). As noted by Philp (1979), a trend towards an eclectic theoretical base has suggested the need to "*'rescue' social work from confusion by* [transforming] *this new theoretical eclecticism…into a coherent set of practices*" (p. 83). On the other hand, as argued by Munro (2002), there is no compulsion on social workers to adopt only one theoretical approach, as "*we are more often choosing between theories that are complementary rather than conflicting. One intervention may focus, for example, on improving an abusive mother's parenting skills, while another may be trying to reduce her social isolation. The effectiveness of one does not rule out the value of the other.*" (p. 469).

Despite the apparently widespread belief in the value of eclecticism within social work, there is evidence from the fields of psychology and psychotherapy to suggest that the theoretical approach or model employed by the practitioner or therapist may be less important than the relationship they form with the client. This phenomenon, known as the 'Dodo Bird' effect (named after a race in Lewis Carroll's *Alice's Adventures in Wonderland* novel, originally published in 1865, in which every entrant wins a prize), implies that it is the common elements between different theoretical approaches or models of practice that 'make the difference' and not the distinctions between them (e.g. Hunsley and Di Guilio, 20002).

Research with service users has also found that "*it is not the particular model or techniques used by the social worker which are significant, but the quality and value of the experience*" (Parton, 2003, p. 4). However, the 'Dodo Bird' effect does not necessarily suggest that theoretical eclecticism is either a positive or a negative attribute. For example, one could argue that following the 'Dodo Bird' effect, theoretical eclecticism is more difficult to justify because practitioners should concentrate on becoming highly skilled in one particular

approach and not on learning a plethora of approaches to apply in different situations (something the 'Dodo Bird' effect would suggest is not necessary as no one approach is significantly better than any other). Alternatively, one could argue that the 'Dodo Bird' effect supports theoretical eclecticism because it is the common elements between different approaches that are important and perhaps practitioners will learn more about those common elements by studying a range of different theoretical approaches or models. Of course, the validity of the 'Dodo Bird' effect is not universally accepted and there is evidence to suggest that it may not be as pronounced or as robust as has been previously thought (e.g. Wampold, 2001).

Social work and evidence-based practice

More recently, social work has begun to be influenced by 'evidence-based practice', a model originally applied to medicine in the 1970s, in which research evidence regarding the effectiveness of different models or methods of intervention is derived, where possible, from systematic reviews of randomized control trials (see Mullen, Bledsoe and Bellamy, 2008 and Gilgun, 2005), with a hierarchical value applied to other research methods (see Concato, Shah and Horwitz, 2000). For example, in a recent study involving Australian social workers, Gray et al (2013) found a generally very positive view of evidenced-based practice amongst their respondents and of the utility of research findings for day-to-day practice.

However, the same authors also note that evidence-based practice is a complex idea and may mean different things to different practitioners. Nevertheless, so great is the influence of evidence-based or evidence-informed practice supposed to be upon social work that various writers have been moved to criticise the methodological assumptions of this perspective, with Webb (2001) in particular arguing that the underlying assumptions of evidence-based practice necessarily entail an unsatisfactory deterministic approach (see also Trinder and Reynolds, 2000). Webb notes that, "*clearly, evidence-based practice is not a single movement*" (p. 60) and he highlights two primary 'versions', soft and hard, arguing that in the former, behaviourism is not 'uncritically accepted' (p. 60), implying that in the

latter it is.

Others, such as Biesta (2007), have also criticised the implementation of evidence-based practice, arguing that it is suggestive of an exclusive model of research and thus undermines opportunities for non-professional researchers, including service users and carers, to participant in the generation of knowledge. Although Biesta has applied these criticisms primarily to the field of education, the same criticism may be said to apply to social work and resonates to some degree with Payne's (2001) argument that the social work knowledge base is something that develops dynamically and emerges from the interactions between social workers, service users, carers, researchers and others. However, although there has clearly been a trend in policy terms towards the *discussion* of evidence-based practice within social work in the UK (e.g. Sanderson, 2002 and Solesbury, 2001), one needs to be cautious about assuming how far this trend has been translated into practice (see Morago, 2010).

Barlow and Scott (2010) have argued for a distinctive 'version' of evidence-based practice, based on the finding that "*there is very little 'hard' (ie randomised controlled trials) evidence about what works for 'multi-problem' and 'resistant' families*" (p. 6). This conclusion leads Barlow and Scott to recommend, not an abandonment of evidence-based practice, but a reconceptualization of what it means for practice. Drawing on ideas from complexity theory (see Stevens and Cox, 2007), Barlow and Scott argue that families are 'complex systems' and, as such, whilst it may be possible, using research evidence, to identify the presence (or absence) of particular risk factors, the inherent complexity of the system entails that practitioners will have great difficulty in predicting the future likelihood of significant harm. As a result, Barlow and Scott recommend that it is organizations that need to be 'evidenced-based' rather than individual practitioners per se, with a much greater focus on creating the 'right structures' in order to promote relationship-based practice, which, they say, is the most likely 'type' of intervention to work in most cases. Thus, whilst they do recognise the importance of individual practitioners having (and using in practice) up-to-date knowledge of contemporary child development, including attachment theory, and of using structured decision-making (Douglas et al, 1999) rather than professional

judgement alone, they conclude that this kind of 'bottom-up' approach is unlikely to flourish in within organizational cultures rooted in the kind of procedural and managerial approaches discussed above (p. 13 – 16).

This more conceptual and organizational approach aside, and assuming one does not take a strictly positivist position regarding theory and research knowledge, then it appears to be the view of the majority in this field that social workers do use theory and research knowledge in practice and it is also the view of the official regulator of social workers in England that they must. However, there are wide ranging debates regarding how social workers use theory and research knowledge in practice and in part, these debates link with questions as to the nature of theory and research and the nature of social work itself. A number of writers have argued for the benefits of an eclectic approach to the use of theory and research knowledge in social work. More recently, the influence of evidence-based or evidence-informed practice has arguably increased and again this links with the debate regarding the nature of social work and whether it is best conceptualised as a technical-rational activity or a practical-moral one (or if regarded as a combination of both, and of other conceptions as well, to what degree and with what significance does each conception play a part). With regards to attachment theory in particular, in her review of child protection social work in England, Munro referred to the importance of attachment theory for child and family social workers and at the time this research project was conducted, the statutory guidance in England made it a requirement for child and family social workers to consider the attachment needs of children during their assessments.

Finally in this section, given the wide ranging nature of the debate regarding the use of theory and research knowledge in practice, it is interesting and perhaps not a little surprising that when Daley et al (2006) analysed 885 articles published in 2002 across 30 social work journals, they found that the majority of them, 71.7 per cent, contained no meaningful theoretical discussions at all and only 9.5 per cent of the articles involved what Daley et al described as 'theory progression', by which they meant "*empirical studies or conceptual papers* [advancing] *the theory in clarity, evidence base, or precision*" (p 3). In other words, the majority of articles published in the 30 social work journals surveyed by Daley et al in

2002 were, according to those authors, unconcerned with advancing or applying theoretical knowledge to social work practice in any meaningful way. Gentle-Genitty et al (2007) replicated this study at a later date and made similar findings, concluding that only 4.2 per cent of journal articles met their criteria for theory development with an empirical basis.

CONCLUSION

In conclusion, this chapter has set out the primary and supplementary aims of this thesis and discussed the wider context of the research. This thesis aims to understand how child protection social workers in England use theory and research knowledge in practice and in order to facilitate this understanding, attachment theory has been selected as a practical example and the concept of disorganised attachment has been further selected based on the theoretical and empirical links between this concept and child abuse and neglect. As the role of a child protection social work encompasses many functions, the use of the theory and research knowledge related to disorganised attachment will be considered particularly within the context of assessments of children who may be at risk of significant harm because of abuse or neglect. The rationale for this decision is the central role of assessment in child protection social work. As noted in the introduction to this chapter, whilst the concept of disorganised attachment is well established within the field of attachment theory, its use in the field of child protection social work practice is a relatively recent development and thus the original contribution of this thesis is located in its specific consideration of disorganised attachment within this field.

In Chapter Two, an overview of attachment theory will be given followed by a review of the literature as it relates to disorganised attachment with a particular focus on the links between disorganised attachment behaviour and child abuse and neglect. In Chapter Three, three examples of the use of Strengths-based theory or research knowledge in practice will be examined, in order to compare these kinds of approaches with the discussion of attachment theory in Chapter One. Chapter Four concludes part one of this thesis with a

review of a number of contemporary and significant areas within child protection social work.

Chapter Two – Literature Review: Attachment theory, disorganised attachment and the use of attachment theory in social work practice

INTRODUCTION

In the previous chapter, the primary and supplementary aims of this thesis were outlined and the thesis itself was situated within the context of the debate regarding the use of theory and research knowledge in social work practice. In order to facilitate an understanding of how child protection social workers in particular use theory and research knowledge in their assessments of children who may be at risk of abuse or neglect, the theory and research knowledge related to disorganised attachment has been selected as a practical example. In this chapter, a brief overview of attachment theory will be given followed by a more detailed discussion of the concept of disorganised attachment and related caregiver characteristics. The links between disorganised attachment and child abuse and neglect will be expanded upon, and it will be suggested that because of these links, the theory and research knowledge related to disorganised attachment may be particularly valuable for child protection social workers (see Wilkins, 2010). In the second half of the chapter, the literature regarding the use of attachment theory in child and family social work will be reviewed.

ATTACHMENT THEORY: AN OVERVIEW

Attachment theory, first devised by John Bowlby, concerns the nature and significance of close human relationships. Beginning with his own observations of young children separated from their primary carers and drawing on evidence and ideas from a range of other fields, including psychotherapy, ethology and systems theory, Bowlby conceived of a special 'attachment bond' between children and their close carers. Bowlby noted that when infants and young children are separated from their usual carers, they typically express intense distress and cannot be comforted by unfamiliar adults, even when provided with excellent levels of alternative physical care. Thus, Bowlby hypothesised that there was

something special about the relationship between a child and his or her close carers, something that could not be replicated by any other adult. Bowlby described this connection as a "*lasting psychological connectedness*" (1969, p 194). Drawing on evolutionary biology, Bowlby argued that such a relationship had a protective and survival-related function, with the child focusing his or her 'attention' on a small number of close carers with a presumed interest in caring for and protecting the child, and thus enhancing the child's chances of survival into adulthood.

Attachment behaviour and internal working models

Using a new technique, known as the Strange Situation Procedure (SSP)[2], Bowlby and colleagues began to investigate the nature of these attachment relationships. Via this research, Bowlby observed how infants would employ different behavioural strategies in order to obtain and maintain proximity to a close carer at times of heightened anxiety or distress, particularly after a period of separation. After a number of such observations, Ainsworth, a colleague of Bowlby's, devised a system of categorisation, whereby groups of infants appeared to employ similar behavioural strategies. Initially, these categories or patterns of attachment behaviour were labelled as Type A, B and C. Drawing on the work of Craik (see Johnson-Laird, 1983), Bowlby argued that based on the responsiveness and accessibility of their close carers, infants would develop internal, mental models of this relationship and then use these models both as a guide for their own behaviour towards their close carers but also as the basis for their understanding and expectations of other relationships too. Bowlby referred to these mental constructs as 'internal working models', and together, Bowlby and Ainsworth considered how different internal working models

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[2] The Strange Situation Procedure takes place in a small room containing a few toys. An infant and a close carer are placed into the room and at various points, the carer leaves and returns to the room, as does another adult not previously known to the infant (the 'stranger). The stages of the SSP are as follows - (1) the carer and infant are alone in the room (2) the stranger joins the carer and infant (3) the carer leaves the infant and stranger alone (4) the carer returns and the stranger leaves (5) the carer leaves the infant alone (6) the stranger returns, and (7) the carer returns and the stranger leaves. In interpreting the SSP, researchers will focus on the infant's behaviour, particularly at points of separation and reunion from the carer, and it is believed that the nature of the infant's attachment relationship manifests itself most clearly via the behaviour they display when they are reunited with the carer (Ainsworth and Bell, 1970; Ainsworth et al, 1978).

would lead to different expressions of attachment behaviour (see Pietromonaco and Barrett, 2000a, 2000b).

This realisation enabled Ainsworth to interpret the patterns of behaviour observed in the SSP – those initially labelled as Type A, B and C – and to suggest what kind of internal working model might underpin the different behavioural patterns observed. This led to the development of the Ainsworth system of infant attachment classification in which Type A was labelled as 'anxious-avoidant attachment', Type B as 'secure attachment' and Type C as 'ambivalent-resistant attachment' (Ainsworth et al, 1978; see also Cassidy, 2008). A fully developed internal working model is generally thought to form by 18 to 24 months of age, after which the model becomes less amenable to change, although modification is always possible in response to sufficiently significant changes in the infant or child's caregiving environment (e.g. Cicchetti, Toth and Rogosch, 1999, De Wolff and van IJzendoorn, 1997, Waters, Hamilton and Weinfield, 2000 and Toth et al, 2006).

Returning to Ainsworth's three patterns of infant attachment, children classified as **secure** in the SSP were observed to seek comfort from their carer when distressed, to accept the comfort offered by the carer, and to then deactivate their display of attachment behaviour relatively quickly. Such children are said to have an internal working model of the carer as being generally sensitive and available during times of heightened anxiety or distress and when carers of such children are observed, they tend to display higher levels of sensitivity than carers of other children. Children classified as **ambivalent-resistant** in the SSP were observed to become more distressed when the carer left and to find it difficult to accept comfort from the carer when they returned. Such children appeared to find it difficult to stop displaying attachment behaviour and would appear to go through cycles of seeking comfort, perhaps being given some comfort by the carer, but then displaying further attachment behaviour and seeking comfort again. Such children are said to have an internal working model of the carer as being 'predictably unpredictable' and when carers of these children are observed, they tend to show inconsistency in the levels of sensitivity they display, sometimes responding to the child's distress with sensitive care but at other times becoming upset themselves, angry at the child, or ignoring them. This inconsistent

behaviour seems to result in the child amplifying their attachment behaviour in order to obtain a caring response, or at least a response of some kind, as often as possible.

Children rated as **anxious-avoidant** in the SSP were observed to demonstrate lower external levels of distress when the carer left, although later studies have suggested that such children may be experiencing even greater allostatic load than children rated as ambivalent (e.g. Hill-Soderlund et al, 2008). In addition, these children were observed to avoid the carer when they returned. Such children are said to have an internal working model of the carer as being predictably un-responsive to displays of attachment behaviour. Again, when carers of such children are observed, they tend to respond to external signs of distress by avoiding the child, or even by admonishing them. Thus, children with this pattern of attachment tend to inhibit their external displays of distress and attachment-related need and to therefore avoid overt rejection by the carer (see Bretherton and Munholland, 2008). Bowlby and Ainsworth also found that some of the infants, most notably those with secure attachment patterns, were more likely to engage in exploratory and playful behaviour in the presence of their close carers. They conceptualised this as the child using the carer as a 'secure base' from which to explore, with an expectation that the carer would be available as a 'safe haven' to return to should the child become anxious or upset. Infants who were less confident in the carer's availability as a safe haven appeared to find it more difficult to use the carer as a secure base from which to explore (Marvin and Britner, 2008).

However, Bowlby and Ainsworth also found that some children were 'unclassifiable' using the secure, avoidant, and ambivalent categories and later researchers found similar results (Gaensbauer and Harmon, 1982 and Crittenden, 1985). In the mid-to-late-1980s, other researchers reviewed the behaviour of this group of children more closely and it was from this research that the concept of disorganised attachment was developed (Main and Solomon, 1990). Following the formal description of disorganised attachment behaviour, the three patterns referred to above as secure, avoidant, and ambivalent would become known as *organised* patterns of attachment, so-called in order to differentiate them from *disorganised* attachment behaviour. Together, these four types of infant attachment

behaviour are known as the Ainsworth-Main ABC-D model of infant attachment (Teti, 2000, p. 194).

Attachment in adulthood

Following Bowlby and Ainsworth's research with infants and young children, interest developed in the attachment relationships of adults, including romantic attachments (e.g. Hazan and Shaver, 1987) and in the possible mechanisms for the transmission of attachment from one generation to the next (e.g. Benoit and Parker, 1994). The study of adult attachment relationships was greatly aided by the development of the Adult Attachment Interview (AAI; George, Kaplan and Main, 1996), a semi-structured interview designed to elucidate the adult's current state of mind with regards to attachment via questions about early childhood memories and by asking the adult to reflect on how these experiences might be influencing them in the present. Early studies using the AAI identified three patterns of adult attachment, which broadly correlate with the Ainsworth infant patterns of attachment. These adult patterns are typically labelled as autonomous-secure, anxious-preoccupied and dismissive-avoidant (Bartholomew and Shaver, 1998, p. 31 - 36).

As with the SSP and the description of disorganised attachment behaviour, a further adult style of fearful-avoidant was also identified (see Liem and Boudewyn, 1999). Main, Kaplan and Cassidy (1985) initially predicted that maternal states of mind, with regards to attachment, would predict the infant's attachment pattern and indeed, in Main's original research, she found a correlation of 75 per cent between AAI classifications of secure / insecure and SSP classifications of secure / insecure, a finding subsequently replicated by other researchers (see Main, 2007). However, other researchers have found that the continuity of attachment over two generations is stronger for attachment *security* than it is for attachment *insecurity* (see van IJzendoorn, 1995) and thus the question as to the 'transmission mechanisms' of attachment from one generation to the next is a significant area of on-going research within contemporary attachment theory. Bartholomew and Horowitz (1991) have described adult attachment as a two-dimensional construct, combining the adult's self-image with the adult's image of others. The four categories of

adult attachment are represented in this model by the four possible interactions of the two dimensions (see Figure 2).

Figure 2: Adult attachment styles expressed as an interaction between the two dimensions of self-image and image of others. Adapted from Bartholomew and Horowitz, 1991.
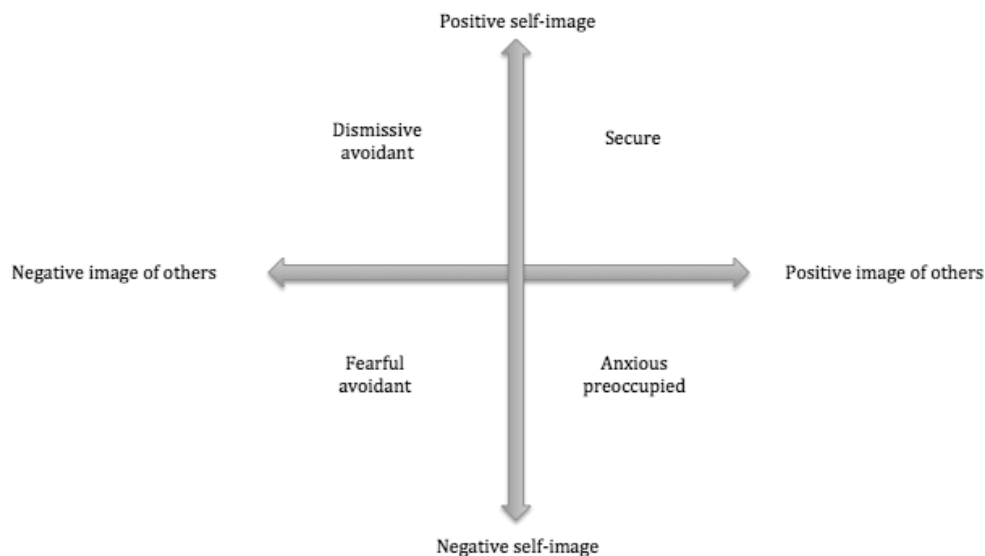
Inter-subjectivity

In contemporary attachment research, one of the key concepts to emerge has been that of 'inter-subjectivity', defined as "*the flexible human capability for sharing mental states with others*" (Lyons-Ruth, 2007, p. 595). Although the evolutionary function of attachment relationships for children is widely accepted (see Simpson and Belsky, 2008), Lyons-Ruth (2007) has argued that the innate ability of human infants to engage in *inter-subjective* exchanges from birth suggests that attachment relationships are important not only for the care and protection they can provide, but also for the development of 'the self'. Lyons-Ruth also found that the carers of children with secure attachment relationships tend to engage in more inter-subjective exchanges than the carers of other children. When faced with a distressed baby, more sensitive or attuned carers (who are more likely to have children with secure attachment relationships) may 'speak (more) for their baby' by saying things such as

'why are you unhappy', 'you don't like that wet nappy, do you?' or 'did you get scared when daddy left you for a minute'? By engaging in these kinds of exchanges, such carers are explicitly (if unconsciously) linking the infant's *outward* displays of distress with a presumed *inner* mental state (Fonagy et al, 2004). This is thought to suggest to the infant how they might organise their own thoughts and feelings and may also help the infant learn how to interpret the behaviour of others. Hence, "*Our understanding of others critically depends on whether…our own mental states were adequately understood by caring, attentive…adults*" (Bateman and Fonagy, 2010, p. 12).

Criticisms of attachment theory

Before discussing the links between attachment theory and child abuse and neglect and the concept of disorganised attachment in more detail, this section will briefly outline three of the major criticisms that have been made of attachment theory. Firstly, some researchers have suggested that the three Ainsworth patterns of infant attachment may only apply to certain populations, such as American middle-class families (e.g. Partis, 2000), and that attachment theory is therefore only narrowly applicable to children and families from similar cultures and backgrounds. Gambe et al (1992) have argued that because of this, attachment theory may "*contribute to inappropriate and racist assessments,* [and] *inappropriate interventions'* (p.30). However, attachment research has been conducted in many countries and cultures around the world, including China (Posada et al, 1995), France (Bowlby, 1951), Germany (Grossman et al, 1985), Israel (including with children raised in Kibbutz; Sagi et al, 1985), Japan (Durrett, Otaki and Richards, 1984), Kenya (Keromoian and Leideman, 1986), Mali (True, Pisani and Oumar, 2001), Romania (with orphans; Marcovitch et al, 1997) and Uganda (Ainsworth, 1967). Furthermore, the distribution of infant secure attachment relationships in these different countries and cultures demonstrates a remarkable degree of similarity – 67 per cent in the United States and Western Europe, 57 – 69 per cent in Africa, 68 per cent in China and 61 – 68 per cent in Japan. It is important to note at this point that ethics-based criticisms have been made of many of these studies, especially those using the Strange Situation Procedure, on the basis that this method deliberately causes the infant to feel anxious or even stressed and this may be constituted as causing psychological harm to the infant. Understood in this way, the Strange Situation Procedure may be seen to breach many common research ethics guidelines. For example,

the Code of Human Research Ethics (British Psychological Society, 2010) says "*Harm to research participants must be avoided*" (p. 11). However, the same document also states that "*the risk of harm must be no greater than that encountered in normal life*" (ibid) and for many infants, brief periods of separation from a primary carer will surely be part of normal life (e.g. when the carer needs to retrieve something from another room and leaves the child alone for a few minutes; see Takahashi, 1990, for a practical discussion of the ethical complexities of the Strange Situation Procedure and ways in which the researcher may attempt to avoid breaching research ethics).

Nevertheless, these international studies would seem to suggest that there is a universal quality to attachment and that whilst the theory was indeed developed by a European, it is not necessarily Eurocentric to apply it to children and families from other cultures and countries (see Van IJzendoorn and Kroonenberg, 1988). However, this is not to suggest that the application of attachment theory to diverse cultures is necessarily straightforward. As argued by Morelli and Henry (2013), attachment theory has advanced in recent years to include "*evolutionary biology, and neuroscience research, and with the increasingly global study of non-Western experiences*" (p. 241) and this can involve "*largely unquestioned…assumptions about attachment and supporting processes*" (ibid).

However, they also argue that although attachment is seen as a 'species-wide' phenomenon', it "*allows for adaptation to local conditions*" (p. 242) and they go on to note how the concept of sensitive (maternal) care in particular has to be understood via a local, cultural lens. For example, they describe how "*Puerto Rican mothers…showed an overall preference for securely (compared to insecurely) attached babies. But mothers praised these babies for respectful attentive and positive engagement, qualities salient to them but not the basis for* [traditional] *classification*" (p. 242 – 243). In essence, Morelli and Henry call for attachment researchers to "*immerse themselves in the very life of the community in regions of the world far different from those typically represented in attachment research*" (p. 243) and by so doing, to advance attachment theory as a "*theory of* (universal] *human close relationships*" (p. 248).

Secondly, Pinker (2002) has argued that attachment theory overestimates the importance of environmental factors and underestimates genetic influences on development. Pinker has specifically argued that the way a child is cared for by his or her family has only a minimal impact on the development of the child's personality and future relationships (see also Harris, 1998). However, this position arguably overlooks the research of Stams, Juffer and van IJzendoorn (2002), who studied 146 adopted children and concluded, "*even in adopted children...early mother-infant interactions and attachment relationships predict later socio-emotional and cognitive development, beyond infant temperament and gender*" (p. 1).

Finally, Rutter (1972) has criticised attachment theory for not sufficiently distinguishing between the effects of the permanent loss of an attachment figure and temporary separations, nor between both of these and the failure to form any attachment relationships at all. Rutter argued that these different situations have very different consequences for children and Rutter's concern is that in practice, the kinds of detrimental effects that may result from the failure to form any kind of attachment relationship, or from the permanent loss of an attachment figure, may mistakenly be applied to situations in which the separation is only temporary. Rutter believes that there are *qualitative* differences between these situations and that certain developmental difficulties, such as anti-social behaviour and psychopathy, are not significantly due to difficulties in attachment relationships but have other precursors, such as a lack of intellectual stimulation or poor social environments. In other words, Rutter contends that practitioners such as social workers should focus more on social factors and less on the child's attachment relationships. More recently, Rutter has described attachment theory as a "*major contribution to child psychiatry*" (Carrey, 2010, p. 213) whilst maintaining his view that, in light of subsequent research evidence, Bowlby's initial idea that "*the exclusive mother-child relationship…was different from all other relationships*" was "*misleading*" (p. 214). Rutter also noted that "[Bowlby] *was an honest man, so he took these findings on board and changed his thinking accordingly*" (p. 213).

DISORGANISED ATTACHMENT AND RELATED CAREGIVER CHARACTERISTICS

This section will now discuss disorganised attachment in particular and refer to a number of related caregiver characteristics. To recap from the previous chapter, the primary aim of this thesis is to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice. The rationale for selecting this particular set of theory and research knowledge lies in the links between disorganised attachment and child abuse and neglect. Given that one of the primary evolutionary functions of attachment is to provide for the care and protection of infants and children, and these are precisely what are put at risk when a child suffers abuse or neglect, it may appear almost axiomatic that attachment and child abuse and neglect are connected (Crittenden and Ainsworth, 1989).

As outlined above, early attachment research found that most infants could be categorised as having one of three organised attachment patterns – secure, anxious-avoidant or ambivalent-resistant. Whilst there are significant differences between these patterns, they all reflect the infant's underlying ability to *organise* their attachment behaviour in response to their caregiving environment, to ensure as much as possible that they receive a caring– or at least, a non-rejecting - response from their close carers during times of heightened anxiety or distress. However, a significant minority of children cannot be categorised via these three patterns, demonstrating confusing behaviour in the SSP such as approaching the carer whilst simultaneously averting their gaze, or beginning to approach the carer and then freezing or changing direction before they reach them. These children may display frightened facial expressions or act violently towards the carer or they may display odd or unusual behaviours, such as appearing to move in slow motion (Main and Solomon, 1990, p. 136 - 140).

Although Bowlby and Ainsworth recognised that this behaviour was unusual and could not be explained by reference to any of the three organised infant attachment patterns, it was not until Main and Solomon (1986) systematically reviewed the behaviour of these children that

a more coherent framework for interpreting this behaviour was developed. Main and Solomon labelled the attachment behaviour of these children as 'disorganised / disoriented', arguing that it was not suggestive of an attachment pattern per se but in fact represented a *breakdown* in the child's usual attachment pattern and behaviours. In other words, disorganised attachment behaviour is thought to be indicative of a child's usual pattern of attachment behaviour being overwhelmed by extremely frightening circumstances. Therefore, disorganised attachment is defined *negatively* as the temporary breakdown or absence of a functional – organised - attachment pattern (Main and Hesse, 1990, p. 179). In Main and Hesse's (ibid) evocative phrase, disorganised attachment behaviour represents the child's experience of 'fear without solution'. This dilemma is thought to result from the child's simultaneous experience of fear, and a desire for comfort, and occurs when the child is afraid of, and desires comfort from, the same close carer, although it may also occur when the child is afraid *for* a close carer, such as in situations of domestic abuse (see Shemmings and Shemmings, 2011, p. 1).

As van IJzendoorn and Bakermans-Kranenburg have noted, "*parental maltreatment is probably one of the most frightening behaviours a child may be exposed to*" (2009, p. 2 – 3) and therefore, according to Shemmings and Shemmings, "*the abuse and neglect of a child is far more likely than any other single factor to lead to disorganised attachment behaviour*" (2011, p. 54). Glaser (2000) has also argued that "*disorganised attachment* [originates] *from the dilemma which the child faces in knowing how to behave when it is their attachment person who activates the child's attachment needs by **abusing** the child*" (p. 372, emphasis added). Following a meta-analytical review of fifty-five studies, with combined sample sizes of n=456 maltreated children and n=4,336 non-maltreated children, Cyr et al (2012) found, "*there were substantially smaller numbers of secure and higher numbers of disorganized attachments in maltreated children compared to children from normative low-risk backgrounds*" (p. 96).

Even when comparing samples of maltreated children with samples of children from 'high-risk' but non-maltreating environments, Cyr et al found "*lower proportions of secure children and higher proportions of disorganized children*" (p. 98). Therefore, Cyr et al concluded that

whilst children living in 'high-risk' but non-maltreating situations and maltreated children both share an elevated risk of presenting with disorganised attachment behaviour, "*the impact of maltreatment on …disorganization amounts to more than two standard deviations, which is an extremely large effect size, whereas the impact of high risk without maltreatment is nearly half a standard deviation (a medium effect size)*" (p. 100). Thus, "*Child maltreatment has a strong impact on attachment. It creates fright without solution for a child…and this implies that the chances for a maltreated child to develop a secure, non-disorganized attachment pattern are very small*" (p. 100). These findings suggest the potential utility of the theory and research knowledge related to disorganised attachment for child protection social workers in that, if child protection social workers can apply such theory and knowledge in their practice with potentially abused and neglected children, they may have a valid framework for assessing the behaviour of such children, and might then use this knowledge to help inform their overall assessment of the child and of the child's carers.

Before outlining the prevalence of disorganised attachment behaviour, it is important to note that disorganised attachment is not the same as reactive attachment disorder (RAD; Zeanah and Gleason, 2010, p. 9). Indeed, the latter was primarily developed without reference to attachment theory at all (van IJzendoorn and Bakermans-Kranenburg, 2003, p. 315). In the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V), RAD is defined as a disorder in which the child, although developmentally capable of forming attachment relationships, does not do so because of aberrant caregiving (American Psychiatric Association, 2013). In contrast, disorganised attachment behaviour is most likely to arise in situations where the child has formed an attachment relationship but within which the child experiences 'fear without solution'.

The prevalence of disorganised attachment behaviour

As noted above, abused or neglected children appear to be the most likely group to display disorganised attachment behaviour. For example, Carlson et al (1989) found that 82 per cent of maltreated infants exhibited disorganised attachment behaviour in the SSP and in their study, Beeghly and Cicchetti (1994) found that 80 per cent of maltreated children displayed

disorganised attachment behaviour. Following a meta-analysis of nearly 80 studies, van IJzendoorn, Schuengel and Bakermans-Kranenburg concluded that whilst "*In normal, middle class families, about 15% of the infants develop disorganized attachment behavior…in clinical groups this percentage may become twice or even three times higher (e.g. in the case of maltreatment*)" (1999, p. 225).

However, as noted by van IJzendoorn, Schuengel and Bakermans-Kranenburg, disorganised attachment behaviour may also be seen in samples of non-maltreated children. In Cyr et al's (2010) meta-analysis, they found that "*children exposed to five socio-economic risks…were not significantly less likely to be disorganized than maltreated children*" (p. 87). The socioeconomic risk factors referred to are 'low income', 'substance abuse', 'adolescent mother', 'ethnic minority', 'low education' and 'single mother' (p. 101). Thus, if a child were to live in a low income household, with an adolescent, single, and poorly educated mother from an ethnic minority, Cyr et al found they would be almost as likely to display disorganised attachment behaviour as an abused or neglected child. In the discussion of these findings, Cyr et al note that "*One explanation for this finding is that undetected or unsubstantiated cases of maltreatment might be found in multiple-risk families with a disorganized child* [or] *parenting behaviour as negative in its consequences as maltreatment might mediate the link*" (p. 102).

As an example of the latter, Cyr et al suggest that close carers may "*withdraw from interacting with the child because of overwhelming personal or socioeconomic problems and daily hassles*" (p. 102). This finding has several implications for attachment theory research, but for the purposes of this thesis, it suggests that even the reliable identification of disorganised attachment behaviour cannot stand as confirmation of child abuse or neglect and neither can the absence of disorganised attachment behaviour stand as confirmation that child abuse or neglect has not occurred.

The consequences of disorganised attachment behaviour

Regardless of the causes of disorganised attachment behaviour in children, the medium and long-term consequences are generally considered to be of concern. Thus, it may be argued that even where disorganised attachment behaviour results from an accumulation of socioeconomic risk factors and not from child abuse or neglect, it may still benefit child protection social workers to be aware of this theory and research knowledge, as such a child would likely still need help and support in order to secure better outcomes (see Wilkins, 2010). In general terms, the presence of a secure attachment relationship in infancy is associated with more positive medium and long-term outcomes than either of the insecure-but-organised patterns of avoidant and ambivalent attachment. For example, secure patterns of infant attachment are associated with better coping mechanisms in response to stressful situations and better mental health (Schore, 2001), with more 'competent functioning' in pre-school settings (Erickson, Sroufe and Egeland, 1985) and with higher levels of social activity and lower levels of social anxiety in childhood (Bohlin, Hagekull and Rydell, 2000). Secure representations of attachment in adolescence are associated with higher levels of 'competence with peers', lower levels of internalising behaviour difficulties and lower levels of 'deviant behaviour' (Allen et al, 2003 and Allen, 2008) and secure representations of attachment in adulthood are associated with happier and more stable romantic relationships (Klohnen and Bera, 1998).

On the other hand, insecure patterns of infant attachment are associated with, for example, higher levels of social anxiety in childhood (Bohlin, Hagekull and Rydell, 2000) and with lower observed vocabularies and shorter attention spans (Main, 1983). However, as Rich has argued, "*although secure attachment is considered to yield the most effectively functioning children and adults, and insecure attachment is believed to place the child at risk for later difficulties, none of these attachment categories are considered to be pathological*" (2006, p. 95, emphasis added). In other words, insecure attachment relationships are not necessary or sufficient factors for the development of severe physical or mental disease or dysfunction in later life.

However, studies of children who present with disorganised attachment behaviour have found quite significant correlations with more negative medium and long-term outcomes. For example, disorganised attachment behaviour in childhood is correlated with later behavioural and psychosocial difficulties including dissociative behaviour (Carlson et al, 1989), controlling, externalising or aggressive behaviour (Lyons-Ruth and Jacobvitz, 1999), conduct and attention disorders (Hubbs-Tait, et al, 1996; Fearon et al, 2010) and borderline personality disorder (Fonagy, Target and Gergely, 2000). In addition, children who present with disorganised attachment behaviour are more likely to develop symptoms of depression (Borelli et al, 2010), to present with hostile behaviour towards peers (Lyons-Ruth, Alpern and Repacholi, 1993) and to present with somatic symptoms of illness, social phobia and school phobia (Brumariu and Kerns, 2010; see also Claussen et al, 2002). Despite these correlations, caution is still required because, as noted by Barlow (2012), it is not necessarily the case that early maltreatment – and thus in many cases, early disorganised attachment behaviour – leads inexorably towards negative outcomes but rather maltreatment in infancy is occurring at a time of sensitive development and can therefore have a disproportionate effect on the child's development for that reason.

In summary, whilst secure attachment relationships are associated with better medium and long-term outcomes than any other type of attachment relationship, the data support the conclusion that it is disorganised attachment behaviour about which we should be more concerned. In part, this relates to the link between child abuse and neglect and disorganised attachment behaviour, but even without child abuse and neglect, the medium and long-term consequences of disorganised attachment appear to be such that concern would be warranted in any event. This conclusion further supports the rationale for selecting the theory and research knowledge related to disorganised attachment as the practical example for this thesis.

Caregiver characteristics related to disorganised attachment behaviour

In addition to the concept itself, the theory and research knowledge related to disorganised attachment also incorporates a number of caregiver characteristics (Shemmings and

Shemmings, 2011). In other words, the close carers of children who present with disorganised attachment behaviour are more likely to demonstrate characteristics such as unresolved loss and trauma (Madigan, Moran and Pederson, 2006), disconnected and extremely insensitive parenting (Out, Bakermans-Kranenburg and van IJzendoorn, 2009) and low reflective functioning (Allen et al, 2008). Each of these will now be briefly discussed in turn.

Unresolved loss and trauma

Unresolved loss or trauma refers to significantly repressed memories of personal loss and trauma, such as the sudden death of a close carer or experiences of child abuse. These memories tend to emerge under conditions in which the individual is reminded of their own vulnerability, and caring for a child can be one such condition. Main and Hesse (1990) found a significant link between carers rated as 'unresolved' with regards to loss or trauma via the Adult Attachment Interview (AAI) and children who displayed disorganised attachment behaviour during the SSP. During the AAI, some adults may "*fall silent in the middle of a sentence discussing loss or trauma, and then complete the sentence 20 seconds or more later, as if no time had passed*" (Main and Morgan, 1996, p. 125). Others may "*seem to suffer an intrusion of visual-sensory images which interfere with correct speech*" (ibid, p. 126). From the child's perspective, if such behaviour were to occur during everyday life, and especially if they occurred at a point in time when the child was fearful or anxious, it could potentially leave the child's attachment-related needs unresolved. In attachment theory, this is referred to as a 'failure to terminate' (Main, 2000). As Goodman noted, "*disorganized attachment strategies could be viewed as extreme forms of resistant* [or ambivalent] *attachment strategies in which the attachment system fails to terminate* (2002, p. 73). According to Howe (2006), such 'failures to terminate' may prevent the child from developing a coherent internal working model and can increase the child's experience of stress and fear.

Disconnected and extremely insensitive parenting

One possible consequence of unresolved loss and trauma is that a close carer may exhibit sudden changes in behaviour, unaccompanied by explanatory gestures or vocalisations. This

is referred to as disconnected behaviour and may include deferential or sexualised behaviour towards the child or the carer may otherwise appear disoriented (Out, Bakermans-Kranenburg and van IJzendoorn, 2009). In addition, extremely insensitive parenting refers to excessively withdrawn and neglectful or overly intrusive and aggressive behaviour (Lyons-Ruth and Jacobvitz, 1999). The excessive withdrawal subtype may recall Cyr et al's (2012) example of the kind of parenting behaviour one might see as a result of the cumulative impact of socioeconomic risks, when they wrote of close carers withdrawing "*from interacting with the child because of overwhelming personal or socioeconomic problems and daily hassles*'" (p. 102). As Out, Bakermans-Kranenburg and van IJzendoorn explain, the "*distinction between extreme insensitivity and mere insensitive responses lies in the duration, frequency, quality and severity of the behaviours (e.g. aggressive behaviours), as well as in the context in which the behaviour occurs (e.g. when the child was already in distress)*" (2009, p. 4).

One important way in which the disconnected and extremely insensitive parenting may be important for the developing child is related to contingency. Contingency relates to whether one can predict the future and how (and thus also relates to the concept of reflective functioning, discussed below). As noted by Beebe et al (2010), even young infants have the capacity to detect regularities in events and to understand (or behave as if they understand) the potentially causal relationship between different events. This includes being highly sensitive to ways in which their own behaviours may be contingently responded to. However, unlike reflective functioning (where 'more' is assumed to mean 'better'), it may be that a midrange of contingency is more clearly related to security of attachment than either 'high contingency' or 'low contingency'. Beebe et al (2010 conceive of high contingency in the form of overstimulation, intrusiveness and a too high degree of responsiveness as being 'as' related to attachment insecurity as low contingency in the form of either under-stimulation or unpredictable stimulation. Thus, this clearly relates to the notion of extremely insensitive parenting as being represented by either excessive withdrawal and neglect or overly intrusive and aggressive behaviour.

Lyons-Ruth et al (2006) have also attempted to understand the behavioural correlates of disorganized attachment behaviour more clearly, proposing that although some parents may

have similar internal working models of the self as 'helpless' in the face of the child's attachment-related needs, they may yet display distinctive facets of this in the form of hostile / frightening or helpless / frightened behaviour. Frightening behaviour would, of course, include much of what would also be termed 'abusive behaviour' but in relation to disconnected parenting (and dissociation), it appears that helpless and withdrawn behaviours are more significant.

Low reflective functioning

Finally, Madigan et al (2006) have argued that low reflective functioning can be another significant characteristic of the close carers of children who display disorganised attachment behaviour. Reflective functioning can be defined simply as the ability to appreciate and understand that other individuals have different feelings and intentions from one's own and that the behaviour of others is explicable with reference to an internal mental world of feelings and intentions[3]. In other words, in the context of attachment theory, a carer with a high level of reflective functioning is able to make reasonable interpretations, at a representational level of thought, regarding what might plausibly explain their child's behaviour. Such carers are also more likely to be able to identify the cause of any distress the child may be experiencing, and thus are better able to ameliorate the distress (Fonagy and Target, 2002). However, carers of abused or neglected children tend to make 'misattributions' about their child's behaviour, perhaps believing that their child 'hates them' or that they are behaving in a such a way as to deliberately frustrate the carer, even when the child may only be a few months old and therefore cognitively incapable of that kind of goal-oriented behaviour (Allen et al, 2008; Crittenden, 2008; Slade, 2008).

On a conceptual (and practical level), one can draw links between the idea of low reflective functioning within attachment theory and the philosophical idea of 'theory of mind'. As described by Premack and Woodruff (1978), theory of mind refers to the not-uniquely human

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[3] Reflective functioning has also been also described as the operationalization of the concept of mentalization particularly within attachment or other close relationships (see Fonagy et al, 2004, p. 24).

ability to attribute mental states (beliefs, desires, knowledge and so on) to oneself and to others. It also encompasses an understanding that other people's mental states can and will differ from one's own. However, a fully formed theory of mind is not thought to be present from birth but rather it matures over time, as a part of normative development (Baron-Cohen, 1991). It is here, then, that one can see the most direct link with the attachment-related concept of reflective function, namely that the possession of a theory of mind (or the ability to mentalize) is not entirely an innate quality but rather it involves social and relational interactions in order to develop, or at least to develop fully. Alternatively, Dennett (1987) proposes a more behavioural-based understanding of the same phenomena, arguing that we do not need anything as grand as a 'theory' to understand our minds and those of others. Instead, Dennett propose that we 'merely' treat other people as if they had intentions – as if their behaviour could be understood in terms of underlying mental properties – and this in turn allows us to predict (and influence) how they will behave in future. Dennett explains it as follows:

> *First you decide to treat the object whose behaviour is to be predicted as a rational agent: then you figure out what beliefs that agent ought to have, given its place in the world and its purpose. Then you figure out what desires it ought to have, on the same considerations, and finally you predict that this rational agent will act to further its goals in the light of its beliefs. A little practical reasoning from the chosen set of beliefs and desires will in most instances yield a decision about what the agent ought to do; that is what you predict the agent will do* (ibid, p. 17).

As with theory of mind, one can draw a connection between Dennett's intentional stance and the attachment-related concept of reflective functioning and again, the important link is surely that whichever philosophical position one takes (theory of mind or the intentional stance), the ability of any given individual to predict the behaviour (and the mental states) of another is not an ability that can be developed in isolation, or that develops individualistically, but rather develops as a result of (or via) social and relational interactions with others.

Shemmings and Shemmings (2011) provide the following summary of the potential relationship between the caregiver characteristics discussed above and disorganised attachment behaviour in children:

"*Some parents who experience unresolved loss and / or trauma may develop dissociative states,* some *of whom may display* [extremely] *insensitive caregiving but which does not necessarily always lead to disorganised attachment behaviour in their children. Some parents experiencing dissociative states may unintentionally display disconnected caregiving response to their children, some of whom will develop disorganised attachment*" (p. 56, emphasis in the original).

Where this occurs, the significance for the child may then be compounded when the carer also exhibits low reflective functioning (or mentalization) because of the way in which this inhibits the carer from understanding the impact of their own behaviour on the child (see Shemmings and Shemmings, 2011, p. 128).

Methods for assessing disorganised attachment and related caregiver characteristics

This section will now briefly outline a number of methods related to the assessment of disorganised attachment behaviour in children and related caregiver characteristics in adults. All of the social workers who participated in the research described in this thesis received specialist training in at least one of these methods, in addition to any other training they accessed with regards to attachment theory and the theory and research knowledge related to disorganised attachment in particular (the characteristics of the participants are discussed in more detail in Chapters Five and Six).

For infants aged between 12 and 24 months, the **Strange Situation Procedure** (SSP) has

already been referred to above. The SSP is commonly referred to as the 'gold-standard' of attachment measures (Crittenden, Claussen and Kozlowskaal, 2007) as it was the first such measure to be developed and has the most extensive evidence base. There are a number of methods for older children and these methods typically aim to assess a child's internal working model of attachment rather than their attachment behaviour directly. This is because to prompt the display of attachment behaviour in infants is relatively easy whereas it is relatively difficult in older children. For example, whilst infants will tend to react with distress to the short periods of separation used in the SSP, many older children will have become accustomed to relatively long periods of separation from close carers (such as when they attend nursery or school). In addition, older children tend to have a better cognitive understanding of why they are separated (i.e. they can understand simple explanations given to them by their close carers and others) and many older children are also more capable of caring for themselves, at least when compared with infants and thus even relatively long periods of separation from a close carer are not as immediately threatening for older children as are relatively brief separations for infants.

One method commonly used with older children is the **Story Stem Assessment Profile** or SSAP (Hodges et al, 2003). In this measure, children aged between 4 and 9 years of age are shown and told the start (or 'stem') of a number of stories and asked to use doll figures to 'show and tell' how the story continues. The stories focus on attachment-related concepts such as separation and loss. For illustrative purposes, one of the stems is as follows (taken from Steele et al, 2007, p. 168):

In the next story, Child 1 is at home. There's a knock on the door, and it's Child 1's friend (Child 2). Child 2 says: "let's go and play on our bikes".

Child 1 says: "I'll go and ask my mum".

So, s/he went and asked his / her mum.

Child 1: "Mum, can we go and play outside on our bikes?"

Mum says: "Yes, but be careful!"

They went really fast on their bikes and they went "weeeeee" (dramatize wild bike riding), but "Oh" – what happened (show Child 1 fallen on ground with friend standing)?

Show me and tell me what happens now?

As with the SSP, children's responses are evaluated by a trained coder with both the content of their stories and the manner in which they are told being considered significant. For the stem outlined above, Steele et al (ibid) give the following example response:

Child: "He cries and then…" (puts friend doll on the other side of the wall and start banging both dolls on the wall) "They're fighting!"

Interviewer: "They're fighting? Are they fighting with one another?"

Child: (child nods) (child keeps banging dolls on the wall, knocks wall over).

Interviewer: "And what happens then?"

Child: "The two of them are bleeding".

Interviewer: "The two of them are bleeding".

Child: (child puts children on the wall) "And then mummy goes" (bangs mummy on wall) "and then she bleeds…"

Interview: "How did mummy get hurt?"

Child: "She went like…" (bangs mother on wall).

Interview: "Why was she doing that?"

Child: "Cause she wanted to be naughty".

Interview: "I see…so you know when he fell off the bike what happened to him?"

Child: "He bleeded".

As Steele et al explain, this response was coded for a range of themes, including child aggression and the parent appearing 'child-like' (p. 68 – 69). Children who have been abused or neglected tend to tell far more incoherent stories in which adults do not attend to children's needs or even notice they need help. Violent confrontations may erupt and everyday domestic difficulties (such as a child accidently spilling a drink) may end in catastrophe. Some abused or neglected children project magical or supernatural powers into the stories, allowing the children to rescue or help themselves without the need for adults.

For older children and younger adolescents, aged 8 – 15, the **Child Attachment Interview** or CAI can be used (Shmueli-Goetz et al, 2008). Derived from the Adult Attachment Interview, the CAI is a semi-structured interview containing questions regarding the child's current or recent experiences of relationships, such as:

a. *Can you tell me three words that describe your relationship with your mother / father?*
b. *What happens when your mother / father gets cross with you or tells you off?*
c. *What happens when you get hurt?*
d. *Has anyone important to you ever died?*
e. *Do your parents sometimes argue?*

(See Shmueli-Goetz et al, 2008).

As with the Adult Attachment Interview, referred to above, the purpose of the CAI is not to simply evaluate the content of the child's responses but to analyse *how* they respond and whether they can give coherent descriptions of the situations they refer to. As a semi-

structured interview, the aim is to administer the questions in a relatively similar manner for each interviewee, hence the use of closed questions with the generic follow-up prompt of 'can you tell me about the last time that happened' (see Shmueli-Goetz et al, 2008, p13).

Finally, the **Adult Attachment Interview** or AAI is a measure designed for older adolescents (15 years and older) and for adults. As with the SSP, the AAI is generally considered as being the most reliable and valid measure for this age range (see Beijersbergen, 2008). The AAI contains questions such as:

a. *I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother / father starting from as far back as you can remember in early childhood.*
b. *When you were upset as a child, what would you do?*
c. *Why do you think your parents behaved as they did during your childhood?*
d. *Did you lose any important persons during your childhood (meaning, did anyone die)?*

(See George, Kaplan and Main, 1996).

In addition to these measures, observations of close carers and children together can also reveal information about the child's attachment relationships and about the carer's behaviour towards the child. There are various frameworks for undertaking observations that practitioners might use to help guide them, with most being designed for children aged 5 years or younger. Although the reliable observation of attachment behaviour in natural settings (such as in the child's home) usually takes a large investment of time and a significant degree of skill on the part of the observer (see Ragozin, 1980 and Ley and Koepke, 1982), a number of observational frameworks are available to help ameliorate these difficulties by involving certain prompts for the carer, with the aim of provoking a mild level of anxiety or distress on the part of the child and thus enabling the observer to see how the carer responds and how the child behaves towards the carer (e.g. Shemmings, 2011 and

Svanberg, Barlow and Tigbe, 2013). Of course, one must be mindful of the ethical validity or otherwise of any method that deliberately induces anxiety or distress on the part of participants, especially when those participants are children. For example, McLeod (2007) cites the British Psychological Society's code of ethics and queries whether the Strange Situation Procedure breaches those guidelines. On the other hand, Marrone (1998) notes that the Strange Situation Procedure is designed to mimic or recreate 'everyday experiences' for the child (of being separated), and that being apart for brief periods from an attachment figure is not so distressing for most children as to render the Strange Situation Procedure unethical (and in Ainsworth's original formulation and subsequently, the formal guidelines for the Strange Situation Procedure are clear that if the child becomes unduly distressed, the procedure should be ended immediately).

The Dynamic Maturational Model of Attachment and Adaptation

Finally in this section, although the Ainsworth-Main ABC-D model of infant attachment has been the basis of the discussion herein, Crittenden's Dynamic Maturational Model of Attachment and Adaptation (DMM) offers an alternative framework for the interpretation of attachment behaviour. Crittenden's DMM emphasises the way in which humans mature dynamically across their life span, with priorities in childhood of self-protection and development and in adulthood of reproduction and the care and protection of any offspring. Crittenden has argued that these changing priorities lead to the development of different kinds of mental and behavioural strategies at different developmental stages. Within the context of this thesis, it is especially significant that Crittenden's DMM offers a different interpretation of the kind of behaviour that would be referred to as 'disorganised' via the Ainsworth-Main ABC-D model. Most notably, alongside a number of subcategories not found in the ABC-D model, the DMM contains a unique category of A/C (see Figure 3). The A/C category, as the name suggests, contains elements from both 'A' and 'C' categories.

Figure 3: Crittenden's Dynamic Maturational Model of Attachment and Adaptation (in infancy).
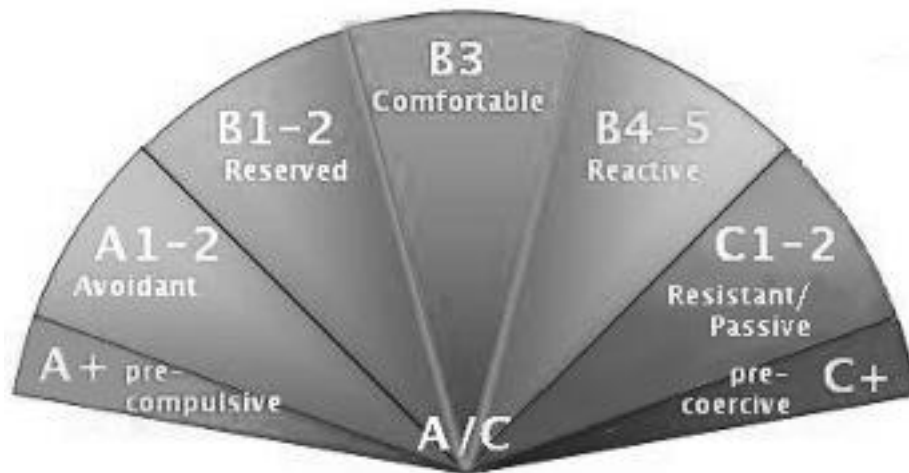
The key difference between the DMM and the ABC-D model is that in the former, all attachment behaviour is conceptualised as adaptive and functional, including the behaviour of abused or neglected children, whereas in the latter, disorganised attachment behaviour is not considered as adaptive but as a breakdown in the child's more typical adaptive attachment behaviour. Thus, "*A/C and disorganised are **not** different names for the same construct*" (Crittenden et al, 2007, p. 83, emphasis in the original). However, despite this alternative approach, this thesis focuses on the Ainsworth-Main ABC-D model of attachment because the "*addition by Main and colleagues of the 'disorganized / disoriented' classification of attachment to Ainsworth's three-category system has become widely accepted, especially in the last 15 years*" (Landa and Duschinsky, 2013, p. 326) and is "*now well integrated into the lexicon of clinicians*" (Solomon and George, 2011, p. 3, quoted by Landa and Duschinsky)[4]. The next half of this chapter will now consider the literature regarding how attachment theory has been used in child and family social work.

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[4] Landa and Duschinsky (2013) also note that the theory of the DMM is "*elaborated across an enormous number of widely diffused texts*" and that this "*makes it difficult to identify* (Crittenden's) *position on key issues*" (p. 326). Landa and Duschinsky have attempted to provide "*the first integrated analysis of Crittenden's work as a psychological theory*" (ibid) but, noting the date of publication, this analysis was not available until after the research described in this thesis was completed and thus was not available at the initial planning stages.

ATTACHMENT THEORY AND CHILD AND FAMILY SOCIAL WORK

As discussed in the previous chapter, one of the key rationales for the focus on attachment theory within this thesis is the widespread and long-standing view that attachment theory is particularly suitable for this field of practice. It was also noted that many authors have suggested how suitable attachment theory is for child and family social workers, and how the statutory guidance for social workers in England between 2000 and 2013 made it a requirement for assessments of children to consider attachment-related needs. In addition, the recent Munro review of the system of child protection in England also noted that "*as a minimum, the capabilities being developed for child and family social work must include knowledge of child development and **attachment**" (2011a, p. 96, paragraph 6.14, emphasis added). Thus, this brief recap from Chapter One suggests the popularity and generally accepted applicability of attachment theory for child and family social workers.

How do child and family social workers use attachment theory in practice?

One of the primary aims of considering how child and family social workers use attachment theory in practice is to identify the different ways in which it has been utilised, or has been suggested as having utility, ranging from the use of attachment theory as an overarching framework for practice, to more focused examples, perhaps with individual children or within specific fields of child and family social work, such as fostering and adoption. The majority of the literature regarding attachment theory and child and family social work appears to consist of theoretical or 'in principle' discussions of the ways in which attachment theory *could* be used in practice with a much more limited body of research concerning how child and family social workers actually do use it, and even less concerning child protection social workers in particular. As noted by Cyr et al (2012), whilst "*the contribution of attachment theory to the assessment of parental capacity in child protection cases is considerable and significant*" (p. 80) it is also the case that we only have "*a partial understanding of the effects of attachment-based interventions on the quality of parental capacity assessment*" (ibid). This conclusion supports the contention that despite the popularity of attachment theory within the field of child and family social work, the knowledge base regarding *how* attachment theory is used

(and the effects of doing so), particularly in the assessment of children who may have been abused or neglected, remains relatively undeveloped.

For this literature review, three meta-searches were undertaken using Academic Search Complete[5], Social Care Online[6] and Zetoc[7]. Searching Academic Search Complete for the term 'attachment theory' (anywhere in the text) and 'social work' (in the abstract) returned 168 results for peer-reviewed journal papers, and after consideration by this researcher, 103 were considered unhelpful for further consideration for the specific purposes of this thesis, either because of the subject matter (e.g. Lizardi et al, 2011 studied the association between attachment style and suicide attempt risk but not in the context of social work practice) or because they were book reviews or editorials. A search of Zetoc, the British Library's journal search engine, returned 122 results for the same queries. Of these, 79 were considered unsuitable for further consideration by this researcher (e.g. Otter, 2012 discusses nutrition and food in the UK between 1750 and 1950). A search of Social Care Online returned 111 results for the same queries and of these, 60 were considered inappropriate for further consideration by this researcher. Of the papers located by Zetoc and considered for discussion in this chapter, 8 were duplicates of those found via Academic Search Complete. Of the papers located by Social Care Online, 29 were duplicates of those found via either Academic Search Complete or Zetoc. In total, of the papers identified via Social Care Online as suitable for discussion in relation to this thesis, 83 per cent were duplicates of the two previous searches. Therefore, no further searchers were undertaken, as it appeared that saturation of the available literature was reasonably assured, although further papers were identified via the bibliographies of the papers considered. These searches were undertaken originally in March 2010 and then updated in March 2014 (prior to submission of the thesis). It is important to note that the above does not constitute a systematic review (and was not intended to). What is described is a thorough narrative review, aimed at describing the current state of the literature in relation to a specific topic (namely, the use of attachment theory in child and family social work). Hence, although the databases used have been cited (for transparency), no specific methodological approach was taken regarding inclusion / exclusion criteria, other than the

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[5] *http://www.ebscohost.com/academic/academic-search-complete*
[6] *http://www.scie-socialcareonline.org.uk/search.asp*
[7] *http://zetoc.mimas.ac.uk*

generic one of whether the paper described the use of attachment theory in child and family social work (or not). Each paper included was then critical analysed individually (with the results of this analysis described below).

To summarise, of the original 401 results, 54 (13 per cent) presented findings from research studies related to attachment theory and social work. Only fourteen papers discussed studies specifically focused on the use of attachment theory in social work practice. Of these, very few specifically considered child protection social work. Many of the papers refer to individual case studies. Within the literature related to research methods and methodologies, there is a debate regarding whether research based on individual case studies can be generalised to other situations or whether each case study represents a unique situation (Gomm, Hammersley and Foster, 2000). For example, Cunningham and Page (2001) discussed work with a maltreated thirteen-year-old and how practitioners used attachment theory to inform his care. Grant, McFarlane and Crawford (2009) described how staff at a care home used attachment theory to help them understand the behaviour of a woman with learning disabilities. Whether one feels the research presented in these case examples can be generalised within the field of child protection social work may depend on one's methodological position regarding case study research more generally. The following three sections will review the papers in which attachment theory has been discussed in terms of its *potential* to inform child and family social work, followed by papers discussing individual case studies, and finally, papers reporting on research studies with samples larger than one.

Papers discussing potential uses of attachment theory

The papers referred to in this section are those discussing the potential for attachment theory to be applied in child and family social work practice. In other words, these papers do not report research findings per se but discuss how attachment *could* or *should* be used by child and family social workers.

Child protection social work

A number of papers discuss how particular discrete concepts from attachment theory may be applied in child protection social work (in a similar way to this thesis' focus on the concept of disorganised attachment) or they discuss how the experiences of abused or neglected children and their carers may be understood via the lens of attachment theory. For example, Walker (2011) discussed how 'shame', defined as the experience of *"a sense of...disgrace"* (p. 451), is relevant within the field of child protection social work and how attachment-related experiences in childhood may influence one's experience of shame in later life (see also Gibson, 2013). Walker (2009) has also discussed the concept of 'dissociation' in relation to child protection social work, suggesting that dissociation is one of two possible responses to trauma, with the other being hyper-arousal. Walker defines dissociation as a response to trauma in which the individual *"sees and feels nothing at all"* (p. 109), in which *"the person disengages from stimulation in the external world and attends to an internal world"*, likening dissociation to *"playing dead"* (p. 110). Citing Shore (2001), Walker notes that traumatised children may be observed *"staring into space with a glazed look"* (p. 110).

In both of these papers, Walker argues for the potential utility of child protection social workers being aware of these concepts and of understanding how early attachment-related experiences may affect functioning in later life (see also Walker, 2008). Similarly, Gilligan (2004) has discussed the attachment-related concept of 'resilience' and how knowledge of this concept may benefit child protection social workers. Shemmings, Shemmings and Cook (2012) have also discussed how child protection social workers might use insights from attachment theory in their practice with 'highly resistant' families. One common thread between these papers is the authors' intentions to highlight a particular concept, whether shame, dissociation, resilience or resistance, and to link these concepts with attachment theory and to argue for the potential benefits of child protection social workers understanding and applying these concepts in practice.

McMahon and Farnfield (1994, 2004) and Quitak (2004) have also argued for a discrete application of attachment theory, suggesting that it offers a framework for the observation of

child behaviour. In other words, all of these papers suggest ways in which attachment theory might be applied in principle to child protection social work, not as an overarching framework for practice but how specific attachment-related concepts might be applied more discreetly. In contrast, others have argued for the use of attachment theory as an overarching framework for child protection practice. For example, Howe et al (1999) discussed how attachment theory might be applied to (potentially all) cases of child abuse and neglect, and set out an analytical framework, based on attachment theory, with the aim of helping social workers to understand how attachment-based behavioural strategies may develop in response to adverse (e.g. abusive or neglectful) environments (see also Howe, 2005).

Still others have suggested that attachment theory might be particularly useful as an overarching framework but only when working with specific groups of children. For example, Feldman (2012) discussed the use of attachment theory in social work practice with pregnant adolescents. As referenced previously, Shemmings and Shemmings (2011) have also written of the application of attachment theory to child and family social work and particularly the applicability of the concept of disorganised attachment when working with abuse and neglect.

Fostering and adoption

A number of papers discussing the use of attachment theory 'in principle' focus on social work with children in foster care or children who have been adopted. For example, Whelan (2003) discussed the potential application of attachment theory to the decision-making process in work with children in foster care, particularly when decisions have to be made regarding whether siblings should be placed together or apart. Whelan argued that the key question should be whether the presence of a sibling would help or hinder the formation of a secure attachment by the child with the primary carer. This conception of attachment theory as being important when making a specific decision regarding sibling placements is more focused than the discussion in some of the other papers.

For example, Kulkarni has written that, "*Attachment theory can…inform decisions made in social work about foster care or other placements. Considering the child's attachment needs can help determine the level of risk posed by placement options*" (2012, p. 11). However, Kulkarni gives no detail as to *how* attachment theory might inform this decision-making process or *how* a consideration of a child's 'attachment needs' might help determine 'the level of risk posed by placement options'. These papers, in which attachment theory is discussed in relation to how it could be used by social workers in practice, appear to form the majority of publications related to attachment theory and social work practice. However, as they are not based on either case studies or larger samples, they do not address the question as to how social workers actually use attachment theory in practice (as opposed to how they could or should). The next two sections will now consider a number of papers that either discuss case study research or findings from studies involving larger samples.

Papers discussing case study research

Papers discussing individual case studies do have the potential to address the question as to how social workers use attachment theory in practice, although as noted above, there is a methodological debate as to whether case study research findings can be the basis for generalisations or whether such research can only represent unique situations. In one sense, these discussions reflect the wider methodological debate regarding the generalisations one can draw from qualitative research as opposed to quantitative research (see Chapter 5).

Schofield and Brown (1999) discussed the application of attachment theory to social work practice with 'adolescent girls in crisis', by which they meant "*girls…out of their families, out of school, out of control in the care system and vulnerable to drink, drugs, unwanted pregnancy and sexual exploitation*" (p. 21). Their paper focused on the work of one social worker in particular and her attempts to help these young women by providing a 'secure base' for them. Thus, this paper describes the use of a specific concept from attachment theory, in this case by one particular social worker with a particular group of service users. Schofield and Brown described how this social worker's use of the concept of a secure base demonstrated an

attachment-theory informed "*belief in the power of a secure relationship to make a difference*" (p. 31; see also Ruch, 2005).

Schofield and Brown also noted how this social worker attempted to modify her own behaviour so as to ensure she was available and responsive (as a secure base) for the young women with whom she was working. In discussion with the researchers, the social worker explicitly referred to attachment theory and the concept of a secure base in particular as providing a rationale for her practice. This is unusual, because as discussed in the previous chapter, it is relatively rare for social workers to explicitly link formal theories with their own practice. Interestingly, Schofield and Brown's paper also refers to one young woman in particular, believed by the social worker to be in need of "*control rather than the* [attachment-informed] *approach which* [she] *was adopting* [more generally]*"* (p. 30). This indicates that attachment theory was not conceived of by this social worker as being equally applicable in every situation or for every service user.

In summary, this particular application of attachment theory in practice is somewhat different from the approach recommended by Howe et al (1999), in which attachment theory is conceptualised as an overall framework for practice. In this case study, the social worker took one specific concept, the secure base, and used it as a guiding principle for much – but not all - of her work with a particular group of service users. Other aspects of attachment theory, such as attachment behaviour and attachment patterns, were not referred to and thus do not appear to have been utilised by this social worker, or at least not explicitly.

In a similar paper, Grant, McFarlane and Crawford (2009) described work with Lizzy, a twenty-year-old women with complex physical and intellectual disabilities, living in residential care. The paper described Lizzy's 'challenging behaviour' including self-harm and violence towards staff, and how the staff in the residential home were assisted by a therapist to understand Lizzy's behaviour as "*an ordinary human reaction to separation and loss*" (p. 33). Thus, this paper demonstrates how attachment theory can be applied in order to better

understand or to reframe human behaviour and how this re-framing may help staff to support service users in a different way. For example, rather than viewing Lizzy as angry and aggressive, she was understood as "*an isolated, frightened young person* (with) *extreme difficulties in dealing with feelings of separation and loss. This empowered staff to work in a pro-active way with Lizzy and to help her on her road to having an ordinary life*" (p. 36). In these case study examples, attachment theory is presented as being helpful for professionals in understanding behaviour and in modifying the behaviour of professionals towards and with service users. As an alternative approach, Polansky et al (2006) discussed an attachment-informed parenting group for mothers with drug addictions. From the authors' descriptions, it appears that explicit discussions took place with this group of mothers regarding attachment-related issues, such as the inter-generational transmission of parenting practices, and the paper reported that these mothers found these discussions to be useful in reflecting on how they had been cared for in childhood and how they wanted to care for their own children.

Papers discussing research with larger samples

This section refers to papers discussing research findings based on larger samples. These papers have been grouped together with regards to particular areas of social work practice - child protection, social work with disabled children and social work with children in foster or adoptive care.

Child protection social work

Of the studies that reported on the use of attachment theory in social work, only two could be located that specifically considered child protection social work. Daniel (2006) has described how the attachment-related concept of resilience was applied to a number of cases involving child neglect. For his research, Daniel selected eight children and asked the social workers to complete a questionnaire regarding resilience. These social workers were then provided with additional training regarding resilience and subsequently interviewed about their practice. Daniel also analysed examples of their written work before and after the training and concluded that the concept of resilience could be operationalized for use in practice with

neglected children, and that one of the benefits of doing so was that it could lead to an enhanced understanding of the child.

Hill et al (1992) investigated every case in which children were 'freed' for adoption in a particular year in Scotland and found that "*the **quality of parent-child attachment** was…referred to in all cases*" (p. 378, emphasis in the original). The primary method used by Hill et al was an analysis of written information on the social work file. The authors found that the identification of an 'affectionate relationship' between the child and his or her close carers was generally viewed as important by the social workers, but this could be 'offset' by the presence of certain risk factors. In addition, the social workers of these children viewed the presence of a 'good bond' between the child and close carer as a necessary but not sufficient condition of 'adequate care' (p. 383). In other words, whilst the social workers in this study referred to attachment-related concepts such as early bonding experiences in their case recordings, there were additional factors that they considered to be just as important, if not more so, such as the physical care of the child, and there were examples of a 'good bond' being described within an overall judgment of 'inadequate care'. In case recordings regarding decisions as to where the child should live, Hill et al found that reference was often made to the nature of the child's close relationships.

However, although Hill et al referred to these kinds of descriptions as being attachment-related, there is not enough detail within the study to ascertain on what basis such descriptions were made or the nature of the descriptions. For example, Hill et al report on a case recording of a mother as being "*'brimful of love' for her daughter…she had…'bonded' herself to the child by visiting her whenever possible*" (p. 383). Whilst this social worker may have been using an attachment-informed perspective, this is not made explicit within the case recording itself. Indeed, if the social worker was describing the mother as being *attached* to the child ('*she…bonded herself to the child*'), this would represent a misunderstanding of attachment theory, in which it is the relatively 'helpless' individual who attaches to the 'wiser, stronger' individual for protection and comfort (Weiss, 1991). Of course, it may be that the social worker was using the word 'bond' more generally but in which case it would not be clear as to how attachment theory had informed this observation.

This extract (that the mother 'bonded' herself to the child") represents an example of Reder and Duncan's (2001) concern that attachment-related concepts are often used in social work practice "*with* (a) *loss of specificity*" (p. 420). Waters and McIntosh (2011) have made a similar argument noting how "*many* [of the] *implications that people draw from their knowledge of attachment theory are probably not rigorously derived from the logic of the underlying theory*" (p. 474). Holland (2010) has also identified a number of significant difficulties in the way many social workers attempt to assess attachment relationships, giving the example of how 'clingy' behaviour may be interpreted as a sign of 'strong attachment' (see also Selwyn and Quinton, 2006).

As Holland argued, these kinds of conclusions are problematic not least because, as Waters and McIntosh (2011) have noted, the concept of 'strong' or 'weak' attachment has no relevance in contemporary attachment theory (p. 478). In addition, Holland (2010) found that such descriptions were often based on too few observations of the child to be reliable. In other words, observing that a child is 'clingy' on one or two occasions is insufficient to assume this represents their typical behaviour. In a longitudinal study of 57 young children across ten local authorities, Ward et al (2010) concluded that "*some professionals* [including social workers] *showed little understanding of infant attachments*" (p. 4) and Waters and McIntosh (2011) have queried whether practitioners are asking 'the right questions' about attachment. For example, Waters and McIntosh argued that social workers (and other child welfare professionals) too often ask general questions such as "*how is the child's experience of their carer's difficult relationship affecting their attachments*"? (p. 475). They argued that more specific questions are required and suggest the following reformulation of this particular question as "*how does the carer's difficult relationship affect the mother's (or father's) ability to support the child to explore and learn*"? (ibid).

Another set of papers was identified in which the framework of attachment theory was applied retrospectively by the researchers rather than prospectively by the social workers. In other words, a number of researchers have studied social work practice with abused or neglected children and subsequently interpreted such practice via the framework of attachment theory. For example, Lemma (2010) analysed data from 18 semi-structured interviews and found that

practitioners placed considerable importance on young peoples' relationships and past experiences of trauma, separation and loss. Lemma interpreted this way of working as being congruent with attachment-based assessments for traumatised young people, although it was not clear whether the practitioners themselves understood their assessments in these terms. In other words, these findings appear to represent an implicit use of attachment theory, suggesting that if these practitioners were asked directly, they would not necessarily be able to identify specific areas in which their practice was theoretically or research-derived. As discussed in the previous chapter, this is not an unusual finding within the field more widely and may be an example of Parton's criticism of researchers who attempt to impose fixed theoretical constructs on dynamic and complex social work situations.

Social work with disabled children

The only paper located regarding the use of attachment theory in social work practice with disabled children was by the present author. This paper (Wilkins, 2010) reported a small qualitative study based on guided conversation interviews with 5 participants from a specialist disability team. The focus of the interviews was on the participants' perceptions of the attachment relationships of children with autism and the findings indicated that although these relationships were considered to be important, specific methods or tools were not used to assess them. Howe has also written relatively widely in this area although these papers would fit under the category of being 'in principle' discussions of how attachment theory might be applied to social work with disabled children rather than studies of how attachment theory is applied (see Howe, 2006).

Fostering and adoption

Returning to social work practice with children in foster or adoptive care, Schofield (2002) presented the results of a qualitative study with adults who grew up in foster families, in which these adults were interviewed and the transcripts analysed via a framework of attachment and resilience. From these data, Schofield developed an 'integrated and dynamic' model of long-term foster care, emphasising the importance of the attachment-related concept of the secure

base. Schofield argued that the stability and success of long-term foster placements significantly depends on whether the child is able to use the foster carer as a secure base from which to explore. However, whilst this paper presented research findings based on a relatively large qualitative sample, the study was not an investigation of how social workers use attachment theory in practice per se, although the data suggest how social workers might apply attachment theory to decisions regarding foster placements for children.

Similarly, Butler and Charles (1999) discussed a small-scale exploratory study of the views of young people with regards to foster care, and as a result made recommendations for how social workers and others might best support and sustain long-term foster placements. Osmond, Scott and Clark (2008) investigated what foster carers knew about formal theories and found that their knowledge of attachment theory was limited compared with their experiential knowledge of having cared for a number of abused and neglected children. Osmond, Scott and Clark concluded that foster carers need more training regarding attachment theory. Sen (2010) interviewed social workers regarding contact arrangements between children in foster care and their birth families, with one respondent identifying the need to understand the child's "*patterns of attachment*" (p. 429) when making such arrangements, although the majority of the respondents made no references to attachment theory. Most of the social workers in this study were more focused on issues such as parental time-keeping, the way the parent managed the beginnings and endings of contact sessions, and whether the parent appeared to be under the influence of drugs or alcohol during contact. Therefore, although the study did not set out to investigate how attachment theory was used in practice, it is perhaps surprising that only one social worker made any reference to attachment theory at all, given the apparent popularity of attachment theory in work with children in foster or adoptive care, although again one must recall the discussion in the previous chapter in which it was suggested that it is relatively rare for any social worker to make explicit reference to the theories or research knowledge that they may be putting into practice.

Finally in this section, Botes and Ryke (2011) reported on a small-scale pilot project exploring the knowledge and use of attachment theory by social workers responsible for the supervision and assessment of foster care placements. 17 participants, all from the same team in the

Tshwane district of South Africa, were asked to complete a questionnaire regarding their knowledge of attachment theory and experiences related to attachment in foster placements. The authors acknowledged the various limitations of the sample size and co-location of the participants and explicitly described the study as a pilot. Offering a rationale for this study, the authors note that children in foster care are likely to have experienced at least one disrupted attachment and therefore, that attachment theory is potentially helpful for social workers in understanding the development of children in foster care. The authors also note that foster placements can be at an increased risk of breakdown if the child does not successfully form an attachment with their foster carer. Thus, Botes and Ryke argue that all social workers working with children in foster care should have a good understanding of attachment theory.

In order to test whether this particular group of social workers had a good understanding of attachment, Botes and Ryke identified eleven key terms and concepts from attachment theory – John Bowlby, attachment theory, strange situation, attachment pattern, secure attachment, insecure attachment, avoidant attachment pattern, ambivalent attachment pattern, disorganised attachment, indiscriminate attachment pattern and attachment therapy – and asked participants if they were familiar with them, and if they were familiar, how so. The researchers found that the most familiar term was 'attachment theory' and the least familiar term was 'strange situation'. The authors expressed their concern at these findings as follows – "*the low percentage scores across all the variables indicate that attachment theory may not be well known or widely used among the social workers of…Tshwane* [and] *this is a concern, because the increased risk of placement disruption and collapse have been positively linked to the ineffective attachment patterns of children not being addressed in foster care services*" (p. 9). The participants were also asked how they used any of these attachment-related concepts in practice, whether in supervision with foster carers, in the screening or assessment of potential foster carers, during supervision visits or in any written work. Again, the authors reported that scores were low, ranging from 19 to 25 per cent, with 'foster care supervision visits' scoring highest at 25 per cent.

The authors concluded that "*attachment theory was in general not used in any of the researched application areas* [and] *the presence of attachment-related issues in the case loads*

of these social workers seemed to be largely unnoticed and the attachment needs of the children…[were] *not taken into consideration in critical foster care supervision activities*" (p. 10).

As noted above, these findings may be surprising, given the popularity of attachment theory in the literature related to social work with children in foster or adoptive care, although it must also be noted that this study was situated in South Africa and thus may have limited applicability, if any, to the knowledge and experience of social workers in the UK. In addition, again, it may be that this particular paper serves as an example of Parton's criticism that researchers are approaching the issue of how social workers use theory and research knowledge in practice in the wrong (methodological) way. Interestingly, when McMurray et al (2008) interviewed 19 social workers in England regarding their practice with children in foster care, they also found that the participants provided only cursory, general or 'non-expert' explanations of attachment-related issues, and as a result, they concluded that they had relatively poor levels of knowledge regarding attachment theory. In attempting to combine the various ways in which attachment theory has or could be used in practice by social workers, two models (see Figures 4 and 5) have been devised by the present author. These models seek to encapsulate the discussions contained within the papers reviewed above and to highlight the differences between how attachment theory has been discussed in principle, in terms of how it could or should be applied to social work practice, and how it may actually be applied.

Figure 4: A model of how attachment theory is discussed 'in principle' - how it could or should be used in child and family social work practice according to various authors.

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┌──────────────────────────┐              ┌──────────────────────────┐
│  As a general framework  │─────────────▶│    Specific concepts     │
└──────────────────────────┘              └──────────────────────────┘
         │      │                                   │
         │      │    ┌──────────────────┐           │    ┌──────────────────┐
         │      └────│ Abuse and neglect│           ├────│ Shame / dissociation│
         │           └──────────────────┘           │    └──────────────────┘
         │      ┌──────────────────────┐            │    ┌──────────────────┐
         │      └│ Specific client groups│          ├────│   Observation    │
         │       └──────────────────────┘           │    └──────────────────┘
         │                                          │    ┌──────────────────┐
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         │    ┌──────────────────────┐
         ├────│  Placement decisions │
         │    └──────────────────────┘
         │    ┌──────────────────────┐
         └────│  Birth family contact│
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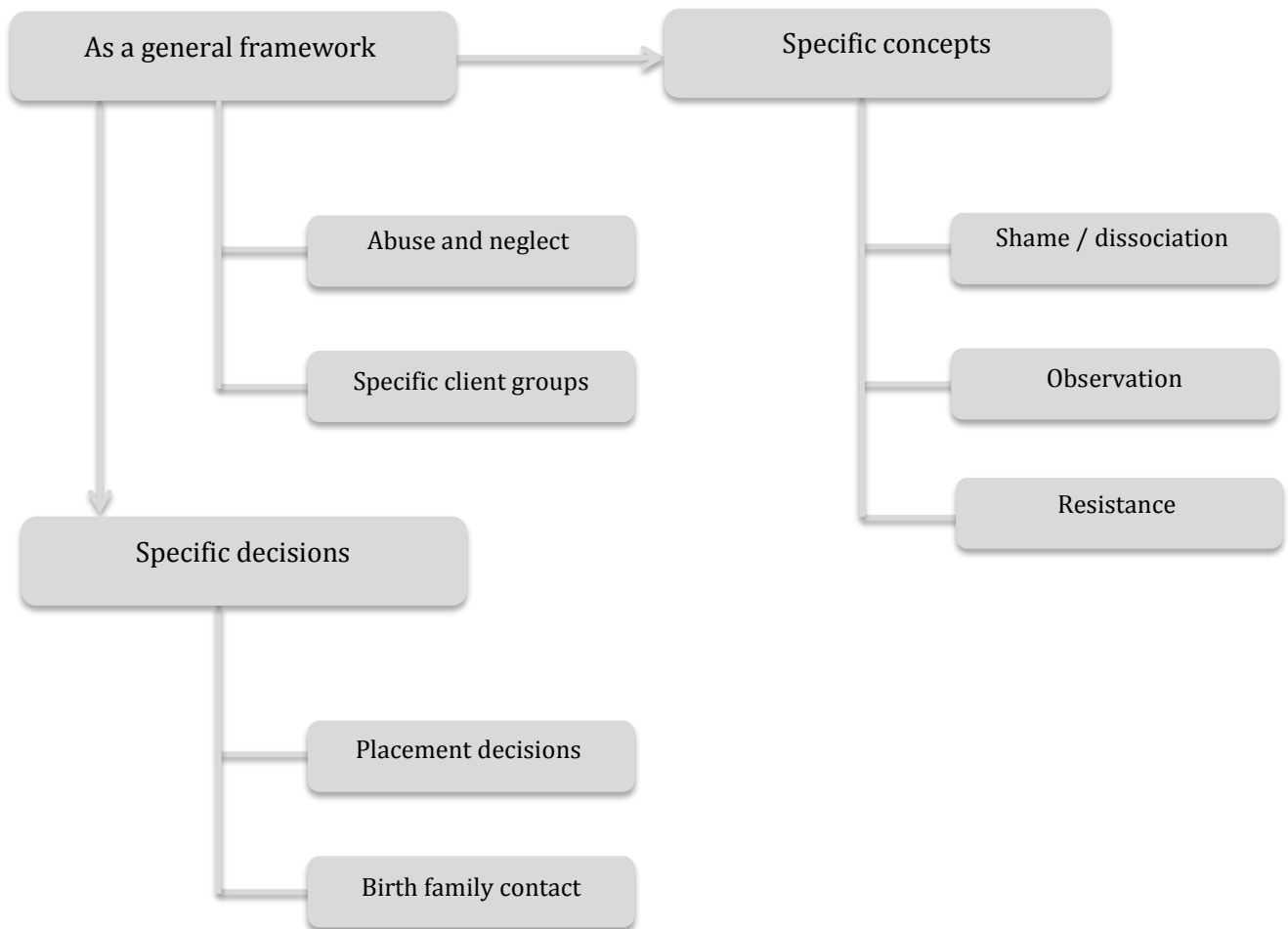
Figure 5: A model of how attachment theory appears to be used in practice, according to the case study and larger sample research papers discussed in this chapter.
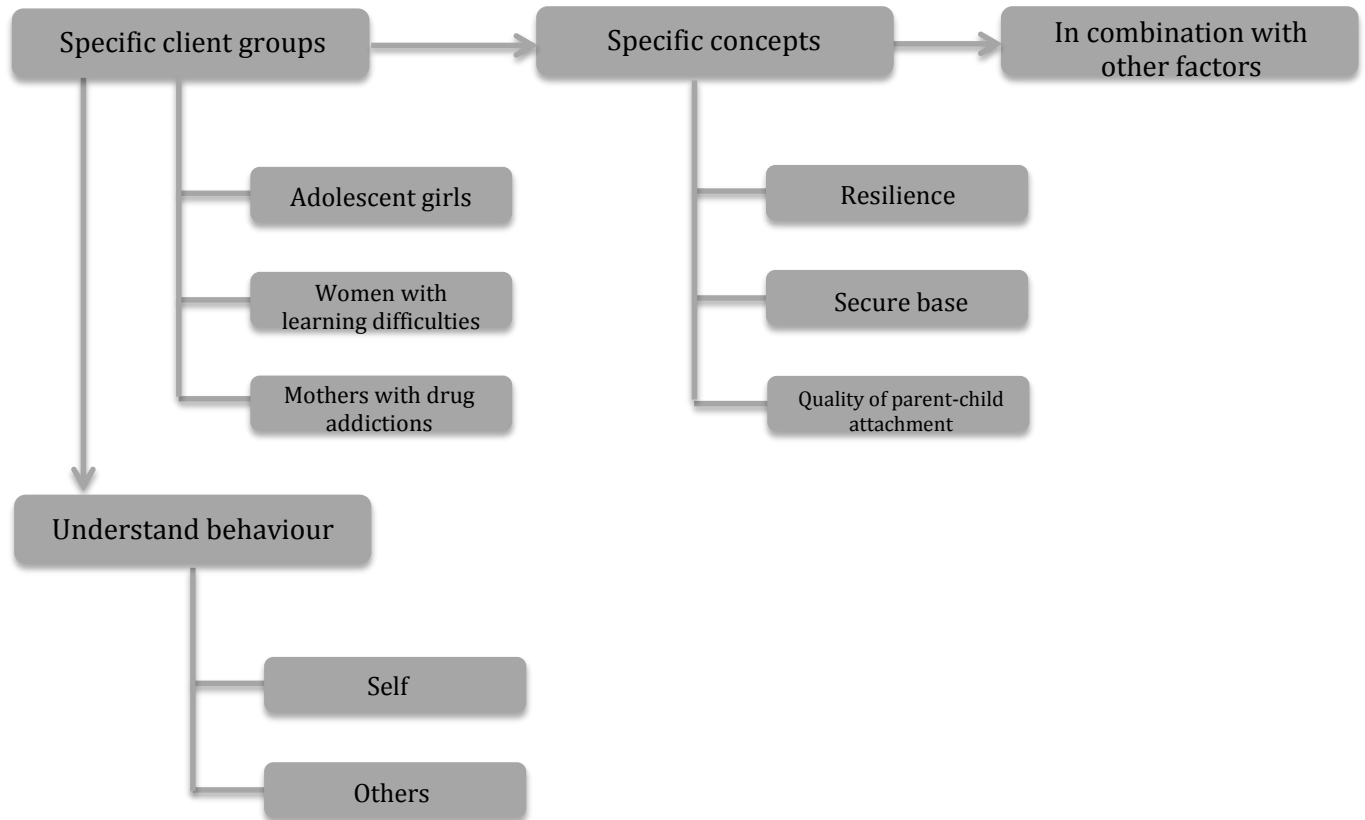
Disorganised attachment and social work policy

Although as noted above, there is a limited research base regarding the use of the theory and research knowledge related to disorganised attachment in social work *practice*, there is an apparent trend for social work-related policy documents to make reference to disorganised attachment, particularly in relation to child abuse and neglect and particularly in relation to arguments about the need for child protection interventions to take place in a 'timely manner' or within 'the child's timeframe'. For example, Brown and Ward (2012) note that "*up to 80% of children brought up in neglectful or abusive environments develop disorganised attachment styles*" (p. 17) and that disorganised attachment is linked with later psychopathology. In combination with other research, Brown and Ward conclude that local authority and family court timeframes for intervening in abusive and neglectful families and making decisions

about the child's future are not synchronised with the child's developmental needs, meaning that "*children who remain with parents who have not made substantial progress in overcoming adverse behaviour patterns and providing a nurturing home within a few months of their birth may continue to experience maltreatment for lengthy periods*" (p. 72). This kind of research has contributed to policy changes regarding the speed at which family court care proceedings are undertaken, with the forthcoming Children and Families Bill (2014) likely to introduce a 26-week statutory maximum for care proceedings (see p. 239 of this thesis). Thus, even though it may be unclear as to the how child protection social workers use the theory and research knowledge related to disorganised attachment *in practice*, it is nevertheless the case that this theory and research knowledge is having – or will have – a significant impact *on practice* via its' influence on social work-related policy.

Criticisms of the use of attachment theory in social work practice

Finally in this chapter, a number of writers have criticized the use of attachment theory in social work and social work-related policy areas. In other words, some have suggested that attachment theory has only a very limited proper use, if any, in social work practice or policy. In part, these criticisms are not made specifically of attachment theory but of what Rose termed the 'psy-complex', by which he meant a view of human beings as perfectible, predictable and controllable (Rose, 1985; see also Parton, 1996). Lee, Macvarish and Bristow (2010) have criticized what they see as the increasing 'psychologisation' of society (p. 296), in which theory and research from psychological sciences is assumed to be the only, or at least the most reasonable, way to explain human thought and behaviour, but also in which more and more aspects of human thought and behaviour are conceived of as needing a psychological explanation.

Lee, Macvarish and Bristow have written in particular of the growing conception of child-rearing as being a complex activity in need of regulation by the State, which they refer to as a growth in 'parenting culture'. According to Lee, Macvarish and Bristow (ibid), "*parenthood has changed a great deal during the past two decades*" and "*the range of tasks deemed the responsibility of the parent far outstrips demands placed on previous generations*" (p. 294).

Indeed, Douglas and Michaels (2004) have argued that such are the idealised notions of 'motherhood' in the UK and the USA in particular, that no 'really existing' mother could ever hope to achieve them. Furthermore, Lee, Macvarish and Bristow (2010) have argued that "*banal, relatively unimportant*" (p. 294) family events such as mealtimes and bedtime routines have become subject to intense debates and scrutiny, and Gillies (2008) has argued similarly that "*In the past, intimate family relationships tended to be viewed as personal, private and outside the remit of state intervention…*[but now] *Parenting is no longer accepted as merely an interpersonal bond…*[and] *has been reframed as a job requiring particular skills and expertise which must be taught*" (p. 95 – 96). Thus, Gillies has argued that the "*twin concerns of criminal and social justice are used to construct a powerful case for intervening and shaping the parenting practices of working-class families*" (p. 100). In summary, this is 'parenting culture' – attempts by the State to manage aspects of family life that were previously understood as being private and of no concern of the State.

In many ways, this discussion recalls earlier debates regarding the role of the State in protecting children and although the concept of 'parenting culture' is relatively new, many of these criticisms of attachment theory are not. For example, Campos et al (1983) argued over 30 years ago that attachment theory was being used as a way of 'blaming' mothers for a range of difficulties experienced by their children (see Goldberg, 2002). However, what may be new is the implication that attachment theory is popular with policy makers, social workers and other child welfare professionals *precisely because* it can be used as a way of blaming mainly working class families, and in particular working class mothers, for difficulties that are 'more properly' understood as the result of social and environmental difficulties and that attachment theory allows for a conception of otherwise typical childhood behaviour and family dynamics as 'problematic' and therefore, as justifying State involvement in private family life. This echoes Garland's (1996, 2001) concept of 'responsibilisation' in which responsibility (for social and family difficulties) is devolved away from the State (to individuals, families, and local communities) whilst at the same time the State re-asserts its' power in a different way by seeking to hold these individuals, families and communities to account for their devolved (and largely unasked for) responsibilities.

However, whilst such perspectives offer a potentially useful framework for a critical examination of the role of attachment theory in policy development and of the role of the State in relation to private families more generally, it is less clear how they relate to the use of attachment theory in practice by child protection social workers. Interestingly, in one of the few papers to consider attachment theory and child protection social work *practice* from this critical perspective, Krane (2003) has noted that whilst many families are brought to the attention of child protection services because of poor housing, their need for social assistance, domestic violence, a lack of social support, mental health problems and drug and alcohol misuse, they are only rarely referred because of concerns regarding close relationships or the child's attachment needs. Thus, Krane has argued that this calls into question the primacy of the carer-child attachment relationship as a focus for assessments, proposing instead that social workers should focus far more attention on social aspects of family life. Krane also identified how relatively easily the rights of carers can be curtailed in child protection work and how the use of attachment theory may increase the likelihood of such a curtailing taking place, more so if attachment theory provides a rationale for believing that a child 'cannot wait' for their carers to change.

Similarly, Barth et al (2005) have argued that child and family social workers need to integrate other theoretical approaches into their work alongside attachment theory in order to ensure they form an appropriately broad understanding of the families they are working with. However, as noted above, it is not clear that social workers are exclusively using attachment theory as an overarching framework for their assessments or their decision making, and whilst in some circumstances social workers have been found to refer to attachment-related concepts, there have been other studies in which social workers have made surprisingly little reference to attachment (e.g. McMurray et al, 2008). This suggests that Krane and Barth et al's concerns about the centrality of attachment theory within child and family social work, at least in an explicit sense, may be misplaced. Finally in this section, White and Wastell (2013) have written critically of the use of disorganised attachment in particular as the basis for decision-making and policy regarding abused and neglected children. For example, White and Wastell have argued that phrases such as 'up to 80 per cent of maltreated children (present with disorganised attachment behaviour)' could be masking a range of different circumstances in

which the figure might be significantly lower. White and Wastell also note how difficult it can be for even experienced researchers to reliably identify disorganised attachment behaviour.

CONCLUSION

In summary, the purpose of this chapter has been to outline the basics of attachment theory as it relates to children, and to discuss the concept of disorganised attachment and related caregiver characteristics in some more detail. Within this discussion, the links between disorganised attachment and child abuse and neglect have been highlighted as a way of demonstrating the potential utility of this theory and research knowledge for child protection social workers. This also helps to rationalise the primary aim of this thesis as it relates to the selection of this aspect of attachment theory as a practical example of the use of theory and research knowledge in social work practice. The more general popularity and perception of attachment theory as being a useful theory for child and family social work also helps to underpin this rationalisation, notwithstanding the discussion above in which a number of papers were cited to suggest that the explicit use of attachment theory in this field may be somewhat less than some have supposed or recommended.

The review of the literature regarding how attachment theory may be, or is used, in child and family social work has helped to demonstrate the complexity of the task. As discussed in the previous chapter, it is not entirely clear how theory and research knowledge may be operationalized in social work practice. By taking a strictly positivist viewpoint or by expecting social workers to explicitly link their actions and decisions to formal theories, one may be left with the impression that social workers do not use theory and research knowledge, or if they do, that they do so inexpertly. However, if one takes a constructionist or postmodernist view of theory and research knowledge and begins by examining practice rather than attempting to 'impose' structured theories onto often chaotic situations, one can perceive a myriad of ways in which social workers use theory and research knowledge in practice, including formal theories to some degree, but also 'practice theories' based on

experience, organisational cultures, and the regular 'testing out' of theories and research knowledge in practice situations. With regards to attachment theory in particular, none of the research reviewed above suggests that social workers are routinely using the theory as an overall framework for practice, although there is some evidence to suggest that discrete concepts, such as the 'secure base', are being applied to certain practice settings.

Chapter Three – Three examples of the use of strengths-based theory and research knowledge in social work practice

<u>INTRODUCTION</u>

This brief chapter discusses the use of Strengths-based theory and research knowledge in social work practice, as an addendum to the literature review in Chapter One regarding the nature of theory and research knowledge and the relationship between those phenomena and practice. The purpose of this chapter is to consider whether by examining Strengths-based approaches or models, and how they have been used in social work practice, this may suggest further ways in which social workers can use theory and research knowledge and thus develop the two models presented in the previous chapter (Figures 4 and 5). Strengths-based approaches also offer a good alternative for consideration alongside attachment theory because of the conceptual differences between them. Although it might not be intentionally applied this way in practice, attachment theory can be considered a 'problem oriented' theory because of its focus on childhood and current difficulties, particularly those resulting from loss, trauma and separation. In contrast, Strengths-based approaches are conceptualised as being 'solution oriented' because of their focus not on past or current difficulties but on past and current strengths and on how these might be mobilised to help obtain improved outcomes in the future (Grant, 2012). Thus, it is conceivable that because of these differences, Strengths-based approaches may be used in social work practice in distinctive ways when compared with attachment theory.

In developing this rationale, there are certain limitations that must be considered when comparing the use of Strengths-based approaches in social work practice with the use of attachment theory. Firstly, it is not always clear in the literature as to the distinction between the use of theory and research as part of an assessment phase of work and as part of an intervention. Nor is it always made clear whether this is an important distinction to draw or not or whether assessment work is properly understood not as distinctive from an intervention

but as a particular kind of intervention. Secondly, attachment theory is a more coherent and rationalised theory and body of research knowledge that 'Strengths-based' practice, which is arguably more nebulous in nature and certainly which does not have such a strong research tradition to rely upon. These two key limitations must be kept in mind when considering the rest of this chapter. To reiterate, the primary purpose of this review is to continue to map the outlines of 'the possible' in relation to the use of theory and research knowledge in practice. If the discussion were limited to attachment theory alone, it would be possible to critique this approach on the grounds of narrowness. By deliberately choosing a theoretical tradition based on a different philosophical basis than attachment theory (solution-focused rather than problem-focused), the aim is to avoid this criticism of narrowness, whilst accepting that a complete mapping of the field of 'the use of theory and research knowledge in practice' is impossible to achieve, certainly within the limits of a single thesis and research project.

STRENGTHS-BASED PRACTICE

Strengths-based practice (SBP) developed in response to the perception of many therapists (and other helping professionals) that they were primarily spending their time trying to analyse problems and develop an understanding of the 'root causes' of difficulties (de Shazer et al, 1986), rather than on identifying the possible solutions to these difficulties and ways of achieving those solutions (McKergrow and Korman, 2009). Thus, SBP is an alternative theoretical framework - alternative to a perceived dominance of 'problem oriented' approaches - in which practitioners focus on people's inherent strengths rather than on their problems, and in which they seek to reframe issues that may be perceived as problems into something more positive (see Table 1). It is a core theoretical assumption of SBP that everyone has strengths and that once these have been identified, the role of the helping professional or practitioner is to help build on and develop these strengths in order to aid personal 'recovery and empowerment' (McCashen, 2005). In other words, SBP seeks to build on an individual's existing strengths so that they might attain more positive outcomes (Manthey et al, 2011, p. 134). Saleebey has defined SBP-based practice as follows - "*everything you do as a helper will be based on facilitating the discovery and embellishment,*

exploration, and use of clients' strengths and resources in the service of helping them achieve their goals and realize their dreams" (cited in Manthey et al, 2011, p. 127).

Table 1: Examples of how 'problems' can be reframed as 'strengths' or in more positive terms.

Problem	Strength / positive reframe
Child has attendance problems at school	Child still attends school, does well in some subjects, is strong-willed
Child runs away from home	Child has 'street smarts', survival skills, self-protective skills
Daughter is sexually active	Daughter is not pregnant and is therefore likely to be practicing safer sex

Such an approach may be thought of as highly congruent with a number of professed social work values, such as respect for the inherent worth of all people, the identification and development of strengths, respecting the individual right to self-determination and working in solidarity with service users (British Association of Social Workers, 2012). However, according to a number of writers, much of child and family social work practice is not based on SBP but is instead very much problem oriented (see Early and GlenMaye, 2000 and Chapin and Cox, 2002). In other words, as noted by Craybeal (2001), the 'dominant paradigm' within social work in England is one of dysfunction, of 'problem-based assessments' and 'deficit-based language'. However, the rationale for discussing SBP approaches is not that they are widely used (although the model known as 'Signs of Safety', based on SBP principles, is used by a number of local authorities in the UK including Edinburgh, Havering, the Isle of Wight, the London Borough of Tower Hamlets, Newcastle, Newport, Northumberland, Peterborough, Reading, Southwark and Swindon and in total, 35 local authorities in England either use Signs of Safety, have expressed an interest in doing so or have team members trained in the use of Signs of Safety; Bunn, 2013, p. 7; see also Stanley and Mills, 2014). Rather, the rationale is that they offer a way of understanding a potentially wider range of ways in which social workers can put theory and research knowledge into practice.

With regards to SBP as a broad conceptual approach to practice, Craybeal (2001) has argued for the potential of SBP to help social workers in challenging the 'dominant thinking' of problem-oriented practice. However, Craybeal also suggests that individual practitioners are not be able to work in a genuinely Strengths-based way unless the whole paradigm of social work were to change from being 'problem oriented' to being 'strengths oriented' (p. 241). This argument implies that where theoretical approaches are in some way divergent from the 'dominant paradigm', individual social workers may not be in a position to apply them in practice or at least not fully. Despite the supposed dominance of problem-oriented social work practice in the UK, as noted above, a number of writers have argued that SBP and social work are philosophically aligned and so could be practically aligned as well. For example, Cohen (1999) noted the potential of SBP to not only help social workers focus on the strengths of service users rather than perceived problems but also to re-shape the professional supervision of social workers as well. Alternatively, Rapp, Saleeby and Sullivan (2005) have argued that SBP has influenced social work practice and that this influence can be observed in such developments as supported employment programmes for adults with learning or other disabilities, supported education and housing for adults with mental health difficulties, and the development of 'resiliency' approaches in youth work (p. 83). One could add to this the growing involvement of young people in areas such as shaping services and of 'family group conferences' in child protection and youth justice services (e.g. Lupton and Nixon, 1999 and Fitzpatrick, Hastings and Kintrea, 2000).

From these papers, one can discern a number of ways in which SBP principles have been put into practice (or could be) with Craybeal arguing that SBP can be used to challenge a dominant problem-oriented paradigm, Cohen as a way of changing professional practice (the activity between professionals rather than between professionals and service users) and Rapp, Saleeby and Sullivan as the basis for specific interventions. On the other hand, Saint-Jacques, Turcotte and Pouliot (2009) found in their study that whilst a number of social workers demonstrated an intellectual understanding of SBP, they continued to focus primarily on the problems experienced by service users and they did not refer explicitly to the theory of SBP in their discussions with families or in case recordings. Again, one must bear in mind the discussion in the first chapter in which it was noted that it is rare for such explicit theoretical references to be found. Nevertheless, these data suggest, perhaps unsurprisingly, that knowing

about a theory is not a sufficient condition for putting it into practice, even when practitioners may express not only a knowledge of the theory but their own agreement with the underlying principles. In other words, a theoretical approach may be put into practice in the form of an employment programme for adults with learning difficulties without individual social workers necessarily understanding the theoretical basis behind such programmes, and practitioners may attest to their own understanding of, and professed agreement with, a theoretical approach and yet practice in ways not consistent with it. This highlights the possibility for social workers to put theoretical or research-based concepts into practice without being able to demonstrate a particularly well-developed understanding of the theory or research knowledge in question when asked to do so by a researcher (or anyone else). Indeed, in the previous chapter, reference was made to a number of studies in which researchers retrospectively interpreted the practice of social workers as being congruent with attachment theory but in which the social workers themselves did not make explicit links from attachment theory to their own practice.

The next three sections will now consider three particular approaches to social work practice based on SBP, namely Motivational Interviewing, Solution Focused Brief Therapy and Signs of Safety. All of these approaches have been used in practice by social workers at least to some degree, and they all share common principles with SBP. However, despite their shared values or principles of SBP, they have all been used in distinctive ways. Of course, one question that may seem important is how one might distinguish between theories, methods, or models for practice. According to Stepney and Ford (2012), "*at the risk of oversimplification we define a theory as a framework of understanding or a cluster of ideas which attempt to explain reality*" (p. xi). By this definition, perhaps none of the approaches discussed in this chapter are 'theories', whereas attachment theory clearly is. Again, according to Stepney and Ford (2012), "*a theory attempts to explain why something is as it is*" (p. xii) whilst a model "*seeks to describe…how certain factors interrelate, but it will not show why they do*" (as cited by Thompson, 2000, p. 22). This description may also be hard to reconcile with the three approaches discussed in this chapter, however, Thompson continues by saying a model "*may also be used as a tool that links theory to practice*" (ibid). This definition does suggest that Motivational Interviewing, Solution Focused Brief Therapy, and Signs of Safety may all be considered as tools (or models) that link Strengths-oriented theory with practice.

An introduction to Motivational Interviewing, Solution-focused brief therapy and Signs of Safety

Whilst Motivational Interviewing, Solution-focused brief therapy and Signs of Safety are all examples of 'SBP in practice', they differ from each other in some significant ways. Motivational Interviewing (MI) is a counselling approach developed by Miller and Rollnick (2002) with the aim of overcoming 'resistance' to change (see also Miller, 1983). One of the more recent definitions of MI is that it is "*a collaborative, person-centered form of guiding to elicit and strengthen motivation for change*" (Miller and Rollnick, 2009, p. 137). Proponents of MI argue that it is more than a set of techniques to help strengthen a person's own motivation for change, but that it also encompasses a particular 'way of being' as a practitioner, based on collaboration rather than confrontation, evocation rather than the provision of advice, and the promotion of individual (service user) autonomy rather than a reliance on the authority of the practitioner.

Clark (2001, 2005) has described what he believes to be the philosophical consistencies between MI and SBP, and more recently Manthey et al (2011) completed a systematic comparison between the two. Manthey found that SBP and MI are both focused on the goals to be achieved (rather than on any problems that may exist), on an individual's current strengths and how to utilise these for future change, on the employment of the individual's own resources, on the development of a positive and collaborative relationship between the practitioner and the service user, and on the provision of meaningful choices (p. 130 – 134). Similarly, the consistency of approach between Solution-focused brief therapy (SFBT) and SBP can be located in their shared focus on what service users want to achieve rather than on 'problems' identified by the practitioner (see Iveson, 2002). Professionals using SFBT will commonly seek to explore with the service user any exceptions to the difficulties they experience ('exception questions'), to elicit from the service user their views of what life could be like in future if things went well ('miracle questions') and they will tend to use 'scaling questions' (e.g. 'On a scale of 1 – 10, how well do you feel things went for you last week?') in order to help the service user think about what might need to change in order to improve their own subjective view of the current situation.

Finally, Turnell and Edwards (1997, 1999) explicitly devised the Signs of Safety model in order to incorporate SBP principles into child protection social work, arguing that work with mandated or 'involuntary' service users, such as carers involved with child protection services, may require a different approach than working with voluntary service users, such as individuals who make a request for counselling (Turnell and Essex, 2006, Turnell, Lohrbach and Curran, 2008). According to Barlow, Fisher and Jones (2011), "*Signs of Safety provides an Assessment and Planning form that facilitates the practitioner organising the data collected using a range of subheadings – Danger / Harm, Safety, Agency goals, Family goals and Immediate progress. This model also involves the practitioner producing a quantitative assessment of risk using two scales – safety and context – each being rated on a 10 point scale*" (p. 52). In designing this model, Turnell and Edwards (1997) sought to encourage 'collaboration' between families and child protection social workers (p. 180). In practice, the views of individual family members are sought, and the social worker looks for times of 'exception' when problems have not occurred (recalling the use of 'exception questions' in SFBT). The Signs of Safety model aims to ensure that child protection agencies are clear with families with regards to their concerns and what they expect the family to do. This recalls the work of MacKinnon and Kerrie (1992), who suggested that whilst families involved with child protection services were usually clear about what they were expected to *stop doing*, they were often less clear about what they should actually *be doing* instead (Turnell and Edwards, 1997, p. 183).

To recap, the three approaches of Motivational Interviewing, Solution Focused Brief Therapy and Signs of Safety have been selected for discussion in this chapter because of their shared philosophical and theoretical links with SBP. The rationale for discussing the theoretical approach of SBP and these three approaches in particular is to explore what is known about how they have been used by social workers in practice, and thus to expand on the discussion in the previous two chapters with these further examples. Each of these approaches – Motivational Interviewing, Solution Focused Brief Therapy and Signs of Safety – will now be considered in turn.

Motivational Interviewing

As noted above, MI is philosophically similar to SBP and may serve as a model or tool for the practical implementation of a number of key SBP principles. Indeed, Forrester, Westlake and Glynn (2012) have described MI as "*anti-discriminatory practice in action*" (p. 120) and again there are similarities between anti-discriminatory practice and Strengths-based practice (Razack, 1999). The effectiveness of MI as a method for promoting change in people's behaviour is relatively good. In a meta-analysis, Hettema, Steel and Miller (2005) reported that MI rarely achieved worse outcomes than other interventions and rarely seemed to cause any harm to service users. However, not all studies have found MI to be effective at promoting behavioural change. For example, Tappin et al (2005) found that MI was ineffective in helping pregnant women to reduce or stop smoking during pregnancy (Tappin et al, 2005).

With regards MI and social work practice, Forrester et al (2008) developed an MI training program for social workers but found that many of the practitioners who attended had very confrontational communication styles, and as a result, Forrester et al found that they could not fully train them in MI without first developing their more basic listening and empathy skills. This presented a difficulty in terms of training the social workers to use MI because, as a technique, it is based on the theoretical assumption that the best way to help people to change is to acknowledge their self-determination and autonomy. However, what the example of MI demonstrates is that in terms of utilising theory and research knowledge in practice, this can involve the provision of training in specific models and techniques rather than educating social workers about an underlying or overarching theoretical approach.

Solution-focused brief therapy

Solution-focused brief therapy (SFBT) is a type of 'talking therapy' in which practitioners seek to help service users focus on what they want to happen in the future. SFBT has been used in child protection social work although one of the better-known instances of this was by practitioners in the London Borough of Haringey at the time of Peter Connolly's death. In the Serious Case Review into Connolly's death, it was argued that "*Haringey CYPS* [Children and

Young People's Service] *should immediately review the use of Solution Focused Brief Therapy in their work with families*" (Haringey Local Safeguarding Children Board, 2009, p. 27, paragraph 6.13) and a Department of Education-commissioned review into the use of SFBT in child protection social work found a limited evidence base for its use with 'mandated clients'. Woods et al (2011), who conducted the review, noted that in "*statutory social work intervention where children are considered to be suffering, or likely to suffer, significant harm…clients* [are] *'mandated' and the local authority professional is…the problem holder*" (p. 9). Woods et al concluded that "*In the high stakes work of protecting children…it is essential that no approach or intervention or support should compromise the comprehensive and ongoing assessment and plan to prevent the child suffering future harm*" (ibid).

Thus, this example arguably highlights, not only how the use of particular techniques can become politicized within the field of child protection social work, but also that one of the primary challenges in employing theory or research-derived techniques from fields *outside* of child protection social work is the distinction between working with voluntary and mandated clients and how techniques designed for use with the former may not be immediately and clearly transferrable to use with the latter.

Signs of Safety

This final section discusses the Signs of Safety model which, as noted above, is relatively popular in the UK, having also been cited in the Munro review of child protection in England as an example of good practice (2011a, p. 68). However, although there are a number of qualitative studies regarding the use of Signs of Safety in child protection social work (e.g. Inoue, Inoue and Shionoya, 2006 and Westbrock, 2006), in which social workers and families have typically reported it to be a positive approach, the Signs of Safety model "*does not appear to have been evaluated in terms of rigour (i.e. validity, reliability or impact)*" (Barlow, Fisher and Jones, 2011, p. 64). This recalls the debate outlined in the first chapter, regarding how best to evaluate the use of theory and research knowledge in social work practice, and whether certain methodological approaches invalidate or exclude the views of social workers, but even more importantly the views of service users. In terms of how it is used in practice, the

model most often forms the basis of child protection conferences (see Figure 6, below), at which decisions are made as to whether children require a child protection plan or not (see Bunn, 2013). Thus, this indicates how theoretically or research-derived techniques or models can be used at *specific points* within the child protection system and whilst social workers may apply the principles behind the model more widely in practice, the use of the model remains targeted in many cases to the child protection conference itself.

CONCLUSION

To recap, this chapter has considered how the theoretical approach of Strengths-Based practice (SBP) has been applied in social work with children and families and how three particular models or tools, all sharing a similar theoretical base, have been applied. The purpose of these discussions has been to demonstrate how theory and research knowledge can be applied in a variety of ways in social work practice and to build on the consideration of how attachment theory has been used in child and family social work from the previous chapter. What these discussions have shown is that utilising theory or research knowledge in practice may mean the application of one particular theory as an overarching framework for practice (although it is less clear that this occurs in practice as opposed to being argued for in principle), but it may also mean the use of specific models or tools, such MI or SFBT, and in the case of Signs of Safety, it may mean the use of a particular model at a specific point within the child protection process. What these sections have also highlighted is the need to consider the context of child protection social work when considering the use of theory or research knowledge in practice. The example of SFBT has highlighted in particular the need to consider the differences in working with voluntary and mandated service users and the need to consider these differences when 'borrowing' or adapting techniques from outside the field of social work practice for use in the field of child protection social work.

In summary, this chapter has reviewed the literature regarding the use of a specific kind of theory and research knowledge in social work practice. This discussion, along with Chapter

Two, has demonstrated how the use of theory and research knowledge in practice is often very complex and comes in a variety of forms. From a review of the literature in both Chapters Two and Three, it has also been noted that some social workers may use formal theory in practice but in an implicit sense, with researchers retrospectively interpreting their practice as being demonstrative of a particular theoretical approach. Other examples discussed have shown how a particular theory or model may be used with individuals or with particular groups of service users or how particular theoretical concepts may be used, such as the secure base concept from attachment theory. However, there is a limited research base with regards the use of attachment theory in child protection practice in particular, and an identifiable gap with regards to the use of the concept of disorganised attachment within child protection social work practice.

Having now reviewed the literature relating to attachment theory and disorganised attachment in particular and considered the use of theory and research knowledge related to Strengths-based principles as an additional example, the next chapter will conclude the literature review by reviewing the practice of assessment within social work practice.

Figure 6: Signs of Safety model. Adapted from Turnell and Edwards (1999).

Signs of Safety Assessment and Planning Form

DANGER ←——————————————————————————→ SAFETY

Dangers / What are we worried about?	Strengths / What's working well?
List aspects that demonstrate likelihood of maltreatment (past, present or future)	*List aspects that indicate safety (exceptions, strengths, resources, goals, willingness to change etc.)*

Complicating factors

Missing information

Safety scale
Given the danger and safety information, rate the situation on a scale of 0 – 10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means there is sufficient safety to close the case.

Context scale
Rate this case on a scale of 0 – 10, where 10 means this is not a situation where action should be taken and 0 means this is the worst case of abuse/neglect the agency has seen.

<u>Chapter Four – Literature Review: Child protection social work assessments of children</u>

<u>INTRODUCTION</u>

In Chapter Two, the literature regarding attachment theory and disorganised attachment in particular has been reviewed, as well as the literature regarding the use of attachment theory in child and family social work. In Chapter Three, the literature regarding the use of Strengths-based approaches in child and family social was also reviewed in order to find further examples of the ways in which theory and research knowledge can be applied in social work practice. As discussed in Chapter One, the primary aim of this thesis is to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice, with a particular focus on their assessment work with children who may have been abused or neglected. To recap from Chapter One, the rationale for choosing this particular aspect of practice is that the task of assessment is widely considered to be of critical importance within the social work role. As Holland has argued, "*One of the most controversial and complex areas of social work is the assessment of a child and their family when there are concerns about the child's welfare*" (2010, p. 1). Biehal (2006), Farmer, Sturgess and O'Neill (2008), Turney et al (2011), and Ward, Munro and Dearden (2006) have all argued similarly that assessment is a crucial part of child protection social work practice, particularly because of the correlation between 'better assessments' and 'better outcomes' for children.

Thus, in this chapter, further consideration will be given to the nature of social work assessments of children and the literature regarding three of the main difficulties or challenges identified in the way child protection social workers conduct their assessments will also be discussed. This chapter concludes the literature review before the following chapter discusses the research design, methodology and methods for this thesis.

SOCIAL WORK ASSESSMENTS OF CHILDREN

To recap from Chapter One, social work assessments of children in England who may be at risk of significant harm because of abuse or neglect are conducted under the legal authority of section 47 of the 1989 Children Act. Section 47 requires local authorities to conduct assessments of individual children whenever they "*have reasonable cause to suspect that a child…is suffering, or is likely to suffer, significant harm"*. The purpose of such assessments shall be "*directed towards establishing…whether the authority should make any application to the court, or exercise any of their powers under this Act…with respect to the child"*. In other words, the purpose of the assessment is to establish whether the local authority needs to take any (further) action to protect the child. However, the relevant statutory guidance for social workers is clear that their assessments of children should not focus exclusively on establishing what actions might need to be taken in order to protect the child, but they should also provide a holistic consideration of the child's needs and circumstances, and of the child's carers. As stated in the most recent version of *Working Together*, "*the purpose of the assessment is…to gather important information about a child and family; to analyse their needs and / or the nature and level of any risk…*[and] *to provide support to address those needs to improve the child's outcomes"* (Department for Education, 2013, p. 18, paragraph 27). Thus, whilst a significant function of the assessment to is 'analyse the nature and level of any risk', this is not the sole purpose. *Working Together* also states "*Every assessment must be informed by the views of the child"* (p. 21, paragraph 38), that "*every assessment should reflect the unique characteristics of the child within their family and community context"* (p. 21, paragraph 39) and that "*assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and / or risk faced by the child"* (p. 18, paragraph 28).

Before examining three of the main difficulties or challenges that have been identified in the ways that child protection social workers may conduct their assessments and in order to contextualise this discussion, it will be helpful to consider in advance the debate regarding the *nature* of social work assessments of children. As discussed in Chapter One, there are, in very simple terms, two perspectives regarding the nature of theory and research knowledge.

Firstly, a positivist view, in which research and theory-generation is ideally an objective and value-neutral process, leading to the production of evidence-informed knowledge and practice. Secondly, a constructionist or postmodernist view in which research and theory-generation is subjective and value-laden, in which a myriad of perspectives are not only welcome but required, and leading to the co-generation of knowledge and practice in a dynamic interplay between researchers, educators, practitioners and service users. To some extent, this debate is also reflected within the two broad conceptualisations of social work assessments. From a positivist perspective, a social work assessment is – or should be - a method of revealing the truth about any given situation especially with regards to abuse, neglect and risk; namely, has the child been abused or neglected and how significant is the risk that they will be harmed in future? From a constructionist or postmodernist perspective, a social work assessment is – or should be – more akin to a process of qualitative enquiry in which the main aim is not to establish 'the truth' (from a constructionist or postmodernist perspective, the truth of any given situation is a debatable concept) but to understand the different perspectives of the various individuals and groups involved. Thus, whilst a social work assessment conducted from this perspective may still conclude that a child has been abused or neglected or is at significant risk of being abused or neglected in future, it would also recognise that such phenomena are socially constructed and will vary depending on the perspective assumed.

As one would expect, there are different views within the literature as to which of these conceptions, if either, is more or less reflected in actual social work practice. For example, Platt (2007) found that child protection social workers often focused narrowly on the potential risk to the child in their assessments, thus if a referral were made following an alleged incident of harm to a child, the resultant assessment would tend to focus on 'gathering evidence' to prove or disprove whether the alleged incident had occurred (see also Buckley, 2000a, 200b). Horwath (2011) described similar findings and noted that many child protection assessments fail to provide a clear and holistic picture of the child's needs, focusing instead on a narrow conception of risk. This approach is suggestive of a positivist-informed approach to assessment, in which the crucial question is whether a specific allegation is true or not. In other words, the primary aim of the assessment is to establish the reality of what may or may not have happened. On the other hand, Kemshall (2003) has

argued, "*the identification of risk and the categorisation of risks into thresholds for intervention and service delivery have become key mechanisms in the rationing of scarce social care resources*" (p. 82). This suggests that assessing a child as being 'at risk of significant harm' is one method by which social workers may attempt to ensure that the child and his or her family are provided with the 'right level' of support, an approach which is suggestive of a constructionist approach, with the social worker's judgement based not only on what may have happened to the child or what may happen in future but also on the perceived need of the family for resources (see Warner and Sharland, 2010). Given the long-standing debate regarding the nature of child abuse and neglect as socially constructed phenomena (see Corby, Shemmings and Wilkins, 2012, Chapter 1), it may seem axiomatic that assessments of whether a child is at risk of significant harm because of abuse and neglect must be socially constructed as well. However, to some authors and researchers the idea of socially constructed assessments of risk, based on the 'professional judgement' of the social worker, is highly unsatisfactory.

According to Dorsey et al (2008), social work assessments made on the basis of professional judgement are 'only slightly better than guessing' whilst Shlonsky and Wagner (2005) have argued "*the evidence that actuarial estimates perform better than clinical judgement in forecasting client behaviour is clear*" (p. 411; see also Ward, 2012). However, risk assessment instruments may also have some difficulties with accurately predicting the future behaviour of carers and whether they will abuse or neglect their children. For example, Barlow and Peters (2003) reviewed 8 studies involving risk assessment tools and found that even with the most accurate instrument, more than 50 per cent of the families identified as being at 'high risk' did not go on to abuse or neglect their children, indicating that such tools may be more valuable as research tools than practice tools.

Previously, Nasuti and Pecora (1993) have reported low levels of inter-rater reliability between child protection social workers regarding judgements of risk (statistically, less than moderate correlations were found), which suggests that such judgements are 'inaccurate' (from a positivist perspective) because different social workers will reach potentially different conclusions regarding the same child. However, other researchers, such as Jent et al

(2011), have reported higher levels of reliability between social workers and their assessments, especially when the assessments involve contributions from a number of different professionals (e.g. the child's health visitor, teacher, doctor and so on). One must also consider the possibility of a 'Hawthorne effect', whereby families who have undergone an assessment, especially one that determined them to be a 'high risk family', could be less likely to harm the child in future, precisely because of the assessment. In other words, that families who are made more aware of risk and abuse and families who are overtly monitored by the State are perhaps less likely to 'fulfil' a prediction of being 'high risk' for abuse precisely as a result (see Zastrow, 2010, p. 363).

Nevertheless, such criticisms are rooted in positivist notions of risk. In other words, they are predicated on a positivist understanding of risk as something that can be – in theory - accurately and objectively identified and measured. As noted above, others have argued that 'risk', along with child abuse and neglect, are socially constructed phenomena and as such, they do not exist 'out there' waiting to be discovered by child protection social workers but are constructed during and outside of the assessment process via the interaction between professionals and the family and by the social and political contexts in which they operate. For example, Sleeter (1995) has argued that "*The discourse over 'children at risk' can be understood as a struggle for power over how to define children, families and communities who are poor, of color, and / or native speakers of languages other than English*" (p. ix). Swadener and Lubeck (1995) have argued, "*The term 'at risk' has…become a buzzword…* (and) *the assumptions that underlie its usage have largely gone unexamined*" (p. 1; see also Swadener, 2010). From this (social constructionist) perspective, the fact that children from minority ethnic backgrounds in England are disproportionally the subject of child protection plans (see Owen and Statham, 2009) is not because such children are more likely to be abused or neglected, but because of a range of social factors, including racial discrimination, language barriers, poor assessments and interventions and inadequate service provision (see Page, Whitting and Mclean, 2007 and France, Munro and Waring, 2010).

For some, these kinds of debates miss the point of a child protection assessment, namely to ascertain the likelihood that a child will be abused or neglected in the future. Thus, in

response to concerns about a perceived lack of rigour in the assessments of child protection social workers, various standardised risk assessment or decision-making tools have been developed and used or tested in practice either to supplement or replace the professional judgement of social workers (see Nash and Bowen, 2002, Gardner, 2008, and Barlow, Fisher and Jones, 2011). Such tools are clearly predicated on positivist conceptions of risk as something to be identified and measured rather than 'constructed' and 'understood'.

However, as Kemshall (2003, 2010) may have predicted, the use of such tools is rarely straightforward in practice. For example, some social workers may make a professional judgment regarding a child and then 'creatively' modify the information they input into the risk assessment tool in order that it confirms rather than disconfirms their judgment (e.g. English and Pecora, 1994 and Lyle and Graham, 2000). In a more recent study, Gillingham and Humphreys (2010) found that social workers have difficulty in making sense of situations in which their professional judgement indicates that a child is relatively safe, but a risk assessment tool indicates that they are at significant risk of harm (or vice versa). Of course, this does not mean that such risk assessment tools should not be used, only that some social workers may have difficulty in using them. Stokes (2009) has also found that social workers are more likely to apply technical-rational knowledge in particular contexts, such as when making decisions about risk, than in others, such as when they are aiming to develop 'subjective' or 'contextual' knowledge of the child and family. However, beyond the debate regarding the practical application of actuarial risk assessment tools, some have argued that because such tools tend to focus on "*relatively static immutable* [risk] *factors... [and] are optimized for a specific outcome in a specific population at a specific time*" (Barlow, Fisher and Jones, 2011, p. 21), they could never completely replace professional judgement.[8]

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8 In Barlow, Fisher and Jones' review of three systems of tools, eleven individual tools, and two audit tools, they found they could not recommend any of them for use by child protection social workers in England because of a general lack of reliability and the lack of suitability of the tools for actual child protection practice (rather than practice under research or more controlled conditions). Nevertheless, in 2013 the UK government announced a randomized control trial of the Safeguarding Assessment and Analysis Framework (SAAF) tool. The use of the SAAF will be randomly assigned to social workers in trial areas and their 'child protection results' will subsequently be compared with those of social workers working without the tool. The results of this trial are not expected until 2015.

France, Freiberg and Homel (2010) have also argued that assessments or interventions based on formal, tool-based analyses of risk "*tend to focus on…the child's or parent's behaviour when, in many cases, the risks emerge or are created by the broader social structure, systems of governance and / or local barriers*" (p. 1197). They continue, "*Risk assessment* [has been] *presented as a value-neutral process that* [can provide a] *technical solution to a wide range of social problems*" (p. 1198). As such France, Freiberg and Homel believe that the growth in the popularity of tool-based, positivist, approaches to risk assessment – amongst public policy makers if not actual social workers – is a reflection of attempts to 'govern uncertainty' in child protection social work (see Webb, 2006). In addition, France, Freiberg and Homel identified a major difficulty with the use of risk assessment tools in social work practice, namely that "*the perspectives of children or their families* [often] *remain unheard*" (p. 1199)[9]. Of course, from a positivist perspective, with the aim of objectively identifying whether a child is at risk or not, the perspective of the child and their families may be relatively unimportant, at least within the strict boundaries of making such a judgment.

Therefore, despite the apparent weight of evidence to suggest that "*unaided clinical judgement in relation to the assessment of risk of harm is now widely recognised to be flawed*" (Barlow, Fisher and Jones, 2011; p. 20), there remain significant difficulties with risk assessment tools both conceptually and practically. The purpose of this discussion is not to draw a conclusion as to whether risk assessment tools of this kind should or should not be used in child protection social work practice but to use this debate as a way of highlighting the different conceptions of social work assessment, and indeed of social work practice, that underlie such debates.

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[9] Similar concerns may be identified from attempts to ensure that social work interventions are 'evidence-based'. For example, in a recent paper, Schraw and Patall (2013) argued that the relationship between individual research findings and practice should be mediated by peer review and by a 'team of instructional experts' and thus it would appear that in such a model, there would be only a limited or no role at all for services users to influence the development of the services they use.

Difficulties or challenges identified since 2000

Having now briefly discussed the nature of social work assessments, the following sections will consider the key practical difficulties or challenges that have been identified with child protection assessments in England since 2000[10]. The discussion will centre upon the identification of three recurrent difficulties or challenges in particular – (1) a failure to include children and their views, (2) an over-reliance on carers to provide information and (3) difficulties in analysing information, especially risk factors (see Turney et al, 2011).

A failure to include children and their views

As noted above, the statutory guidance for social workers in England is clear regarding the need for every assessment to be informed by the views of the child. *The Framework for the Assessment of Children in Need and Their Families* gave clear guidance on this, stating "*The importance…of undertaking direct work with children during assessment is emphasised, including* [the use of] *appropriate methods for ascertaining their wishes and feelings*" (Department for Education and Employment, Department of Health and Home Office, 2000, p. 10, paragraph, 1.35). In addition, the UK is a signatory to the United Nations Convention on the Rights of the Child which states that "*to the child who is capable of forming his or her own views the right* [shall be given] *to express those views freely in all matters affecting the child* [with] *the views of the child being given due weight in accordance with the age and maturity of the child*" (UN General Assembly, 1989, Article 12). However, as noted by Turney et al (2011), "*research continues to indicate that there are difficulties for many workers in making and sustaining relationships with children and with representing the child's voice in assessments*" (p. 10).

Holland (2004) considered that children were often only 'minor characters' in their own assessments and found that whether any significance was given to their views depended

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[10] Selected because the year 2000 saw the introduction of the now defunct *Framework for the Assessment of Children in Need and Their Families*, with this document representing the primary statutory guidance regarding social work assessments of children for the period during which the research described in this thesis was undertaken.

largely on the individual social worker. Stalker et al (2010) completed a review of research related to disabled children and child protection social work and concluded that whilst there were some excellent examples of "*good practice, effective inter-agency working and imaginative therapeutic work with individual children…* [nevertheless] *disabled children were seldom involved in* [child protection] *case conferences… [and] there was little evidence of independent advocates being used to seek or represent children's views*" (p. 5). In a report by OFSTED on the same theme, it was reported that "*children's views were not always evident, and even in cases where it was clear that they had no specific communication difficulties they were not always asked about issues of concern or risk*" (2012, p. 5). These findings suggest that despite the clear statutory guidance for social workers, many assessments of children do not give sufficient weight to the child's views and in part this may be explained by the finding that at least some social workers do not routinely ascertain the child's wishes, feelings and views in the first instance.

A reliance on carers to provide information

Perhaps as a consequence of the difficulty that many child protection social workers may have in obtaining the views of children, various studies have found that social work assessments tend to be based significantly on information provided by the child's carers and on their views. As noted by Munro, "*Parents who are actually harming their child* [will] *have powerful motives for concealing this*" (1999a, p. 752) and thus they will be highly unlikely to admit to abusive or neglectful behaviour simply because a social worker asks them. In addition, social workers generally focus more on female carers than on male carers and this appears to be the case even in situations of domestic abuse where the male carer is the alleged perpetrator (O'Hagan, 1997). Holland (2004) conducted a study of social work assessments in the UK involving interviews with social workers, observations of meetings between social workers and carers and analyses of case files and found that in most cases, carers were the primary source of information for the assessment. Holland also found that social workers tend to gather this information via question-and-answer sessions with carers rather than via other methods such as observing the child and carer. Indeed, Holland found that "*Whilst* [a range of areas] *were regularly cited* [as being important within the process of assessment], *it was often the case that the area relating to verbal interaction appeared to be given the highest status*" (2004, p. 60). Holland found that if a social worker encountered a

carer who was unable or unwilling to engage with them in verbal communication, the social worker was often left feeling frustrated and in some cases unable to complete the assessment.

In addition, many of the social workers in Holland's study appeared to perceive the carer's ability to form a positive relationship *with them* as being indicative of their ability to form or maintain a positive relationship *with their child*. Thus, the carer's apparent commitment or lack of commitment to the process of being assessed often seemed to be interpreted as an indication of their commitment or lack of commitment *to the child*. Carers who were perceived as being less than fully committed to this process were often viewed negatively by the social worker and Holland found this was reflected in the assessment. The underlying logic appears to be that the perceived risk to the child decreases if the carer demonstrates or is perceived to have demonstrated a commitment to being assessed and increases if they do not. However, Reder, Duncan and Gray (1993) identified the notion of 'disguised compliance' in the behaviour of some carers who purposely present with an appearance of cooperation or compliance with social services in order to manipulate professional concerns and avoid raising further suspicions (p. 106 – 107). In other words, some carers (if only a minority) deliberately present as compliant with social services knowing that this reduces the perceived level of risk to the child. This suggests that relying on the perceived compliance or otherwise of the carer when making judgments about risk to a child is a potentially flawed strategy.

Difficulties in analysing risk

Finally, various studies and reports have identified that social workers find it difficult to analyse information and this can result in poor quality assessments being completed. According to Turney et al (2011), "*the analysis of information* [by social workers] *has continued to be problematic in practice*" (p. 8). Indeed, a number of studies have found that child protection social workers find it difficult to analyse the information they obtain and this may contribute to a loss of focus on the child (e.g. Horwath, 2002). In this section, given the focus of this thesis on child protection social work in particular, the discussion will focus primarily on the analysis of risk.

Simplistically, the process of risk analysis involves a balancing of risk and protective factors, followed by a judgment about whether the particular combination of factors for the child in question places them at an unacceptable level of risk. However, in practice, this process is not simple (see Wilkins, 2013 and Wilkins and Boahen, 2013). A 'risk factor' for child abuse or neglect is commonly defined as something that increases the risk of child abuse or neglect occurring, however the presence of any particular risk factor or even a combination of risk factors does not confirm that child abuse or neglect has occurred, nor does it predict (to any significant degree) that child abuse or neglect will occur. For example, being a female aged between 0 and 2 years of age is a risk factor for child abuse (and Brandon et al, 2008 and Sedlak et al, 2010) but being a young female child neither causes nor predicts child abuse. Similarly, known risk factors such as living with carers with mental health difficulties (Mullick, Miller and Jacobsen, 2001) or with carers who misuse drugs or alcohol (Walsh, MacMillan and Jamieson, 2003) does not cause child abuse or neglect and neither is the presence of either factor sufficient reason to believe that a child has been abused or neglected or to predict that they will be. As Brandon et al (2010) found, "*parental substance misuse, violence and mental health problems…often co-exist. These factors are often compounded by poverty, frequent house moves and / or eviction…these cumulative problems…are not uncommon…however, **in individual cases, they do not act as 'predictors' for serious injury and death***" (p. 53, emphasis added).

Munro (2004) has argued that simply identifying the factors that correlate with child abuse or neglect is unhelpful because many such factors are found relatively widely within the general population. For example, poverty is relatively strongly correlated with child abuse and neglect (e.g. Gelles, 1992 and Drake and Pandey, 1996) but the majority of children living in poverty are not identified as having been abused or neglected nor are they identified as being at significant risk of abuse and neglect in the future. Conversely, the absence of poverty does not exclude the possibility of abuse or neglect either. Thus, Munro (2004) has noted that for the purposes of identifying potential abuse or neglect, the most useful factors are those which occur *comparatively frequently* within the population of abused or neglect children and *comparatively infrequently* within the general population. For example, a factor that is extremely rare in the general population but only very rare in the population of abused or neglected children could be a potentially useful risk factor for the purposes of identifying

those children most at risk. In other words, the risk factor itself may only co-occur relatively infrequently with child abuse and neglect, but if it occurs much less frequently in the general population, it may still have some practical utility. According to the Centers for Disease Control and Prevention (2013) in the USA, the following factors are known to increase the risk of child abuse or neglect occurring – children younger than 4 years of age, certain special needs of the child (e.g. disability, mental health difficulties and chronic ill-health), the carer's lack of understanding of the child's needs, a history of child abuse or neglect by the carer, substance misuse and mental health difficulties of the carer, certain carer characteristics such as young age, low education, single parenthood, a large number of dependent children and low income, non-biological, 'transient' adults in the home, especially males, the carer's thoughts and emotions that support or justify their abusive or neglectful behaviour, social isolation, family disorganisation (including domestic violence), stress, community violence and neighbourhood disadvantage (including high poverty and high unemployment rates).

With regards to protective factors, much less is known about them than is known about risk factors (Centers for Disease Control and Prevention, 2013). Known protective factors include supportive family and social environments, nurturing carers, stable family relationships, carer employment, adequate housing, access to health and social care support services and caring adults outside of the child's immediate family. However, simply knowing about these factors is insufficient for the completion of accurate risk assessments (see Wilkins, 2013). As discussed previously in this chapter, formal, actuarial risk assessment tools are based on these research-based factors, but in practice, their application to individual children is not without difficulty. The next section will consider one of the primary methodological difficulties with parts of the knowledge base regarding these risk and protective factors, before the subsequent section considers how child protection social workers analyse risk in practice.

- The etiological error

Clearly, conducting research regarding child abuse and neglect is a challenging task. The topic may be considered highly personal and sensitive and many children and carers are understandably reticent to participate, which perhaps explains why much of the research in

this field is based on samples of children already formally recognised by the authorities as having been abused or neglected (for example, children subject to child protection plans in England). As well as these practical difficulties, there is also a significant methodological difficulty, identified by Garmezy (1974) as the 'etiological error'. Many – but by no means all – of the studies that have identified risk (or protective) factors for child abuse and neglect begin with samples of children formally recognised as having been abused or neglected and then proceed to investigate their circumstances with the aim of identifying the common factors between them. Thus, the approach is retrospective in that it begins with an abused or neglected child (or rather, a sample of abused and neglected children) and then 'looks backwards' in time. As Egeland (1991) has described, "*looking backward in time always provides a 'cause' but...Causes and effects established from retrospective approaches oftentimes are not confirmed using a prospective longitudinal design...Comparisons of abusers and nonabusers often result in simple linear explanations of the causes of maltreatment. The causes and consequences of maltreatment are complex and cannot be understood using a simple linear framework*" (p. 35). In other words, beginning the research with samples of abused or neglected children and looking retrospectively at their circumstances will almost certainly enable the identification of a number of common 'risk factors' between them, however such methodology excludes children who may have been exposed to the same factors but who have not been formally identified as having been abused or neglected. As Egeland found, risk factors identified via retrospective research methods are often not substantiated when prospective methods are used.

Prospective methodology is the reverse of the retrospective method outlined above and would typically start by identifying a potential risk factor and then considering how many children exposed to such a factor have been abused or neglected. For example, "*The notion that abused children grow up to be abusing parents...has been widely expressed in the child abuse...literature*" (Gelles, 2007, p. xvii). Herrenkohl, Herrenkohl and Toedter (1983), using retrospective methodology, found that 47 per cent of adults abused as children went on to abuse their own children. However, Hunter et al (1978), using prospective methodology, found that of a sample of 49 carers who reported having been abused in childhood, 9 were reported to the relevant authorities for having abused their own child, suggesting a 'generational transmission' rate of 18 per cent. Whilst this is not an insignificant correlation,

it is much lower than the 47 per cent suggested by the previously cited retrospective study. Thus, it may appear that when considering prospective studies, the relationship between particular risk factors and child abuse and neglect may not be as significant as the link identified via retrospective studies. In their professional role, child protection social workers may be considered as being in a similar position to researchers using retrospective methodology, in that they tend to come into contact only with children about whom there are serious concerns of abuse or neglect. Thus, based on their practice experience, they are working with samples of abused or neglected children, or children about whom there are serious concerns regarding abuse or neglect, and they will then 'investigate' the child's circumstances, and as with retrospective researchers, tend to look "backward in time" and infer a relationship between the factors they see, such as a carer who has been abused in childhood, and the current situation of abuse or neglect, but as Egeland cautions "*the inferred relationship is misleading*" (1991, p. 35). On the other hand, child protection social workers are then expected to make prospective judgements regarding the likelihood of child abuse or neglect occurring in future (because children are not, according to the relevant guidance, made the subject of child protection plans or court orders because of past harm but because of the risk of significant harm in future).

Thus, these past two sections have highlighted the complexity of the knowledge base regarding risk factors and the relative paucity of the knowledge base regarding protective factors, but also the methodological problems with some studies of child abuse and neglect and how this might be reflected in the practice wisdom of child protection social workers. The next section will now consider the common errors of reasoning made by child protection social workers when undertaking risk analysis in practice.

- Common errors of reasoning

To recap, one of the recurring difficulties identified in the way that child protection social worker's complete their assessments of children is how they analyse information, particularly with regards to the analysis of risk. As noted above, although there is an expanding knowledge base regarding risk factors for child abuse and neglect, Brandon et al (2010) and

others (e.g. Rutter, 1986), have argued that social workers need to do more than follow 'checklists' of risk factors for any particular child because "*risk factors interact to produce a particular outcome at a specified stage in a child's development…the same combination of risks can often produce different deficiency states in different children…the same risks may produce different manifestations at successive stages of the child's development and in different contexts*" (Brandon et al, 2010, p. 6). Such a view is in clear opposition to those writers and researchers, as discussed above, who advocate the use of standardised risk assessment tools. Thus, one of the central questions must be what kinds of risk factors child protection social workers seek to identify in practice, and secondly, what errors they make when analysing such information with regards to a particular child, at a particular developmental stage, within the context of a specific family and social setting.

With regards to the kinds of risk factors identified by child protection social workers in practice, Gold, Benbenishty and Osmo (2001) interviewed a sample of social workers and found that they considered a direct disclosure of abuse by a child or a direct admission of abuse by a carer to be the two most reliable indicators available (see also Buckley, 2000a, 200b). Whilst this is surely a reasonable conclusion (i.e. these kinds of disclosures or admissions would be a clear indication that abuse or neglect had occurred), such disclosures or admissions are relatively rare, especially in cases of child sexual abuse (see Allnock, 2010) and significantly, the absence of such disclosures or admissions is not a reliable indicator of the *absence* of abuse or neglect (see Schaeffer, Leventhal and Asnes, 2011). Buckley (2000a, 2000b) has also studied the factors that child protection social workers tend to identify when analysing the risk to individual children and found that the following factors were typically seen as significant - sexualised behaviour by the child, previous confirmed abuse or neglect, 'suspicious' carer behaviour, physical injuries, 'excessive' physical chastisement, poor physical care of the child, domestic violence in the home and a lack of supervision of young children. Stokes and Schmidt (2011) found that child protection social workers tend to view carer-related factors such as substance misuse and domestic violence as more significant than social factors such poverty and social exclusion.

In an earlier study, Ayre (1998a, 1998b) asked child protection social workers to list the factors they considered to be significant when assessing risk to children, and of the nearly 400 factors identified, 193 related to carers and 100 to children with the remainder being social or family factors. Ayre argued that such a focus on carer-related factors (nearly 50 per cent) could lead to social workers 'losing sight' of the child in the assessment process. From the carer-related factors, it appeared that these social workers were more concerned with the 'attitude' of carers towards professionals than they were with their behaviour and they rated factors such as the child's behaviour or development as less significant still. In a more recent study, DeRoma et al (2006) found that child protection social workers identified the following factors as significant - the carer's ability to set limits on the perpetrator of the abuse, the carer's personal 'sense of responsibility' for any harm their child had suffered, their ability to effectively supervise the child, their basic caregiving skills, their ability to respond appropriately to emergencies, the quality and nature of the child-carer relationship, the carer's cooperation with the social worker, their ability to solve 'everyday problems', their response to their child's health needs and their willingness to express themselves in a way perceived as 'honest' by the social worker. Comparing the studies cited above with the Centres for Disease Control's list (also cited above), one finds that of the 32 individual risk factors, only 2 appear on both (an overlap of just 6.25 per cent; see Table 2).

Table 2: A comparison between risk factors for child abuse and neglect as identified by the Centre for Disease Control, USA and by child protection social workers.

Risk factors identified by the Centres for Disease Control	Risk factors identified by social workers[11]
Child factors	
	Direct disclosure of abuse / neglect
	Sexualized behaviour
	Physical injuries
	Quality and nature of the carer-child relationship
Children younger than 4 years of age	
Certain special needs of the child (e.g. disability,	

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[11] According to the following studies – Ayre (1998a, 1998b), Buckley (2000a, 200b), DeRoma et al (2006) and Stokes and Schmidt (2011).

mental health difficulties and chronic ill-health)	
Carer factors	
	Direct admission of abuse / neglect
	'Suspicious' carer behaviour
	'Excessive' physical chastisement
	Poor physical care of the child
	Attitude towards professionals
	Ability to set limits on the perpetrator of abuse
	Ability to respond to emergencies
	Ability to solve 'everyday' problems
	Response to the child's health needs
Single parenthood	
A large number of dependent children	
Low income	
Non-biological, 'transient' adults in the home, especially males	
The carer's thoughts and emotions that support or justify their abusive or neglectful behaviour	
Young carer	
Substance misuse	
Mental health difficulties	
Young carer	
Low education	
Parental lack of understanding of the child's needs	
A history of child abuse or neglect by the carer	A history of child abuse or neglect by the carer
Community or family factors	
Social isolation	
Family disorganisation (including domestic violence)	Domestic violence in the home, a lack of supervision of young children.
Stress	
Community violence	
Neighbourhood disadvantage (including high poverty and high unemployment rates).	

From this brief review, it may be that at least part of the difficulty that some child protection social workers have in analysing risk, relates to their relatively poor understanding of what constitutes a 'risk factor'. Of course, it is precisely this kind of conclusion that leads Shlonksy and Friend (2007) and others (e.g. Wood, 2011 and Coohey et al, 2013) to advocate the use of standardised risk assessment tools, if not as the sole method of assessment then certainly as part of an assessment combining both actuarial and professional judgement.

The second part of the question posed above, in relation to how child protection social workers analyse risk, is what *kind* of errors occur when they apply their knowledge, both formal and informal, to the particular situations of individual children. Munro (1999a) studied this question extensively via a content analysis of all child abuse inquiry reports published in Britain between 1973 and 1994 (n=54). Munro found that repeatedly, child protection social workers, and other child welfare professionals, based their risk analyses on a narrow range of evidence, that they were biased towards information readily available to them, that they overlooked significant information, and that they were vulnerable to a number of heuristics and biases (common errors in human reasoning). One of the primary biases identified by Munro is known as 'confirmation bias', an error of reasoning by which people in general tend to favour information that supports their current hypothesis. Whilst not a problem unique to child protection social workers, it is particularly concerning when one considers how much of the information collected during the process of child protection assessment is ambiguous (Munro, 1999a) and as Munro argued, "[such] *errors in professional reasoning in child protection social work are not random but predictable*" (p. 745) and given that this is so, it should be possible to be "*aware of them and strive consciously to avoid them*" (ibid).

Another common error identified by Brandon et al (2010) is that of 'start again syndrome', whereby "*knowledge of the past is put aside to focus on the present and on short term thinking*" (p. 54; see also Brandon et al, 2008). Thus, when conducting an analysis of risk, social workers are liable to confirmation bias, of only considering or noticing that information which conforms to their current hypothesis, and they are also liable to put aside what might be significant historical knowledge in order to do so. Munro (1999a) also

identified a number of other errors regularly identified in child death inquiry reports, including a failure to revise risk assessments based on new information and a failure to gather sufficient information of the right kind, particularly with regards to good enough inter-professional communication, in order to inform the risk analysis.

Assessment as a complex psychosocial process

In addition to these kinds of difficulties, the 'best critical practice' research of Ferguson (2003, 2009 and 2010) has highlighted the complex physical and emotional aspects of child protection assessment work. As noted by Ferguson, child protection social work practice occurs, largely, outside of the office, taking place in the child's home or in other locations such as the car (Ferguson, 2012) and thus whilst "*much emphasis has been placed on systemic risk and the failures of the inter-professional system to communicate and share vital information…insufficient attention has been given to…actual practice*" (2010, p. 1114-5). As Ferguson's research highlights, "*getting into the house is often very difficult; when they do get in, some social workers do insist on looking around the house and seeing children, and they find that requesting or insisting to parents that they must inspect their bedrooms, kitchens, toilets a very challenging and uncomfortable thing to do*" (2009, p. 472). Ferguson also noted how "*engaging in ordinary mobility with children is a way of spotting child abuse...*[but] *asking the hard questions about being able to see and relate directly to the children is about the most difficult thing social workers have to do*" (2010, p. 1110). Thus, Ferguson's research, which is amongst the only research of its kind currently available, suggests for example that the reason why social workers have repeatedly been accused of failing to engage sufficiently with children during their assessments is related not only to systemic failures, such as high caseloads (British Association of Social Workers, 2012), but (also) to issues such as how social work practice is actually performed in locations such as family homes.

However, one cannot ignore the wider systems in which child protection social workers operate (Ferguson does not suggest that we should) and Munro has noted recently the existence of "*a commonly held belief that the complexity and associated uncertainty of child*

protection work can be eradicated" (2011a, p. 6). Munro argues that this belief has led to the creation of a "*defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting expertise to work effectively with children, young people and families*" (ibid). According to Munro (ibid), such a system is not conducive to the kind of analytical thinking required in order to make sense of the complicated formal knowledge base regarding risk and protective factors; to the complex process of applying such formal knowledge in practice in combination with tacit knowledge and social workers' own 'naïve theories' or 'non-textbook' theoretical frameworks; nor to the development of supportive but challenging learning cultures in which child protection social workers are actively encouraged to question their own conclusions, and those of other professionals, whilst spending sufficient time with children and families in order to develop working relationships with them, and their own expertise in helping them. Thus, when considering the common difficulties and challenges identified with the practice of social work assessments of children, both Ferguson and Munro, in different ways, have sought to highlight the complexity of the task and the myriad of factors, both systemic and personal, that impact on the overall ability of individual social workers and of 'the system' more generally to produce the high-quality assessments required.

CONCLUSION

Of the first four chapters of this thesis, in Chapter One, an overview was given of the development of the system of child protection social work in England and of the debate regarding the use of theory and research knowledge in social work practice. In Chapter Two, a description and analysis of contemporary attachment theory was given alongside a discussion and review of the specific concept of disorganised attachment, of related caregiver characteristics and of methods such as the Child and Adult Attachment Interview. Together, these constitute the 'theory and research knowledge related to disorganised attachment' as referred to in the primary purpose of this thesis and throughout. In the same chapter, the links between disorganised attachment and child abuse and neglect were outlined and it was suggested that the nature of these links demonstrate the potential utility of applying the

theory and research knowledge related to disorganised attachment to the field of child protection social work.

In Chapter Three, the literature on the use of Strengths-based approaches to social work practice were discussed, both in order to demonstrate a wider variety of ways in which theory and research knowledge may be applied in social work practice but also as a counter-point to the 'problem focused' nature of attachment theory. Finally, in this chapter, the literature related to child protection social work assessments of children has been reviewed with the purpose of understanding the nature of these assessments and of the common difficulties that have been identified in the ways they may be conducted. In summary, this chapter has considered two primary ways of conceptualising assessment, as a process akin to natural enquiry with the aim of establishing 'the truth' (a generally positivist approach) or as a process of qualitative enquiry with the aim of understanding different perspectives and constructing a coherent narrative of any given situation (a generally social constructionist approach). Perhaps the most significant difficulty identified with social work assessments of children is the way in which the child is often only a 'minor character' in his or her own assessment.

The recent Munro report regarding the state of child protection in England sought to identify and address the underlying causes of these and other difficulties but at the time of writing, the impact of the Munro reforms has been limited (Cooper, 2013). With regards the primary and supplementary aims of this project, the clearest link between the literature reviewed in this chapter is with the third supplementary aim, namely to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in the course of completing assessments regarding children who may be at risk of significant harm due to abuse and / or neglect.

Taken together, the literature reviewed in Chapters One, Two and Four provides the context for the primary and three supplementary aims of this thesis. To recap, these are:

To understand how child protection social workers use theory and research knowledge related to disorganised attachment in practice

1. To understand how child protection social workers view the use of theory and research knowledge related to disorganised attachment in their work with children who may be at risk of significant harm due to abuse or neglect.

2. To understand how child protection social workers utilise theory and research knowledge related to disorganised attachment in the course of completing assessments of children who may be at risk of significant harm due to abuse or neglect.

3. To understand how child protection social workers incorporate theory and research knowledge related to disorganised attachment into their existing social work practice.

The first supplementary aim focuses on the use of the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm, thus the focus is on practice *with children* rather than practice *in general*, which may include how theory and research knowledge are used in professional supervision and in other ways. Whilst this would no doubt be an interesting study, it is not the focus of this thesis. The second supplementary aim focuses on assessments of children who may be at risk of significant harm rather than more generally. Finally, the third supplementary aim focuses on how the use of theory and research knowledge related to disorganised attachment may be incorporated into existing social work practice. In other words, how are child protection social workers incorporating this particular concept, of disorganised attachment, within their existing practice, which may include formal references to other bodies of theoretical or research knowledge, implicit theorising and practice skills and knowledge? This now concludes Part One of this thesis. In Part Two, Chapter Five discusses the methodology, methods and research design, Chapters Six and Seven describe the findings and the thesis then concludes with a discussion of these findings in Chapter Eight.

<u>Chapter Five – Research Design, Methodology and Methods</u>

<u>INTRODUCTION</u>

In this chapter, the research design, methodology and methods of this thesis will be discussed. To recap from Chapter One, the primary aim of this thesis is to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice. From this primary aim, three supplementary aims have been developed:

1. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse or neglect.
2. To understand how child protection social workers use theory and research knowledge related to disorganised attachment when assessing children who may be at risk of significant harm due to abuse or neglect.
3. To understand how child protection social workers incorporate theory and research knowledge related to disorganised attachment into their existing social work practice.

In order to address the primary and supplementary aims of this thesis, two methods were employed for data collection – guided conversation interviews and Q-method. The details of these methods will now be discussed along with an outline of the research paradigm, the methodology, and the significant epistemological assumptions of this thesis. The development of the research aims will also be explored. Finally, the overall research design of the project will be discussed, including the sampling methods used, a consideration of data saturation issues, the development of the interview and Q-method design, the development of the analytical framework and the ethical considerations of the research.

THE RESEARCH PARADIGM, METHODOLOGY AND EPISTEMOLOGICAL
ASSUMPTIONS OF THE PROJECT

Research paradigm

Kuhn (1972) defined a 'research paradigm' as encompassing the underlying assumptions and
intellectual structures upon which any research is based, including questions of ontology
('what is real?'), epistemology ('what is known and how does this relate to the knower?') and
methodology ('how do we gain knowledge of the world?'). According to Dash (2005),
assuming different research paradigms tends to lead to the development of distinctive
research questions or aims and will also influence the researcher's choice of methods. As
discussed in Chapter One with regards to conceptions of social work theory and research
knowledge, there are two broad philosophical approaches to knowledge within scientific and
social research - positivism and interpretivism. Positivist research assumes that reality is
independent of the observer (and can be studied independently of the observer) and so
positivist researchers tend to employ methods, often quantitative, that seek to describe reality
as accurately as possible and to make accurate predictions.

In contrast, interpretivist research assumes that whilst *physical reality* may be independent of
the observer (or it may not, depending on the particular school of interpretivist thought),
social actors subjectively construct *social reality* and therefore no objective measure can be
made of it outside of these subjective constructions. Thus, Orlikowski and Baroudi (1991)
have argued that the aim of interpretivist research should be to understand social reality and
social phenomena via the subjective meanings assigned to them by social actors. As a result,
interpretivist researchers tend to employ methods, usually qualitative, that seek to understand
the social world rather than to accurately describe it or make predictions about it.

Postmodernism, perhaps the most 'extreme' form of interpretivism, assumes there is no
actual reality at all whereas researchers assuming a more moderate interpretivist stance tend
to assume that the (social) world is at least rooted in some form of reality but that the nature

of the social world, mediated by language and preconceptions, makes it impossible to study directly (ibid). However, according to Alvesson (2002), postmodernism is not a common theoretical position within social research and it is now commonly recognised that conceiving of subjectivity as the *only* loci of study is epistemologically questionable. However, although these two research paradigms – positivist and interpretivist – have often been counter-posed, Brannen (2005) has argued, "*there is considerable pressure for convergence*" (p. 174) between them because, despite the fact that "*qualitative and quantitative researchers hold different epistemological assumptions, belong to different research cultures and have different researcher biographies*" (p. 173), they are often studying in the same fields and thus individual research projects can combine elements of both.

Shaw (2012b) has developed this argument further, writing from a qualitative perspective on the positive contributions that quantitative methodology has made in social work research, and criticising the entrenched positions that may be taken with regards these paradigms. Thyer (2012) has similarly written from a quantitative perspective on the positive contributions that qualitative methodology has made in social work research. Therefore, it is possible to see how these two entrenched positions (in principle) can be - in practice - somewhat more fluid. The research paradigm of critical realism seeks to formally represent this compromise position, representing perhaps a philosophical position 'midway' between pure positivism and pure interpretivism.

As described by (Bhaskar, 1998), one does not have to reject the ontological idea of the world as existing independently from our subjectivities in order to acknowledge that our understanding of the world it is very often fallible or at the very least subject to change and correction. In other words, "*even though critical realism accepts there is one "real" world it does not follow that we, as researchers, have immediate access to it*" (Zachariadis, Scott and Barrett, 2010, p. 7). Applied to social phenomena, such as the use of theory and research in social work practice, critical realism does not presuppose either that cause and effect operate the same as in the natural world (as might a purely positivist approach) but neither does it presuppose that purely subjective understandings are the 'best' we can achieve (as might a purely interpretive approach). Thus, this research project is situated within the critical realist

paradigm, aiming to understand the 'real' ways in which child and family social workers use the theory and research knowledge related to disorganized attachment in practice but recognising at the same time that this understanding can only ever be mediated via subjectivities (of participants and the researcher) but that it must also be held lightly, and made subject to revision based on new data, new perspectives and so on.

Epistemology and Methodology

If this answers the question as to 'what is real', from the perspective of this researcher (namely, there is a real world (of social work practice)), then we can now address the epistemological and methodological questions ('what can be known and how'). As with all research paradigms, one's epistemological and methodological positions will be guided, if not directed by, one's ontology. As critical realism asserts that there is a real world to be studied, albeit indirectly and especially so when considering social realities, the epistemology of social constructionism is particularly pertinent (see Walsham, 1993). In other words, the underlying epistemological assumption of this project is that *social* reality is created by *social* actors and can therefore be suitably investigated via their subjective perceptions of it (Luckmann and Berger, 1991). As Orlikowski and Baroudi (1991) have argued, these assumptions suggest that it is not possible for researchers to remain entirely separate from the subject matter of their research and that their values and biases will be an important component within the project. Similarly, Reason and Rowan (1981) have argued that social research should be understood as a dialogue between the participants and the researcher with the aim of co-producing valid and meaningful knowledge. Thus, demonstrating how the researcher has contributed to this dialogue may form an important part of the discussion of any findings.

However, as Hacking (2000) has argued, the use of the phrase 'social constructionism' usually warrants further clarification as it has been used with at least two distinctive meanings. The first definition is that social constructionism is a phenomenon resulting from social and historical processes. The second definition is that of a 'taken for granted' phenomenon. Hacking also identified different reference points for these definitions, both

'things themselves' but also "our ideas about things themselves'. As noted in Chapter One and again in Chapter Four, child abuse and neglect and risk may be considered as socially constructed phenomena, and therefore, as Parton (1979) has argued, in order to ascertain what is child abuse or neglect, we need to render it 'visible' by operationalizing certain social and personal phenomena as 'abusive' or 'neglectful'. In other words, the phenomena of child abuse and neglect are constructed and then operationalized by attaching meaning to certain behaviours (usually of carers) and to certain negative outcomes (usually for children). Thus, the stance of social constructionism is both a reflection of the nature of risk and of child abuse and neglect, but also of the research paradigm of critical realism. More precisely, the stance taken is one of weak social constructionism in that it is assumed that the subjective perceptions of social actors are underpinned by reality.

Given the above, the aim of this thesis is to construct as accurate a picture of real social work practice as possible whilst also recognising that a truly objective picture remains impossible. The distinction between weak and strong social constructionism is that in the latter, it is argued that it is impossible to accurately communicate anything about reality and that everything is fully social constructed (see Pinker, 2002)[12]. A stance of weak social constructionism is assumed in preference to that of strong social constructionism both as a reflection of the research paradigm outlined above but also in recognition of the reality of a child's experience of suffering when they are abused or neglected (e.g. pain, cold, fear), regardless of whether their experience is conceptualised as abusive or neglectful by others (see Witkin, 2011).

In keeping with this critical realist and social constructionist approach, the methodological approach of this thesis is pragmatic, recognising that although the dichotomy between qualitative and quantitative ontologies and methodologies may be important in principle, it is often less so in practice (Mackenzie and Knipe, 2006). Thus, pragmatic methodology, recognising that the 'what' and the 'how' of research are just as important as the 'why'

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[12] In simple terms, from a strong social constructionist position, there are no such things as mountains; there are particular formations of rock, earth, ice and other materials that are almost universally referred to as mountains but even this level of social agreement does not 'objective reality' make.

(Creswell, 2003), enables the researcher to move beyond debates about the 'truth' (or otherwise) of particular types of knowledge (Mertenss, 2005) and to focus instead on the centrality of the research problem (or research questions; Creswell, 2003, p. 11). As a result, pragmatic research tends to focus less on the philosophical nature (or purity) of particular methods and more on the practical use of particular methods in relation to particular research questions. Thus, both quantitative and qualitative methods were considered although qualitative approaches are usually favoured when researching topics about which little is known and about which it is difficult to formulate clear hypotheses (see Brannen, 2005). As noted in Chapter Two, although attachment theory is popular and relatively well known amongst child and family social workers, there appears to be a limited amount of data on how they use it in practice, particularly when one considers the concept of disorganised attachment and its use within child protection social work assessments in particular. Pragmatic methodology also enables one to combine quantitative and qualitative methods (see Morgan, 2007). One advantage of this approach is that it enables one to combine the idea that there is a 'real world' (in this case, of social work practice) with the recognition that each participant will have a different perspective of it. Within this context, as discussed below, Q-method is one of the most appropriate research methods one could use, inherently combining as it does the 'quantification of qualitative data'.

Having outlined the research paradigm and the epistemological assumptions and methodological approach of the project, and shown how they result from and inform one another, the next section will consider the development of the research aims.

Development of the research aims

Based on these assumptions and on the personal interests of the researcher (as outlined at the start of Chapter One), the primary aim of this thesis was developed - to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice. The nature of this aim allows for research to be conducted using the critical realist and weak social constructionist stances outlined above. The first supplementary aim was developed in order to focus the research on social work practice with potentially

abused or neglected children as opposed to other aspects of child protection social work practice, such as work with (non-abused or neglected) siblings or inter-professional work distinct from practice directly related to children. The second supplementary aim was developed in recognition of the centrality of assessment work within the field of child protection social work (as discussed in Chapter Four). The third and final supplementary aim was developed following completion of the first five guided conversation interviews when, having reviewed the transcripts of these, it became apparent that an understanding of how child protection social workers were using the theory and research knowledge related to disorganised attachment in practice was contingent on, amongst other factors, how they were incorporating such theory and research knowledge into their existing practice.

For example, if a social worker felt they were already competent and confident at working directly with children (interviewing them, playing with them, ascertaining their views and so on), would they be more likely to find methods such as Child Attachment Interviews and Story Stems useful in practice? Having now summarised the research paradigm, the methodology and the epistemological assumptions of this thesis, the remainder of this chapter will focus on the specific methods employed and on the research design.

METHODS

Given the pragmatic methodology of the project and the nature of the research aims, purely quantitative methods were not considered. Instead, a number of other methods were evaluated with regards to their potential for addressing the research aims. Given the critically realist position of the researcher, methods that recognise the subjective nature of participant viewpoints without disregarding the reality underpinning these viewpoints were highly valued and hence the selection of Q-method as the primary method, described by Shemmings (2006) as a method for 'quantifying' qualitative data. Indeed, one can go as far as to describe Q-method as being a 'mixed method' all by itself. Guided conversation interviews were then selected as a complementary method, as a way of obtaining richer data than the factorial

results provided by Q-method (see the sections below for more details). However, although the critical realist positioning of the project was an important consideration when considering particular methods, methodology is rarely the only factor taken into account.

Brannen (2005, p. 7) identified *'the three Ps'* of method selection – philosophical assumptions, politics, and pragmatics. With regards to philosophical assumptions and politics, Brannen is referring to research paradigms, methodologies and epistemologies. Philosophically, the interaction between the two methods used in this project fits well with one of the key epistemological assumptions made, namely that social reality is best understood via the subjective perceptions of social actors. However, Brannen also challenged researchers and others to recognise that the selection of a particular method is driven as much by pragmatic (or technical) considerations as by philosophical ones (see also Bryman, 1984).

Therefore, although the two methods utilised in this project were selected in part for epistemological and methodological reasons, they were also selected on pragmatic methodological grounds. Specifically, both of these methods can be completed in person (face-to-face) or via electronic means. Interviews can be completed via programmes such as 'Skype' (*http://www.skype.co.uk*) and Q-method can be completed via 'Q-Assessor' (*http://www.q-assessor.com*). As a lone researcher, this pragmatic consideration was important in ensuring that the study was manageable and that participants could be included from a wider geographical area than would otherwise have been the case.

Other methods considered - but ultimately rejected - included non-participant ethnographic observation and textual or content analysis of case recordings. Whilst these methods could have provided the kind of rich data being sought, they were rejected for pragmatic reasons. Ethnographic observation in particular is a time-intensive method and according to LeCompte and Goetz (1982) "*ethnographic research often is too time-consuming and labor intensive for…most lone researchers*" (p. 42). In addition, ethnographic observation and textual or content analysis of case recordings would have involved either direct contact with,

or direct access to, confidential information about children and families. This would have necessitated more careful ethical consideration than obtaining information from professional participants. Whilst such ethical considerations would not have been insurmountable, the pragmatics of being a lone and part-time researcher precluded the navigation of these difficulties within a suitable timeframe for the timely completion of this project. The next two sections will now describe the two methods that were selected for use in this thesis.

Q-method

Q-method, originally developed by the British physicist and psychologist William Stephenson (1935, 1953), is used to systematically investigate "*the subjectivity of participants, their viewpoints, opinions, beliefs and attitudes about the topics being studied*" (van Exel and de Graaf, 2005, p. 1; see also Brown, 1980). The use of the letter 'Q' refers to the particular analytical method used and was chosen as a way of distinguishing this analytical method from normal R-method factor analysis. R-method seeks to identify correlations between small numbers of variables across large numbers of participants. Q-method seeks to identify correlations between small numbers of participants across large numbers of variables. It does so by analysing individual viewpoints in order to find commonalities between participants and proceeds by analysing these commonalities in order to generate a smaller (than the number of participants) set of distinctive viewpoints or factors. These resulting factors "*represent clusters of subjectivity that are operant i.e. that represent functional rather than merely logical distinctions*" (Van Exel and de Graaf, 2005, p. 1). In other words, Q-method seeks to find correlations *between people*, based on their subjective viewpoints.

The history of the development of Q-method represents an attempt to devise a 'science of subjectivity' (Good, 2010). As discussed above, this thesis is positioned within a qualitative methodological framework in which the subjectivity of social actors may be considered as the focal point for research. However, the concept of subjectivity within Q-method is unlike the conventional meaning in lay or scientific terms (Watts, 2011). 'Subjectivity' in Q-methodology is often described as being 'operant', a word that derives from behavioural

psychology, where it is used to describe a certain type of behaviour. Operant behaviour is that which has "*no obvious or external cause… [and] is defined by the relationship it establishes with and the impact it has upon the immediate environment*" (Watts, 2011, p. 39). Operant subjectivity refers to an external (rather than internal) process in which the subjectivity of the individual is linked with (the reality of) their immediate environment. Thus, the factorial results of a Q-method study do not *represent* the subjectivity of the participants; they *are* the subjectivity of participants.

Given this, one might conclude that Q-method represents the ideal method for researchers assuming a critical realist stance, as it aims to capture the subjectivity of participants but conceptualises this subjectivity as being operant, as being representative of the participant's immediate or local environment. In addition to this, Q-method helps to ensure that as full a range of perspectives (or factors) are identified as possible including perspectives that may be taken-for-granted or implicitly held (Wolf et al, 2011, p. 52). Having identified as many different perspectives as possible, Q-method then seeks to identify any of the participants who might strongly represent them (in Q-method terminology, this is referred to as 'loading significantly onto a factor'). By identifying those participants who 'represent' or 'load significantly onto' each factor, this enables the researcher to undertake further study in order to obtain a deeper understanding of the meaning of the perspective or factor in question. Thus, whilst guided conversation interviews and Q-method are not always used together, guided conversation interviews were selected as the second method for this thesis as a way of further examining the perspectives of the participants, particularly those who loaded significantly onto one of the factors identified via Q-method.

From the perspective of a participant, taking part in a Q-study involves being presented with a number of statements and a grid and being asked to sort or rank the statements based on the 'conditions of instructions' provided by the researcher. These conditions are typically given as 'place the statements you agree with most towards the right hand side of the grid and the statements you agree with least towards the left hand side of the grid'. Statements about which the participant feels relatively neutral would therefore be placed towards the centre of the grid. In some Q-studies, participants are asked to freely sort the statements, however in

most Q-studies, they are asked to use a pre-determined grid following a quasi-normal distribution (see Figure 7).

The benefit of this approach is that it encourages participants to think more systematically about each statement *in relation to the other statements* and is predicated on the assumption that there will be fewer statements that provoke strong agreement or disagreement than statements which do not. As the participant is asked to express his or her own viewpoint, it is important that each statement represents a matter of opinion rather than of fact. For the purposes of this thesis, Q-method participants were asked to sort 49 statements related to their use of the theory and research knowledge related to disorganised attachment in practice. As there are 6.083×10^{62} different possible permutations of these statements, the significance of any one sort produced is reasonably assumed to be significant.

Figure 7: A copy of the grid used for the Q-study described in this thesis.

-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6

In most Q-studies, the statements given to the participants are generated or selected by the researcher. Referred to as the Q-set, these statements should represent the wider concourse about the topic being studied (McKeown and Thomas, 1988). In Q-method, the concourse refers to "*a set of all the things people are saying about the topic*" (Webler, Danielson and Tuler, 2009, p. 5). In other words, "*the concourse is…supposed to contain all the relevant aspects of all the discourse* [and] *it is up to the researcher to draw a representative sample from the concourse at hand*" (van Excel and de Graff, 2005, p. 4). When generating a Q-set, the aim is for the statements to be as broadly representative of the concourse as

possible. Despite the importance of this process, the development of a Q-set from a concourse is "*more an art than a science*" (Brown, 1980, p. 186).

As a result, different researchers may develop different Q-sets from the same concourse. However, this is not typically regarded as problematic because as long as the Q-set is reasonably representative of the concourse, using a modestly different Q-set will not typically change the results of the Q-study because meaning is ultimately ascribed to the statements by participants via the sorting process. For example, Thomas and Bass (1992) found that despite using different Q-sets, studies of similar topics tend to produce similar results (see Van Exel and de Graaf, 2005, Annex B). In keeping with other qualitative methods, Q-studies are most commonly criticised for a lack of reliability and 'generalisability' (Thomas and Baas, 1992).

However, one of the fundamental assumptions of Q-method is that there exist only a limited number of viewpoints on any given topic and hence, any set of statements that is sufficiently diverse, encompassing a range of opinions on the topic, will reveal significant operant viewpoints (that is, those that actually exist rather than those than could potentially exist). The aim of Q-method is to reveal these operant viewpoints rather than to establish what percentage of a larger population might ascribe to each one. As in many Q-studies, participants in the Q-method of this thesis were also asked at the end of the process to explain why they selected particular statements for the 'most agree' and 'most disagree' columns (with reference to the grid in Figure 7 (above), statements sorted under columns 6, 5, -5 and -6). Once every participant has completed a Q-sort, they are collectively subjected to a process of factor analysis (described in more detail below).

As with any method of data collection, Q-method has weaknesses as well as strengths and Kampen and Tamas (2013) have noted that Q-method cannot remove researcher bias from the research process, that different researchers do not always use Q-method consistently (with some making unwarranted claims based on Q-method data) and that Q-method cannot

identify all of the existing factors or perspectives within any given population. These criticisms are, in this researcher's view, an interesting and helpful contribution to the debate regarding Q-method and of course, it is unreasonable to assume that any method within the social sciences can remove the influence of researcher bias completely. It is also the case that different researchers have used Q-method differently and some have made mistaken claims about Q-method's validity. For example, Kampen and Tamas cite a number of papers in which the researcher, having used Q-method, has then made claims regarding the external validity of the factors identified, contrary to the Q-method literature. However, no such claims for external validity are made for the research described in this thesis and neither is it claimed that the data presented in this thesis constitute the entirety of existing or possible viewpoints regarding the use of theory and research knowledge related to disorganised attachment within child protection social work assessments.

Guided conversation interviews

In addition to Q-method, guided conversation interviews were used as a way of extending the understanding of each of the viewpoints or factors revealed via Q-method. The rationale for selecting a second method is that although Q-method offers a useful tool for the explication of the diversity of viewpoints within a given sample, it is less useful for a deep exploration of the meaning inherent in each one, and hence, guided conversation interviews were employed as a second method in order to achieve this 'richer' quality of data. Interviewing participants is one of the most commonly used methods for qualitative data collection (DiCicco-Bloom and Crabtree, 2006) and Briggs (1986) has estimated that 90 per cent of social science research involves interviews. They are so widely used that Hyman et al (1975) referred to them as a 'universal mode of qualitative enquiry' and although Kvale (1996) wrote that interviews are primarily conversations, there are different kinds of interviews, varying from completely structured to completely un-structured (see Rubin and Rubin, 2012). According to van Teijlingen and Forrest (2004), "*The decision as to which type of interview to conduct will depend on the research question, your target population and resources*" (p. 171).

Structured interviews are typically based upon standardised sets of questions, asked in a similar way of each participant (Polit and Beck, 2012) and as a result they tend to produce quantitative data. For this reason, structured interviews were not actively considered as a method for this thesis. At the opposite end of this continuum are fully unstructured interviews. These are typically based on one or more broad topics, with the aim being to elicit "*free, natural and uninhibited*" responses from the participants (van Teijlingen and Forest, 2004, p. 171). An unstructured interview may start with just one question ('Tell me about how you use attachment theory in practice with children?'), with the researcher then asking follow-up questions or prompting the participant to continue speaking, depending on the participant's responses. Guided conversation interviews are neither fully structured nor unstructured and they tend to be based on both a series of topics and a number of set questions, with the researcher attempting to guide the discussion to a greater degree than would be the case during unstructured interviews. Guided conversation interviews were selected because of the need to ensure participants responded in ways that would be relevant for the research aims (hence, unstructured interviews would have been less useful).

SAMPLING, SAMPLE CHARACTERISTICS AND SATURATION

As a mixed-methods project investigating the use of the theory and research knowledge related to disorganised attachment by child protection social workers, non-probability, purposeful sampling was employed, with the aim of identifying participants who would be in a position to discuss their use of this theory and research knowledge. In other words, participants were selected on the basis that they self-reported using the theory and research knowledge related to disorganised attachment in practice. Non-probability, purposeful sampling is commonly used when there are a limited number of potential participants or when it is not possible to obtain a database or register of the population being studied (see Babbie, 2001; Chapter 7, p. 187 - 235). The main drawback of non-probability, purposeful sampling is that the participants will not be representative of any wider population.

Nevertheless, although the sampling method was non-probabilistic and purposeful, this included an attempt to ensure that participants were drawn from a number of different social work teams, departments and settings. The rationale for employing non-probabilistic, purposeful sampling was to ensure that the participants would be able to provide data on the use of the theory and research knowledge related to disorganised attachment in social work practice. The sample included participants with different characteristics, roles and levels of social work experience. As outlined in Table 3, of the 24 unique participants, 17 were female, 20 were White (primarily White British but also White Australian, Canadian, Spanish and Irish), 3 were Black British and 1 Indian British, the mean post-qualifying experience amongst participants was 4.7 years, with a mode and median of 4 years. 9 of the participants worked in Referral and Assessment teams, 5 in Child Protection teams, 4 in Disabled Children teams, 3 in Family Centres, 2 in Looked After Children teams and 1 in an 'Edge of Care' team (working with adolescents at risk of being accommodated into local authority care).

By gathering data from participants working in different teams, with different levels of post-qualifying experience, different training experiences and different demographics, the aim was to ensure that any homogeneity to emerge from the data was not necessarily explicable by reference to these kinds of factors. In terms of training, 21 attended the Assessment of Disorganised Attachment and Maltreatment (ADAM) project and 3 of these participants also attended training at the Anna Freud Centre in London and Leiden University in the Netherlands. 3 of the participants had recently completed a social work degree course at the University of Central Lancashire (UCLA), including a module on human development and attachment. All of the participants self-reported using the concept of disorganised attachment and / or related caregiver characteristics in the course of their practice.

Table 3: Key characteristics of the participants.

No.	Gender	Ethnicity	Years qualified	Team	Additional training
1	Female	White Australian	8	Child Protection	ADAM Project
2	Female	White Canadian	6	Child Protection	ADAM Project
3	Female	White Spanish	6	Referral and Assessment	ADAM Project
4	Female	White British	5	Family Centre	ADAM Project
5	Female	White British	8	Looked After Children	ADAM Project
6	Male	White British	22	Family Centre	ADAM Project; Leiden University; Anna Freud Centre.
7	Female	White British	4	Disabled Children	ADAM Project; Anna Freud Centre.
8	Female	White Irish	4	Referral and Assessment	ADAM Project
9	Female	White British	9	Family Centre	ADAM Project; Anna Freud Centre.
10	Male	White British	4	Referral and Assessment	ADAM Project
11	Female	White British	1	Looked After Children	UCLA
12	Female	White British	1	Child Protection.	UCLA

13	Male	White British	1	Referral and Assessment	UCLA
14	Female	White British	4	Referral and Assessment	ADAM Project
15	Male	British Asian	4	Disabled Children	ADAM Project
16	Female	White British	3	Referral and Assessment	ADAM Project
17	Female	Black British	2	Referral and Assessment	ADAM Project
18	Male	White British	7	Disabled Children	ADAM Project; Anna Freud Centre.
19	Female	White British	3	Child Protection.	ADAM Project
20	Female	White British	2	Referral and Assessment	ADAM Project
21	Male	Black British	3	Child Protection	ADAM Project
22	Female	White Australian	1	Referral and Assessment	ADAM Project
23	Female	Black British	4	Edge of Care Support	ADAM Project
24	Male	White British	1	Disabled Children	ADAM Project

In practical terms, participants were identified via two primary avenues. Firstly, via open invitations to participate, made via the social networking site 'Twitter' (*www.twitter.com*) and the forum pages of 'Community Care' (*www.communitycare.co.uk*), a website aimed at social work and social care professionals. Secondly, via direct approaches to social workers who attended specialist training in the theory and research knowledge related to disorganised attachment. An element of snowball sampling was also employed in that participants were

asked whether they had any colleagues who might also be able to participate in the research and in total, 4 participants were identified via this snowball method.

With regards to sample size, the key question for many qualitative researchers is whether the data collected is 'saturated'. Saturated data is that which contains a sufficient range of viewpoints and experiences so as to ensure the research aims can be addressed as fully as possible. As Ritchie, Lewis and Elam (2003) have noted, reaching the point of saturation does not mean that further novel data *cannot* be generated but it does mean that additional data collection is not *required* in order to comprehensively address the research aims. As an example of saturation 'in action', Guest, Bunce and Johnson (2006) analysed data from their own study of reproductive health care in Africa and found that saturation had been achieved at a relatively early stage, with 34 of their 36 codes having been generated from the first six interviews (out of a total of 60). As they concluded, this indicated a relatively high degree of homogeneity between participants and so interviewing additional participants tended to reproduce or reinforce the viewpoints of earlier participants. This suggests that where one can reasonably predict (or discover) a high degree of homogeneity amongst participants, a large sample size may not be required. The reverse implication is that where one can reasonably predict (or discover) a high degree of heterogeneity, then a larger sample size may be required. However, one must be cautious about assuming that saturation has been achieved prospectively, as it is only possible to measure accurately in retrospect. Mason (2010) has argued that setting the numbers of participants in advance (attempting to prospectively predict saturation) is not "*wholly congruent with the principles of qualitative research*" (un-paginated). In other words, a sufficient sample size is that which provides sufficient (saturated) data in order to address the research aims.

Another aspect of the question regarding what constitutes a reasonable sample size is to consider the average numbers of respondents in similar studies. Mason (2010) analysed 2,533 qualitative research projects and found that the mode number of respondents was 30, the mean was 31 and the median was 28, with a comparatively high standard deviation of 18.7 and bi-modal positively skewed distribution. The most common samples sizes identified by Mason were 20 and 30, followed by 40, 10 and 25. Thus, Mason concluded that saturation

was not the guiding principle for most qualitative studies in terms of sample size (because if it were, one would expect a greater variety of sample sizes than the largely base ten pattern identified by Mason). Various authors have provided guidelines for qualitative researchers regarding sample size with Bertaux (1981) suggesting not less than 15 participants and Ritchie, Lewis and Elam (2003) suggesting not more than 50. As this project involved 24 unique participants, it is within the range of these recommendations and of the mode, mean and median as identified by Mason.

The plan at the outset of the research was to include no less than 20 participants but the concept of saturation was also considered, particularly with regards to the Q-study. Preliminary analysis of the data was undertaken at various points within the Q-study (after 8 Q-sorts were completed, then 12 Q-sorts, then 18) and this helped to determine when saturation was achieved in terms of the development of significant factors. As more Q-sorts were completed, it became clear that there were three un-rotated factors with eigenvalues ≥ 1.0, with 1.0 being the point at which an un-rotated factor is typically considered as significant. However, a fourth un-rotated factor with an eigenvalue of >0.7 (but <1.0) began to emerge after the 12th participant completed her Q-sort. As more participants completed Q-sorts, the eigenvalue for this fourth un-rotated factor increased but did not reach ≥ 1.0. Therefore, additional participants were sought specifically in order to discover whether the eigenvalue for this factor might be increased to >1.0. As discussed in Chapter Six, these additional Q-sorts caused the eigenvalue of the fourth un-rotated factor to rise >0.9 and thus it was considered for further analysis (on the judgment of the researcher, despite not reaching ≥ 1.0).

RESEARCH DESIGN

Practical chronology of the research

The research described in this thesis was completed between July 2012 and July 2013 with ethical approval granted for the fieldwork by the University of Kent in October 2011 (see

Appendix 3). In total, 24 individuals participated in the research; 16 guided conversation interviews were completed with 15 unique participants (one participant was interviewed twice) and 20 Q-sorts were completed with 20 participants. Altogether, 4 participants were interviewed, 9 participants completed a Q-sort and 11 participants completed a Q-sort and an interview. All participants were invited to complete both a Q-sort and an interview but, as described immediately above, not all participants agreed to complete both methods. Various reasons were given for this including a lack of time (on the part of the participant), an inability to agree a suitable date (for a face-to-face interview), a lack of familiarity with Skype (and hence a reluctance to install a new programme in order to complete an interview remotely) and technical problems with the Q-Assessor website (e.g. for one participant, the website crashed twice during her Q-sort and she did not attempt a third try). All of these reasons may be understood as relating to 'practice constraints' related to either the participant's or competence and knowledge regarding the electronic tools available to complete the methods remotely.

With regards to the guided conversation interviews, two approaches were used, with 13 being completed in-person and 3 via Skype. The interviews completed in-person were recorded using a digital Dictaphone and the interviews completed via Skype were recorded using a plug-in application ('ecamm Call Recorder'). All of the interview recordings were stored securely and transcribed at a later date by the researcher. The recordings were then deleted. All of the participants were informed prior to the start of the interview that they would be recorded and of the method of storage and timetable for deletion. None of the participants expressed any concerns about the interviews being recorded, stored or transcribed. The interviews conducted in-person were completed at the participant's place of work with Skype interviews being used for situations in which it was not practically possible for the interviews to be conducted in-person. In other words, the rationale for using Skype was pragmatic - the participants were based too far away for face-to-face interviews to be completed. Nevertheless, there is a body of research regarding the use of Skype and other similar technologies for qualitative research, much of which concludes that video interviewing at a distance is a useful tool for researchers and appears to have no significant effect on the quality of the data. For example, Hanna (2012) argued that "*using Skype as a research medium can allow the researcher to reap the well-documented benefits of traditional face-to-*

face interviews in qualitative research" (p. 239) whilst Bertrand and Bourdeau (2010) concluded that using Skype was a "*valid*" method of data collection and could be used alongside face-to-face interviewing (p. 77).

For the Q-sorts, again two practical approaches were used. 8 of the Q-sorts were completed in person using physical print outs of the statements and the grid, and 12 were completed electronically, via the website Q-assessor (*www.q-assessor.com*; see Table 3). Using Q-Assessor enables a participant to complete a Q-sort electronically and as with the use of Skype, this enabled a number of participants to complete a Q-sort who may otherwise not have been able to do so (for example, one of the participants completed the Q-sort whilst travelling abroad). The process of completing a Q-sort is similar whether it is done in-person or via Q-assessor. Participants were presented with the 49 statements and the grid by which they were asked to arrange them. In-person, this involved giving the participants 49 pieces of paper with a statement printed on each one and asking them to arrange the cards on a flat surface, such as a table into the shape of the grid. When using Q-Assessor, participants were presented with virtual pieces of paper and asked to sort them into an electronic version of the grid. A study by Reber, Kaufman and Cropp (2000) found "*no apparent differences in the reliability or validity*" (p. 192) of Q-method whether completed via Q-Assessor or when completed face-to-face.

Chronologically, the first 5 guided conversation interviews were completed with participants 1 – 5 prior to the use of Q-method. These were completed between July 2012 and September 2012. These first five interviews informed the development of the concourse for the Q-study. The Q-study was completed between October 2012 and February 2013, followed by the remainder of the guided conversation interviews, completed between January 2013 and July 2013.

Table 4: Details of the methods completed by each participant.

Participant	Interview	Q-sort	Interview method	Q-sort method
1.	YES	YES	In-person	Q-assessor
2.	YES	YES	In-person	In-person
3.	YES	YES	In-person	In-person
4.	YES	YES	In-person	In-person
5.	YES	YES	In-person	Q-assessor
6.	YES	YES	In-person	In-person
7.	YES	YES	In-person	Q-assessor
8.	YES	YES	In-person	In-person
9.	YES	YES	In-person	In-person
10.	YES	NO	In-person	n/a
11.	YES	NO	Skype	n/a
12.	YES	NO	Skype	n/a
13.	YES	NO	Skype	n/a
14.	YES	YES	In-person	Q-assessor
15.	YES	YES	In-person	Q-assessor
16.	NO	YES	n/a	In-person
17.	NO	YES	n/a	In-person
18.	NO	YES	n/a	Q-assessor

19.	NO	YES	n/a	Q-assessor
20.	NO	YES	n/a	Q-assessor
21.	NO	YES	n/a	Q-assessor
22.	NO	YES	n/a	Q-assessor
23.	NO	YES	n/a	Q-assessor
24.	NO	YES	n/a	Q-assessor

Development of the interview guide and the Q-set

Having outlined the basics of Q-method and guided conversation interviews above, this section will focus on the development of the statements used in the Q-study (the Q-set) and the interview schedule.

The Q-set

As noted above, developing a Q-set is "*more an art than a science*" (Brown, 1980; p. 186) and it begins by surveying the concourse (or the debate) regarding the relevant subject matter. The concourse for this Q-study was surveyed via a consideration of the academic literature, from regular 'Twitter' searches for the phrase 'attachment', from a search of the forums on the 'Community Care' website for the phrase 'attachment' and from the transcripts of the first 5 guided conversation interviews. The purpose of these searches and the analysis of the transcripts was to develop an overview of the current debate regarding the use of attachment theory in social worker practice and particularly the use of the theory and research knowledge related to disorganised attachment. The analysis of the first five guided conversation interviews provided a significant number of statements for the initial concourse and subsequently for the Q-set (see Table 5). For example, in one of the first five interviews, the participant was asked to comment on how her use of methods related to the theory and

research knowledge of disorganised attachment, such as Story Stems, had contributed to her work with a 4-year-old boy who was believed to have been physically abused. The participant said:

> *Well, I think there were two aspects to it. One, it identified that the children were suffering harm and although we kind of already knew that, it was very difficult to evidence because we couldn't get in there and do the work and so finally it was a piece of evidence that, you know, this is a really distressed little boy.*

This excerpt led to the development of statement 45 – "*Using the theory and research knowledge related to disorganised attachment helps Social Workers evidence to other people that a child has been abused or neglected*". Although the participant refers to a 'really distressed little boy', from the context it is clear that the participant was referring to this distress as a result of abuse. As a second example, one of the other participants in the first set of five interviews said:

> *We talk about concerns a lot but sometimes we're just not able to identify what those concerns are and so in conferences I think other agencies are starting to go, you know, wow these social workers are actually talking about relationship based stuff which is stuff we should be experts on and talk about what it means for these children and there's been a lot more respect for the assessment and so some real success stories about being able to take children off a plan because we've been able to target the intervention much more appropriately.*

This led to the development of statement 2 - "*Social workers using the theory and research knowledge related to disorganised attachment are more likely to be seen as experts by other*

professionals". From the entire concourse (see Appendix 1), a Q-set of 49 statements was developed (see Table 10, Chapter Six). The process for developing the Q-set from the concourse was as follows – the concourse statements were grouped together thematically with at least two statements from each group then being selected for use in the Q-set. Similar statements were combined, so for example, the concourse statements "*attachment theory is more useful for work with younger children*" and "*attachment theory is not as useful when working with teenagers in my experience*" were combined into statement 9 within the Q-set - "*Attachment theory in general is a more helpful framework for working with younger children (aged 10 and under) than older children (11+)*". This process sought to ensure that a range of viewpoints were included from the concourse, although as is typical in Q-method, no attempt was made to ensure the Q-set was representational of the distribution and frequency of statements within the concourse. In other words, the aim was to ensure that as many perspectives from the concourse as possible were represented within the Q-set, even (or especially) minority perspectives.

Table 5: A list of Q-statements developed from the first five guided conversation interviews alongside the relevant excerpts from the transcripts.

Statement used in Q-set (statement number)	Relevant interview excerpts	Participant number
Using the theory and research knowledge related to disorganised attachment helps Social Workers obtain more insight into families (16)	Well, we wanted to know a bit more about what was happening at home…So I thought if we could use this thing (a Story Stem method) with Jimmy, then it would give a good insight into what things were like for him (at home).	1
	I realised I could build a picture of what it was like for that child 24/7 with this mum and how confusing it is to be in this, you know, confusing, damaging for many different reasons, the way she was behaving	5
Using methods related to the theory and research knowledge of disorganised attachment	I mean, you can never really know what goes on at home but from I thought, I did think that he was not really played with and that mum and dad shouted a lot	1

enables Social Workers to understand what is really going on for a child (22)	so when he said stories about the same kinds of things, I thought this is it, because now I can say from his point of view what sort of happens, rather than just trying to think for him.	
Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children (35)	It added to it and gave a good sense of what J thought about things that I guess I didn't know, wouldn't have known about. Social workers have just loved and because, because they've added quality to their assessments.	1 2
Using the theory and research knowledge related to disorganised attachment helps Social Workers evidence to other people that a child has been abused or neglected (45)	Well, I think there were two aspects to it. One, it identified that the children were suffering harm and although we kind of already knew that, it was very difficult to evidence because we couldn't get in there and do the work and so finally it was a piece of evidence that, you know, this is a really distressed little boy.	2
If Social Workers can be taught to recognise when children do not present with disorganised attachment behaviour, this would help avoid unnecessary interventions (44) Social workers using the theory and research knowledge related to disorganised attachment are more likely to be seen as experts by other professionals (2)	We talk about concerns a lot but sometimes we're just not able to identify what those concerns are and so in conferences I think other agencies are starting to go, you know, wow these social workers are actually talking about relationship based stuff which is stuff we should be experts on and talk about what it means for these children and there's been a lot more respect for the assessment and so some real success stories about being able to take children off a plan because we've been able to target the intervention much more appropriately.	2
Using methods related to the theory and research knowledge of disorganised attachment, such as Adult Attachment Interviews and Story Stems, is a helpful way of overcoming some parents' unwillingness to	We weren't making any progress at all because these children wouldn't speak to us, the parents wouldn't really engage and we were really struggling… (the child's mother) tried to lead us away…from actually what the real issues were going on in the home...I guess that was one of the things that became so important in using the tools because the traditional social work tools	2

work with Social Workers (17)	that we had been using to date…weren't working or successful. So rather surprisingly, the mum did actually agree to us doing this (type of work) with the children.	
Social Workers should be concerned about being cross-examined in Court regarding their use of the theory and research knowledge related to disorganised attachment (42)	The lawyer for the parents was very convincing, very aggressive...when we came back for a later contested hearing and we talked about the longer term things (such as disorganised attachment) there was a bench, it was a bench of magistrates, and they were very dismissive. So, they didn't take it seriously, obviously, because they returned the children. The lawyers for the parents really tried to jump onto it you know, what does this mean, I've never heard of this term disorganised attachment I was very wary of when it came to putting this together in evidence for Court,	2 2 5
Using the theory and research knowledge related to disorganised attachment improves the job satisfaction and motivation of social workers (6)	I think it has had a really positive effect on is staff morale and, because I feel, I think social workers have loved these tools so much. They feel, feel for the first time that they are being given a real skill, a real tool that's tangible, that they can use, that actually does affect the quality of their assessment and that affects outcomes for children. I think it's been a real positive affect on staff morale and on their own motivation.	2 2

Using the theory and research knowledge related to disorganised attachment raises the professional profile of Social Workers (15)	Social workers have…added quality to their assessments...so then they're getting complimented by other agencies, by senior managers,	2
The theory and research knowledge related to disorganised attachment offer a unique way of understanding a child's internal world (41) Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables Social Workers to evidence what is really going on for a child (37)	Social workers have (been) complimented by other agencies, by senior managers (saying) this is a great piece of work, you've really understood this child, you're really seeing things from this child's perspective, you're really getting to know this child, you're really understanding this particular child	2
Using methods related to the theory and research knowledge of disorganized attachment, such as Child Attachment Interviews and Story Stems, makes it more likely that children will disclose abuse to Social Workers (8)	What happened at the end of the 4 year olds interview was that she…started to feel a bit safer in terms of talking to the social worker. At the end of that…they were just chatting and she disclosed that…her back was really sore and…went on to tell us that her dad had beaten her with belts, knuckles, and her back was very sore. So we went on to talk to the other young child and he said the same, they had good agreement. So we removed them under police protection and ended up in care proceedings.	2
Methods related to the theory and research knowledge of disorganized attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is an efficient way of assessing	It seemed like a good use of a 2 hour session. We should have done them at the beginning, we should have used the AAI at the beginning of, and I can absolutely see that if that had been done, it would have shortened the assessments, I think, absolutely.	3 4

children and families (5)		
Using the theory and research knowledge related to disorganised attachment fits well with wider social work practice with children (11)	(We had) a particular question…about the quality of her relationship with the child so obviously we get some of that information from just observing first hand but this seemed to be coming at it from another angle and I guess, particularly if there are questions about an adult's functioning...it's useful to ask similar questions on different occasions in a similar way to see, to kind of do that triangulation thing…are we getting a similar picture from different angles. I guess another early session with mother would have been helping or encouraging her to draw a family tree and asking her to identify who is who in her family.	3
Discussing the theory and research knowledge related to disorganised attachment significantly influences the decisions of forums such as Child Protection Conferences (28)	I'm trying to remember (what I wrote in the child protection conference report) but the chair would have read it in my report and hopefully taken it on board (as part of the decision making process).	1
Using the theory and research knowledge related to disorganised attachment helps Social Workers distinguish between abused and non-abused children (18)	Another hypothesis was that…mother may had been…a very ill mother and (the children) not really knowing what was going on and maybe thinking it was their fault, or they were going to get ill, or this was all to do with them being naughty...it was reassuring (to find) that this was a young man who understand that mum loved him and wanted to do the right thing but she had an illness, nothing to do with his involvement, so that was reassuring in a way. His ability to put himself in his mum's shoes, on the one hand was (also) reassuring.	3
Methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, are too time-consuming to use in every day child protection social work practice (25)	The CAI certainly feels like it's part of the repertoire now. Am I'm hoping it becomes part of other people's repertoires as well. The process is so useful. Watching things back. It does make you think, in your everyday communication with adults, with colleagues, with parents whatever, how much you actually miss.	3

Using methods related to the theory and research knowledge of disorganized attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, allows social workers to investigate the reality of family relationships (1)	If we hadn't established an understanding of James' relationship with his father we may well wouldn't have been looking at father in such a positive way I guess.	3
The theory and research knowledge related to disorganised attachment offers Social Workers a helpful general framework for thinking about children and families (12)	We've got some frameworks we are using. A map to kind of make sense of what is going on.	3
Social workers will feel more sympathetic towards abusive and neglectful parents if they understand the role of characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour (4)	Parents who might be frightening but not on purpose. I guess parents who are just kind of switched off from their child, they would say they love their child and they do, in some ways, but their behaviour towards their child, they are not being emotionally responsive, they're disconnected. In certain contexts, that might be very emotionally abusive. The child is distressed, they're signalling things and the parent is either ignoring them or misreading it or misattributing it. We got a care order and I was the one who got to pick him up from nursery and it was like the best day of my life, literally, I was so happy. Sad for mum, I was still sad for mum but I was so happy because we had uncovered all this awful, awful stuff and I know it's not going to get any better and it just can't go on. And then actually mum was pregnant at the time of the final hearing and she had a baby I think 3 weeks ago. And that baby was removed from the hospital. And part of that, I think, happened to do with the work that was done with her before. It was very powerful.	3 5
Methods related to the theory and research knowledge of	The clients (carers) cannot question the process at all because they are terrified	4

disorganized attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, can feel intrusive to families (7)		145
Using methods related to associated caregiver characteristics such as Adult Child Attachment Interviews, is ethically dubious as carers will not be prepared for the type of questions these methods contains (48)	I think it's the very direct questions of 'do you think your mother loved you' because I don't think those are the questions we would necessarily ask specifically and about how, why do you think your mother behaved as she did or your father I think those kinds of questions you might, you might think you're asking them but you're not directly asking them and they bring out quite a lot of interesting information.	4
Gathering information using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, makes it more difficult to complete assessments (32)	I would like to do it with these applicants but I just do not have the time because I've got…Courts really wanting to hurry through this assessment and it's a couple who live in two different households	4
Using methods related to the theory and research knowledge of disorganised attachment such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is straightforward but the analysis of them is too complicated (2)	The people we're assessing at the moment...(the father said) his mother loved him but his examples of that didn't completely illustrate love and so…a bit of analysis about it but the overall emphasis is on…are there indicators of unresolved loss or low reflective functioning. And there weren't… (it) just feels like quite a responsibility and I wouldn't want to (draw the wrong conclusion)…she did definitely blank out quite a lot of it and…that itself is an indicator (of)…unresolved loss or trauma.	4
Using the theory and research knowledge related to disorganised attachment helps Social Workers understand the long term harm that abused children can experience (31)	I think for the first time it gave the Court what, what it was like to be that child, what that child was experiencing, what that meant for that child, the impact of that, if that child remained in that environment what was likely to happen and it kind of linked it all together which I think was missing before. I mean it sounds	5

	ridiculous, the focus on the child was missing but actually it was	
Even when a child presents with disorganised attachment behaviour, they can still live at home safely, with the help and support of services (49)	It's not contradictory but more kind of unsure really whether, whether there is disorganised attachment, whether it is, whether these children do need to be removed, don't need to be removed	5

As can be seen from Table 5 (above), 27 of the 49 statements used in the Q-set were developed as a result of the first 5 guided conversation interviews, representing ~55 per cent of the total. Therefore, the contribution of these interviews to the Q-set was significant. However, in addition to the number of statements drawn from the first 5 interviews, the nature of them is also notable. All of the initial five participants discussed the use of the theory and research knowledge related to disorganised attachment in social work practice in generally positive terms. This indicated the need for other sources to be surveyed, in order to ensure that as broad a range of views as possible were included in the concourse.

Thus, critical academic literature on the use of attachment theory in social work practice was examined (as discussed in Chapter Two) and statements such as "*Too much reliance on attachment theory leads to Social Workers blaming carers for being unable to care for their children in a way deemed 'proper' by the State*" (statement 33), "*There is too much focus on attachment theory in social work, to the exclusion of other theories that may also be helpful*" (statement 46) and "*Social Workers will never be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not*" (statement 47) were also included.

The interview guide

The interview guide (see Appendix 2) was developed alongside the literature review (see Chapters Two, Three and Four) and tested via two pilot interviews, conducted in November

2011. As can be seen in Appendix 2, the interview schedule was modified following the initial pilot interviews in order to increase the focus on the supplementary research aims. The purpose of the interview guide was to act as a basis for the guided conversation interviews and to prompt participants to talk in more detail about their use of the theory and research knowledge related to disorganised attachment in practice, particularly those areas that were already being highlighted by the Q-method study as potentially significant. Hence, the aim was to enable the application of the factors from the Q-set to the interviews, so as to deepen the understanding of how the views represented by the factors would 'look', in detail, when applied to practice with individual families and children.

As noted by Turner (2010), one of the potential difficulties with using an interview design within a guided conversation interview method is the possibility for there to be a "*lack of consistency in the way the research questions are posed because researchers can interchange the way he or she poses them*" (p. 755). However, according to McNamara (2009) the strength of this approach is the ability of the researcher to "*ensure that the same general areas of information are collected from each interviewee; this provides more focus than the* [unstructured approach]*, but still allows a degree of freedom and adaptability*" (unpaginated). McNamara (2009) also provides guidance on the kinds of interview questions that are most effective, such as open-ended questions, neutral questions and clearly worded questions. Creswell (2007) also recommends the use of flexible follow-up questions to ensure participants have answered the question being asked and to help them remain 'on topic'.

Development of the analytical framework

The analytical framework for all of the data collected in this thesis was based upon Q-methodology. As noted above, factor analysis is used within Q-method to identify inter-correlations between Q-sorts. Initially, "*statistical operations are performed upon all paired associations to produce clusters of large correlation coefficients called factors*" (Field, 2000, p. 423). In simple terms, factor analysis identifies the underlying patterns beneath, and embedded within, each participant's ordering of the statements. At the root of factor analysis is an attempt to explain observed and correlated variables in terms of a lower number of

unobserved variables or factors. In other words *"factor analysis identifies and highlights any underlying structures and patterns embedded within a set of variables"* (Howe, Shemmings and Feast, 2001; p. 348). Using the PQMethod computer programme, this process can be automated. For this thesis, individual Q-sorts were entered into PQMethod (including those completed via the Q-Assessor website), after which a Principal Component Analysis (PCA) was completed. PCA is a widely used method for factor extraction (Polit and Beck, 2012) and is the "*default method of factor extraction in statistical packages like SPSS*" (Schmolck, 2012, un-paginated). Via PCA, the maximum possible variance is computed from the data, with further factoring taking place until no meaningful variance remains.

Hence, the first factor identified will account for as much of the variance within the data as possible, with each successive factor accounting for less variance whilst remaining uncorrelated with any preceding factors. Varimax rotation was then applied in order to identify as clearly as possible each individual Q-sort with a single factor. Varimax rotation is the most widely used rotation method for Q-method studies and after combining PCA with Varimax rotation, the degree of concordance or discordance between each Q-sort and each significant factor (normally those with eigenvalues ≥1) are revealed. As described by McKeown and Thomas "*an individual's positive loading on a factor indicates his or her shared subjectivity with others on that factor; negative loadings, on the other hand, are signs of rejection of the factor's perspective*" (1988; p. 17). Individuals who are found to exemplify each factor are then further analysed by the researcher (Shemmings, 2006), with a focus on the statements that have the highest positive and negative z-scores (i.e. the statements that are furthest from the mean) and on the distinguishing statements for each factor. Until this stage in the process, PQMethod completes the statistical analysis automatically and simply presents the results to the researcher. However, from this point onwards it is a 'human process' to determine the *meaning* behind the arrangement of particular statements within the rotated factors.

Once the factors were extracted via PQMethod and semantically analysed by the researcher, this provided a framework for the analysis of the guided conversation interviews, operating as follows - once significant factors were extracted and analysed for their meanings, the

interviews of participants with significant loadings onto each factor were examined for elements of their discourse related to that factor (see Shemmings, 2006). Interviews with participants who did not load significantly onto any of the factors were also examined using the same principle, albeit with the expectation that they may show elements of correlation with more than one factor (or none). Equally, interviews with participants who did not complete a Q-sort were also examined in the same way. The results of this analysis are described in Chapter Seven.

Ethical considerations

Finally in this chapter, the ethical considerations of the project. As noted by Peled and Leichtentritt, "*A study cannot be a good study unless proper ethical standards have been maintained*" (2002, p. 145). However, the same authors have also argued that where the research concerns social work and especially where the researcher is a social worker – as in this project – they have a special responsibility to ensure that the ethics of the project accord with "*social work ethics and with the profession's commitment to the well-being of its clients*" (p. 147). In seeking to place an enhanced responsibility upon social work researchers, Peled and Leichtentritt identify the central issue of empowerment and note the obvious importance of not harming participants, but also of ensuring they benefit from the research. Clearly, the authors are referring to social work service users as participants in particular, but nevertheless, even when the participants are not service users but social workers (as in this case), one can draw a parallel with the need to ensure that all social work research ultimately benefits service users, at least potentially and to some degree.

Therefore, although due consideration has been given to the need for the confidentiality of service users to be maintained (e.g. participants were asked to use pseudonyms when referring to service users) and to the potential for the researcher to identify poor or dangerous social work practice, consideration has also been given to how the project findings might benefit service users. With regard to this, all participants were offered a summary of the findings, as have the authorities in which they worked. With regards to the potential identification of poor practice, participants were informed at the outset that the researcher is a

qualified social worker and further advised that should any examples be given of poor practice (in the view of the researcher), the participant would be advised of this, the interview terminated and the participant's manager informed so that he or she could then make a judgment about the quality of the practice (efforts were made to ensure this advice was given in a sensitive way). The statutory guidance regarding social work practice and the standards required of social workers was, until 31 July 2012, the General Social Care Council's (2012) Codes of Practice and from 1 August 2012 onwards the Health and Care Professions Council's (2012) Standards of proficiency. The contingency plan for any situation in which the researcher identified poor practice but the participant's manager was unreceptive to the provision of such information was to have alerted the Health and Care Professions Council (or the General Social Care Council). Fortunately, such action was unnecessary as no participant described their practice in a way that the researcher considered would require such steps to be taken.

With regards to the participants, all of them were provided with an information leaflet prior to their agreeing to take part in the study and they were informed of their right to voluntarily participate, or to decline to participate at any point without having to give an explanation for their decision. Participants were also informed of the nature and purpose of the research and of the manner in which the recordings and subsequently the transcripts of their interviews would be stored and then disposed of. Participants were informed of their right to confidentiality and that no identifying details would be used in any of the written material produced, including but not limited to, this thesis. This confidentiality applied to the participants but also to any of the children and families they chose to discuss.

CONCLUSION

In summary, the primary aim of this thesis is to understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice, and the three supplementary aims are as follows:

1. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse and / or neglect.

2. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in the course of completing assessments regarding children who may be at risk of significant harm due to abuse and / or neglect.

3. To understand how child protection social workers incorporate the theory and research knowledge related to disorganised attachment into their existing social work practice.

In order to address these aims, this thesis has been positioned within a qualitative, weak social constructionist framework. As a result, the methods used for data collection have been Q-method and guided conversation interviews. As noted above, the epistemological assumptions of this thesis include that the subjective realities of the participants are the foci of study and that whilst these subjective realities are underpinned by the reality of their social work practice, the role of the researcher within the study cannot be neutral. This raises a question as to the reflexivity of the research process, or rather of the researcher as part of the process of research. According to Anzul et al "*Doing qualitative research is by nature a reflective and recursive process*" (1991, p. 179). More critically, it has been said that attempting to assume a 'value-free' position of objectivity within social science research is to assume "*an obscene and dishonest position*" (Shacklock and Smyth, 1998, p. 6 – 7).

In practice, this suggests that in order to avoid dishonestly presenting their findings, researchers need to reflect on the wider relevance of the setting and the topic, any features that were left 'un-researched' and the rationale for these choices, the grounds on which knowledge claims are being made and by discussing rival or alternative ways of interpreting the data, including those made or given by the participants themselves (see Brewer, 2000, p.

132 – 133). To some extent, this reflective process has been demonstrated within this chapter, however further attention will be given to this topic in Chapter Eight. The next two chapters will now present the findings of the research, beginning with the results of the Q-method study in Chapter Six and then the results of the guided conversation interviews in Chapter Seven.

<u>**Chapter Six – Q-Method Findings**</u>

<u>INTRODUCTION</u>

In this chapter, the findings from the use of Q-method will be presented. To recap from the previous chapter, following the completion of 20 Q-sorts, analyses of these data were completed via a computer program known as PQMethod. A Principal Component factor analysis was applied, followed by a Varimax rotation. Upon completion of these analyses, PQMethod produced 45 pages of statistical data, the following aspects of which will be discussed.

1. Correlation matrix between sorts
2. Un-rotated factor matrix
3. Factor matrix
4. Correlation matrix between factors
5. Factor array and list of statements
6. Composite reliability of each factor
7. Distinguishing and consensus statements for each factor

<u>Q-method findings</u>

Correlation matrix between sorts

Table 6 demonstrates the correlation between all of the individual sorts. A score of 100 would represent perfect agreement, indicating that the two sorts were the same. A score of -100 would represent perfect disagreement, indicating that the two sorts were the reverse of one another. Without further interpretation, this data is of only superficial value although it is

notable that the sort completed by participant 9 (sort 4) has a negative correlation with every other sort, apart from the sort completed by participant 18 (sort 6). This participant's sort is also negatively correlated with the majority of the other sorts with the exception of the sorts completed by participants 9 (sort 4), 16 (sort 2) and 20 (sort 12) but despite this similarity, the sorts completed by participants 9 (sort 4) and 18 (sort 6) do not correlate with each other to a significant degree indicating that they may be considered as outliers from the rest of the participants.

Table 6: Correlations between individual Q-sorts.

Sort	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	100	34	74	-64	64	18	70	64	61	61	64	48	54	66	48	63	30	68	56	57
2	34	100	30	-12	35	18	26	27	24	35	28	11	18	35	19	40	4	20	28	56
3	74	30	100	-53	58	-15	65	49	55	59	63	52	50	52	52	60	39	59	55	57
4	-64	-12	-53	100	-49	29*	-74	-55	-45	-37	-59	-24	-38	-44	-53	-52	-15	-68	-47	-44
5	64	35	58	-49	100	-32	66	62	52	56	70	34	60	68	58	51	33	59	62	57
6	-18	18	-15	29*	-32	100	-32	-32	-8	-7	-36	12	-12	-7	-35	-5	-2	-34	-25	-1
7	70	26	65	-74	66	-32	100	55	43	55	69	40	49	60	60	55	35	56	49	59
8	64	27	49	-55	62	-32	55	100	54	45	58	22	56	61	41	57	22	63	66	49
9	61	24	55	-45	52	-8	43	54	100	45	52	36	52	68	43	62	4	49	65	49
10	61	35	59	-37	56	-7	55	45	45	100	56	46	51	48	41	51	26	39	44	57
11	64	28	63	-59	70	-36	69	58	52	56	100	32	59	57	65	57	35	53	51	54
12	48	11	52	-24	34	12	40	22	36	46	32	100	34	34	53	38	51	35	27	45
13	54	18	50	-38	60	-12	49	56	52	51	59	34	100	55	49	54	19	55	52	44
14	66	35	52	-44	68	-7	60	61	68	48	57	34	55	100	42	62	18	46	62	62
15	48	19	52	-53	58	-35	60	41	43	41	65	53	49	42	100	33	43	68	43	45
16	63	40	60	-52	51	-5	55	57	62	51	57	38	54	62	33	100	20	46	61	59
17	30	4	39	-15	33	-2	35	22	4	26	35	51	19	18	43	20	100	14	8	26
18	68	20	59	-68	59	-34	56	63	49	39	53	35	55	46	68	46	14	100	57	46
19	56	28	55	-47	62	-25	49	66	65	44	51	27	52	62	43	61	8	57	100	54
20	67	56	57	-44	57	-1	59	49	49	57	54	45	44	62	45	59	26	46	54	100

Un-rotated factor matrix

Table 7 sets out all 8 un-rotated factors identified by PQMethod, prior to the application of Varimax rotation. This table demonstrates the eigenvalues and explanatory variance of each un-rotated factor. In Q-method, factors with eigenvalues of ≥1.0 are typically selected for further analysis and interpretation. As Factor 4 has an eigenvalue of 0.9194, it was also

selected for further analysis on the judgement of the researcher. Table 7 also demonstrates the concordance or loadings between each individual sort and the un-rotated factors. The closer to a value of 1.0, the more the individual sort can be thought of as representing the factor. The closer to a value of -1.0, the more the individual sort can be thought of as representing the antithesis of the factor (a 'rejection' of the perspective represented by the factor; Shemmings, 2006; p. 7). The explanatory variance of each un-rotated factor is also given, demonstrating that Factor 1 (un-rotated) explains 50 per cent of the variance of the data; this is statistically very significant. The other seven un-rotated factors together represent 34 per cent of the variance in the data. All together, the 8 un-rotated factors explain 84 per cent of the variance in the data. This data provides the basis for selecting Factors 1, 2 and 3 for rotation (because they have eigenvalues ≥1.0), and on the judgment of the researcher, Factor 4 was also selected and subjected to Varimax rotation. Note that participants 9, 10, 11, 12 and 13 did not complete a Q-sort.

Table 7: Eigenvalues, explanatory variance and level of concordance or loading between individual Q-sorts and the 8 un-rotated factors.

Participant	Sort number	Factor 1	2	3	4	5	6	7	8
1	15	0.7052	-0.2459	0.3844	0.0199	0.0159	0.4308	-0.0335	0.0126
2	1	0.8608	0.0063	-0.055	0.0073	-0.2009	-0.1236	0.0324	-0.0264
3	5	0.8174	-0.0931	-0.0208	0.1229	0.3102	0.0421	-0.0214	0.0254
4	7	0.8114	-0.1511	0.1479	0.2180	-0.163	-0.2162	0.0413	0.0679
5	10	0.6978	0.2435	0.0902	0.0684	0.1124	-0.1081	0.5099	-0.1674
6	11	0.8106	-0.1616	0.0868	0.1513	0.1687	-0.1052	0.1220	0.0467
7	9	0.7164	0.1036	-0.2987	-0.3843	-0.0226	0.0477	-0.0626	-0.2003
8	13	0.7051	-0.0179	-0.0763	-0.2801	0.2936	0.1069	0.2954	0.3891
9	4	-0.7076	0.3256	0.0228	-0.0825	0.4969	0.1336	0.0090	-0.1758
14	17	0.3673	0.1221	0.7510	0.0510	0.2396	-0.2085	-0.3208	0.1069
15	20	0.7501	0.3466	-0.0429	0.2462	-0.0605	0.0731	-0.0708	-0.0925
16	2	0.4025	0.5247	-0.2558	0.5819	0.0307	0.2745	-0.0629	0.0219
17	3	0.7977	0.0944	0.1693	-0.0370	-0.1442	-0.1082	-0.0863	-0.1741
18	6	-0.268	0.8038	0.0074	-0.2040	-0.2010	0.0321	-0.0127	0.3432
19	8	0.7562	-0.1765	-0.2390	-0.0267	0.1379	-0.0888	-0.2032	0.1653
20	12	0.5352	0.3285	0.5607	-0.3105	-0.1110	0.1644	-0.0189	-0.1744
21	14	0.7746	0.1635	-0.2365	-0.1094	0.1515	-0.0944	-0.1811	0.0289
22	16	0.7543	0.2277	-0.2120	-0.1009	-0.0761	-0.2335	-0.0734	0.0303
23	18	0.7569	-0.3036	-0.0221	-0.0578	-0.2546	0.3568	-0.0101	0.1258

24	19	0.7434	-0.0558	-0.3388	-0.1688	0.1079	0.0725	-0.1898	-0.2125
	Eigenvalue	9.9408	1.6771	1.5290	0.9194	0.7979	0.6715	0.6059	0.5478
	Explanatory Var. (%)	50	8	8	5	4	3	3	3

Factor matrix

Table 8 contains the four rotated factors (after the application of a Varimax rotation to each of the first four un-rotated factors). Table 8 also indicates the defining sorts for each factor (marked by *). Thus, it can be seen that the sorts completed by participants 2, 7, 8, 19, 21, 22 and 24 define Factor 1; the sorts completed by participants 14 and 20 define Factor 3 and the sorts completed by participants 15 and 16 define Factor 4. There were no sorts that loaded significantly onto Factor 2, although the sorts completed by participants 4 and 6 were significantly negatively correlated with it. Thus, the majority of sorts, ~60 per, load significantly onto only one of the four factors and no sort loads significantly onto more than one factor. Seven of the sorts (completed by participants 1, 3, 4, 5, 6, 17 and 23) do not load significantly onto any of the factors. This suggests a reasonable degree of 'factor independence' (i.e. that each factor represents a distinct viewpoint). If this were not the case, one might expect that some of the individual sorts would load significantly onto more than one factor. The explanatory variance for each of the factors is also included, with 70 per cent of the variance in the data being explained by these four factors, which is statistically significant.

Table 8: Explanatory variance and level of concordance or loading between Q-sorts and the 4 rotated factors.

Participant (sort number)	Factor			
	1	**2**	**3**	**4**
1 (15)	0.2933	0.5613	0.5485	0.0638
2 (1)	**0.6199***	0.3459	0.3475	0.3474
3 (5)	0.5148	0.4952	0.2612	0.3375
4 (7)	0.3787	0.5877	0.3786	0.3442

5 (10)	0.4506	0.1585	0.4027	0.4107
6 (11)	0.4392	0.5663	0.3316	0.3000
7 (9)	**0.8593***	0.0818	0.0990	0.0776
8 (13)	**0.6833***	0.2306	0.2443	0.0458
9 (4)	-0.4309	**-0.6164***	-0.1645	-0.1460
14 (17)	-0.0806	0.1508	**0.8238***	0.0922
15 (20)	0.4639	0.1543	0.3073	**0.6417***
16 (2)	0.1522	-0.0432	-0.0182	**0.9033***
17 (3)	0.5253	0.2921	0.4890	0.2738
18 (6)	0.0114	**-0.8442***	0.1297	0.1740
19 (8)	**0.6367***	0.4614	0.0468	0.2007
20 (12)	0.3405	-0.0858	**0.8253***	0.0257
21 (14)	**0.7340***	0.1665	0.1523	0.3240
22 (16)	**0.7120***	0.1106	0.1805	0.3524
23 (18)	0.5432	0.5701	0.2097	0.0699
24 (19)	**0.7618***	0.2983	0.0046	0.1721
Explanatory Var. (%)	28	17	14	11

Correlation matrix between factors

Table 9 demonstrates the level of correlation between each rotated factor. As factors are identified independently of one another, the degree of correlation is ideally meant to be low (<0.5). This table demonstrates that none of the factors have a high degree of correlation with any other factor, providing further supporting evidence of 'factor independence' (i.e. that they represent distinctive, subjective viewpoints).

Table 9: The degree of correlation between each rotated factor.

Factors	1	2	3	4
1	1.000			
2	0.3202	1.000		
3	0.3401	0.0176	1.000	
4	0.4347	-0.0765	0.1596	1.000

Factor array and list of statements

Table 10 sets out the 'factor array' produced by PQMethod for each individual statement. This data indicates the normalised score (the scoring used by participants to indicate agreement or disagreement, ranging from -6 to 6) in relation to each rotated factor and thus begins to demonstrate the different perspectives represented by each one. For example, within Factor 3 there is strong agreement with statement 9 (emboldened in the table) but this is also one of the most strongly disagreed with statements for Factors 1 and 4. Thus, on an initial interpretation of the data, statement 9 appears to be distinctive between the perspectives represented by Factor 3 and 1 and 4.

Number	Statement	Factor			
		1	2	3	4
1	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, allows social workers to investigate the reality of family relationships	3	-1	6	1
2	Social workers using the theory and research knowledge related to disorganised attachment are more likely to be seen as experts by other professionals	-2	4	0	2
3	Understanding the theory and research knowledge related to disorganised attachment can make decision-making more complicated	-4	-6	-5	-2
4	The theory and research knowledge related to disorganised attachment helps social workers think differently about risk	1	1	2	3
5	Methods related to the theory and research knowledge of disorganised attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is an efficient way of assessing children and families	1	-2	-1	4
6	Using the theory and research knowledge related to disorganised attachment improves the job satisfaction and motivation of social workers	1	0	5	1
7	Methods related to the theory and research knowledge of disorganised attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, can feel intrusive to families	-3	-4	-6	-1
8	Using methods related to the theory and research knowledge of disorganised attachment, such as Child Attachment Interviews and Story Stems, makes it more likely that children will disclose abuse to Social Workers	2	0	-2	-4
9	**Attachment theory in general is a more helpful framework for working with younger children (aged 10 and under) than older children (11+)**	**-5**	**-4**	**5**	**-5**
10	Using methods like Adult Attachment Interview helps parents / carers feel they are being listened to	3	1	1	0
11	Using the theory and research knowledge related to disorganised attachment fits well with wider social work practice with children	4	3	0	3
12	The theory and research knowledge related to disorganised attachment offers Social Workers a helpful general framework for thinking about children and families	0	0	0	6
13	Using the theory and research knowledge related to disorganised attachment enables Social Workers to better identify abuse or neglect	5	2	-2	4
14	Using the theory and research knowledge related to disorganised attachment helps Social Workers understand the motivations and behaviour of carers	1	1	1	5
15	Using the theory and research knowledge related to disorganised attachment raises the professional profile of Social Workers	-1	2	-4	3
16	Using the theory and research knowledge related to disorganised attachment helps Social Workers obtain more insight into families	5	-2	-2	5
17	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult Attachment Interviews and Story Stems, is a helpful way of overcoming some parents' unwillingness to work with Social Workers	-3	-2	3	4
18	Using the theory and research knowledge related to disorganised attachment helps Social Workers distinguish between abused and non-abused children	1	5	3	-6
19	Using methods related to the theory and research knowledge of disorganised attachment, such as Child Attachment Interviews and Story Stems, makes it	0	-5	4	2

	easier for Social Workers to use other specific assessment tools as well				
20	Using methods related to the theory and research knowledge of disorganised attachment such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is straightforward but the analysis of them is too difficult for them to be useful in practice	-5	-6	2	0
21	Using the Adult Attachment Interview is likely to increase the level of trust between a Social Worker and a parent / carer	0	3	2	0
22	Using methods related to the theory and research knowledge of disorganised attachment enables Social Workers to understand what is really going on for a child	6	4	-3	-1
23	Using the theory and research knowledge related to disorganised attachment tends to make it easier to understand a child's behaviour	6	-1	1	6
24	Using methods like Adult Attachment Interviews is a good way of involving carers in social work assessments	2	-1	4	2
25	Methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, are too time-consuming to use in every day child protection social work practice	-6	-3	-2	-1
26	Using methods related to the theory of and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables child protection social workers to think more clearly about the type of interventions a child needs	-1	6	-3	6
27	Using the theory and research knowledge related to disorganised attachment helps social workers to make better decisions about which children need protection	2	6	4	-3
28	Discussing the theory and research knowledge related to disorganised attachment significantly influences the decisions of forums such as Child Protection Conferences	-1	1	-1	1
29	Using the theory and research knowledge related to disorganised attachment enables Social Workers to focus on the real problems within families	-1	3	2	-3
30	Using methods related to the theory and research knowledge of disorganised attachment, such as the Strange Situation Procedure and Story Stems, is useful because children cannot easily be coached by their carers	0	0	-3	1
31	Using the theory and research knowledge related to disorganised attachment helps Social Workers understand the long term harm that abused children can experience	4	3	0	-1
32	Gathering information using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, makes it more difficult to complete assessments	-6	-2	-6	-4
33	Too much reliance on attachment theory leads to Social Workers blaming carers for being unable to care for their children in a way deemed 'proper' by the State	-4	-3	-5	-3
34	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, helps social workers feel more confident about doing other direct work with children	2	-3	6	5

35	Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children	6	1	6	-5
36	Using the Adult Attachment Interviews is a good way of making sure parents / carers cannot prepare for social work visits as they do not expect the questions	-2	0	-1	-2
37	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables Social Workers to evidence what is really going on for a child	3	3	-1	-5
38	If a child does not present with disorganised attachment behaviour in methods such as Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, then Social Workers would be justified in feeling less worried about them	-5	2	-4	-6
39	Doing attachment-based assessments is a good use of social work resources even if they cost more money and take more time	5	-1	3	0
40	Social workers will feel more sympathetic towards abusive and neglectful parents if they understand the role of characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour	-1	6	-3	-2
41	The theory and research knowledge related to disorganised attachment offer a unique way of understanding a child's internal world	4	2	1	1
42	Social Workers should be concerned about being cross-examined in Court regarding their use of the theory and research knowledge related to disorganised attachment	-4	-5	4	-2
43	There are many children who Social Workers believe have been abused or neglected but who will not present with disorganised attachment behaviour	3	-6	-2	3
44	If Social Workers can be taught to recognise when children do not present with disorganised attachment behaviour, this would help avoid unnecessary interventions	-2	5	-4	-3
45	Using the theory and research knowledge related to disorganised attachment helps Social Workers evidence to other people that a child has been abused or neglected	-2	5	3	-1
46	There is too much focus on attachment theory in social work, to the exclusion of other theories that may also be helpful	-3	-3	-5	0
47	Social Workers will never be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not	-6	-4	1	-4
48	Using methods related to associated caregiver characteristics such as Adult Child Attachment Interviews, is ethically dubious as carers will not be prepared for the type of questions these methods contains	-3	-1	-6	-6
49	Even when a child presents with disorganised attachment behaviour, they can still live at home safely, with the help and support of services	0	-5	-1	-1

Table 10: Factor array and normalised scores for each statement.

Composite reliability of each factor

Table 11 indicates the composite reliability for each factor. Composite reliability is a measure of the internal reliability of the structure of each factor, with a score of ≥0.9 being considered particularly robust. As can be seen from Table 11, all of the factors are either ≥0.9 or only slightly below.

Table 11: Composite reliability scores for each factor, with a score of ≥ 9 indicating a particularly robust internal structure.

Factor	1	2	3	4
Composite reliability	0.966	0.889	0.889	0.889

Distinguishing and consensus statements

In addition to the data presented in Table 11 (above), PQMethod also identifies statements that distinguish between factors and those that do not. As an example, statement 25 "*Methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, are too time-consuming to use in every day child protection social work practice*" is the most distinctive statement for Factor 1. The respective normalised scores for this statement in relation to each factor are:

Table 12: Normalised scores for statement 25 for each factor.

Factor 1	-6
Factor 2	-3
Factor 3	-2
Factor 4	-1

These distinguishing statements are useful for the holistic interpretation of the perspective or meaning represented by each factor. The distinguishing statements for each factor are presented in Tables 13, 14, 15 and 16 respectively.

*Table 13: Distinguishing statements for factor 1 at p <0.5. * indicates significance at P < 0.1*

Statement		Factor			
		1	2	3	4
34	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, helps social workers feel more confident about doing other direct work with children	2	-3	6	5
26	Using methods related to the theory of and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables child protection social workers to think more clearly about the type of interventions a child needs	-1	6	-3	6
25	Methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, are too time-consuming to use in every day child protection social work practice	**-6***	-3	-2	-1

*Table 14: Distinguishing statements for factor 2 at p <0.5. * indicates significance at P < 0.1*

Statement		Factor			
		1	2	3	4
40	Social workers will feel more sympathetic towards abusive and neglectful parents if they understand the role of characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour	-1	**6***	-3	-2

44	If Social Workers can be taught to recognise when children do not present with disorganised attachment behaviour, this would help avoid unnecessary interventions	-2	**5***	-4	-3
38	If a child does not present with disorganised attachment behaviour in methods such as Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, then Social Workers would be justified in feeling less worried about them	-5	**2***	-4	-6
35	Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children	6	**1***	6	-5
24	Using methods like Adult Attachment Interviews is a good way of involving carers in social work assessments	2	-1	4	2
34	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, helps social workers feel more confident about doing other direct work with children	2	**-3***	6	5
19	Using methods related to the theory and research knowledge of disorganised attachment, such as Child Attachment Interviews and Story Stems, makes it easier for Social Workers to use other specific assessment tools as well	0	**-5***	4	2
49	Even when a child presents with disorganised attachment behaviour, they can still live at home safely, with the help and support of services	**0**	-5	-1	1
43	There are many children who Social Workers believe have been abused or neglected but who will not present with disorganised attachment behaviour	**3**	-6	-2	3

Table 15: Distinguishing statements for factor 3 at P < 0.5. * indicates significance at P < 0.1

Statement		Factor			
		1	**2**	**3**	**4**
6	Using the theory and research knowledge related to disorganised attachment improves the job satisfaction	1	0	5	1

Statement		1	2	3	4
	and motivation of social workers				
9	Attachment theory in general is a more helpful framework for working with younger children (aged 10 and under) than older children (11+)	-5	-4	**5***	-5
42	Social Workers should be concerned about being cross-examined in Court regarding their use of the theory and research knowledge related to disorganised attachment	-4	-5	**4***	-2
47	Social Workers will never be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not	-6	-4	**1***	-4
37	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables Social Workers to evidence what is really going on for a child	3	3	-1	-5
43	There are many children who Social Workers believe have been abused or neglected but who will not present with disorganised attachment behaviour	3	-6	-2	3
13	Using the theory and research knowledge related to disorganised attachment enables Social Workers to better identify abuse or neglect	5	2	-2	4
26	Using methods related to the theory of and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables child protection social workers to think more clearly about the type of interventions a child needs	-1	6	-3	6

Table 16: Distinguishing statements for factor 4 at P < 0.5. * indicates significance at P < 0.1

Statement		Factor			
		1	2	3	4
12	The theory and research knowledge related to disorganised attachment offers Social Workers a helpful general framework for thinking about children and	0	0	0	**6***

			1	2	3	4
	families					
14	Using the theory and research knowledge related to disorganised attachment helps Social Workers understand the motivations and behaviour of carers		1	1	1	**5***
27	Using the theory and research knowledge related to disorganised attachment helps social workers to make better decisions about which children need protection		2	6	4	**-3***
37	Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, enables Social Workers to evidence what is really going on for a child		3	3	-1	-5
35	Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children		6	1	6	**-5***
18	Using the theory and research knowledge related to disorganised attachment helps Social Workers distinguish between abused and non-abused children		1	5	3	**-6***

PQMethod also identifies consensus statements between the factors. In other words, these are statements that *do not* distinguish between any pair of factors (see Table 17).

Table 17: Consensus statements that do not distinguish between any pair of factors. All statements are non-significant at P > 0.1.

Statement		Factor			
		1	**2**	**3**	**4**
3	Understanding the theory and research knowledge related to disorganised attachment can make decision-making more complicated	-4	-6	-5	-2
4	The theory and research knowledge related to disorganised attachment helps social workers think differently about risk	1	1	2	3
21	Using the Adult Attachment Interview is likely to	0	3	2	0

	increase the level of trust between a Social Worker and a parent / carer				
28	Discussing the theory and research knowledge related to disorganised attachment significantly influences the decisions of forums such as Child Protection Conferences	-1	1	-1	1
33	Too much reliance on attachment theory leads to Social Workers blaming carers for being unable to care for their children in a way deemed 'proper' by the State	-4	-3	-5	-3
36	Using the Adult Attachment Interviews is a good way of making sure parents / carers cannot prepare for social work visits as they do not expect the questions	-2	0	-1	-2
41	The theory and research knowledge related to disorganised attachment offer a unique way of understanding a child's internal world	4	2	1	1

ANALYSIS AND INTERPRETATION OF THE SIGNIFICANT FACTORS

Having set out the key statistical data produced by PQMethod, including the low level of correlation between rotated factors, the levels of composite reliability for each rotated factor and the loadings for each sort with each rotated factor, the following four sections will now describe the interpretation of each factor. Interpreting the meaning of a factor in Q-method is based on a holistic consideration of the distinguishing statements but also of the normalised scores for individual statements in relation to each factor. Statements with a z-score of ≥1.5 are generally considered to be significant within the overall meaning of the factor.

With regards to how participants were asked to sort the statements in practice, a z-score close to zero can be thought of as indicating a placement close to the centre of the grid, indicating relative neutrality, whilst statements with relatively high (positive) or low (negative) z-scores will have been placed at the extremes of the grid, indicating relatively strong agreement (positive numbers) or disagreement (negative numbers). However,

interpreting each factor based on the *individual* z-scores of *individual* statements is not usually considered productive, and interpreting all 49 statements together is too challenging. Thus, the key is to interpret clusters of statements together, hence why the identification of high positive or low negative z-scores for statements related by content is helpful. When considering the z-scores of a cluster of statements, it is also important to consider the possibility of a 'double negative' meaning.

For example, if the statement (number 47) "*Social Workers will never be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not*" were scored with a low negative z-score, the meaning would need to be transposed to either "*I do not agree that Social Workers will never be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not*" (a somewhat confusing sentence predicated on a double-negative) or to the more straightforward "*Social Workers can be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not*".

Analysis of factor 1

The highest and lowest normalised factor z-scores for Factor 1 were as follows (including all statements with z-scores ≥ 1.5 or ≤ -1.5) with negative transpositions of statements represented by italics:

Strongest positive statements

- Using the theory and research knowledge related to disorganised attachment tends to make it easier to understand a child's behaviour (Statement 23; z-score 1.584).
- Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children (35; 1.577).
- Using methods related to the theory and research knowledge of disorganised attachment enables Social Workers to understand what is really going on for a child (22; 1.545).

Strongest negative statements

- Methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, are *not* too time-consuming to use in every day child protection social work practice (25; -1.866).
- Social Workers *can* be qualified or skilled enough to say whether a child presents with disorganised attachment behaviour or not or whether a carer presents with associated caregiver characteristics, such as unresolved loss and trauma, dissociative or extremely insensitive caregiving or not (47; -1.721).
- Gathering information using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, *does not* make it more difficult to complete assessments (32; -1.702).
- Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is straightforward *and* the analysis of them is *not* too difficult for them to be useful in practice (20; -1.692).

Commentary

Based on these statements and considering in addition the distinguishing statements as set out in Table 13, Factor 1 is concerned primarily with *children,* with understanding the child's behaviour, with what is 'really going on' for the child and with enhancing the quality of social work assessments of children. Participants who sorted the statements in the way suggested by Factor 1 appear to conceptualise the theory and research knowledge related to disorganised attachment as a way of *knowing and understanding* a child more fully within the context of assessment work, although *not* as an aid to thinking about the type of intervention that might be most helpful for them. In addition, such participants appear confident that understanding and using this theory and research knowledge in practice is not beyond the expertise and skill of child protection social workers and that using this theory and research knowledge does not make social work assessments unnecessarily time consuming or complex.

In other words, these participants see the use of the theory and research knowledge related to disorganised attachment as having *practical and professional value*. Recall that the participants in the Q-study were also asked to comment on their rationale for selecting the statements they most strongly agreed or disagreed with (those that were sorted at the extremes of the grid, under -6 and -5 and 6 and 5). From Table 8 (above), we can see that participants 2, 7, 8, 19, 21, 22 and 24 loaded significantly onto Factor 1, and of these participants, 8, 21, 22 and 24 commented on their sorts.

Participant 8 commentated that "*tools* [such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures] *which are explained clearly in terms of the research base and purpose are easier to put into practice*". Participant 8 also commented that "*these methods*" [such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures] *are of practical importance in assessments*". Participant 21 said that being able to refer to "*grounded research…makes social work assessments more meaningful…*[and] *raises confidence in the assessments*" and that referring to the theory

and research knowledge related to disorganised attachment "*helps clarify what social workers' concerns are and gives a structure to what might otherwise be a general feeling*". The same participant also commented that the idea of such methods taking "*too much time is a myth – the same time that is used looking around houses and asking children what their favourite dinners are can be used in a more directed and informative way*". Participant 22 commented that such theory and research knowledge and specifically methods such as Adult and Child Attachment Interviews could help social workers "*gain an understanding of* [the child or the carer's] *life experiences*". Participant 24 commented on the "*child-focused*" nature of methods such as Story Stems and Guided Parenting Tasks. Consequently, on a holistic consideration of these data and with reference to the primary purpose of this thesis, Factor 1 has been interpreted as representing a view that the theory and research knowledge related to disorganised attachment helps or enables social workers to **FOCUS ON AND BETTER UNDERSTAND CHILDREN** who are at risk of abuse or neglect during the course of assessment work.

Analysis of factor 2

The highest and lowest normalised factor scores for Factor 2 were as follows (including all statements with z-scores ≥ 1.5 or ≤ -1.5), with negative renditions of the statements represented by italics:

Strongest positive statements

- Social workers will feel more sympathetic towards abusive and neglectful parents if they understand the role of characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour (statement 40; z-score 1.767).
- Using the theory and research knowledge related to disorganised attachment helps social workers to make better decisions about which children need protection (27; 1.601).

- Using methods related to the theory of and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures enables child protection social workers to think more clearly about the type of interventions a child needs (26; 1.519).

- If Social Workers can be taught to recognise when children do not present with disorganised attachment behaviour, this would help avoid unnecessary interventions (44; 1.515).

- Using the theory and research knowledge related to disorganised attachment helps Social Workers distinguish between abused and non-abused children (18; 1.512).

Strongest negative statements

- Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, is straightforward *and* the analysis of them is *not* too difficult for them to be useful in practice (20; -1.682).

- There are *not* many children who Social Workers believe have been abused or neglected but who will not present with disorganised attachment behaviour (43; -1.597).

- Understanding the theory and research knowledge related to disorganised attachment *does not* make decision-making more complicated (3; -1.519).

- When a child presents with disorganised attachment behaviour, they *cannot* live at home safely, *even* with the help and support of services (49; -1.515).

- Using methods related to the theory and research knowledge of disorganised attachment, such as Child Attachment Interviews and Story Stems, *does not make* it easier for Social Workers to use other specific assessment tools as well (19; -1.515).

- Social Workers should *not* be concerned about being cross-examined in Court regarding their use of the theory and research knowledge related to disorganised attachment (42; -1.512).

Commentary

Based on these statements and considering in addition the distinguishing statements as set out in Table 14 (above), Factor 2 is concerned primarily with *clear and accurate decision making* in relation to child abuse and neglect. Participants who sorted the statements in the way suggested by Factor 2 would tend to agree with the view that understanding the theory and research related to disorganised attachment leads to 'better decisions' without making such decisions (necessarily) 'more complicated', that it helps child protection social workers to think 'more clearly about the type of intervention (required)', and that it aids the avoidance of 'unnecessary intervention' into private family life by helping social workers to 'distinguish between abused and non-abused children'. In part, it does so because there are 'not many children' who will present with disorganised attachment without first having been abused or neglected. Such children, if identified, are viewed as being at significant risk of harm should they remain at home without support services to help them, potentially to the extent that even with support services the child may be unsafe at home. This view may explain why participants who sorted the statements in the way suggested by Factor 2 could consider such decision making to be relatively uncomplicated (i.e. any child assessed as presenting with disorganised attachment should be considered a candidate for placement with alternative carers).

However, even more strongly, such participants would tend to agree that understanding this area of theory and research knowledge helps to make social workers more sympathetically understanding of abusive and neglectful carers. Practically speaking, such participants view the methods related to disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, as being relatively 'straightforward' to complete although without having any collateral benefit in terms of improving their proficiency in using other assessment or direct work tools. From Table 8 (above), we can see that none of the participants loaded significantly onto Factor 2. However, participants 9 and 18 were significantly negatively correlated with it. This indicates that they hold views strongly *opposed* to those expressed via Factor 2. In particular, participant 18, with a loading of -0.8442, holds an almost diametrically opposite view (a loading of -1.00 would represent a completely opposite perspective).

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his suggests that these two participants should be considered as *outliers* when compared with the other 18 participants who completed a Q-sort, as they are the only ones with negative loadings onto any of the factors. In addition to a Q-sort, participant 9 also completed a guided conversation interview and these data – the two Q-sorts and participant 9's interview – are considering in more detail in the next chapter.

Consequently, on a holistic consideration of these data and with reference to the primary purpose of this thesis, Factor 2 has been interpreted as representing a view that the theory and research knowledge related to disorganised attachment helps or enables social workers to ***TAKE CLEAR DECISIONS AND INTERVENE PURPOSEFULLY*** when assessing children at potential significant risk because of abuse and neglect. This factor suggests a view that by using the theory and research knowledge related to disorganised attachment, decision-making can be made clearer and interventions more purposeful because many (or all) children who present with disorganised attachment behaviour cannot live at home safely without services to support them.

<u>Analysis of factor 3</u>

The highest and lowest normalised factor scores for Factor 1 were as follows (including all statements with z-scores ≥ 1.5 or ≤ -1.5) with negative renditions of the statements represented by italics:

Strongest positive statements

- Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, helps social workers feel more confident about doing other direct work with children (statement 34; z-score 1.828).

- Knowing and understanding the theory and research knowledge related to disorganised attachment enhances child protection social workers' assessments of children (35; 1.661).

- Using methods related to the theory and research knowledge of disorganised attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, allows social workers to investigate the reality of family relationships (1; 1.492)[13].

Strongest negative statements

- Gathering information using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, *does not make* it more difficult to complete assessments (32; -1.828).

- Methods related to the theory and research knowledge of disorganised attachment, such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, *do not* feel intrusive to families (7; -1.828).

- Using methods related to associated caregiver characteristics such as Adult Child Attachment Interviews, is *not* ethically dubious as carers will not be prepared for the type of questions these methods contains (48; -1.661).

- Understanding the theory and research knowledge related to disorganised attachment *does not* make decision-making more complicated (3; -1.659).

- Too much reliance on attachment theory *does not lead* to Social Workers blaming carers for being unable to care for their children in a way deemed 'proper' by the State (33; -1.659).

Commentary

Based on these statements and considering in addition the distinguishing statements as set out in Table 15 (above), Factor 3 is concerned primarily with *understanding children and*

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[13] Although this statement has a z-score of below 1.5, it was still the third highest z-score for this factor and is included so that a minimum of three statements could be used for each factor.

their close relationships via good quality *direct work* resulting in *high quality assessments*. Initially, this description appears somewhat similar to Factor 1. However, whilst Factor 1 is focused on more practical aspects of assessment work, Factor 3 seems more concerned with professional or value-based aspects of assessments, such as the *ethical* use of direct work tools, and questions of blame, intrusiveness, responsibility and the proper role of the State and of child protection social workers.

Factor 3 also implies a use of the theory and research knowledge related to disorganised attachment in order to understand family relationships more clearly, not just of the child but of other family members as well and that via this understanding, social workers may feel more able to work in an ethical way with carers 'in partnership'. Interpreted in this way, Factor 3 may represent a more nuanced consideration of the role of the theory and research knowledge to disorganised attachment in child protection social work than Factor 1. What becomes clear when the distinguishing statements for Factor 3 and Factor 1 are compared is that for the latter, the most distinctive statement is a practical one, related to whether methods such as Adult and Child Attachment interviews are too time-consuming. Of the three distinctive statements for Factor 3, two of them relate to professional confidence or the role of the social worker (relating to whether social workers are qualified, skilled and confident enough to use such theory and research knowledge). The third distinctive statement indicates a greater willingness to consider the limits of attachment theory, especially when working with older children.

Finally, there is a distinctive aspect to Factor 3 with regards to the competent and confident use of theory and research knowledge being related to increased staff morale. Therefore, participants who sorted the statements in the way suggested by Factor 3 would tend to agree with the view that whilst an understanding of the theory and research knowledge related to disorganised attachment can lead to enhanced 'assessments of children' via an increased ability to 'investigate the reality of family relationships' and an increased confidence in doing 'direct work with children', they would also tend to agree that it is important to remain cognisant of wider political and social contexts, such as the need to maintain ethical practice standards and to avoid unnecessary State intrusion into

private family life. In other words, this perspective could be said to represent an attempt at working in genuine 'partnership' with families, including with carers suspected of child abuse or neglect.

From Table 8 (above), we can see that participants 14 and 20 loaded significantly onto Factor 3. Participant 14 commented on her rationale for sorting the statements in the way she did, saying as follows – "*I worked with one mother where it was very difficult to get her to talk about her background and childhood… when I did an adult attachment interview her behaviour and conversation with me was drastically different*". Regarding the statements she strongly disagreed with, participant 20 commented as follows – "*I feel that knowing how to complete* [methods such as] *Story Stems is a good ways of doing direct work with children and that this can be put in assessments…to represent the child's journey*". Consequently, on the basis of the above and with reference to the primary purpose of this thesis, Factor 3 has been interpreted as representing a view that the theory and research knowledge related to disorganised attachment helps or enables social workers to emphasise the ***PRIMACY OF RELATIONSHIPS AND ETHICAL PARTNERSHIP WORKING*** when assessing children who are potentially at significant risk of harm due to abuse and neglect.

<u>Analysis of factor 4</u>

The highest and lowest normalised factor scores for Factor 4 were as follows (including all statements with z-scores ≥ 1.5 or ≤ -1.5) with negative renditions of the statements represented by italics:

Strongest positive statements

- Using the theory and research knowledge related to disorganised attachment tends to make it easier to understand a child's behaviour (statement 23; z-score 1.634).

- The theory and research knowledge related to disorganised attachment offers Social Workers a helpful general framework for thinking about children and families (12; 1.606).

- Using methods related to the theory of and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures enables child protection social workers to think more clearly about the type of interventions a child needs (26; 1.606).

- Using the theory and research knowledge related to disorganised attachment helps Social Workers understand the motivations and behaviour of carers (14; 1.578).

- Using methods related to the theory and research knowledge of disorganised attachment, such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, helps social workers feel more confident about doing other direct work with children (34; 1.578).

- Using the theory and research knowledge related to disorganised attachment helps Social Workers obtain more insight into families (16; 1.549).

Strongest negative statements

- If a child does not present with disorganised attachment behaviour in methods such as Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, Social Workers would *not* be justified in feeling less worried about them (38; -1.803).

- Using methods related to associated caregiver characteristics, such as the Adult Attachment Interview, is *not* ethically dubious *even though* carers *may* not be prepared for the type of questions these methods contains (48; -1.606).

- Using the theory and research knowledge related to disorganised attachment *does not help* Social Workers distinguish between abused and non-abused children (18; -1.521).

Commentary

Based on these statements and considering in addition the distinguishing statements as set out in Table 16 (above), Factor 4 is concerned primarily with *understanding carers,* specifically with understanding their behaviour and motivations. Factor 4 also represents a concern with providing the *right help or intervention* and with a view that attachment theory offers a general framework for social work with children and carers. This view is unique to Factor 4, as can be seen in Table 18 below, which sets out the normalised scores for statement 12 - "*The theory and research knowledge related to disorganised attachment offers Social Workers a helpful general framework for thinking about children and families*" - across the 4 rotated factors:

Table 18: Normalised scores for statement 12 for each factor.

Factor 1	0
Factor 2	0
Factor 3	0
Factor 4	6

As can be seen, the other factors represent a neutral perspective towards this statement, however for Factor 4, it is one of the three most strongly agreed with statements. Therefore, participants who sorted the statements in the way suggested by Factor 4 would tend to agree strongly with this statement and in addition, with the view that attachment theory as a framework enables a better understanding of the behaviour and motivations of children and carers.

From Table 8 (above), we can see that participants 15 and 16 loaded significantly onto Factor 4. Regarding the way in which they sorted the statements, participant 15 commented as follows – "*I think parents, particularly those who have had social work 'done to them' before…may be more willing to have different methods used to gather*

information about their family. The [focus] *on the inter-personal relationships within families, between child and caregiver, provides a general framework for thinking about children and families. This leads onto my view that direct work methods will…enable us to think about types of interventions*". From this response, one can see how the focus on 'inter-personal relationships' is central to this perspective and links directly with an undertaking of direct work with children as a way of thinking about and planning interventions (and not simply as a way of gathering their 'wishes and feelings'). Participant 15 also commented as follows – "[the] *analysis of direct work is not 'too difficult'…direct work is a tool to aid assessment and seeking to understand parents and their motivations is not ethically dubious*". Again, these comments are helpful in interpreting the meaning of Factor 4.

Participant 15 appears to suggest that using direct work methods informed by the theory and research knowledge related to disorganised attachment theory helps when assessing and understanding the motivations of carers. This highlights the importance within this perspective of *understanding motivations and behaviour* and particularly of carers. Consequently, on the basis of the above and with reference to the primary purpose of this thesis, Factor 4 has been interpreted as representing a view that the theory and research knowledge related to disorganised attachment provides social workers with a ***GENERAL FRAMEWORK FOR UNDERSTANDING AND HELPING CARERS*** when assessing children who are potentially significant risk of harm due to abuse and neglect.

CONCLUSION

To recap, with regards to the primary aim of this thesis - 'To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in practice' – the four factors identified via the use of Q-method have been interpreted and labelled as follows:

- Enabling a *FOCUS ON AND BETTER UNDERSTANDING OF THE CHILD* (Factor 1).

- Enabling social workers to *TAKE CLEAR DECISIONS AND INTERVENE PURPOSEFULLY* (Factor 2).

- Emphasising the *PRIMACY OF RELATIONSHIPS AND ETHICAL PARTNERSHIP WORKING* (Factor 3).

- Offering a *GENERAL FRAMEWORK FOR UNDERSTANDING AND HELPING CARERS* (Factor 4).

The application of these factors to the three supplementary aims of this thesis will be discussed further in Chapters Seven and Eight but one can already discern a distinctive pattern between them. For example, Factors 1 and 2 appear to be focused on the *practicalities* of using methods related to the theory and research knowledge, methods such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures. In Factor 1, these are viewed as broadly positively, as a way of helping social workers to **focus on and better understand the child** whereas in Factor 2, although they are also viewed positively, they are understood as helping social workers to **take clear decisions and intervene purposefully**.

Factors 3 and 4 appear to represent a broader view of the use of the theory and research knowledge related to disorganised attachment in social work practice. Both of these factors seem to interpret such theory and research knowledge as offering something more akin to an overall framework for practice with potentially abused and neglected children, with less focus on particular methods and more on **partnership working** (Factor 3) and **understanding and helping carers** (Factor 4). Therefore, these findings would appear to have some initial resonance with the review of the literature related to theory and research knowledge in social work more generally, as discussed in Chapters One, Two and Three, in which it was identified that the 'use' of theory and research knowledge can have a variety of meanings, ranging from the employment of discrete techniques or methods at particular points with the child protection system, to the employment of general theoretical frameworks potentially informing or underpinning many aspects of practice.

In the next chapter, the data obtained from the use of guided conversation interviews will be presented and discussed with reference to the data presented in this chapter, in order to enrich and deepen the understanding of each of the four factors.

Chapter Seven – Guided Conversation Interview Findings

<ins>INTRODUCTION</ins>

In this chapter, the findings from the analysis of the guided conversation interviews will be presented. As described in the previous chapter, four significant factors were identified via the Q-method study regarding the use of the theory and research knowledge related to disorganised attachment in child protection social work practice, and as described in Chapter Five, it is these factors that provide the analytical framework for the interviews. In other words, the interview transcripts were analysed based on their demonstration and further exposition of these factors. The interview transcripts were analysed for examples of how the participants had applied the approach represented by each factor in their work with individual children and families.

Table 19: Participants' Q-sorts loading significantly onto one of the four rotated factors identified via Q-method. Note for factor 2, the participants correlate negatively with it.

Participant	Key characteristics	Factor 1	2	3	4
2	Female, White Canadian, 6 years qualified, Child Protection team, trained via ADAM project	X			
7	Female, White British, 4 years qualified, Disabled Children's team, trained via ADAM project, Anna Freud Centre	X			
8	Female, White Irish, 4 years qualified, Referral and Assessment team, trained via ADAM project	X			
19	Female, White British, 3 years qualified, Child Protection team, trained via ADAM project	X			
21	Male, Black British, 3 years qualified, Child Protection team, trained via ADAM project	X			
22	Female, Black British, 4 years qualified, Edge of Care Support team, trained via ADAM project	X			

24	Male, White British, 1 year qualified, Disabled Children's team, trained via ADAM project	X			
9	Female, White British, Family Centre, trained via ADAM project, Anna Freud Centre		X (-ve)		
18	Male, White British, Disabled Children's team, trained via ADAM project, Anna Freud Centre		X (-ve)		
14	Female, White British, 4 years qualified, Referral and Assessment team, trained via ADAM project			X	
20	Female, White British, 2 years qualified, Referral and Assessment team, trained via ADAM project			X	
15	Male, British Asian, 4 years qualified, Disabled Children's team, trained via ADAM project				X
16	Female, White British, 3 years qualified, Referral and Assessment team, trained via ADAM project				X

Initially, this analysis focused on the interview transcripts of participants who loaded significantly onto one of the factors (see Table 19) and this led to the identification of a number of themes for each factor. For example, Factor 1 has been interpreted as representing the use of theory and research knowledge related to disorganised attachment to enable a 'focus on and better understanding of the child'. The interview transcripts of participants 2, 7 and 8, whose Q-sorts loaded significantly onto Factor 1, revealed that one way in which this factor can operate in practice is by increasing the participant's confidence that they have obtained and incorporated the child's perspective into their assessment. This process was repeated for all four factors and for all the interview transcripts of participants whose Q-sorts loaded significantly onto one of the factors. Subsequently, the interview transcripts of participants who either did not complete a Q-sort or whose Q-sort did not load significantly onto any of the factors were also analysed.

Before proceeding, it is important to comment upon the Q-sorts that did not load significantly onto any of the four rotated factors and the interviews of participants whose Q-sorts did not load onto any of the four rotated factors. In discussions of Q-methodology and Q-method, there is no set formula for the interpretation of factors – as noted by Watts and Stenner (2012), the 'what' and the 'why' of factor interpretation are explored in detail

but not the 'how'. However, if we return to the key principles of Q-methodology – namely, that it is a holistic approach to the understanding of 'really existing' viewpoints or perspectives – then we can begin to discern that the crucial feature of any interpretive process must be fidelity to the rotated factors that have emerged. Hence, the analysis of the guided conversation interviews within this thesis has been undertaken solely in relation to the four rotated factors (as described in the preceding chapter). Using extracts from the interviews, starting with those of participants whose Q-sorts loaded significantly onto the relevant factor, provides a way not of *developing* the perspective of the factor – that would not be consistent with Q-methodology – but of explaining and demonstrating what the factor 'looks like' in practice, from an individual's point of view. The same may be said of extracts from the interviews of participants who either did not complete a Q-sort or whose Q-sort did not load significantly onto any one factor. That is, although they may not share the same perspective as represented by the factor in its entirety, nevertheless they have still described elements of the factor from within their own experience.

Watts and Stenner (ibid) provide the following analogy – imagine a lecture theatre, with the lecturer standing at the front and in the middle and a number of students arranged across the available seats. Each student will have a different view (or perspective) of the lecturer and if you asked him or her to describe their perspective, they would each tell you something slightly different (in terms of what they could see). However, within these descriptions, it would be possible to discern key elements, such as 'the lecturer is in front of me', 'the lecturer is to my left' or 'the lecturer is to my right'. These key elements may be thought of as analogous to Q-sort factors. You could then deepen your understanding of these different perspectives (or factors) by interviewing each student and asking them to describe how this different perspective affected their experience of the lecture. Those with the lecturer in front of them might say they found it easier to concentrate on what was being said. Those with the lecturer to their right might say they found it easier to hear what was being said but harder to see what was on the projector screen. This information may be thought of as analogous with the guided conversation data of this thesis. Within this group of students, there will be those who share elements of more than one perspective (for example, a student might be sitting midway between those who have the lecturer in front of them and those who have the lecturer to their right). Their experience of the

lecture may be a mixture of the experiences of those in these two groups and so, the interview information they provided would help elucidate elements of both. This latter information may be thought of as analogous with the interview extracts of participants who either did not complete a Q-sort or whose Q-sort did not load significantly onto any of the factors.

Thus, the descriptions of the factors and the themes identified via the analysis of the previous set of interview transcripts (those completed by participants whose Q-sorts did significantly onto one of the factors) were used as the analytical framework for the remaining interview transcripts. For Factor 2, there were no interview transcripts from participants whose Q-sorts loaded significantly onto the factor and so the description of this factor is necessarily shorter than for Factors 1, 3 and 4. However, as can be seen from table 19, participant 9 and 18's Q-sorts correlated *negatively* with Factor 2. As these are the only Q-sorts to correlate negatively with the factors to such a significant degree, these participants, as noted in the previous chapter, must be considered as *outliers* from the rest of the participants and so their Q-sorts and the interview transcript of participant 9 – participant 18 did not complete an interview – are discussed separately towards the end of the chapter.

From the key characteristics of the participants whose Q-sorts loaded significantly onto one of the four factors, there does not appear to be an obvious pattern in terms of the gender, ethnicity, number of years qualified, area of work (team) or training method that might explain the loadings. For example, of the seven participants whose Q-sorts loaded significantly onto Factor 1, three were working at the time of the research in Child Protection teams, two in Disabled Children's teams, one in a Referral and Assessment team and one in an Edge of Care Support team. The participants range from having 1 to 6 years post-qualifying experience and although all of them received specialist training in the theory and research knowledge related to disorganised attachment via the ADAM project – with one of the seven also having received training from the Anna Freud Centre - this is the case for all of the participants whose Q-sorts loaded significantly onto any factor.

Each of the factors will now be discussed in more detail with reference to the guided interview transcripts. The themes identified for Factors 1, 3 and 4 have been obtained via the transcripts of the participants listed in Table 19, whose Q-sorts loaded significantly onto one of these factors. Subsequent and additional examples of these themes are provided with reference to the remaining interview transcripts, if applicable.

FACTOR 1 – ENABLING A 'FOCUS ON AND BETTER UNDERSTANDING OF THE CHILD'

To recap from Chapter Six, Factor 1, which explains 28 per cent of the variance of the data, is concerned primarily with children, with understanding the child's behaviour and what is 'really going on' for the child and with enhancing the quality of child protection social work assessments. The participants who loaded significantly onto this factor would tend to agree that the theory and research knowledge related to disorganised attachment offers a way of knowing and understanding a child more fully within the context of assessment work, although they would tend to disagree that it also offers a way of planning for effective interventions. In addition, such participants would tend to agree that the use of such theory and research knowledge is not beyond the expertise and skill of a typical child protection social worker and that it does not make social work assessments unnecessarily time consuming or complex. As can be seen in Table 19, the following participants loaded significantly onto this factor - 2, 7, 8, 19, 21, 22 and 24. Of these, participants 2, 7 and 8 completed an interview in addition to a Q-sort and from an analysis of these transcripts, three key themes emerged as follows - the use of the theory and research knowledge related to disorganised attachment as a way of (1) indirectly understanding the child's home life, (2) developing empathy with the carer and (3) improving the quality of assessments of children.

<u>Indirectly understanding the child's 'home life'</u>

The first theme is that of indirectly understanding the child's home life. This theme emerged from a consideration of how the interview transcripts demonstrated the use of the theory and research knowledge related to disorganised attachment in order to enable a better understanding of the child. The 'indirect' aspect of the theme emerged from the way in which participants described how their use of methods such as Story Stems and Child Attachment Interviews allowed them to make an assessment of the child's home life in circumstances where it was not possible to make a more direct assessment, perhaps because of (perceived or actual) 'resistance' on the part of the carer(s). In other circumstances, the 'indirect' aspect was indicated within the context that any assessment may be conceived of as 'indirect' because of the relatively limited amount of time that social workers spend with children at home, not necessarily as a reflection of high workloads or other preventive factors but simply because the child spends much more time at home without the social worker present than they do with the social worker present.

For example, participant 2 described how she had been working with a child about whom she was concerned as follows – "*mum had been using drugs for a number of years following the death of her* [previous] *child, he committed suicide at 10 years of age and probably a year after his death she became pregnant with the child I'm working with and she's now 8, no, 7 years of age*" (lines 3 – 5). Participant 2 said that *"we've not been able to get much access to the home, she* (the mother) *is very private…*[and] *we've no real picture of what it was like for this child living in this home*" (lines 5 – 8). Here, the participant is describing her inability to understand the child's experience of living in her home because of the mother's 'very private' behaviour or attitude. Thus, whilst the carer's behaviour is not characterised as 'resistant', the participant has nevertheless explained how she felt unable to complete her assessment. The participant then described how she completed a Story Stem with the child and this led her to conclude that the child was "*very, very secure* [in terms of her attachment to her mother]*…and as a result of that, it has appeased everybody because we didn't know what was going on in the home and because the story stem was so powerful in the way she was telling the stories it made us feel a little bit more comfortable that we weren't gaining access to the home*" (lines 14 – 17).

This indicates that although the theory and research knowledge related to disorganised attachment did not enable the participant to address the mother's concerns about privacy, the use of a related method – the Story Stem - allowed her to feel 'a bit more comfortable' about not being able to 'access' the home, as well as 'appeasing' other professionals. The participant also described how she "*wrote about…what happened in the story stem and what that might mean for the child and what that might say about her relationship with her mum*" (lines 51 – 53). In other words, how she used the child's stories, obtained via the Story Stem method, as an indirect way of understanding the nature of the child's relationship with her mother and how she relied upon this analysis as one way of reassuring herself as to the child's positive experience of home life and of her relationship with her mother.

Participant 7 described a similar situation and a similar use of the theory and research knowledge related to disorganised attachment. Describing her work with a 7-year-old boy, participant 7 said, "*we wanted to know a bit more about what was happening at home. I mean you see we did think that things were not good but without being there, you don't always know*" (lines 81 – 82). Here, the participant is not referring to any particular factor as preventing her from obtaining an understanding of the child's home life (such as a carer who does not allow the social worker to visit the home) but more broadly to the issue of not being present in the home for a significant amount of time relative to how long the child spends at home. As a result of using a Story Stem with the child, participant 7 said she found some of the stories to be "*surprising actually because at home, it looks like mum does a lot of the actual care but actually, he did not want the mother…in a lot of the stories. He kept throwing the doll away and I had to tell him that, no, you know, this story has a mummy and daddy so we need those*" (lines 143 – 146).

This could indicate that even where contradictory information is obtained via the use of methods such as Story Stems (contradictory to the social worker's hypothesis that the mother provided a lot of care for the child), it was nevertheless interpreted at least to some degree as addressing the concern as to how one can really understand a child's experiences of home life. Thus, participant 7 felt that following the use of a Story Stem method with

the child, "*I thought... now I can say from his point of view what…happens*" (lines 177 – 178), perhaps implying that beforehand she could not. Indeed, participant 7 said that her use of the theory and research knowledge related to disorganised attachment enabled her to obtain "*a good insight into what things were like for him* [at home]*, rather than me trying to think about things all the time for him*" (lines 83 – 84).

Further illustrations of this theme were identified from the interview transcripts of participants 1 and 6, whose Q-sorts did not load significantly onto any of the factors. From the example given by participant 1, there was a clear perception of resistance on the part of the carers, which the participant described as being an intentional attempt to prevent the children from being assessed. As described by participant 1, she was concerned that the children were being neglected and physically abused but in addition, "*The lack of engagement* [on the part of the carers] *was actually raising our concerns because they were trying to hide something. And, like I said, they were very - dad in particular – very, very controlling. You know, not allowing us access to the 9 year old* (and) *there was lots of evidence of the children being coached*" (lines 116 – 122). Participant 1 described how "*the parents were very, very defensive, very difficult to work with and really wouldn't involve in any meaningful conversation with us at all…So we'd been working under a child protection plan with the family for a while, somewhere around the region of 6 months and we weren't making any progress at all because these children wouldn't speak to us, the parents wouldn't really engage and we were really struggling*" (lines 24 – 28).

Unlike the theme identified in relation to Factor 3, of the use of the theory and research knowledge related to disorganised attachment to 'understand the resistance of carers' (see below), participant 1 described how she used this theory and research knowledge as a way of *overcoming* this resistance (rather than understanding it). As the participant described, although she was not able to visit the child at home, the child's carers did agree that she could see them at school and the participant used this meeting to complete a Story Stem. Participant 1 found that the "[child's] *stories were very catastrophic, you know, spilled juice ended in death. The 'not finding the keys situation' ended in everyone having to leave and go and live in different houses, with broken legs and fights and various other*

catastrophic events and you know, really disorganised and really very worrying to watch"
(lines 40 – 43). In addition to the worrying content of the child's stories, participant 1 went
on to say, "*At the end of that, of the story stem, they* [the child] *were just chatting and she
disclosed…that her back was really sore and anyway it turned out that, she went on to tell
us that her dad had beaten her with belts, knuckles, and her back was very sore. So we
went on to talk to the other young child* [her sibling] *and he said the same, they had good
agreement. So we removed them under police protection*" (lines 47 – 51). Here, participant
1 links her use of the Story Stem method with the child's subsequent disclosure of
physical abuse and how she felt this demonstrated the advantages of these kinds of
methods over "*the traditional social work tools that we had been using to date, building
relationships with children, trying to get them to talk to us, you know,* [how] *those kinds of
things weren't working*" (lines 33 – 35). In contrast, participant 1 felt that the use of the
Story Stem had led to the subsequent disclosure and that without her use of this tool to
help her understand more about the child's home life, participant 1 thought that the child
may not have made the disclosure (or at least, not at that time).

Participant 6 also provided an example of this theme, describing how he felt unable to
sufficiently assess a child's home life, not because of any resistance on the part of the
carer, but because he wanted to understand more about the child's home life *in the past,*
and hence, he could not make any direct observations. Initially, this may appear to be an
example of the theme of 'evaluating historical concerns' (see the discussion of Factor 3,
below). However, the situation as described by participant 6 was not a case of evaluating
historical concerns but of attempting to understand the child's experience of home life
when he had been living with his mother and father together, before social services
became involved. At the time of participant 6's assessment, the child was living only with
his mother and the assessment's main purpose was to consider whether his father might be
a suitable carer for him. As described by participant 6, the child was then accommodated
with foster carers following his mother's admission to hospital under section 2 of the 1989
Mental Health Act. The child's father lived abroad at the time but when notified of the
situation he returned to the UK, seeking to look after the child. However, the child's
mother reported that she opposed his request because the child had not lived with his
father for more than 10 years, they had only lived together for a brief time and because she

felt they had never had a close relationship. The father disputed the mother's account of his relationship with his son and as a result, participant 6 was keen to understand the child's perception of how life had been for him when he lived with his mother and father together and of the nature of this relationship since the father had moved abroad.

As summarised by the participant, "*It wasn't clear how involved father had been in the children's care in the past. Mother and father's accounts of his involvement were…contradictory. So if you took mum's view, he was overstating his involvement, if you took dad's view, she was understating it*" (lines 184 – 187). Participant 6 completed a Child Attachment Interview with the child and analysed his responses based on the theory and research knowledge related to disorganised attachment. This process provided the participant with an insight into the child's home life with his father. As the participant explained, "[the child] *felt safe with his dad…one of the words he chose to describe his dad was 'problem solver' and he was then able to give a very detailed and coherent account of getting in trouble with school and he'd then spoken to his dad, who'd given him advice, that advice had worked, so* [although] *dad was clearly very strict and* (the child) *went on to say that he's not someone you want to cross and all these sorts of things but actually…he was pretty balanced in his descriptions of dad* [and] *this made me think this isn't somebody he has idealised, someone he doesn't really know at all*" (lines 191 – 197).

The participant also noted how "*prior to this interview, we had really rather little information about how* [the child] *saw his dad…What we really wanted to know* (was) *what sort of role had this man had, had he had an active role in the children's life? Did he have a solid relationship with them and how did they view him? There was a question as to how much time he was spending* [abroad] *on business and whether he was really around or not.* [From] *the content of the Child Attachment Interview answers, it was clear that* (the child) *felt he had a place with his dad. His dad was somebody who responded to him in times of hurt and need and vulnerability* [and] *so that was reassuring*" (lines 197 – 204). From this extract, the participant is not claiming that he now *knew* whether the father was 'around' for significant periods of time at home with his son, as the father claimed, or whether he was spending significant amounts of time away on business, as the mother

claimed. However, the participant's analysis focused not on the practical arrangements of family life but on the child's sense of having 'a place with his dad' and the child's belief that his father would help him 'in terms of hurt and need and vulnerability'. Participant 6 concluded that the child's descriptions of home life with his father and of the child's understanding of the father-son relationship 'was reassuring' and sufficiently so to consider "*that father was a plausible option* [as a carer for the child]" (line 234).

To recap, this theme relates to the overall meaning of Factor 1 in that it demonstrates how the theory and research knowledge related to disorganised attachment have been used by participants as a way of understanding the child, particularly to understand the nature of the child's home life. As described in the interview transcripts, social workers may feel unable to *directly* assess a child's home life either because of resistance, perceived or actual, on the part of the child's carer(s) or because they recognise that what they might see of the child at home represents only a small fraction of the child's overall experience. Thus, these participants described how, by using methods associated with the theory and research knowledge related to disorganised attachment, such as Story Stems and Child Attachment Interviews, they felt more able to form an indirect and yet more complete understanding of the child's home life.

Developing empathy with the carer

The second theme related to Factor 1 is that of developing empathy with the carer. This theme emerged from a consideration of how the interview transcripts demonstrated the use of the theory and research knowledge related to disorganised attachment to enable a better understanding of the carer, of "*what it's like to be a parent of this child*" (participant 8, lines 86 - 87). The label given to this theme – 'developing empathy with the carer' - warrants clarification because the z-score within Factor 1 for statement 40 - "*Social workers will feel more sympathetic towards abusive and neglectful parents if they understand the role characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour*" - was -0.393, representing moderate disagreement. However, it would appear from the interview transcripts that what

was being described was *empathy* rather than *sympathy*, with the former describing an ability to understand and share the feelings of another person and the latter describing feelings of pity or sorrow expressed towards another person.

As described by participant 8, some child welfare professionals appear to focus their efforts on finding "*somebody to blame in these families*" (lines 85 – 86)*,* which would appear to be at odds with an empathic response. Participant 8 continued, "*I think a lot of the time people* [referring to social workers] *are almost trying to act like police officers and apportion blame a little bit*" (lines 89 – 90). Participant 8 noted her own tendency to 'blame' carers, recounting an example in which she had admonished a mother for the way she spoke to her children and how the mother responded by saying "*you don't know what it's like for me and I* [the participant] *just ended up nearly losing the rag*" (line 98). Participant 8 sought to contrast this 'blaming approach' with how she attempted to work with carers now and she attributed this change to her use of the theory and research knowledge related to disorganised attachment. For example, participant 8 said that such theory and research knowledge "*has told me... what the reasons are for being patient* [with carers and] *the benefit of thinking about parents' abilities to mentalize*" (lines 100 – 101). Thus, this participant related her own understanding of concepts such as mentalization with a change in her own behaviour, away from a 'blaming' approach and towards a more empathic one. This analysis is also congruent with the z-score of -1.303, representing strong disagreement, in relation to statement 33 - "*Too much reliance on attachment theory leads to Social Workers blaming carers for being unable to care for their children in a way deemed 'proper' by the State*".

Participant 8 described how she applied this way of working in relation to one mother in particular. The participant and other professionals were concerned about the mother's child and felt that the mother may have not 'bonded' with him. The participant described how she used an Adult Attachment Interview to understand more about the mother's own experiences of being parented and recounted what she learned - "*mum was adopted and sexually abused when she was 11 in* [another country]*, and as a result of that, her and her mum, grannie, came to England and that's why they came here but* [the mother] *maintains*

that she didn't know they were moving here, she thought they were coming for holidays, so she was sort of ripped away from her life which may have been kind of difficult anyway but also she'd been adopted without any parental contact, no contact within the first 6 months of her life at all, so she really felt a lot of loss and trauma towards her whole childhood and she had a very difficult relationship [with her adoptive mother]" (lines 229 – 235). Participant 8 identified this as significant because she felt that a number of the other child welfare professionals involved were attempting to hold the mother responsible for the child's difficulties and participant 8 saw this as an example of blame being apportioned rather than empathy developed. Participant 8 noted how, via "*an Adult Attachment Interview with her* (the mother)*, it was quite striking how much anger she had towards her own mother, and how that was impacting* [on her ability to care for the child]" (lines 237 – 239).

Participant 8 also felt that "*the Adult Attachment Interview drew out a lot of that anger and left it hanging there in the living room for me to come back to later*" (lines 243 – 244). Thus, via the understanding she developed for the mother and the mother's difficulties, Participant 8 felt better equipped to address the potential (psychological) root causes of the family's difficulties, which she identified as being the presence of a significant amount of anger between the child's mother and grandmother, rooted in the mother's own difficult childhood experiences.

Participant 2 also referred to her use of an Adult Attachment Interview with a mother she was working with and said that it felt "*a lot different from us going and saying you need to do this, this, this and this* [to carers]" (line 204). Instead, participant 2 felt that the use of an Adult Attachment Interview enabled a 'better understanding' to develop between the social worker and the mother, allowing "[the carer] *to better understand where we're coming from in a way and* [to feel] *that they've been able to contribute to the assessment*" (lines 204 – 207).

Finally, participant 3, whose Q-sort did not load significantly onto any of the factors, specifically referred to the concept of more empathic engagement with carers following her training regarding the theory and research knowledge related to disorganised attachment. Referring generally to how social workers might speak with carers as part of an assessment process, participant 3 said that although "*a question on its own cannot really be empathetic or not empathetic ... I mean I could ask 'Are you being hit by your husband' in a more or less empathetic way*" (lines 102 – 103) but by using "*some of the ideas, some of the behind the scenes stuff*" (line 74) of methods such as the Adult Attachment Interview, this has helped her to ask "*more benign sounding or more empathetic questions*" and that this "*helps the client* [the carer] *feel less defensive, so even where you are only finding out the same stuff as everyone else, it's better because the client feels like you are listening and feels like you are not just doing a checklist and then ticking things off and you're gone*" (lines 104 – 107). In these extracts, participant 3 is describing how whilst she may not obtain any different or better information than social workers who do not apply the theory and research knowledge related to disorganised attachment in practice, in her view, the way in which she now has conversations with carers is more conducive to developing a good working relationship, because the carer 'feels like you are listening (to them)'.

Improving the quality of assessments

The third and final theme for Factor 1 is that of improving the quality of social work assessments of children. There is clearly a suggestion of this theme within Factor 1 as demonstrated by the z-score of 1.577, indicating strong agreement, for statement 35 - "*Knowing and understanding ideas and methods related to disorganised attachment enhances child protection social workers' assessments of children*". However, this theme can also be identified from the interview transcripts and offers a more nuanced understanding of what this may represent in practice. From the descriptions of the participants, it would seem to indicate that the improved assessments result from having a structure or framework to apply and by enabling the social worker to focus more effectively on particular areas of concern.

As described by participant 8, by using the theory and research knowledge related to disorganised attachment, it can feel as if "*you're actually doing something a little bit more structured or purposeful than other ways* [of working]" (line 171 – 172). Participant 2 said that the use of methods such as Adult Attachment Interviews and the framework of analysis provided by the theory and research knowledge related to disorganised attachment helped her "*to get a better assessment*" (line 33) and this was achieved in part by balancing "*the assessment in terms of strengths*" (line 53) as well as risks.

Participant 8 described her work with one family in particular, in which one of the main concerns was that the child might be significantly under stimulated at home, and that in part, this resulted from the mother's apparent or perceived inability to play with the child. According to participant 8, "*people were telling her, play with him, play with him, play with him and she said, yeah I spend time with him, playing, okay. And after a while, I started thinking well what does that even mean? You know, if...maybe she doesn't know what we mean* [by play] *or what we're asking and maybe...whatever play means to* [this mother] *mightn't be what we think it means*" (lines 108 – 111). This led participant 8 to consider how she might more accurately and meaningfully assess the mother's ability (or inability) to play with the child, and in order to do so, she used a Guided Parenting Task and found that "*the mum was very quiet, not very animated* [but] *the child was delighted to sit down* [with her and] *he did play, he played with mum*" (lines 145 – 147). This helped participant 8 "*to see exactly how she* ([he mother] *interacts with the child and how excited and happy he is to interact with his mum*" (lines 159 – 160). Thus, the participant felt able to focus her assessment on one of the key concerns of the wider professional network and discovered that what had been an area of concern was in actual fact a positive strength of the child's relationship with his mother. This would seem to be a practical example of participant 2's suggestion that the use of particular methods, such as Guided Parenting Tasks, can help in balancing the "*assessment in terms of strengths*" (line 53).

Participant 3, whose Q-sort did not load significantly onto any of the factors, also discussed how her use of the theory and research knowledge related to disorganised attachment improved the quality of her assessments. Participant 3 described her

assessment of a mother and young child with concerns related to domestic abuse between the mother and her male partner. Participant 3 said that because of her use of this theory and research knowledge, she felt able

> "*to do a different type of assessment than I used to do. I mean it's probably stereotypical but I think you tend to see that people get a DV* [domestic violence] *referral and they do a DV assessment. They ask what the mum's plans are, does she want to stay with the man, what are the police doing, is probation involved, were the children there when the violence happened, are there any injuries and it's a bit like a checklist really. And then we say, well, everything seems fine now but if we get further referrals then we will consider taking this to child protection. That's stereotypical to some extent but that's what I used to do in these assessments. And that's what probably would have happened with this one too, as in other ways, mum was doing everything expected of her, she was seeing midwives and the house was clean and tidy and everything. So on the surface, things looked one way*"
> (lines 39 – 48).

Participant 3 then described how she completed an Adult Attachment Interview and how this helped her to think more carefully about the mother's understanding of the impact of her own childhood on her current relationships. Participant 3 felt it was significant that, via the Adult Attachment Interview, the mother revealed how "*she came from a DV relationship between her mum and dad when she was young and was now in one again herself*" (lines 49 – 50) and that in her childhood, "*her mum sent her…to the UK and it was because her mum and dad were in a violent relationship and she was sent away from that*" (lines 37 – 39). This led participant 3 to consider that "*we needed to do some more work with this mum*" (line 51), as opposed to closing the referral and waiting to see if further concerns of the same kind were reported in future. Participant 3 also reflected on the "*quality of the information, the depth of the information*" (lines 56 – 57) that this approach enabled her to obtain as part of the assessment.

Summary

Thus, from the interview transcripts of participants 2, 7 and 8, whose Q-sorts loaded significantly onto Factor 1, and from the additional examples identified in the interview transcripts of participants 1 and 6, it has been possible to understand in greater depth how the use of the theory and research knowledge related to disorganised attachment in child protection social work practice can enable an increased focus on, and understanding of, the child being assessed. Key themes have been identified within the transcripts as follows – (1) indirectly understanding the child's home life, (2), developing empathy with the carer and (3) improving the quality of social work assessments of children. For the first theme, participants appeared to feel more confident in drawing conclusions about the nature and quality of a child's home life, particularly of the child's experience of close relationships at home, based on their application of the theory and research knowledge related to disorganised attachment and their use of particular methods such as Story Stems and Child and Adult Attachment Interviews. For the second theme, participants described how they developed more empathy with carers, and for participant 8 at least, this was contrasted with what she saw as a more typical 'blaming approach' within child protection social work practice. Finally, for the third theme, the participants described feeling that they were able to take a more structured, and at times a more in-depth, approach in their assessments of children potentially at risk of harm because of abuse or neglect.

Given the above, Factor 1 can be said to represent an approach to the use of theory and research knowledge related to disorganised attachment that encompasses the use of methods such as Story Stems, Guided Parenting Tasks and Child and Adult Attachment Interviews within a theoretical framework for understanding or interpreting the outcomes of these methods. This enables a greater focus on, and a better understanding of, the child being assessed and helps the social worker to develop more empathy with the carer, which in turn contributes to a more structured and at times more in-depth - and therefore, 'better quality' - assessment. In conclusion, one can understand this factor as 'being about' the production of better quality assessments *via* an improved understanding of the experiences of those being assessed (children and carers) and a related but separate ability to better understand the child's experiences of home life (see Figure 8).

Figure 8: A visual representation of factor 1, based on Q-study and interview analysis.
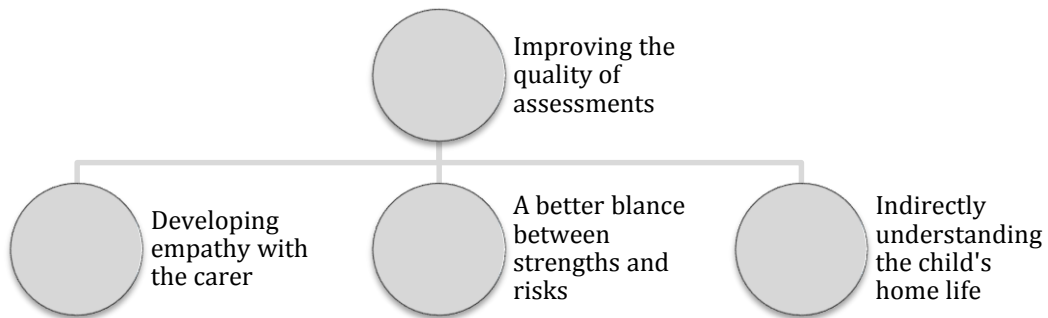
FACTOR 2 – ENABLING 'CLEAR DECISIONS AND PURPOSEFUL INTERVENTIONS'

To recap from Chapter Six, Factor 2, which explains 17 per cent of the variance of the data, is concerned primarily with *clear and accurate decision-making* and *purposeful intervention*, based on an understanding or belief that children who present with disorganised attachment behaviour may be at risk of significant harm because of abuse or neglect and that they are unlikely to be able to live at home safely, even with the support of social services and other child welfare agencies. As none of the participants who completed a guided conversation interview loaded significantly onto this factor, this section will briefly consider one particular element of the viewpoint represented by Factor 2, an element that appears to be contradicted by the literature related to disorganised attachment as reviewed in Chapter Two.

In the previous chapter, the distinguishing statements for Factor 2 were set out in Table 14 and it is notable that a number of them relate to the observation of disorganised attachment

behaviour – or the lack of observation of disorganised attachment behaviour – as providing a rationale for a child protection social worker to feel more or less concerned about the child's safety. For example, statement 38 – "*If a child does not present with disorganised attachment behaviour in methods such as Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures, then Social Workers would be justified in feeling less worried about them*" – received a normalised score of 2 for Factor 2, representing low to moderate agreement.

However, the distinctiveness of this z-score can be seen when compared with normalised scores of -5, -4 and -6 for the same statement for Factors 1, 3 and 4 respectively, representing relatively strong disagreement. Similarly, statement 49 – "*Even when a child presents with disorganised attachment behaviour, they can still live at home safely, with the help and support of services*" – received a normalised score of -5 for Factor 2, representing strong *disagreement* (in other words, that a child presenting with disorganised attachment behaviour *may not* be able to live at home safely). For the other factors, the normalised scores for this statement were 0, -1, and 1 for Factors 1, 3 and 4 respectively, representing mild agreement (1), mild disagreement (-1) and neutrality (0). Finally, statement 43 – "*There are many children who Social Workers believe have been abused or neglected but who will not present with disorganised attachment behaviour*" – received a normalised score of -6 for Factor 2, representing very strong disagreement (in other words, there are *not* many children who social workers believe have been abused or neglected who will not present with disorganised attachment behaviour *or* that most children who have been abused or neglected will present with disorganised attachment behaviour). For Factors 1, 3 and 4 the normalised scores for this statement were 3, -2 and 3 respectively, representing moderate agreement (3) and moderate disagreement (-2).

The supposition that these scores may imply a view that the identification of disorganised attachment behaviour can be used as a proxy for the identification of abused or neglected children is underscored by the strong support within Factor 2 for statement 44 - "*If Social Workers can be taught to recognise when children do not present with disorganised attachment behaviour, this would help avoid unnecessary interventions*". However, this

conclusion – that the identification of disorganised attachment behaviour might serve as a proxy for the identification of abuse or neglect – is not supported by the literature regarding disorganised attachment (as discussed in Chapter 2 of this thesis). Indeed, even if *all* children presenting with disorganised attachment behaviour have been abused or neglected (and it is relatively clear from the literature reviewed that this is not so), not all abused or neglected children have been found to present with disorganised attachment behaviour meaning that relying (solely) on such behaviour would entail a significant minority of abused or neglected children being mistakenly assessed as not having been abused or neglected (a false negative error of the kind discussed in Chapter 1). However, as there are no interview transcripts available for this factor, it is not possible to examine whether this might be how the perspective represented by this factor is used in practice or not. In summary, what this element of the factor demonstrates is the possibility of child protection social workers misunderstanding or misusing elements of attachment theory in practice and potentially drawing mistaken conclusions as a result.

FACTOR 3 – EMPHASISING THE 'PRIMACY OF RELATIONSHIPS AND ETHICAL PARTNERSHIP WORKING'

To recap from Chapter Six, Factor 3, which explains 14 per cent of the variance of the data, is concerned primarily with *understanding children,* and in some respects, this factor is similar to Factor 1. However, Factor 3 has a more defined focus on relationships, for the child but also on the nature and quality of the relationship between the social worker and the child's family, particularly with the carer(s). This includes an explicit concern with regards to the professional confidence of the social worker, with his or her morale at work, and with the maintenance of ethical standards of practice, including the avoidance of unnecessary State interference in private family life. In other words, this perspective may represent an attempt by social workers to practice in 'ethical partnership' with families, including – or perhaps especially - in situations of potential child abuse or neglect. This factor also has a greater emphasis on the potential limitations of attachment theory and on the use of attachment theory alongside other theoretical or research-informed approaches than Factor 1. As can be seen in Table 19, participants 14 and 20 loaded significantly onto

this factor, and of these, participant 14 completed an interview. From an analysis of this interview transcript, the following four themes emerged – the use of the theory and research knowledge related to disorganised attachment as a way of (1) evaluating historical concerns, (2) understanding the child's 'home life', (3) understanding carer resistance and (4) developing carer mentalization.

Evaluating historical concerns

The first theme is the use of the theory and research knowledge related to disorganised attachment to evaluate historical concerns or as a way of assessing the current relevance or significance of historical concerns, such as where the carer has a history of misusing drugs or alcohol. In particular, participant 14 gave examples of how she used this theory and research knowledge to challenge the perceived significance of historical concerns in order to demonstrate that the child, *at the present time,* was not being significantly harmed.

For example, participant 14 described a situation in which she was assessing a 7-year-old girl. The girl's mother had previously 'been known' to social services because of concerns regarding substance misuse. Participant 14 said that when she was conducting her assessment, whilst she did not want to overlook the potential significance of these historical concerns, she wanted to focus primarily on the child in the present and to avoid the assumption that such historical concerns automatically warranted a high degree of concern, and hence State involvement with the family, at the present time. Participant 14 described how her use of the theory and research knowledge related to disorganised attachment helped her to "*evidence that even though there were these historical concerns, mum…had drastically changed, turned their life around and yeah, it had taken probably five years to get there but I kind of used it as that kind of evidence*" (lines 32 – 34). Participant 14 described in particular how she used a Story Stem with the child and how her use of this method "*was then helpful for the manager, especially because of the previous concerns…to try and argue that everything was actually ok and the case could close, that was quite helpful for the… manager to…read it like that*" (lines 78 – 81). Here, the participant is implying that in her view, without this information, her manager may

have found it more difficult to accept or to understand that the child was safe now and may have been persuaded because of the historical concerns to keep the referral open. This suggests that in the participant's view, such a decision would have been mistaken and would therefore have resulted in unnecessary State intervention. However, the participant also noted that other direct work methods may have been equally as useful, saying "*I think that as long as it was kind of clearly recorded that, you know, what* (the child) *was saying, it would probably have had the same outcome*" (line 97 – 99).

In addition, further illustrations of this theme were identified from the interview transcript of participant 6, whose Q-sort did not load significantly onto any of the factors. Discussing a family in which the mother had mental health difficulties and the father came to the UK from abroad seeking to care for their son, participant 6 said that one of the things he wanted to assess more clearly was whether, in relation to the child, "*the emotional damage* (presumed to have occurred as a result of the mother's mental health difficulties) *was limited or compensated by all that positive kind of parenting they'd had previously*" (lines 213 – 214). Alternatively, participant 6 wondered whether the "*mother may had been under the radar for quite a long time and this child had been coping, or trying to make sense of a very ill mother and not really knowing what was going on and maybe thinking it was their fault, or they were going to get ill, or this was all to do with them being naughty*" (lines 215 – 217).

In other words, participant 6 did not know whether the child had developed a level of resilience as a result of (previously) positive parenting or whether the child had been struggling for a long time and perhaps would need more intensive support and help. Thus, as participant 6 explained, he used a Child Attachment Interview in order to help "*us think about future care arrangements and whether dad was a plausible figure* (but also) *it was useful to get an understanding* [of] *how* [the child] *had made sense of mum's illness*" (lines 218 – 220). From using this method, participant 6 felt reassured that "*this was a young man who understands that mum loved him and wanted to do the right thing, but she had an illness, nothing to do with his involvement, so that was reassuring*" (lines 221 – 223). However, the interview also revealed that "*he was quite, not preoccupied with mum, but*

investing a lot of time in thinking about her" (lines 226 – 227) and thus, "*if he's going to settle with, with his father or wherever else, he really does need some help in thinking about his mum's care*" (lines 225 – 226). In other words, the interview revealed that whilst the child had a relatively good and positive age-appropriate understanding of his mother's mental health difficulties – essentially, he understood that she was unwell and that he was not to blame – it also indicated that he spent a significant amount of time worrying about her and thinking about the kind of care she might be receiving. Participant 6 used this information to inform the care plan for the child, to ensure that the child was regularly reassured about what was happening to his mother and about her care. As participant 6 went on to say, he also felt that whilst it might have been possible to obtain this information using other direct work methods, it may not have possible to do so as "*effectively in one session*" (line 278).

In both of these examples, for different purposes, participants 6 and 14 described how they used the theory and research knowledge related to disorganised attachment as a way of understanding the potential impact of historical concerns on the child at the present time. For participant 14, this helped her to demonstrate to her manager why a child whose mother had historically misused substances did not need the protection of the State at the current time, whilst for participant 6, the purpose was to understand what sense the child had made of his mother's mental health difficulties, in order to inform an assessment as to how to proceed with a possible move for the child to the care of this father.

Indirectly understanding the child's 'home life'

The second theme is that of the use of the theory and research knowledge related to disorganised attachment to indirectly understand the child's home life. As is no doubt clear from the name, this theme is similar to that identified with regards to Factor 1 (see above) and many of the examples discussed in that section would apply here as well. However, with regards to the interview transcript of participant 14, she described a situation in which she used a Story Stem with a child and how this helped her to confirm the veracity of information obtained from other professionals. Participant 14 described

generally how she had conducted her assessment of the child, saying she had "*met with mum and dad, spoken to the school, spoken to dad's probation and also mum's drug worker because she was on a methadone programme*" (lines 64 – 65). The participant found that "*everything from* [these] *people was positive*" (line 66) but participant 14 still felt unsure as to "*whether things were* [really] *okay at home*" (line 67) for the child. Participant 14 went on to describe how her use of the Story Stem method enabled her "*to confirm how things were for her at home*" (line 72) or in other words, it provided additional information to confirm that a positive presentation outside of the home, as noted by other professionals, was reflected in the child's positive experiences of life at home.

Understanding carer resistance

The third theme is that of the use of the theory and research knowledge related to disorganised attachment to understand carer resistance. In the discussion of Factor 1, under the theme of understanding the child's home life, there was a description of how methods such as Story Stems and Child Attachment Interviews had helped one of the participants to overcome the carers' unwillingness to let her visit the children at home, but here, the focus is not on 'overcoming' any perceived or actual resistance but on understanding it. That is, on understanding what might *motivate* the carer to behave in a way perceived as being resistant and how such an understanding can (potentially) help to lower the resistance within the social worker-carer relationship.

For example, participant 14 described her work with a mother whose 3-year-old child had been "*found outside her property and…it was unclear whether mum was drunk or whether mum had been smoking loads of weed or something. It wasn't really clear why the child…was outside and the mum was intoxicated*" (lines 215 – 218). Participant 14 went on to say how she felt she "*really struggled to work with mum. She's one of those mum's where you would get one word answers, she would never elaborate on anything. She'd had social services when she was growing up so she was very anti 'us'. And I knew that there was a lot going on for mum but it was very difficult to get a sense of what things were like for her when she was growing up because she wouldn't, she would just give me*

one word answers or nod or just say yes or no" (lines 220 – 225). Here, although the participant has not used the word 'resistance', she has described her perception of the mother as being 'anti-social services' (and in another part of the interview, quoted below, participant 14 does use the word 'resistance'). However, it also gives a sense of the participant's focus on seeking to *understand* the mother, of wanting to know more about 'what things were like for her'. Participant 14 explained that without knowing more about the mother's background, "*there would have been a massive gap in the assessment, so it wouldn't have been able to be finalised…it wouldn't be a full assessment, it would have been missing some really vital information* (lines 257 – 258 and 296 – 297). The participant described how she used an Adult Attachment Interview with the mother and how this seemed to help the mother talk about her "*own childhood and her difficulties, the difficulties she had with her mum and* [how] *she felt that she was...on the outside of her siblings and she was like the bad apple in her family*" (lines 245 – 247).

Participant 14 reflected on the sequence of events that had occurred when the child was found in the street and how the decisions that were taken at the time may have contributed to the mother's resistance to engaging with the assessment process. As explained by participant 14, when the child was found alone, outside in the street, a neighbour called the police and after the police determined that the mother was intoxicated, the child was taken to stay with her maternal grandmother. Following the Adult Attachment Interview and using her understanding of the theory and research knowledge related to disorganised attachment, participant 14 was able to reflect that by arranging for the child to stay with her maternal grandmother, this potentially contributed to the "*early resistance* [the mother] *had with us*" (line 249). The participant also reflected that this decision "*may be why mum was quite hesitant with us…because she had had us in her life when she was younger but she'd had issues in her life with her mum and now her little one had gone to stay with grandma because of us, from her point of view*" (lines 250 – 253). Here, the participant is describing how she interpreted the mother's resistance as being the result of her own childhood experiences with her mother (the child's maternal grandmother) and with social services and how the decision taken to place the child into the care of his maternal grandmother could have had significant meaning for the mother, perhaps confirming her view that social workers were not able to help her (as she felt they had not helped her as a

child) and perhaps even that social workers would 'side with' her mother (the child's maternal grandmother) over her. Of course, the participant may have been mistaken as to the precipitating factors for the mother's 'resistant behaviour', but nevertheless, it is plausible that an approach based on understanding such resistance could help to resolve the situation positively and enable the participant to complete her assessment.

Developing carer mentalization

The fourth and final theme for this factor is that of the use of the theory and research knowledge related to disorganised attachment to help develop carer mentalization. To recap, mentalization in the context of attachment theory, and in relation to this theme in particular, is taken to mean the ability of the carer to understand his or her own mental states and the mental states of the child and to link external behaviour with these internal mental states. The theme described here incorporates both the attempt to assess the carer's mentalization but also the attempt to help the carer improve their mentalization abilities.

For example, participant 14 described how she used the theory and research knowledge related to disorganised attachment in order to help one particular carer develop her mentalization abilities by focusing on the child's behaviour, and on what the carer thought might be underlying their behaviour in terms of mental states. Participant 14 described how she visited a child at home and observed that he "*was desperate, just desperate, for his mum's attention, to the point where he was screaming the house down and…she picked him up and then he was just hitting, hitting, hitting his mum and she tried to put him down and then again he wanted his mum's attention and it was just his reaction that he just wanted his mum's attention but when he got it he was really, really angry with his mum*" (lines 200 – 203). The participant linked this behaviour and the perceived underlying mental state of 'wanting attention' and then 'anger' at not getting his mother's attention as being related to the wider familial issues of *"domestic violence, dad's alcoholism and that, you know, mum had a lot on her plate at that stage and there were probably occasions where her priority was elsewhere and…I think that the little boy was picking up on that and it was making him quite an upset and angry little boy"* (lines 205 – 208). The

participant went on to say how she shared her interpretation of the boy's behaviour with the mother and that this appeared to be "*quite helpful for her to, to see that, for that to be explained to her*" (lines 211 - 212). Participant 14 went on to describe how she continued to have these kinds of discussions with the mother, informed by the concept of mentalization, throughout the time that she was allocated to work with the family, and how she noted a moderate change in the mother's responses to the child when he presented with this kind of behaviour. Participant 14 attributed this moderate change to an improved ability on the part of the mother to understand what her son wanted from her and how his increased need for attention was not 'bad behaviour' but was a reflection of his anxiety at the difficulties he experienced within the family.

Participant 8, whose Q-sort loaded significantly onto Factor 1, described a similar outcome as a result of her use of a Guided Parenting Task with a young child and mother together. This participant stated that her use of the theory and research knowledge related to disorganised attachment helped other professionals to understand the child's perspective, but it also helped "*parents to see life from their children's perspective*". Later in the interview, the same participant reiterated this by saying that her use of the Guided Parenting Task helped "*the parent to think about what it's like to be their own child*". Thus, participant 8 described how she used this method to help the mother mentalize about her child and thus provided a way for participant 8 to help her modify and adapt her parenting. Participant 2, whose Q-sort also loaded significantly onto Factor 1, gave another example of this when she described the completion of a Story Stem with a child and the subsequent discussion she had with the child's mother about how the child responded. Participant 2 said this process helped the mother "*to understand her daughter a bit more and the relationship they have with one another*" and as a result, participant 2 felt that the mother was "*more willing to work with interventions in order to improve the relationship between her and her daughter and make her daughter feel a bit more secure.*"

Participant 4, whose Q-sort did not load significantly onto any of the factors, also talked about an application of the concept of mentalization. Describing her work with one mother in particular, participant 4 said, "*I was kind of thinking about her thinking and*

mentalization…and [because of] *her responses…I was very clear that she was very low on the mentalization*" (lines 69 – 70). This led participant 4 to focus her assessment on the mother's mentalization abilities by asking further "*attachment* [related] *questions…really looking at mentalization but in the form of questions about what it was like to be a mum, what does* [her son] *do to show you that he loves you, how do you know he loves you, and this is when she said to me 'he says I love you mummy, he tells me every day'. The fact was he couldn't speak, form sentences, he didn't call her mummy and I don't think he could say about love or what love was. So that was hugely beneficial, putting the concept of mentalization into these questions*" (lines 72 – 77). Here, the participant has described how she took the concept of mentalization and applied it to her assessment of the child and how the participant concluded that the mother had very limited insight into the child's behaviour and his internal mental world.

Participant 4 went on to say that the mother demonstrated only a very limited understanding of "*what it was like to be that child, what that child was experiencing, what that meant for that child,* [and] *the impact of that, if that child remained in that environment*" (lines 114 – 116). From participant 4's perspective, it was her use of the theoretical framework of disorganised attachment and specifically the concept of mentalization that enabled this demonstration "*as if I'd just written observations, then you know,* [although] *they were awful actually…they might not have been and it's linking it together for impact. If you don't have those other elements* [like mentalization]*, then you're not going to be able to explain the impact on that child and why they need to not be there*" (lines 130 – 132). Here, the participant is saying that she used elements of the theory and research knowledge related to disorganised attachment in order to evaluate the impact of the mother's low mentalization abilities on the child and how this contributed to her overall assessment and her conclusion that the child could not live safely at home with his mother (that he had and would continue to suffer significant harm in her care).

Participant 6, whose Q-sort did not load significantly onto any of the factors, also described his use of the concept of mentalization. Participant 6 described his work with a mother with mental health difficulties whose 3-year-old daughter had been accommodated

with foster carers. In the course of the assessment, participant 6 said that he was "*trying to explore her understanding of her relationship with her, her child and her ability to mentalize and kind of reflect and think about the relationship with the child as well as her role of being as a parent. And also to a degree her ability to reflect on her own childhood*" (lines 89 – 91). Later on, the participant said "*I suppose what we were really trying to get at was mum's ability to mentalize and the idea being behind that is, if this child's hopefully going to* [return home, then] *their development, their emotional and behavioural development is… more likely to be met if, if they feel they are being understood by their primary carer so it was useful to, to explore those things*" (lines 161 – 164). Participant 6 described his use of the Adult Attachment Interview in order to examine "[the mother's] *ability to meet her child's emotional needs and things like that, so it seemed very useful to be able to get some understanding of, yeah, her ability to, to, well be in tune…with her daughter*" (lines 94 – 96). As well as his use of the Adult Attachment Interview, participant 6 also described his approach of trying to 'triangulate' different sources of evidence in order to get a more holistic picture of the mother, saying this would include observations of the mother and child together, as well as interviews. From his observations of contact, participant 6 felt that the mother was "*very attuned to her child* [and] *the child appeared to enjoy having contact with her mother*" (lines 134 – 135).

However, during the Adult Attachment Interview the participant noted that the mother said of the child "*when I'm low and when I'm crying, she, she's…she picks me up, she makes me feel okay, she reassures me*" (lines 137 – 138) and this concerned the participant in terms of what it might suggest about the mother's view of the child as being able to provide care for her. Participant 6 showed a video recording of the Adult Attachment Interview to a colleague (with the mother's consent) and, without knowing any information about the child, the colleague commented that "*this woman seems to be talking about the child as if she is a teenager*" (line 141), which participant 6 thought was "*interesting…because this child is only 3*" (lines 141 – 142). Here, the participant contrasted his positive observations of supervised contact sessions with potentially concerning information obtained via the Adult Attachment Interview. When asked specifically about whether this concern might have become evident anyway from further observations of supervised contact sessions, participant 6 said that the Adult Attachment

Interview often seems to "*reveal information that you might not* (otherwise obtain)*, sometimes unexpectedly*" (line 152) and that "*there were some useful but also some unexpected things that came out of the assessment from using this technique*" (lines 159 – 161).

Further examples of this theme were identified in the interview transcript of participant 10, who did not complete a Q-sort. Participant 10 described his work with a child in care who had experienced 2 or 3 changes of carers ('placement changes') in a short period of time, due to his "*really concerning behaviours, almost sort of, sort of infant, of self-harming behaviours. Banging his head, being very, very destructive…couldn't have any toys in the room and…attacking the foster carer*" (lines 38 – 40). When the child's third or fourth set of foster carers (the participant could not recall which) decided they could not continue caring for the child, participant 10 decided that he needed to prepare the new foster carer extremely carefully so as to minimise the risk of any further placement changes, and according to participant 10, this meant "*helping her* [by] *trying to find out what she understood about attachment and why children might display these sorts of behaviours*" (lines 56 – 58). Here, the participant is less explicit about the concept of 'mentalization', nevertheless, the framework for his support and preparation of the foster carer focused on helping her to understand why the child might be behaving in this way, which could be interpreted as helping her to mentalize about the child.

Participant 1, whose Q-sort did not load significantly onto any of the factors, also described how her use of the theory and research knowledge related to disorganised attachment changed the way she attempted to help carers, saying "*The parenting work that we then do with families* (based on the theory and research knowledge related to disorganised attachment) *is much more attachment based rather than kind of practical based parenting which, you know, has its place but if you can identify, you know, what the real problems are then you're able to support them better and so there have been some real success stories come out in terms of actually…being able to take children off a plan because we've been able to target the intervention much more appropriately*" (lines 189 – 198). Although the participant is not describing the development of carer mentalization per

se, this description is nevertheless relevant to this theme because it indicates a change of focus when intervening with carers, from 'practical' aspects of parenting to the 'real problems' affecting the carer's parenting abilities (such as mentalization).

Finally, there were examples of this theme in the interview transcript of participant 3, whose Q-sort did not load significantly onto any of the factors. Participant 3 described a situation in which she worked with "*this boy, about 8 years old. He was…born in* [another country] *but came to the UK when he was about 3* [following the death of his mother] *and lived with his father"* (lines 181 – 182). The child alleged that his father was hitting him and participant 3 visited the home and spoke with the father as part of her assessment. As she explained in her interview, "*I'm visiting the home and meeting the boy and he's lovely but so confused because he's in this different country and has only like really glimpses of memory of his mother and he has been given a new English name and no one speaks* [his native language] *to him. And I met the dad and he had like literally zero empathy for the child. So I was trying to say, think of it from his point of view, he has had all this trauma and now he's here and being difficult, well yes wouldn't you be. But he couldn't see it, he said things like, he should just get over it and what's his problem and all this stuff and I was so scared, because I'd never seen anyone with literally no empathy before and this man was sitting here and talking to me about it like his son was a thing that should just carry on and not this little boy who had been through everything*" (lines 199 – 207). Here, the participant described her concern – fear even – regarding the father's apparent inability to understand how the child's early childhood and the traumatic experience of his mother's death in a car crash might have affected him, but also how she tried to prompt the father to 'think of it from his point of view'. As the participant said later, her understanding of the theory and research knowledge related to disorganised attachment has given her "*some kind of insight into the actual impact on a child's mind* [of abusive and neglectful treatment] *and the importance of children being understood by parents*".

Summary

In summary, Factor 3 represents two relatively distinctive applications of the theory and research knowledge related to disorganised attachment. Firstly, the use of related methods such as Guided Parenting Tasks, Story Stems and Child Attachment Interviews to evaluate historical concerns, either as a way of assessing whether the child might be at risk of significant harm in the present, or as a way of understanding the impact of past difficulties on the child now. This encompasses, or at least relates to, the use of such methods as a way of indirectly understanding the child's home life. In part, as highlighted in the interview transcript of participant 14, this may relate to a desire *not to* intervene in families unnecessarily. Secondly, this factor represents a focus on understanding and helping carers, especially with the development of mentalization abilities. This understanding may be applied to any (perceived) resistant behaviour on the part of the carer but also to their mentalization abilities more generally (see Figure 9).

Figure 9: A visual representation of factor 3, based on Q-study and interview analysis.
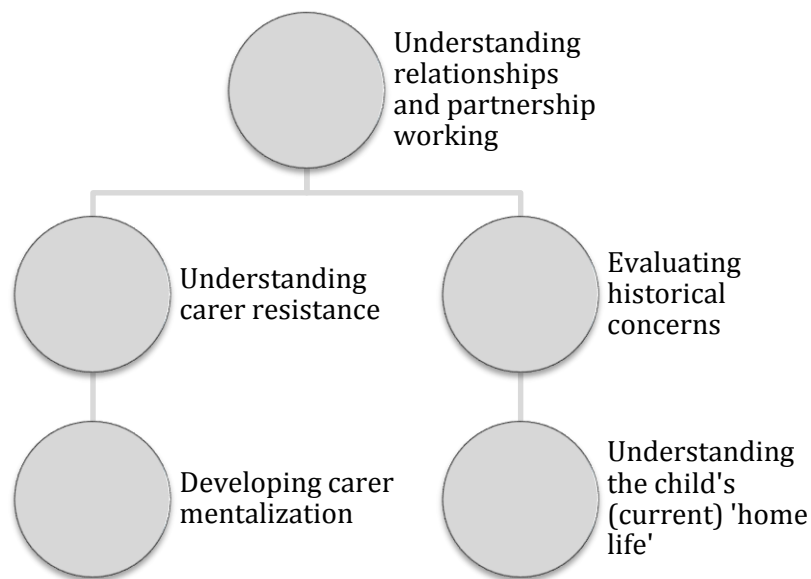
FACTOR 4 – A 'GENERAL FRAMEWORK FOR UNDERSTANDING AND HELPING CARERS'

To recap from Chapter Six, Factor 4, which explains 11 per cent of the variance of the data, is concerned primarily with *understanding and helping carers* and with the use of the theory and research knowledge related to disorganised attachment as a *general framework* for doing so. As can be seen in Table 19, participants 15 and 16 loaded significantly onto this factor, and of these, participant 15 completed an interview. From an analysis of the interview transcript of participant 15, the following 4 themes emerged – the use of the theory and research knowledge related to disorganised attachment as a way of (1) understanding the (potential) impact of change for children, (2) understanding the behaviour of neglectful carers, (3) developing carer mentalization and (4) combining explicit and implicit theoretical approaches.

Understanding the (potential) impact of change

The first theme is of the use of the theory and research knowledge related to disorganised attachment to understand the (potential) impact of change for children. This entails a perceived ability to predict or to at least anticipate the impact of circumstantial changes for children, such as when they might need to move from the care of one family to another (a 'change of placement'), and how the social worker might support the child and the child's new carer(s) in order to minimise any potential negative effects.

For example, participant 15 described his work with a 9-year-old boy with learning disabilities who had previously been removed from the care of his birth family due to significant concerns regarding neglect. As described by participant 15, this child had first moved from his birth family into the care of his paternal aunt and uncle. However, the child's behaviour proved too difficult for his paternal aunt and uncle to manage and this prompted a further change of placement with the child moving to stay with professional foster carers. Participant 15 was concerned that "*this would be their third placement in a 12 month period* [including his birth family] *and we were looking for a fourth*" (lines 27 and 28). Participant 15 identified the child's maternal aunt and uncle as potential

permanent carers but given the child's experience of three placement changes over a 12 month period, participant 15 was concerned primarily with two things - firstly, to ensure that he completed a thorough assessment of the maternal aunt and uncle's potential to meet the child's needs, and secondly, to understand what impact the previous placement changes had had on the child. Thus, the participant said he was "*thinking about…the attachment systems of this young person and wanting to know more about how well or not this young person uses their attachment systems under times of stress*" (lines 33 – 34). In order to assess these questions, participant 15 described his use of the "*the child attachment interview* [to] *help me understand more about how the young person relates to their current carers*" (lines 39 – 41). The participant said that this helped him to think about how the child might respond to being in the care of his maternal aunt and uncle, including "*how this young person is going to thrive as they go on into adolescence*" (lines 38 – 39).

Participant 15 also made reference to his use of theory and research knowledge related to disorganised attachment as a way of helping him think about why previous placements, especially the placement with his paternal aunt and uncle, had not proven to be successful. Participant 15 described how he had used a Story Stem with the child whilst he was living with his paternal aunt and uncle and how he saw a lot of aggression in the stories. This led the participant to wonder about conflict between the maternal aunt and uncle and whether "*the young person was seeing some sort of playing out of that conflict*" (line 143), particularly with regards to the commitment of the aunt and uncle to offering the child a permanent home. In other words, participant 15 felt that the paternal aunt was more committed to the placement than the paternal uncle and that perhaps the aggressive content in the child's stories might be an indication that he was aware of these disagreements and this affected how secure he felt in that placement. With regards the assessment of a potential future placement with the child's maternal aunt and uncle, participant 15 described how he wanted to do a more thorough assessment, guided in part by the theory and research knowledge related to disorganised attachment, in order to understand more fully the commitment of every member of the family to the provision of a permanent home for the child.

Understanding the behaviour of neglectful carers

The second theme is that of the use of the theory and research knowledge related to disorganised attachment to understand the behaviour of neglectful carers. As such, there are links between this theme and those discussed previously of understanding carer resistance. However, in this case, the focus is on the behaviour of neglectful carers in particular and the participant's understanding of the carer's behaviour and the impact of such behaviour on the child.

For example, in describing the background history of the child discussed above, participant 15 said that "*he was often coming to school hungry and…*[it] *seemed to be that he had a psychological fixation around food*" (lines 62 – 63); that "*some of the basic care...wasn't prioritised for the young person*" (line 54) and that he had poor "*social presentation in terms of cleanliness and adequate clothing, stimulation as well so in terms of emotional health and development, they, the parents, weren't able to respond to his needs as they changed over time*" (lines 54 – 57). In summary, the concerns related to neglect, to the inadequate provision of food and stimulation and inadequate levels of cleanliness. However, participant 15 also said that the child's carers had "*learning needs and mental health needs and sort of physical health needs*" (line 52) and in his assessment, this led to the "*child's needs* [being] *relegated down the order*" (line 53). Participant 15 went on to describe his understanding of the carers' behaviour, saying that he did not believe their neglect of their child's needs was a result of "*a lack of love or a lack of concern for the child*" (line 50) but that they lacked "*the basic tools to keep on responding to the young person's changing needs*" (lines 57 – 58). This informed the participant's work with these carers in terms of how he attempted to support them during supervised contact sessions, something described in more detail below.

Participant 10, who did not complete a Q-sort, also described how he made use of the theory and research knowledge related to disorganised attachment in his work with a 'neglectful mother', in this case referring to the concept of mentalization. Participant 10 said that the mother was "*the parent you would give as an example*" (lines 123 – 124) of

low mentalization, noting how "*she wasn't able to understand how* [her child] *might be feeling at all*" (line 124), including "*only really feeding him when she was hungry rather than thinking about him in terms of what his needs are*" (line 126 – 127). Overall, participant 10's concerns about this child were related to emotional and physical neglect, as the mother would often leave him alone for long periods, and "*neglect around feeding…So when he first came into care he would eat and eat and eat and it wasn't clear whether that was because he'd learned that when he was fed, to make the most of that opportunity or whether it was filling some sort of emotional need but either way it was quite extreme, quite concerning*" (lines 131 – 134). Participant 10 described how he completed an Adult Attachment Interview with the mother in order to try and understand why she was unable to meet her child's needs and how he "*spent time with mum exploring her early history and visiting her parents and her brother, she had quite significant relationship difficulties with her own parents as well…she'd been criticised, pushed away from the rest of the family really so it was taking into account her history*" (lines 210 – 213). Participant 10 said that knowing about this history and sharing this information with other professionals helped them to become "*almost sympathetic towards their behaviours*" (lines 214 – 215) because "*of the way she was looked after when she was little*" (line 215), suggesting a link with the discussion of empathy above, but also with the theme being discussed here, in that knowing more about the mother's own history of being cared for helped the social worker to make more sense of her neglectful behaviour towards her own child.

Participant 15 also discussed his work with a family of three children and two carers. Again, the concerns related to neglect, primarily of the oldest child, described by participant 15 as "*a disabled young women, 15, severe cognitive impairments, visual disabilities, cerebral palsy and…needs a lot of physical care*" (lines 283 – 285). However, participant 15 said that all of the children had very poor school attendance, that the younger siblings, aged 9 and 7, were sometimes responsible for administering their older sister's medication and that the family had regular financial crises, at which times they would ask for support from the local authority in the form of food vouchers or cash payments. Participant 15 described undertaking "*intensive bits of social work*" (line 287), including regular home visits and the provision of home care, but this did not seem to

make a significant or lasting difference. This led participant 15 to think "*more about how the family sort of functions...why don't the parents prioritise getting up in the mornings, do the* [care] *tasks* [and] *why is it left to the two younger siblings*?" (lines 317 – 319). Participant 15 noted that the theory and research knowledge related to disorganised attachment helped him to think about what the underlying reasons might be for the carers' behaviour and he contrasted this with a 'more typical' social work assessment that stopped at the point when it became apparent that the child was being neglected but without, in this participant's view, considering the underlying reasons for this.

Further examples of this theme were identified via participant 4, whose interview transcript did not load significantly onto any of the factors. Participant 4 described her work with a mother of four children, three of whom had been removed from home via court order and subsequently adopted. Participant 4 completed an Adult Attachment Interview with the mother and said this helped her to understand the impact of the mother's experience of "*sexual abuse when she was younger,* [the] *chronic neglect she suffered and that she had been in care herself*" (lines 39 – 40). Participant 4 said this gave her "*an understanding of those factors*" (line 40) and although the outcome was the same for this child as for the older three siblings – he was adopted – participant 4 felt that her understanding of the mother's history enabled her to work more effectively with the child's adoptive parents so they in turn had a more informed understanding of the child's family history (via his mother) than might otherwise have been the case.

Developing carer mentalization

The third theme is the use of the theory and research knowledge related to disorganised attachment in order to help develop carer mentalization in situations of neglect. This theme is similar to the one of the same name discussed in relation to Factor 3. However, with regards to Factor 4, there is a focus on the development of mentalization for neglectful carers in particular. As such, there is a link between this theme and the previous theme of understanding the behaviour of neglectful carers.

For example, participant 15 described his application of this concept with the carers of the 15-year-old young women with cerebral palsy discussed above. Participant 15 said one of his aims in working with the family was to "*bring about some change* [in] *the way* [the carers] *think about their own children so if they're thinking about their own childhood and what was good, bad, indifferent about it, they'd be more able to keep in mind the children now*" (lines 340 – 342). Participant 15 also referred to his use of the concept of mentalization with the carers of the 9-year-old boy with learning disabilities, also discussed above. For this child, although he had been removed from the care of his birth family prior to this participant becoming his social worker, participant 15 said that he was nevertheless working to ensure that the supervised contact between the child and his carers was a positive experience for everyone. Participant 15 focused on how he could help the carers to 'hold their son in mind' during contact sessions, saying "*I think it really helps the parents having somebody else there* [during contact] *to keep in mind the young person's needs and to gently point out, I think it benefits them, it benefits the young person as well*" (lines 167 – 169).

Participant 4, whose Q-sort did not load significantly onto any of the factors, also gave examples of this theme in practice and again in relation to supervised contact between carers and their birth children. Participant 4 said she focused on the development of carer mentalization in order to give supervised contact sessions "*more purpose*" (line 253) and for participant 4, this involved the use of Guided Parenting Tasks, so that the carers were asked to do "*specific things*" (line 260 – 261) during contact sessions. In other words, rather than 'simply' arranging contact so the child could spend time with his birth family and vice versa, this participant described her use of contact sessions in order to help the carers think more about their child's internal world, and thus potentially to have more positive contact in the future as a result. Participant 4 noted that the carers "*didn't seem to have a problem with it, it gave contact a bit more focus and I'm not taking away the time from* [them]" (lines 259 – 260).

Combining explicit and implicit theoretical approaches

The fourth and final theme is of use of the theory and research knowledge related to disorganised attachment in combination with other theoretical approaches. Whilst there was no suggestion within the other three factors that participants considered the use of such theory and research knowledge to be exclusive of other approaches, in Factor 4 the combination with other theoretical approaches is made explicitly.

Participant 15, when asked to reflect on the overall impact of his use of the theory and research knowledge related to disorganised attachment in practice, noted that he would find it difficult to separate out the various different elements and influences within his own decision making or assessment process and thus it was difficult for him to 'quantify' with any degree of certainty the influence of particular theoretical positions or aspects of research knowledge. Participant 15 said, "*It's kind of hard to separate it all out*" (line 173). In relation to the 9-year-old boy with learning disabilities, participant 15 said that he had "*other concerns about* [the carers] *abilities to respond* [to the child]" (line 174) apart from any concerns about their ability to mentalize. Participant 15 also described how at times or in certain situations he might focus on attachment-related concepts, such as mentalization, but at other times or in other situations he would focus on different aspects of caregiving or family life. For example, in relation to his assessment of the 9-year-old boys' maternal aunt and uncle, participant 15 said "[I] *thought, right I'm going to go and gather this information about this family. It was really good seeing them as a whole six people, system, family, and 2 dogs, and just watching the functioning around a dinner table and how they interact...I wouldn't say I'd used any tools* [related to disorganised attachment] *for that, I'd say it was perhaps more a gathering of information and observation of the family group*" (lines 238 – 251).

Another example of this theme was identified via the interview transcript of participant 10, who did not complete a Q-sort. Participant 10 described his work with "*a young adolescent* [with] *very risky behaviours, very destructive behaviours. For example, he had glassed a bus driver, robbing people,* [he was] *what most people would consider*

delinquent" (lines 78 – 79). Participant 10 noted how easy it was for such a child to be labelled as a "*bad child*" (line 81) and to conclude that "*he's doing this on purpose, he's evil*" (line 86). Participant 10 contrasted this with his attempts to ensure that the other professionals involved had an understanding of his "*early history and* [could] *consider that his behaviours are being driven by a lack of trust in the world because he didn't have that early* [organised] *attachment to his mum, and his dad was very abusive*" (lines 82 – 84). However, participant 10 also said that as well as using aspects of "*attachment theory…it's applying that within systemic theory as well because he is playing out all this destruction and then the system around him becomes chaotic as well, so all the professionals are arguing and chasing each other and…actually to help them work together, everyone needs to form a kind of, almost an organisational secure base around him, that can be quite effective*" (lines 88 – 92). Here, as well as describing the use of attachment theory in combination with systems theory, participant 10 is potentially describing his own interpretation or 'naïve theory' (as discussed in Chapter One) of an 'organisational secure base', in order to try and help the professionals working with the child to work together more effectively.

Participant 1, whose Q-sort did not load significantly onto any of the factors, provided a potential counter-example of this theme, of a *less* eclectic approach to the use of the theory and research knowledge. Participant 1 said "*Once we started implementing the tools* [such as Guided Parenting Tasks, Story Stems and Adult and Child Attachment Interviews] *we started noticing…it was enhancing the quality of our assessments…it was providing evidence for cases we were really worried about and alternatively it was providing evidence in cases to reassure us, the senior managers started going...this is really powerful kind of stuff*" (lines 167 – 172). As a result, participant 1 said, "*it's become the thing that* [my authority] *has wanted to invest in. I know other local authorities have invested in different types of models…but* [my authority] *has taken this quite seriously and said this is going to be our thing*" (lines 174 – 176). Here, participant 1 is describing how in her local authority, the theory and research knowledge related to disorganised attachment has become, if not the only approach, then certainly the preferred one.

Summary

In summary, Factor 4 as derived from the Q-study represents a use of the theory and research knowledge related to disorganised attachment in order to understand and help carers. From an examination of the interview transcript of participant 15, whose Q-sort loaded significantly onto this factor, it became apparent that in practice, much of the understanding and help was focused on the concept of mentalization and with neglectful carers. In addition, another theme emerged of how this theory and research knowledge could be used to assess or anticipate the potential impact of change for children and of how the theory and research knowledge related to disorganised attachment could be used in combination with other theoretical approaches (see Figure 10).

Figure 10: A visual representation of factor 4, based on Q-study and interview analysis.
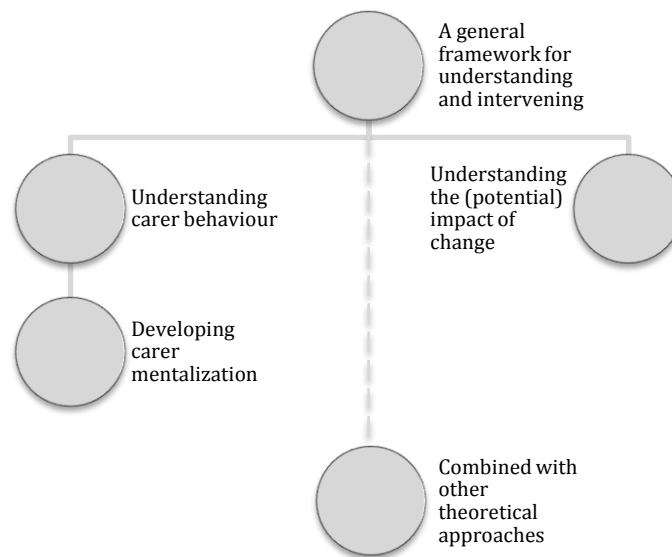
OUTLYING PARTICIPANTS

As noted in the introduction to this chapter, the Q-sorts of participants 9 and 18 correlated significantly but negatively with Factor 2. These correlations are so significant that these two participants can be considered as outliers from the rest of the participants and hence the data they provided are worth discussing in more detail. In addition to a Q-sort, Participant 9 also completed a guided conversation interview, whilst Participant 18 only completed a Q-sort. As a result of their strongly negative correlations with Factor 2, it is not unreasonable to consider that these two participants represent an opposing view to that of Factor 2 as follows (these statements are those most strongly agreed or disagreed with in Factor 2, with italics used to denote where the meaning has been reversed):

- Social workers will *not* feel more sympathetic towards abusive and neglectful parents even if they understand the role of characteristics such as unresolved loss and trauma, disconnected and extremely insensitive caregiving within their behaviour
- Using ideas and methods related to disorganised attachment *does not* help social workers to make better decisions about which children need protection
- Using methods related to the theory of disorganised attachment and related caregiver characteristics such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures *does not* enable child protection social workers to think more clearly about the type of interventions a child needs
- If Social Workers can be taught to recognise when children do not present with disorganised attachment, this would *not* help avoid unnecessary interventions
- Using ideas and methods related to disorganised attachment *does not* help social workers distinguish between abused and non-abused children
- Using methods related to the theory of disorganised attachment and related caregiver characteristics such as Adult or Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures is *not* straightforward and the analysis of them is too difficult for them to be useful to child protection social workers.
- There are many children who Social Workers believe have been abused or neglected who will not present with disorganised attachment.
- Understanding research and theory related to disorganised attachment and associated caregiver characteristics makes decision-making more complicated.

- If a child is believed to present with disorganised attachment, they can live at home safely with the help and support of social services.

- Using methods related to disorganised attachment such as Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures makes it easier for Social Workers to use other specific assessment and direct work tools as well.

- Social Workers should be concerned about being cross-examined in Court regarding their use of methods related to disorganised attachment and associated caregiver characteristics such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures.

In other words, these participants (9 and 18) would probably agree that social workers *will not* necessarily feel more sympathetic towards abusive or neglectful carers because of an understanding of caregiver characteristics associated with disorganised attachment; that using ideas and methods related to disorganised attachment *does not* help social workers make better decisions, or distinguish more easily between abused and non-abused children and neither does it help to plan better or to avoid unnecessary interventions. They would also probably agree that the analysis of methods such as Adult and Child Attachment Interviews, Story Stems, Guided Parenting Tasks and Strange Situation Procedures is *too complicated* for (many) social workers and that social workers should be concerned about being cross-examined in Court about their use of these methods; that these methods *do not help* social workers develop their skills of direct work with children; that there *will be* many abused or neglected children who will not present with disorganised attachment behaviour or will not be assessed by social workers as presenting with disorganised attachment behaviour; that understanding the theory and research knowledge related to disorganised attachment *does* make decision making more complicated and that children who present with disorganised attachment behaviour can live safely at home with the right help and support.

As Factor 2 was described as enabling 'clear decision making and purposeful intervention', it is possible that these two participants, 9 and 18, represent a view that the theory and research knowledge related to disorganised attachment 'complicates decision

making and makes purposeful intervention more difficult' although it is important to note that no such factor emerged from the Q-study and so this analysis is less reliable and more tentative than for the factors discussed above.

Analysing the interview transcript of participant 9 based on the statements listed above (the reverse of the most positive and negative statements from Factor 2) revealed three possible themes regarding the way in which this participant described her own use of the theory and research knowledge related to disorganised attachment in practice - (1) the importance of being 'unbiased', (2) the role of 'useful anxiety' and (3) the universal but conditional applicability of this theory and research.

The importance of being 'unbiased'

The first theme is the importance of being 'unbiased'. This theme suggests that methods such as Guided Parenting Tasks, Story Stems and Child Attachment Interviews need to be used with the upmost care in order to avoid giving the impression of having been used in a biased way and that one of the complexities with these kinds of methods is the possibly of interpreting (or misinterpreting) them so that they support the social worker's current hypothesis. For example, participant 9 described how she prefers to complete methods such as Child Attachment Interviews and Story Stems with children about whom she knows very little. Participant 9 described her approach as follows – "*I don't usually know too much about the case before I do it*" (line 15) and that "*to be very unbiased... you can just do the story stem without knowing those things* [details of the case] *and sometimes afterwards, things have come out in story stems where if I've asked is there domestic violence or whatever, usually I've seen it in the story stem but without knowing before and so I feel it's a bit more real then, I know I haven't led them* [the child] *by anything I've suggested*" (lines 39 – 43). Here, participant 9 is describing how she feels more confident that the information she obtains from methods such as Story Stems is accurate or more genuine ('I feel it's a bit more real') when she undertakes them without having significant prior knowledge of the child and his or her circumstances.

Participant 5, whose Q-sort did not load significantly onto any of the factors, also described how in her work, she tends to favour the use of methods such as Adult Attachment Interviews with adults she does not know. For example, participant 5 said, "*my colleague actually undertook…the Adult Attachment Interview with them and I did the Adult Attachment Interview with…the couple my colleague was assessing so…the people with whom I did the AAI, I haven't been closely involved in the assessment at all*" (lines 25 – 28). The implication of this view may be that where a social worker does know the child or the adult prior to using such methods, the information they obtain may be unreliable or less objective because as participant 9 said, the perception could be that the social worker may have 'led' the child (or the adult) into saying something they would otherwise not have said or they might interpret the responses in a way that is unreliable but supportive of their current hypothesis. Again, participant 5 discussed a similar concern in her interview, saying that "*the idea of doing* [that] *is to make the whole assessment more objective so it's not just someone who has built a relationship with the* [person being interviewed] *and then thinks, ooh nice people, because you've become quite friendly with them*" (lines 37 – 40).

Participant 9 also gave an example in which she completed a Story Stem with a child she did not know on behalf of a colleague, and how she was led to wonder if, because of the nature and type of stories the child told, there may be domestic abuse within the home environment. Participant 9 explained how she "*said to the worker afterwards, is this a case with domestic violence because I felt something in the stories and she said yes and she thinks the mum thinks that the children don't know. And so she was able to go to the mum and say, well, it came out in the story. You think that you hide it from them* [but] *they do experience it. And I thought that was a really good way…Some think it is the worker who brought it into the assessment but I don't because I don't know anything*" (lines 168 – 174). Here, participant 9 is suggesting that when she identifies particular features of concern, such as the presence of domestic abuse, she feels this is a more reliable interpretation because she does now know anything about the child beforehand, and therefore, it cannot be the case that she has (inadvertently) led or influenced the child's responses. This implies that participant 9 would view situations in which the social worker does know the child prior to completing these kinds of methods as being more likely to

lead to inaccurate conclusions being drawn. However, as described in the next section, this approach can make it more difficult to analyse the information obtained and this presents participant 9 with something of a dilemma.

Useful anxiety

The second theme to emerge is that of 'useful anxiety'. From participant 9's interview transcript, it appears that she experiences a level of anxiety regarding her own use of the theory and research knowledge related to disorganised attachment, and especially about the process of analysing the results of methods such as Guided Parenting Tasks, Story Stems and Child Attachment Interviews (i.e. of analysing the speech, presentation and behaviour of the child or carer). It is interesting to note the presence of this anxiety even though participant 9 has been trained and validated as a coder of these methods via the Anna Freud Centre in London, and thus she has a more expert level of training than many of the other participants. Participant 9 said that "*analysing…is difficult, and although I did do the Anna Freud training and I was trained and I was qualified to code, I still feel that sometimes it's difficult*" (lines 58 – 60). Participant 9 described one particular example in which she completed a Story Stem with a child, in which he told only "*one story which is really bizarre*" ('bizarreness' being one of the markers of disorganised attachment behaviour within the Story Stem method). Participant 9 debated whether this one example would qualify as "*disorganised attachment or* (even as a) *cause for concern? Because it's one out of maybe 13* [stories]. *But we've been doing 6 stories and so one out of six is a sixth* [and] *it's that kind of thing that I find particularly difficult* [to analyse]" (lines 101 – 103).

Here, the participant is saying that when you complete a series of Story Stems with a child, which may include 13 stories or it might include only 6, she is unclear as to how one should analyse the child's overall presentation if there is only one story that contains markers of disorganised attachment. In response to her own anxiety, participant 9 said that she does not attempt to undertake this analysis on her own but seeks out other opinions, such as those of the clinical psychologist based in her team. Participant 9 also described

her concerns about how the child's age, development and level of maturity might impact on the information obtained via the use of methods such as Child Attachment Interviews and Story Stems. For example, she described a recent Story Stem in which the child "*seemed too old for it all. Younger children accept it, whatever you're doing. And* [this child's stories] *were a bit short but I didn't think it was short because it was avoidant…And some children are more immature, I mean, I'm working with a five year old…and he can't talk yet, he wouldn't be able to do that* [complete a Story Stem] *because he can't even speak. So, his language delay* [is] *too much. So it is their level of maturity as well*" (lines 110 – 116). Here, the participant is indicating a level of anxiety regarding how the responses of the child might be a reflection of their age and level of development as much as their attachment-related experiences of close relationships.

Participant 4, whose Q-sort did not load significantly onto any of the factors, also described a sense of anxiety in relation to the application of the theory and research knowledge related to disorganised attachment, saying "*I'm still wary, especially of Story Stems, of not wanting to over-analyse and not wanting to say this means this and that means that and I have that in my mind. There are certain things I want to say, and I think, is that too much interpreting, would that be criticised, on what basis*" (lines 241 – 244). In response, participant 4 said she "*tends to say it 'could mean this' rather than 'it definitely means these parents can't raise their children'*" (lines 244 – 245).

In summary, participant 9 expressed her view that "*Doing it with support I think…works quite well in a way, other people looking in on it, even other people who have not been trained because it's just another pair of eyes*" (lines 379 – 381). Thus, participant 9 has expressed some anxiety, however this theme has been labelled as 'useful anxiety' because of the ways in which participant 9 has used her own anxiety as a prompt to take further steps to try and ensure that her analysis is as accurate, or as valid, as possible, by asking colleagues to assist her.

Conditional universal applicability

The third and final theme is that of conditional universal applicability. Despite the reservations described above, participant 9 said in her interview "*I think they* [methods such as Adult and Child Attachment Interviews and Story Stems] *are always helpful…and I think other workers think it as well*" (line 94). However, given the themes discussed above regarding the importance of being 'unbiased' and of 'useful anxiety', it is perhaps more accurate to describe this theme as one of 'conditional' universal applicability. Whilst lacking internal coherence, this seems to offer a better description of this participant's view than would 'universal applicability' and better reflects her views regarding the need for the theory and research knowledge related to disorganised attachment to be used judiciously.

Summary

In summary, although participants 9 and 18 are outliers when compared with the rest of the participants, their views regarding the use of the theory and research knowledge related to disorganised attachment are the most complicated to emerge from the research described in this thesis. From the Q-study, these participants appear to be concerned with the potentially negative or overly complicated aspects of using such theory and research knowledge in practice. For example, the view that the use of such theory and research knowledge can make decision-making more complicated and that the analysis of methods such as Child Attachment Interviews and Strange Situations is too difficult for (most) child protection social workers. However, via the interview transcript of participant 9, with additional examples from the transcript of participants 2 and 4, it is possible to discern a more nuanced understanding of how a social worker might hold such a view and yet still make use of this theory and research knowledge in their own practice. As described above, participant 9 reported feeling anxious about her own use of the theory and research knowledge related to disorganised attachment, and perhaps this anxiety explains her careful approach of including other professionals in the analytical process and her attempts to appear unbiased, by deliberately not knowing about a child before working with them. Both methods may be employed in an attempt to defend herself against criticism of her analytical conclusions. Thus, this anxiety has been labelled as 'useful' because it appears to have led to an increased level of deliberation and thoughtfulness around the use of such theory and research knowledge. Finally, participant 9's view is that methods such as Story

Stems and Child Attachment Interviews are helpful for use with all children but with the condition that such methods should be used cautiously and with due consideration as to the interpretation or analysis of the information obtained.

In conclusion, this perspective can be understood as representing an approach to the use of the theory and research knowledge related to disorganised attachment as being conditionally but universally applicable but also as too complicated for individual use. The resultant anxiety (because of the perceived complexity of this theory and research knowledge) appears to have led, at least for participant 9, to a series of practical steps being taken in order to ensure the resultant practice can be perceived as being unbiased (see Figure 11).

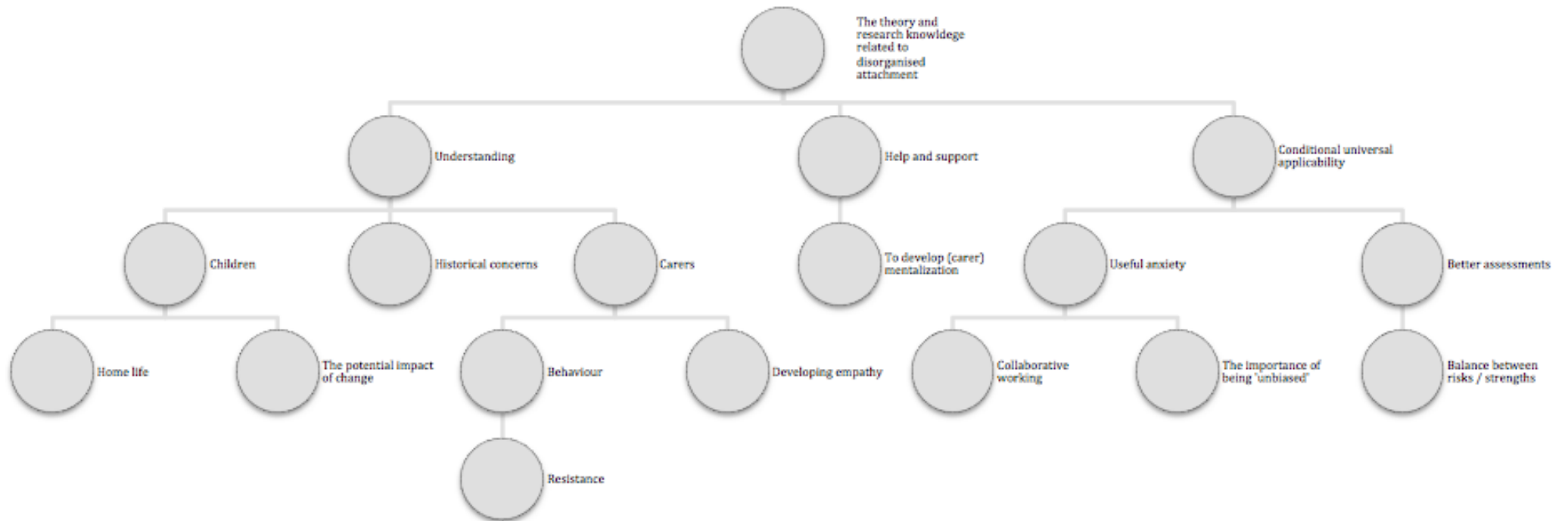*Figure 11: A visual representation of the view of participants 8 and 19, the outliers.*
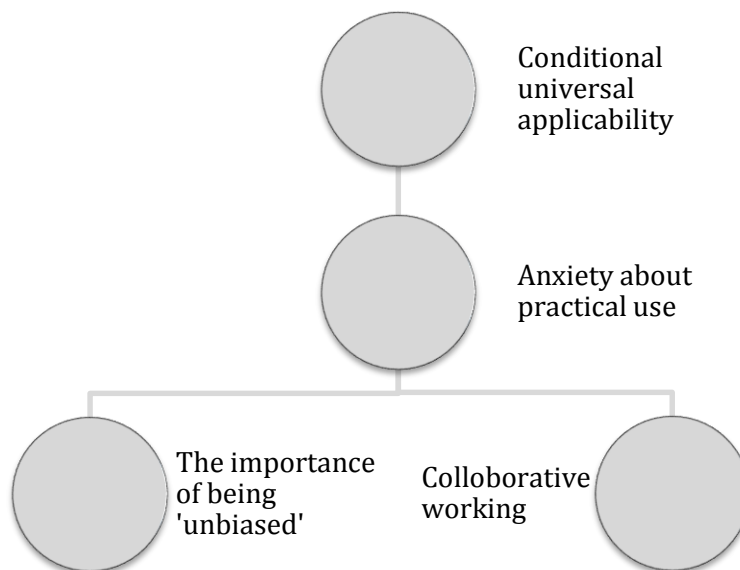
CONCLUSION

Together with the previous chapter, the data discussed in this chapter concludes the presentation of the findings of this thesis. In Chapter 6, the results from the Q-study were presented and in this chapter, those results have been discussed in combination with the results of the guided conversation interviews. In order to understand the meaning of each of the Q-study factors in more detail, the interview transcripts of participants whose Q-sorts loaded significantly onto the factors were examined in relation to the meaning of the factor as described in Chapter 6. This process of analysis led to the identification of three or four key themes for each factor, in terms of how participants applied the theory and research knowledge related to disorganised attachment in their work with individual children and their carers. For example, from the Q-study, Factor 4 was described as being primarily concerned with understanding and helping carers, however from the analysis of the interview transcript of participant 15, it became clear that it may also incorporate a focus on the potential impact of change for children. In addition, the interview transcripts of participants who either did not complete a Q-sort or whose Q-sort did not load significantly onto any of the factors were also analysed in light of the themes identified from the previous set of interview transcripts. This process of analysis revealed further examples for each of the themes and thus consolidated their meaning and their relationship to the overall factor.

In conclusion, these two methods in combination have revealed that amongst the participants of the research described in this thesis, there are 4 distinctive perspectives regarding the use of the theory and research knowledge related to disorganised attachment in social work assessment practice with children who may be at risk because of abuse or neglect. What has become clearer following an analysis of the interview transcripts is that despite their distinctiveness, there are also similarities between the factors in terms of how they are applied in practice. For example, the theme of indirectly understanding a child's home life occurs in Factors 1 and 3 and the theme of developing carer mentalization occurs in Factors 3 and 4. This suggests, as one might expect, that when social workers are applying the same 'set' of theory and research knowledge in practice, there are likely to be commonalities in how they are translated into practice. Such are the commonalities that is has been possible to combine the visual representations devised for each of the factors

above (see Figures 8 – 11 above) into an overarching model of how the theory and research knowledge related to disorganised attachment can be used in child protection social work practice (see Figure 12).

Figure 12. A visual representation of all four factors and themes from the Q-sort and guided conversation interviews combined.

The theory and research knowldege related to disorganised attachment

Understanding

Help and support

Conditional universal applicability

Children

Historical concerns

Carers

To develop (carer) mentalization

Useful anxiety

Better assessments

Home life

The potential impact of change

Behaviour

Developing empathy

Collaborative working

The importance of being 'unbiased'

Balance between risks / strengths

Resistance

Chapter Eight – Discussion, Reflections and Conclusions

INTRODUCTION

In this final chapter of the thesis, the findings presented in the two previous chapters will be examined in relation to the research aims and the key thematic findings will be discussed in relation to aspects of the wider knowledge base and relevant literature. The potential implications for social work education will also be discussed. Before beginning this discussion, it is important to add a note on the meaning of the words 'theory' and 'research' used in this chapter. When referring to the use of (attachment) theory in practice, it is important to recall the difference between colloquial meanings of 'theory' and scientific meanings. In the former sense, a theory may be akin to an idea, even a hunch, about how (or why) something operates in the way it does. In the latter sense, theory means a well established and substantiated explanation, established via the use of the scientific method of enquiry and confirmed over time and in different contexts by observation and experimentation. Thus, in this latter sense and as in the case of attachment theory, the reference is to a theory underpinned by research data. This distinguishes attachment theory (and other scientific theories of human development) from other kinds of theory (such as Marxist or feminist theory). This distinction recalls the discussion from Chapter One regarding social work theory and research and the difference between theories *for* practice and theories *of* practice (discussed below). In summary, attachment theory (and associated research) cannot easily be dismissed as a potentially useful 'tool for practice' without also dismissing, to some extent, the scientific method of enquiry and this context is important for the discussion that follows.

Key contextual theme – technical-rational research in practical-moral practice

Before addressing the research aims, one of the key emergent themes from the findings discussed in the previous two chapters is the use of technical-rational research within a context of practical-moral social work practice. This theme is discussed at the start of the

chapter because it offers a context for the remainder, for the other two key emergent findings and in relation to the research aims. Initially, in the 19th and early 20th centuries, before the State began to incrementally regulate and take-over the provision of social work from charitable and religious organisations (see Chapter One), social work was quite readily conceived of as having 'moral and social orientations' (Weick and Saleeby, 1998). However, Parton (2000) has identified that "*one of the central tensions* [in social work] *has been between the scientific and the more humanist, client-centred approaches to practice*" (p. 450). This tension gives rise to the question of whether social work is (or should be) "*primarily a rational-technical activity or a practical-moral one*?" (Parton, 2000, p. 451). A rational-technical conception suggests that professional practice should be based on reliable techniques, derived from scientific research knowledge, and in which social work practice is the method by which such techniques are applied. Clark (2006) has criticised such a conception for overlooking the morally problematic issues that social workers encounter, and further argues that social work that pertains to 'value neutrality' is neither feasible nor desirable. As an alternative approach, a practical-moral perspective suggests that social work practice is an "*art rather than science*" (Parton, 2000, p. 453), in which social workers use relatively informal methods in order to help service users find solutions for their own problems.

However, according to Parton (2000) the distinction between technical-rational and practical-moral social work should not be drawn too sharply and "*rather than seeing the relationship in terms of the application of theory to practice we are recognizing that theory can be generative. Theory can offer new insights and perspectives such that practitioners can think and act differently…there is nothing as practical as a good theory*" (p. 461). Of course, this leaves open the question as to what kind of theory and research knowledge should be used as the basis for 'thinking and acting differently', and according to Taylor and White (2001), social work has for some time been dominated by a variety of attempts to apply rational or technical theory and research knowledge to what is essentially, in their view, a practical-moral activity. Others have argued that because social work practice is a highly skilled activity, it requires an extensive knowledge base, one that incorporates the knowledge and expertise of service users and carers *alongside* the knowledge and expertise of researchers, academics and practitioners (see Trevithick, 2008), Thus, the tension that Parton (2000)

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identified between scientific and humanist conceptions of social work (between rational-technical and practical-moral practice) remains apparent (in international social work as well as in England; see Beddoe, 2013 and Al-Ma'seb, Alkhurinej and Alduwaihi, 2013).

The key theme that emerged from the findings presented in the previous two chapters and relating to this discussion is the use of technical-rational theory in practical-moral practice. The theoretical and research knowledge related to attachment theory (and to disorganised attachment in particular) is primarily rational-technical, with the majority of contemporary attachment research based on the idea that objective observations and descriptions can be made without interfering with the phenomena being studied (or at least, that measures can be taken to minimise such interference), and that such observations can be reliably repeated (see Levin, 1988). For example, the studies reported within a recent edition of the *Journal of Attachment and Human Development* (2013, volume 15, issue 4) include cluster randomized controlled trials (Sleed, Baradon and Fonagy, 2013), logistic regression models in order to identify the predictability of adolescent suicide attempts (Sheftall et al, 2013), the genetics of development and attachment (Roisman et al, 2013), structural equation modelling in order to predict social competence and aggression in infants and young children (Feldmen, Bamberger and Kanat-Maymon, 2013) and the correlation between Adult Attachment Interview classifications and risk to children (Frigerio et al, 2013). Indeed, attachment theory has always had a strong technical-rational research base with the Strange Situation Procedure (SSP) designed as a quasi-experiment in which attachment behaviour can be objectively described and codified by trained researchers, with the aim of ensuring that any conclusions drawn are *reliable* (that different coders would reach the same conclusion having observed the same behaviour).

Despite this technical-rational research base, the findings presented in this thesis suggest a practical-moral approach to social work and thus of a practical-moral use of the technical-rational theory and research knowledge related to disorganised attachment. This theme is of particular relevance in relation to the discussion in Chapter One and with the criticism of evidence-based or evidence-informed practice that it is exclusive of the tacit knowledge of social workers as well as the experience of service users (see Webb, 2001). However, the

findings presented here demonstrate that it is possible to base social work practice upon technical-rational research without the expertise of practitioners being excluded, and indeed, of how the use of such theory and research knowledge can actively enhance a sense of professional expertise and confidence. None of the participants in this research described their use of the theory and research knowledge related to disorganised attachment as precluding them from working with children and families as guided by their own professional judgement. This contradicts Webb's argument that "*Managerially driven EBP* [evidence based practice]) *is likely to be viewed with suspicion by social workers because it undermines traditions of professional judgment*" (2002, p. 46).

Indeed, even in the authorities or teams where the participants were using the theory and research knowledge related to disorganised attachment because of a management decision that they should, they still did not report feeling 'suspicious' of it, nor did they report feeling undermined in their professional judgment. Furthermore, in describing their use of the theory and research knowledge related to disorganised attachment, one of the more common elements to emerge, from the Q-study and the guided conversation interviews, was of *helping* and *understanding* children and their carers. This is indicative of practical-moral social work practice, in which the primary aim is to 'care for the neediest' (see Bisman, 2004). This suggests it is less important (for social workers) whether the theory and research knowledge they use in practice is 'evidenced based' or not, but what role it plays within the social worker's existing practice (see the section below regarding the third supplementary research aim) and whether, and in what ways, it helps them to help others.

Thus, it is not the methodological or the epistemological nature of the research or of the theorising, whether positivist or qualitative, technical-rational or practical-moral, that is relevant for practitioners, but whether and how they can integrate such theory and research knowledge into their practice. This conclusion resonates with Parton and O'Byrne's argument that, from the perspective of service users, "*it is not the particular model or techniques used by the social worker which are significant, but the quality and value of the experience* (2000a, unpaginated). Indeed, none of the participants felt that their use of the theory and research knowledge related to disorganised practice *excluded* service users from

participating in the assessment process, and indeed a number described how their use of methods such as Adult Attachment Interviews resulted in a *more inclusive* assessment process (albeit from their perspective).

This theme – the use of technical-rational research in practical-moral practice – also indicates how a number of the participants were 'active consumers' of the theory and research knowledge related to disorganised attachment in that they had evidently reflected upon the value-base and the implications of this theory and research knowledge when using it in practice (and before). In other words, some of the participants described their reflections on 'value-laden' and moral questions such as parental rights and the role of child protection social workers and they actively considered these questions and the values inherent within attachment theory when applying the ideas and methods in practice. This resonates with the work of Davies et al (2008), who said that "*knowledge transfer, implying the linear communication of a product recognised as knowledge to a 'passive audience', is an unhelpful term*" and that "'*knowledge interaction*'" is a more helpful or useful phrase, "*suggesting not only a two-way process…but also the need for ongoing reinforcement and development*" (cited in Rutter and Fisher, 2013, p. 9). The latter part of this quotation links with the descriptions given by a number of the participants regarding their use of the theory and research knowledge related to disorganised attachment, in conjunction with their colleagues and their use of feedback from colleagues, in order to help them analyse the information they obtained via the use of methods such as Story Stems and Guided Parenting Tasks.

As noted above, this key theme – of using technical-rational research in practical-moral practice – provides a context for the other themes discussed in this chapter, particularly with regards to questions of *how* this was achieved.

To recap from Chapter One, the primary research aim of this thesis is:

To understand how child protection social workers use theory and research knowledge related to disorganised attachment in practice.

In addition, the following three supplementary aims have also been considered:

1. To understand how child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse or neglect.

2. To understand how child protection social workers use theory and research knowledge related to disorganised attachment when assessing children who may be at risk of significant harm due to abuse or neglect.

3. To understand how child protection social workers incorporate theory and research knowledge related to disorganised attachment into their existing social work practice.

As noted in Chapters Six and Seven, there are a variety of ways in which child protection social workers have used the theory and research knowledge related to disorganised attachment in practice with children who may be at risk of significant harm due to abuse or neglect. At the end of Chapter Seven, a visual model was presented in order to demonstrate this variety (see Figure 12), with the key elements of the model being that the theory and research knowledge related to disorganised attachment can be used to *understand* certain aspects of the child (and their family), to *help and support* carers and to complete *better assessments*. The fourth significant element of the model is concerned with the *practical use* of such theory and knowledge.

With reference to the discussion in Chapter One and the introductory discussion above, the

three key elements identified via the model in Figure 12 – 'understanding', 'helping and supporting carers' and 'completing better assessments' – relate to practical-moral conceptions of social work practice, more than technical-rational conceptions. The use of this theory and research knowledge as described by the participants is suggestive of social work as being an "*art rather than science*" (Parton, 2000, p. 453) more so than it is of social work practice being the method by which research findings are applied to work with individuals and families. Thus, despite attempts by successive governments to regulate the practice of child protection social work via the production of increasingly complex guidelines and frameworks for the completion of assessments (as discussed in Chapter One), social work has retained a significant practical-moral character, with one of the key aims being to personally engage with individuals and families, usually within challenging social circumstances (Parton and O'Bryne, 2000a).

Within a practical-moral approach, Parton and O'Bryne argued that social workers can *either* suppose that individual service users (and carers) are solely responsible for their own problems, in which case they can be blamed and 'held to account' (especially when a child is judged to have been abused or neglected) *or* service users (and carers) are located within complex social structures over which they have limited or no control, meaning that 'personal problems' are primarily socially constructed and thus require social solutions. The findings presented in this thesis challenge this either / or distinction and provide another way in which social workers can engage with service users and carers as complex psychological or psycho-social beings, who may potentially be affected by loss, trauma, separation, abuse and neglect, and that even without a consideration of wider social factors, this does not necessarily result in individuals being held solely responsible for their own difficulties.

Thus, in contrast with Parton and O'Bryne's bifurcation that social workers can *either* blame individuals *or* understand them as located within complex social situations over which they have little or no control, the findings presented in this thesis offer a third mode of understanding; of individuals being located within complex *psychological* situations over which they have little or no control, and as a result of which, they need to be *understood* and provided with *help and support* rather than blamed. Of the four major themes of

understanding, *helping and supporting* carers, completing *better assessments* and the *practical aspects* of the use of the theory and research knowledge related to disorganised attachment, the first two will be discussed together under the following heading (related to the first supplementary aim); the third will be discussed under the next heading (related to the second supplementary aim) and the fourth will be discussed under the subsequent heading after that (related to the third supplementary aim).

First supplementary aim

- *How do child protection social workers use the theory and research knowledge related to disorganised attachment in work with children who may be at risk of significant harm due to abuse or neglect?*

There are three specific findings that emerge from a consideration of the data presented in Chapters Six and Seven, to be discussed alongside the themes of *understanding* and *helping and supporting* carers. These findings are that the theory and research knowledge related to disorganised attachment (1) can be used in child protection social work practice with children who may be at risk of significant harm due to abuse or neglect; (2) that the theory and research knowledge related to disorganised attachment can be used in child protection social work practice in a variety of ways, and (3) that the concept of mentalization was found to be particularly useful.

Firstly, it is apparent from these findings that the theory and research knowledge related to disorganised attachment can be used in child protection social work practice and that the majority of participants in this study described their use of such theory and research knowledge in positive terms. In the context of the discussion in Chapter Two, regarding the use of attachment theory in child and family social work more generally, it is not surprising that the theory and research knowledge related to disorganised attachment should be thought of as useful for child protection social work. Nevertheless, the findings presented in this thesis demonstrate an especially 'good fit' between these particular aspects of attachment

theory and the particular social work task of assessing children who may have been abused or neglected. It is reasonable to consider whether this 'good fit' is facilitated by the theoretical and empirical links between disorganised attachment behaviour and abuse and neglect (as discussed in Chapter Two) and whether it is the explicit nature of these links that makes the application of such theory and research knowledge to child protection social work seem particularly useful.

Secondly, these findings indicate that the theory and research knowledge related to disorganised attachment can be used in child protection social work practice in a variety of ways, ranging from a general framework for practice to more specific applications. These specific applications include the use of particular concepts, such as mentalization (discussed in more detail below), or the use of the theory and disorganised attachment for particular tasks, such as supervising contact sessions. This finding is congruent with the wider knowledge base regarding the use of theory and research knowledge in social work practice. However, taking into account the various ways that the participants have applied this theory and research knowledge in practice, one of the key features is the way in which it helped to facilitate or enable a deeper understanding of the child. As noted in the previous chapter, this understanding was applied to three particular elements - the child's home life, the potential impact of change, and the significance of historical concerns. Considering the wider research base, it is reasonable to conclude that these areas are generally considered to be significant within the context of social work assessments but also to ask whether the social workers who participated in this study would have focused on these areas within their assessments irrespective of their use of the theory and research knowledge related to disorganised attachment.

Nevertheless, as a number of authors have argued (e.g. Gomory, 2001 and Munro, 2010), some form of theoretical framework is required for the interpretation of *any* information, and therefore, social workers cannot simply collect information in a neutral fashion although as Munro (2010) has noted, there is a difference between 'theories of practice', which may help to *explain* the way things are (e.g. Marxism, Feminism), and 'practice theories', which may help practitioners undertake their assessments and interventions (e.g. Motivational

Interviewing, systemic theories; see also Payne, 2005, p. 3 - 7). Therefore, the finding that many of the social workers who participated in this study found the theory and research knowledge related to disorganised attachment to be a useful framework for the analysis and interpretation of the information they did collect, it still notable. This highlights another aspect of these findings, namely the frequency at which many of the participant social workers made *explicit* reference to their use of the theory and research knowledge related to disorganised attachment, and this compares with the wider literature base in which such explicit references are rare. Therefore, it may be that *because* many of the social workers felt that the theory and research knowledge related to disorganised attachment represented a particularly 'good fit' with child protection social work practice, this made it easier for them to make explicit links between the theory and research knowledge and their own practice.

Finally, the concept of mentalization was frequently discussed in relation to social work practice with the carers of children who may have been abused or neglected and it is notable that none of the other related caregiver characteristics (such as unresolved loss or trauma or extremely insensitive caregiving behaviour; see Chapter Two) were cited directly at all. This suggests that mentalization is s a particularly useful concept for child protection social workers when working with the carers of children who may have been abused and neglected. This finding relates to a number of studies discussed in Chapter Two in which other specific attachment-related concepts, such as 'secure base', were applied selectively by social workers in their practice. Mentalization is a relatively well-known concept within the field of psychology and psychotherapy in general (e.g. Fonagy et al, 2004 and Barlow and Svanberg, 2009) but is less well known and utilised in social work practice (for example, it did not appear at all in the literature search described in Chapter Two). From the findings presented in this thesis, the concept of mentalization was particularly used in relation to *understanding* and *helping and supporting* carers. Indeed, there were several examples of how the behaviour of particularly neglectful carers could be interpreted by the social worker not as resulting from any 'personal deficiencies' but from difficulties related to mentalization. In other words, carers were *understood* as being unable to sufficiently mentalize about the child in order to meet his or her needs, and thus conceptualised as needing *help and support* in order to improve their ability to care for the child safely.

It is also interesting to note that a number of the participants identified a link between the use of the concept of mentalization in practice and the development of a more empathic relationship with the carer and this is notable as a potential example of a type of 'naïve theory', generated from practice by practitioners (see Olsson and Ljunghill, 1997). Whilst there is a wider body of theoretical and research literature regarding a link between these two concepts, none of the participants in the present study referred to this body of work. Thus, the participants in this research appear to have made this link not via reference to any external knowledge base but via their own practice experiences, indicating the possibility that this could be an example of a naïve theory.

In practice, a number of the participants in this present study described how they applied the concept of mentalization in their work with potentially abused or neglected children and how this in turn helped them to develop a more empathic relationship with the child's carer. Empathy is commonly defined as the ability to recognise the emotions being experienced by other people (or other sentient beings) and, at least in 'non-mandated' settings, empathy is thought to help the development of a more trusting relationship between practitioner and service user. Observational studies suggest that service users can 'sense' when professionals are more emotionally attuned with them, that they tend to trust professionals more when they respond with empathy, and that more empathic professionals tend to find it easier to respond to the concerns and anxieties raised by service users (see Halpern, 2003). Mentalizing refers to the ability to understand and predict another person's behaviour based on reasonable inferences regarding their internal mental states, and contemporary psychological research has indicated that advanced mentalizing skills are most likely related to the ability to empathise (see Hooker et al, 2008). Neurological research has further suggested that the empathic 'activation' of one's own affective states (via the experience and understanding of another person's affective states) is also related to the 'activation' of the brain's mentalizing networks (Schnell et al, 2011).

The findings from this present study show that (some of) the participants 'discovered' this link for themselves via their application of the concept of mentalization in practice, without explicitly referring to this wider body of knowledge. A number of social workers in this

study specifically reported finding that their application of the concept of mentalization in practice led to the development of a more empathic relationship with the carer, and a reduction in perceived levels of parental resistance. This finding resonates with the work of Shemmings, Shemmings and Cook (2012), who have argued that the concept of 'parental resistance' is related to empathy and mentalization, with resistant carers being more likely to have difficulties with mentalizing and that empathic social work practice is one of the most productive ways of engaging with such carers.

Second supplementary aim

-   *To understand how child protection social workers use theory and research knowledge related to disorganised attachment when assessing children who may be at risk of significant harm due to abuse or neglect.*

There are four specific findings that apply specifically to this supplementary aim and these will be discussed alongside the theme of completing *better assessments* that emerged from an overall consideration of the data as discussed in the previous chapter (see Figure 9). These findings are that the theory and research knowledge related to disorganised attachment can be used when assessing children who may be at risk of significant harm due to abuse or neglect (1) in order to help evaluate the current impact or significance of historical concerns; (2) as a way of assessing the potential impact of change for children; (3) as a way of understanding the home life of the child, particularly via the use of methods such as Story Stems or Child Attachment Interviews, and (4), the use of such theory and research knowledge may lead to some social workers feeling a sense of anxiety about the need to appear unbiased when completing their assessments.

Based on a consideration of the wider literature regarding the use of attachment theory in social work practice with children (as discussed in Chapter Two), these findings represent relatively novel uses of such theory and research knowledge. Taking these findings together, a number of the social workers who participated in this study compared the assessments they

completed using the theory and research knowledge related to disorganised attachment with the completion of assessments based primarily on 'question and answer' sessions with carers. This comparison compared the 'superficial' nature of the latter with the more significant and meaningful nature of the former. This finding is particularly interesting when compared with the work of Holland (2001), discussed in Chapter Four, and her study of how social workers complete assessments, specifically with regards to the finding that 'question and answer' sessions with carers were the primary method employed. This is not to suggest that the social workers in this present study did not also complete 'question and answer' sessions with carers, but a number did also say that the use of Adult Attachment Interviews, for example, helped them to gain a better understanding which in turn enabled them to complete *better assessments* overall.

However, the finding that a number of the social workers described a sense of anxiety regarding their role as child protection social workers, particularly with regards to the need to act – and 'be seen to act' – in an unbiased manner and the significance that a child protection assessment can have for families (see Davies, 2011), was another aspect that can be linked with the wider theme of *better assessments.* In other words, completing *better assessments* has two meanings – completing more meaningful assessments that develop a better understanding of the child's potentially abusive or neglectful experiences (and of the carer's difficulties, if any) but also assessments that enable the social worker to avoid unnecessary State intervention in private family lives. Both of these meanings link with the specific finding of using the theory and research knowledge related to disorganised attachment as a way of obtaining an enhanced understanding of the child's home life, of the potential impact of change upon them, and of the significance of historical concerns.

With regards to the first meaning of *better assessments*, being able to evaluate the significance of historical concerns, to understand the potential impact of change on the child and to understand the child's home life, are all aspects of knowing more about the child and understanding more about how they experience life. Many of the participants described the completion of assessments incorporating the theory and research knowledge related to disorganised attachment as enabling a more genuine exploration of the child's relationships

and experiences and a number of also contrasted this with a more superficial examination of the child's circumstances, based primarily on 'question and answer' sessions with the carer. In other words, as highlighted in Chapter Four with regards to Serious Case Reviews and risk factors, an assessment in which it is found that the child is living with a carer with mental health difficulties, in poor housing, and has experienced domestic abuse in the past, is of relatively limited value when seeking to make a judgement about any current harm and especially when compared with an assessment in which the same factors are identified, but in addition, an analysis is made as to how these factors are individually experienced by the child being assessed and how the carer perceives the impact of these factors upon the child (linking with the discussion of mentalization in the previous chapter and above).

With regards to the second meaning of *better assessments,* as outlined above, being able to evaluate the significance of historical concerns, to understand the potential impact of change on the child and to understand the child's home life were also described by some of the social workers in this study as helping to avoid unnecessary State intervention into private family lives. There are several examples within the interview transcripts of social workers using the theory and research knowledge related to disorganised attachment in order to counter-balance the presence of known 'risk factors', such as a carer's history of substance misuse. In other words, there are examples of the information obtained via the use of methods such as Story Stems and Child Attachment Interviews being used in order to demonstrate (or to help demonstrate) that although there are concerns about the child and his or her carers, the child's relationship with the carer is such that it is unlikely they are being significantly harmed.

This finding is particularly interesting in light of some examples of media reports of social work in which the assumption appears to be that child protection social workers primarily focus on identifying (potential) risks rather than on working with families in order to support children to remain at home (see Freeman, 2013 and Doughty, 2013[14]). These kinds of stories

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[14] These stories both relate to an Italian mother, who when visiting the UK became unwell and was detained at a psychiatric hospital. As reported by *The Daily Telegraph* (Freeman, 2013) and *The Daily Mail* (Doughty, 2013), her baby was 'taken from the womb by social

imply that social workers are not concerned with the rights of carers (nor indeed with the child's right to a family life) but that they primarily seek to find evidence in support of a decision to remove the child from the home. These implications are not supported by the findings described in this thesis in which a number of social workers expressed their anxiety about acting in an unbiased manner (or being perceived as such) and how they used the theory and research knowledge related to disorganised attachment in order to help them conduct 'better assessments', taking into account the child and family's strengths and seeking not just to identify the presence of risk factors but to obtain a deeper understanding of whether and how those risk factors were impacting on the child such as to place them at risk of significant harm.

Third supplementary aim

- *To understand how child protection social workers incorporate theory and research knowledge related to disorganised attachment into their existing social work practice.*

There are two specific findings that apply to this supplementary aim and these will be discussed alongside the theme of the *practical aspects* of using the theory and research knowledge related to disorganised attachment, one that emerged from an overall consideration of the data as discussed in the previous chapter (see Figure 10). These findings are that the theory and research knowledge related to disorganised attachment can be incorporated into existing social work practice (1) alongside current ways of working rather than by replacing them, and that (2) the use of such theory and research knowledge can enhance the social worker's subjective sense of expertise.

The first of these findings is particularly interesting when considered in relation to the

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services' (via a 'forced caesarian') and social services were "*refusing to give her back to the mother, even though she claims to have made a full recovery*" and therefore, "*social workers (are) dictators who are unaccountable and out of control*". The nature and style of this reporting surely suggests a view of child protection social workers as cynically highlighting (potential) risk factors and having little or no interest in supporting children to live at home.

argument that the use of newly acquired knowledge in practice often involves a 'significant unlearning' of previous or current ways of practicing (see Davies and Nutley, 2008, p. 28) as well as Rutter and Fisher's argument that there is often "*plenty of scope for practitioners to maintain confidence in their habitual practices* (2013, p. 10) and therefore to not incorporate 'new learning' into their practice. By contrast, none of the participants in this study described having to 'unlearn' any elements of their current practice in order to incorporate the theory and research knowledge related to disorganised attachment, but instead, a number described how well this theory and research knowledge complemented and enhanced their existing practice.

For example, a number of the participants described how their use of this theory and research knowledge related to their subjective sense of enhanced expertise, both personally (i.e. the social worker felt 'more like' an expert) and in the view of other professionals. This finding has resonance with recent policy developments regarding social workers and the family courts in England but also with the wider literature base regarding the transfer of learning from 'classroom' settings into practice settings (see the section below on 'Linking theory and research knowledge to practice via 'skills for practice''). With regards to the first point, the Public Law Outline is a policy document setting out the process by which local authorities, the Children And Family Court Advisory and Support Service (CAFCASS) and the system of family courts in England should manage public care proceedings (in which local authorities typically apply for care orders in order to remove a child from home but which may also include applications for adoption orders and other types of court orders as well).

Beginning with Norgrove's (2011) *Family Justice Review*, the policy framework of the Public Law Outline has undergone significant reform in recent years with new requirements being set for local authorities, particularly with regards to the work they undertake with families 'pre-proceedings' and the expectation that all care proceedings should be completed within 26 weeks from initial application to final order. However, one of the other significant changes is with regards the role of experts in care proceedings and of the role of the social worker as an expert. As noted by Munby, President of the Family Division of the High Court of England and Wales, "*expert evidence is to be restricted to what is 'necessary'*" (2013, p.

1). This refers to the use of external expert witnesses within care proceedings and not to social workers per se but as Munby explained, the reason why he expects courts to make less use of external expert witnesses is because "*Social workers are experts…in every care case we have at least two experts – a social worker and a* [CAFCASS] *guardian – yet we have grown up with a culture of believing that they are not really experts*" (ibid, p. 3). In other words, the family courts in England have historically not considered social workers (and CAFCASS guardians) to be 'experts' but the expectation now is that they will. The findings from this present study suggest that child protection social workers using the theory and research knowledge related to disorganised attachment subjectively feel more expert as a result, which may imply that they did not feel so before or at least not to the same extent. This sense of a lack of expertise amongst social workers has also been noted by Munby, who wrote that, "*in recent years too many social workers have come to feel undervalued, disempowered and de-skilled…*[I hope] *to re-position social workers as trusted professionals playing the central role in care proceedings*" (ibid, p. 3).

This suggests that, if social workers are to be considered as experts within care proceedings, they must first feel like experts within the child protection process. Of course, the nature of expertise is complex but it does require, as suggested by Munby, recognition by some wider system of the expertise of the individual in question (Farrington-Darby and Wilson, 2006) but "*expertise* [also] *develops over time through the use of deliberate effort, practice and motivation*" (Ericsson et al, 1993, cited in Drury-Hudson, 1999). Drury-Hudson's study of the differences between novice and expert social workers in child protection work is also informative because although it highlights how "*Experts tended to have a deeper understanding of theory and a clearer understanding of how social work theories relate to practice*" (1999, p. 152), it also suggests that some expert social workers "*made a distinction between social work theories and child protection theories and saw social work theories as sometimes 'softer' and therefore less credible than child protection theories*" (ibid). This relates to the discussion in Chapter Three regarding the need to ensure that any theories incorporated into child protection social work practice from other disciplines, such as Solution-focused brief therapy, are suitable, particularly for use with the 'mandated clients' of child protection.

Thus, if expertise involves the more confident and explicit use of theory and research knowledge, as argued by Drury-Hudson, then it would seem essential that child protection social workers are provided with *suitable* theoretical and research knowledge for their particular field of practice, whether by the adaptation or exaptation of existing theories, or via the purposeful selection of theories and research knowledge that (may) already be known to have utility for child protection social work. As discussed in Chapter Two, there are good reasons to consider that the theory and research knowledge related to disorganised attachment may be particularly useful for child protection social workers due to the theoretical and empirical links it has with child abuse and neglect.

Primary aim and summary

- *How do child protection social workers use the theory and research knowledge related to disorganised attachment?*

Having considered the findings of the research described in this thesis in relation to the three supplementary aims, this section will conclude with a consideration of the primary research aim and a summary of the above discussions. Firstly, it is clear that all of the participants in this present study were using the theory and research knowledge related to disorganised attachment in their practice with potentially abused and neglected children and that they found it useful to do so, albeit in a variety of ways. It was also clear from the interview transcripts that the participants were all able to make explicit links between their own practice and at least some elements of this theory and research knowledge. As noted elsewhere, this is a relatively unusual finding in itself. It is also notable that despite the varied ways in which the participants used the theory and research knowledge related to disorganised attachment in practice, all of them referred to the use of particular methods or techniques, such as Child and Adult Attachment Interviews, and apart from the concept of mentalization in particular, they described their use of this theory and research knowledge as being applied via these specific techniques (this aspect of the findings is discussed in more detail below).

It was also apparent from these participants that although the focus of this present research was on the use of the theory and research knowledge related to disorganised attachment, particularly when assessing potentially abused or neglected children, a number of participants also found it useful in other contexts as well, such as when supervising contact between the child and their carers and when planning for the child to move from one placement to another. A number of participants also made specific reference to the use of this theory and research knowledge alongside other theoretical approaches and tended to describe how this process worked relatively well. In summary, the variety of ways in which this primary research question has been addressed can be found via the model presented in the previous chapter (see Figure 12) with the overall themes being - in order to **understand** children, particularly their home lives and the potential impact of change, to **understand** carers, particularly their behaviour and the potential significance of any historical concerns, to **help and support** carers, particularly via an application of the concept of mentalization as a way of helping carers to potentially think and behave differently, and that the theory and research knowledge related to disorganised attachment has **conditional universal applicability,** particularly in completing better assessments.

KEY THEMES

Having discussed the findings of this thesis in relation to each of the supplementary aims and in relation to the primary aim, the next part of this chapter will now consider four emergent themes and how these relate to the wider literature base. These four themes are – the relationship between theory and research knowledge and social work practice via 'skills for practice', social workers as 'active consumers' of attachment theory, the relationship between social work values and the use of theory and research knowledge in practice and the translation of technical-rational research into practical-moral practice. These themes cannot be identified directly from the findings themselves but have been identified by the researcher as suggesting or providing theoretical and practice-based links between these findings and the wider research and literature base regarding the use of theory and research knowledge in

social work practice.

Linking theory and research knowledge to practice via 'skills for practice'

The first key theme to emerge from these findings is that of the relationship between the use of the theory and research knowledge related to disorganised attachment and the use of particular skills or techniques for practice. Other than when discussing the concept of mentalization, the primary way in which the social workers in this study described their use of theory and research knowledge of disorganised attachment in practice was via their use of methods such as Adult Attachment Interviews and Story Stems. Several of the social workers commented directly on the value of learning specific skills or techniques that they could then use in practice, but also on the value of such skills or techniques being justified or underpinned by a specific body of theoretical and research knowledge. For example, participant 8 said that using such specific techniques felt "*more structured or purposeful than other ways* (of undertaking direct work)" (line 172). This is a theme that was not identified via the literature review of the use of attachment theory in social work practice in Chapter Two, where the focus was more clearly on the use of particular concepts or attachment theory as a general framework for practice. One particular study discussed in Chapter Two involved a social worker who referred to the concept of the secure base within her practice and described to the researchers how this concept shaped her interpretation of the behaviour of the young women she was working with and how she modified her own behaviour in order to be available as a 'secure base' for these service users (Schofield and Brown, 1999).

However, the difference in the findings of this thesis is that the practice of many of the social workers was linked to specific concepts, such as disorganised attachment behaviour and mentalization, in a much more explicit way, via the use of specific methods. In other words, two social workers both using the concept of the secure base in their practice may *behave* in very different ways from one another but both would (rightly) claim to be behaving in these particular ways because of their understanding and use of the concept of the secure base. In addition, in the Schofield and Brown (1999) study, there were no descriptions of the social worker using any particular methods in order to gain an understanding of how the

'adolescent girls in crisis' with whom she was working were able to make use of her as a secure base. However, many of the social workers discussed in this thesis were clearly putting into practice (or attempting to put into practice) the *same techniques* (such as Adult and Child Attachment Interviews), based on the theory and research knowledge related to disorganised attachment, rather than interpreting for themselves how a theoretical or research-derived concept could or should affect their practice. This suggests a particular model for the application of theory and research knowledge in practice (see Figure 13) whereby the use of theory and research knowledge related to disorganised attachment in practice is mediated by the use of methods and techniques, such as Story Stems and Guided Parenting Tasks.

Figure 13: A simple model of the process by which many of the participants described their use of the theory and research knowledge related to disorganised attachment in their practice.
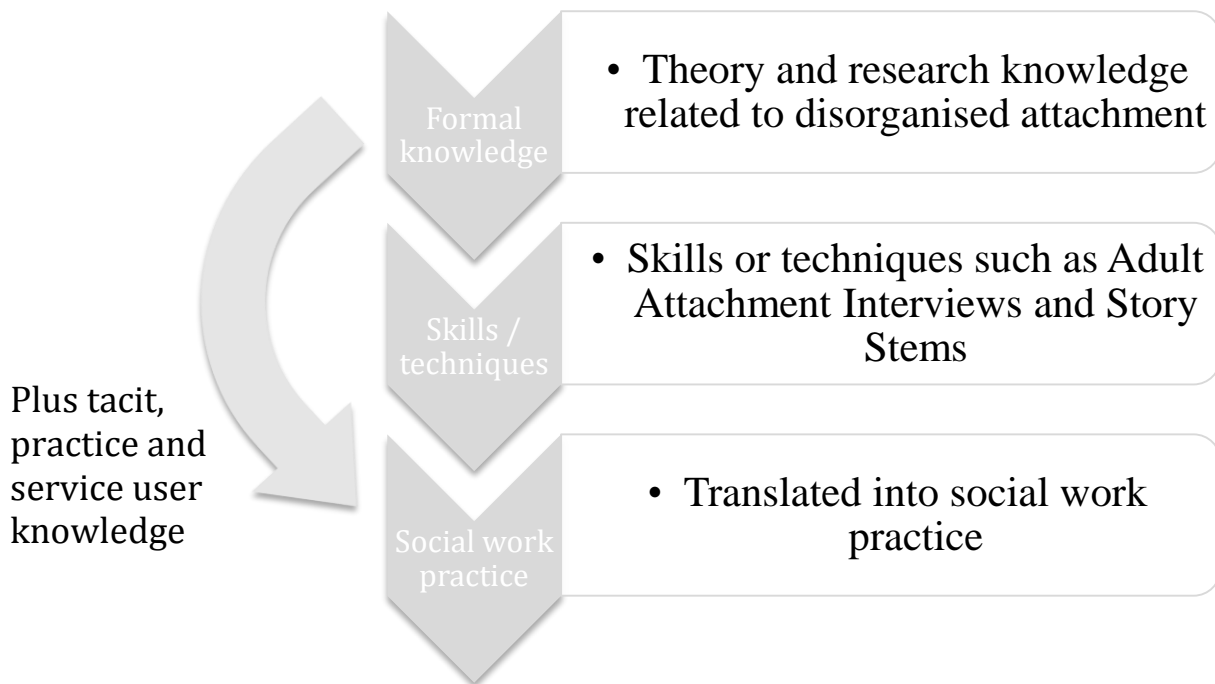
Thus, whilst this did not preclude the application of concepts such as mentalization without the mediating factor of particular methods or techniques, it was more often the case that such

mediation was explicitly referred to. In the wider literature, a distinction has been drawn between the 'conceptual' use and the 'instrumental' use of theory and research knowledge in practice, with conceptual use referring to "*practitioners* [gaining] *new insights and understandings from research, whether or not they can or do implement these in an observable way*" (Rutter and Fisher, p. 10). Instrumental use refers to situations in which "*findings are seen to feed directly into…practice*" (ibid). From the findings presented in this thesis, it would appear that both conceptual and instrumental uses were made of the theory and research knowledge related to disorganised attachment, with the instrumental use being made specifically via particular methods or techniques. This model in turn provides a thematic link between the findings discussed in this thesis and the wider research base regarding the transfer of theory and research knowledge into practice. Joyce and Showers (1996), in particular, have studied the transfer of knowledge and skills from training settings into practice and found that as few as 10 per cent of training participants go on to implement what they learn in classroom or training settings into practice, and in the context of education, Joyce and Showers argue that "*Well-researched curriculum and teaching models* [do] *not find their way into general practice*" (p. 12).

This low transfer rate from theory into practice remained the case even for participants who volunteered for the training (indicating they were motivated to learn). This means that applying theory and research knowledge into practice is more complicated than 'simply' finding willing participants and identifying the 'best', most suitable theory and research knowledge for them to learn. Through their research, Joyce and Showers identified the central role of peer coaching and collaborative working in this knowledge transfer process but also the importance of linking practice skills with theory and research knowledge. As described by Joyce and Showers, "*teachers who…practiced new skills and strategies more frequently…applied them*" (p. 13) and this "*helped nearly all the teachers implement new teaching strategies*" (p. 14). This implies that one of the more effective ways of implementing new learning in practice is to 'practice new skills and strategies', and this is especially effective when undertaken alongside a coach or mentor (whether formally, with a specifically designated mentor, or informally, with colleagues trained in similar ways).

The link between Joyce and Shower's research and the findings described in this thesis can be found in the descriptions of many of the social workers regarding their use in practice of the theory and research knowledge related to disorganised attachment via newly acquired *practical skills*, such as the methods of Adult and Child Attachment Interviews and Story Stems. This results in a particular conceptualisation of the relationship between theory and research knowledge and practice via the development of specific skills (see Figure 13, above) and this aspect of these findings is discussed in more detail below (see 'The operationalization of theory and research knowledge in social work practice' and 'Implications for Social Work Education').

However, as noted by Clarke (2001), although social services departments in the UK have invested relatively heavily in post-qualifying training for social work staff, relatively little is known about the impact of such training, particularly on staff behaviour. In other words, whilst training may have a positive impact on staff knowledge and 'professional satisfaction', it is not certain that such training has a noticeable impact on performance in practice. Clarke argues that we require far more research, notwithstanding Joyce and Shower's findings, in order to further our understanding of 'what works' with regards the transfer of knowledge from training settings into practice. Clarke (2002) has also found via his own research that, in addition to the nature of the training itself, the work environment into which practitioners are supposed to transfer their new knowledge and skills is also important in an overall consideration of 'training transfer'. Clarke cites these findings as being supportive of Baldwin and Ford's (1988) 'model of training transfer' in which trainee characteristics (such as ability and motivation), elements of the training design (such as the content) and the nature of the work environment combine to produce 'training outcomes' in terms of the learning and retention of new knowledge and skills and whether this new learning can be generalised and maintained by training participants.

However, as noted by Ford and Weissbein (1997), without comprehensive and well-designed research, it is very challenging to disentangle the variety of factors that must play a part in 'training transfer' in order to understand which of the factors are necessary (but perhaps not sufficient) and which are sufficient (at least in certain contexts). With regards to the findings

discussed in this thesis, similar in some respects to the findings of Clarke's (2002) qualitative study of training transfer, they suggest one potentially important aspect of 'training design' may for participants to develop particular skills linked with specific theoretical and research-based concepts.

There is another perspective available on how one might link theory and research knowledge to practice via 'skills for practices'. As noted by Ward et al (2014), there is a growing recognition, in policy-terms if not as often in practice, of the deficiency of professional judgement alone. From a research point of view, this recognition is not new. Munro in 1999 argued that when social workers assess risk of harm, the conclusions they reach are often unreliable and in Chapter Four of this thesis, a summary was provided of the debates over the use of actuarial tools to inform – or even replace – professional decision-making. The dispiriting conclusion of many researchers in this field is perhaps best outlined by Dorsey et al (2008) who found that many assessments in child protection social work were only slightly better than guesswork. Thus, a 'middle ground' between professional judgement and actuarial judgment is now often proposed. Barlow, Fisher and Jones (20110 argue that "*there is…increasing consensus about the need to move toward the development of Structured Professional Judgement in which professional decision-making is supported by the use of standardised tools*" (p. 4). However, in addition to the need for conceptual, analytical tools, to assist social workers in making overall sense of all the information they gather, and of tools to help social workers identify risk and protective factors (see Wilkins, 2010), there is also the need for social workers to approach the gathering and analysis of relational information in a structured way.

As described in Chapter Four, Holland (2010) found that much of the information social workers gather in their assessments is based on verbal question-and-answer sessions with parents or carers. In her discussion of these findings, Holland finds that such an approach is not only potentially discriminatory (enabling more verbally-adept adults to engage in the assessment process more fully than less verbally-adept adults), it is also unsatisfactory as a result of what this approach will almost certainly overlook, namely, an understanding of the nature and quality of the child-parent dyad. With the growing evidence base regarding the

importance of attachment for future development (especially in younger children) and for current functioning (especially in older children; see Chapter Two of this thesis), it is not unreasonable to expect child protection social workers to have not only a theoretical understanding of attachment but also the tools to properly assess the child's close relationships.

If these premises are accepted – that verbal question-and-answer sessions are insufficient as a method for child protection assessment, that understanding the child's attachment relationships is a relevant and meaningful part of the assessment and that unstructured decision-making is often deeply flawed – then one must also accept the conclusion that child protection social workers need to be given evidence-based tools in order to assess attachment more rigorously. In addition, and as discussed in relation particularly to Factors One and Four (see Chapter Seven), not only to assess the child's attachment relationships but to have the skills necessary to help parents and carers respond more sensitively towards the child. Such a conclusion is then ably supported by the data presented in this thesis, which highlights the different ways in which child protection social workers have used the theory and research knowledge related to disorganized attachment not only to help them understand the children they are working with in a more structured way, but also to think differently about how they might intervene (where necessary) to help parents and carers, with much of this help and support focused on developing carer mentalization. Thus, the use of tools such as Story Stems and the Adult Attachment Interview may usefully become part of a child protection social worker's 'repertoire' of practice skills, enabling both a more rigorous and meaningful assessment of the child's close relationships as well as a way of helping and supporting parents and carers when necessary.

The operationalization of theory and research in social work practice

One of the other key implications of the findings discussed in this thesis is that of the operationalization of theory and research in social work practice. In terms of research design, operationalization refers to the process of how one defines the measurement of phenomena that are not directly measurable (see Babbie and Mouton, 2001, Chapter Six). For example,

the prevalence of child abuse and neglect in England are formally operationalized by the State via the collection of statistics regarding the number of children subject to child protection plans. When a child is the subject of a child protection plan, his or her safety may be operationalized via the measurement of the child's attendance at school and medical appointments, by the carer's attendance at parenting classes, and by observations of the child's home environment by the social worker (although the plan may not be conceived of in these terms). In other words, because it is not possible to directly measure the child's safety, other (supposedly) relevant indicators are selected and measured as a way of implicitly understanding the 'fuzzier' concept of safety.

As discussed in Chapters One and Two, a number of studies regarding the use of theory and research knowledge in social work practice have proceeded by asking social workers to talk about their own practice and to describe any theoretical or research-based rationales for their actions. However, Munro (2002) has noted how for many social workers and student social workers, the 'requirement' to provide retrospective accounts of their practice, incorporating theory or research knowledge, is probably counter-unproductive and perhaps only tangentially linked with what they actually did (or do) in practice (see also Thyer, 2001, 2011). Munro argues that "*for many, if not most, the theoretical exposition is fabricated after the work has been done and merely to satisfy course requirements*" (p. 462). This observation by Munro is congruent with the findings from a number of studies that have found social workers are often unable to make or to describe explicit links between their practice and theory or research findings when asked by a researcher (e.g. Drury-Hudson, 1999). As all of the participants in this present study did make such explicit links, they are unusual in this regard, but one must also consider whether they did so because this was their thought process *at the time* or, as with Munro's example, they did so retrospectively in order to meet the perceived requirements of the researcher. As Munro has argued, such retrospective applications of theory and research knowledge are "*pernicious because* [they] *promote a culture that encourages social workers to see theories as irrelevant to their practice…and is possibly the greatest obstacle to widespread adoption of evidence-based practice*" (p. 462).

However, Munro is also in agreement with Gomory's (2001) argument that although social workers often do practice without reference to explicit theory and research knowledge, they cannot practice without using implicit theoretical assumptions and knowledge (an argument that recalls the debate regarding formal and informal methods of decision-making within social work; see Eraut, 2000). Munro (2011) has also argued that the use of formal theories and research knowledge, not just practical and implicit knowledge, is essential for the development of high quality social work practice. Thus, the argument would seem to be as follows – social workers should be using formal theory and research knowledge in practice, but when asked, they often find it difficult to explicitly explain how they have done so; social workers routinely use tacit or informal theory and knowledge in practice, but by definition, tacit or informal theory and knowledge is difficult to make explicit; the practice of asking social work students (and social workers) to retrospectively apply theory and research knowledge to their practice is 'pernicious' and may contribute to a culture in which theories and research knowledge are often seen as irrelevant to practice.

Consequently, the alternative proposition made here is that in order to understand more clearly how social workers use theory and research knowledge in practice, it is more productive to focus less on whether the social worker can explicitly articulate their use of theory and research knowledge in practice (especially in retrospect) and to develop instead a different way of operationalizing 'the use of theory and research knowledge in social work practice'. As Thyer (2002) has noted, the question of whether a *theory* is valid (or not) is different from the evaluation of *methods* of social work practice because whilst "*it is immensely difficult to prove that a particular theory is true or valid, it is comparatively easier to ascertain the results of a particular social work intervention, at least in terms of some specified outcome measure. The positivist tools of evaluation research, such as single system and group research designs, are indeed very good at this*" (p. 471). Thyer (2002) also uses an analogy of driving a train across a bridge in order to test the sturdiness of the crossing. As Thyer notes, "*This is not…the testing of metallurgical theory, this is applied research answering practical evaluation questions on the safety of bridges*" (p. 472). This implies that the purpose of using research or theoretical knowledge in practice should be 'because it is useful' (however defined) and hence the key determinant of whether the train driver is 'effective' or not is whether she (or he) has the ability to safely make the crossing

rather than whether she (or he) understands metallurgical theory and can describe how it applies to her work.

This analogy may be interpreted as supporting the argument that rather than focus on whether a social worker can *talk about how* they help people (by what theoretical framework or based on what research knowledge), it may be more useful to focus on *whether* they have helped people (assuming that a suitable outcome measure can be identified). This conclusion resonates with Ferguson's research, based on ethnographic observations of social workers. In contextualising this research, Ferguson (2014) notes that "*little research exists about what happens in face-to-face encounters between practitioners, children, parents and other adults*" and that "*such evidence is crucial in developing understanding of the dynamics of practice and the **theoretical knowledge and skills** required to achieve effective social work*" (p. 1, emphasis added).

In any such approach, it is of course important to understand how the service user *experiences* the practice of the social worker so that a holistic understanding of the practice can be developed. For example, a medical treatment may be effective in curing a particular disease but the manner in which it needs to be implemented may be so disruptive that overall it is a less favoured treatment than another mildly less effective but significantly less disruptive treatment. Similarly, if social workers felt the Adult Attachment Interview was useful for child protection assessments but the carers who participated were left very upset or even traumatised by it, then this 'service user knowledge' ('expertise by experience') would need to be taken into consideration when deciding whether to use the Adult Attachment Interview or not. In other words, the expertise and experiences of the carer (and of service users more generally) should not be overlooked when deciding which models or techniques to use in practice.

This suggests that research regarding the *validity* of any particular theoretical or research-based approach for social work can be studied separately from the *usefulness* of the approach

in practice, noting Thyer's argument that the former is more difficult than the latter. Of course, one needs to consider the arguments presented in Chapter One and elsewhere that in social work, practice and theory are closely intertwined and that attempts to separate them may prove to be artificial. Nevertheless, one can conceptualise the interrelatedness of theory and practice (and research knowledge) in social work as further support for the proposition that research regarding the use of theory and research knowledge in social work practice should focus on examinations of practice as it happens (i.e. with service users), rather than by attempting to 'extract' theoretical and research-based explanations or accounts of practice from social workers. In other words, it should be possible in social work research to focus not on whether individual social workers can explicitly describe their own use of theory and research knowledge but to focus on their actual practice, on the qualitative experiences of service users and on whether the practice is effective by some defined outcome measure.

For example, there are a number of attachment-based interventions such as The Attachment and Behavioural Catch-up protocol and Attachment Video feedback Intervention (see Cyr et al, 2012), and it may be that in discussions between service users and social workers, a particular intervention is selected from those available. However, this does not necessitate that service users and social workers would discuss the use of an overarching framework of attachment theory for the work. Again, using a medical analogy, a psychiatrist may discuss with a patient how best to treat their depression, and indeed there is evidence to suggest that the very act of enabling patients to have a choice over the way they are treated has a 'positive effect' (see Greenwood et al, 2005), but they may be less likely to give the patient a choice as to whether the overarching framework for the treatment should be the bio-medical-social model as opposed to, for example, the idea that mental illness can be caused by supernatural spirits (see Dein, 2004 for a discussion of the dynamics of mental health care with patients who hold strong religious beliefs). In other words, the patient's choice would be 'limited' to discussing the best treatment options for them and may not include a discussion of how best to conceptualise the illness itself (although this is not to suggest that by attempting to understand the particular beliefs and views of the patient, a better 'therapeutic alliance' would not be developed; see Ardito and Rabellino, 2011).

This argument may be seen to undermine, at least in part, the research described in this thesis (based on social workers 'descriptions' of their use of theory and research knowledge in practice). However, as noted in Chapter Five, qualitative research is often a useful precursor to more positivist research as it can help to examine the parameters and contexts for further study. One example of this process can be seen in the work of Forrester (2013), who recently undertook a randomised control trial of the use of Motivational Interviewing in social work. In this study, the participating social workers were separated into a control and an experimental group, with the latter being given training in Motivational Interviewing. New referrals into the team were then randomly allocated to either the control group or the experimental group (although not to a specific social worker – these decisions remained the purview of the team's managers). However, prior to this positivist (or 'at least', realist) study, Forrester (and others) completed a number of other studies, including qualitative explorations of the concept of 'parental resistance', in part so that sufficiently meaningful outcome measures could be devised for the randomised control trial study (see Forrester et al, 2008 and Forrester, Westlake and Glynn, 2012).

A comparison may be drawn with the research described in this thesis, with its' focus on the use of theory and research knowledge via particular techniques for practice, such as Adult and Child Attachment Interviews and Story Stems. In other words, it will be useful to operationalize the use of theory and research knowledge in practice via the skill of the worker and the nature of the experiences between the social worker and the service user as opposed to the social worker's ability to make explicit (written or oral) links with a wider knowledge base. This view is congruent with a number of studies involving service users, particularly with the finding that service users tend to report "*it is not the particular model or techniques used by the social worker which are significant, but the quality and value of the experience*" (Parton, 2003, p. 3).

This approach offers another way of examining how social workers use theory and research knowledge in practice and how this affects outcomes for service users as an alternative to an examination of the verbal or written accounts of social workers themselves. There is also the potential for developing from these kinds of studies a more defined set of operationalization

measures. Thus, the use of theory and research knowledge in practice could be measured by (a combination of) aspects such as (1) how effective is the social worker's practice following training in a specific theoretical approach or model of practice, (2) the qualitative experiences of service users, and (3) by the direct observation of practice, akin to the 'best critical practice' research of Ferguson (2003, 2014; see Figure 14). However, as Munro has noted, the tendency to 'train' social workers to retrospectively apply theory and research knowledge to their practice begins with student social workers and continues in post-qualification training. Thus, in order to avoid the promotion of *"a culture that encourages social workers to see theories as irrelevant to their practice"* (Munro, 2002, p. 462), it is suggested that changes may be needed in the way social work students are educated about theory and research knowledge in their initial training, as well as by researchers employing a greater range of measures for the study of how social workers use theory and practice in knowledge.

Figure 14: A potential operationalization map for the use of theory and research knowledge in social work practice.
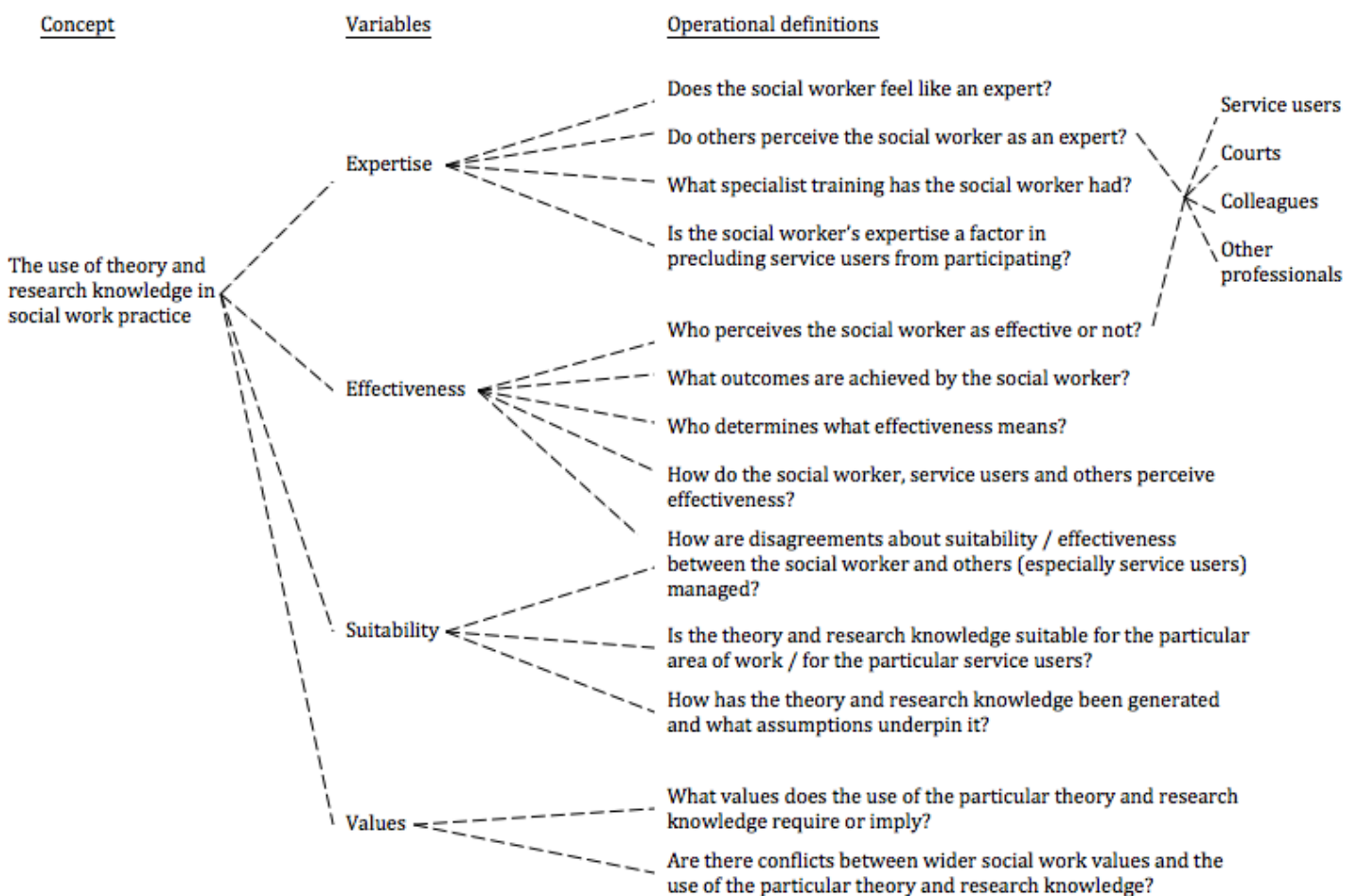
LIMITATIONS OF THE RESEARCH AND DIRECTIONS FOR FURTHER RESEARCH

As discussed in Chapter Five, there are clear limitations to these data and findings, including the reliance, to some extent, on the participant's own accounts of their practice and the non-random sampling techniques used to select them, and thus it must be recalled that these findings are primarily about the research participants and not (necessarily) about anyone else. However, given the lack of reliable data regarding the use of the theory and research knowledge related to disorganised attachment in child protection practice, it was reasonable to adopt a qualitative approach and indeed, such an approach has allowed for an in-depth consideration of the variety of ways in which such theory and research knowledge may be used. Clearly, this leaves open many questions, including 'how widespread is the use of the theory and research knowledge related to disorganised attachment in child protection social work' and 'how does the use of this theory and research knowledge effect outcomes for children and their families'? Nevertheless, these findings have enabled the identification of certain patterns and themes regarding the ways in which this theory and research knowledge can be used in child protection social work.

In addition, these findings suggest three possible directions or areas for future research and as noted by Dennett and LaScola (2013) it is a key "*purpose of qualitative research…to develop* [such] *insight…in order to provide direction for further research*" (Dennett and LaScola, 2013, p. 22). Therefore, this section will outline three possible directions for further research that may be suggested by the findings presented in this thesis. The first possible direction relates specifically to the use of the theory and research knowledge related to disorganised attachment in social work. Further qualitative research would certainly be useful in elucidating how this theory and research knowledge might be applied in other areas of work (such as with children in care) and with regards to other tasks (such as within written work or in supervision). However, noting Thyer's argument regarding outcomes, there is surely also an indication that research of a more quantitative nature, focused on the difference that the use of such theory and research knowledge makes for children and their families, would also be useful.

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A second direction is suggested with regards to the use of theory and research knowledge in social work practice more generally. As noted in Figure 14 above, qualitative research in this area may be enhanced via a greater appreciation of the operationalization of theory and research knowledge in practice. A number of the studies discussed in Chapter Two focused on whether the social worker was able to demonstrate their own knowledge regarding a particular theory or body of research. For example, in Botes and Ryke's study (2011), social workers were asked about their familiarity with certain attachment-related terminology. However, not only do the findings presented here suggest that social workers may find it easier to make explicit links between theory and research and practice via the use of particular methods or techniques, it is also surely the case that being able to talk knowledgably about theory and research does not necessarily indicate a skilled practitioner and neither does the absence of such an ability necessarily indicate a less skilled practitioner. Operationalizing the use of theory and research knowledge in terms of (qualitative) definitions or questions such as "Who perceives the social worker to be effective or not?" and "What values does the use of the particular theory or research knowledge require or imply?" may offer a more holistic understanding of how theory and research knowledge are used in social work practice.

Finally, these findings suggest that focusing on how skills for practice can be or are linked with theoretical and research knowledge in social work education could be a useful area for further research. As noted by a number of participants in the present study, having a set of 'direct work' skills that were underpinned by a specific theoretical model and supported by research knowledge was conducive to their own sense of professional expertise, as well as providing for some, a framework for the completion of their assessment work. This suggests that identifying what other skills and techniques could be applied in this way would be of potential benefit for social work students and qualified practitioners.

IMPLICATIONS FOR SOCIAL WORK EDUCATION

Before concluding this thesis with a personal reflection on the research process, this section will consider the primary implications of the findings discussed in Chapters Six and Seven for social work education. The clearest thematic finding is related to the use of techniques or methods of working as a way of enabling social workers to transfer theory and research knowledge into practice (to transfer learning from a 'classroom' setting into a practice setting). As discussed above, all of the social workers who participated in this present study described their use of the theory and research knowledge related to disorganised attachment by reference to their use of methods or techniques such as Adult Attachment Interviews, Child Attachment Interviews, Story Stems and Guided Parenting Tasks. This finding has some resonance with the wider body of research and literature regarding the development of new skills and the role of mentoring in support of the development of new skills. Thus, it is interesting to consider these findings in light of recent reforms of social work education in England (see Social Work Reform Board, 2010) and the development of a new training pathway for social work, known as 'Frontline' (see MacAlister, 2012)[15]. According to Moriarty (2011), the Social Work Task Force (later superseded by the Social Work Reform Board) noted "*concerns* [about the] *understanding of how theory is applied in practice*" (p. 23) and that "*there appears to be a consistent picture that NQSWs* (newly qualified social workers) *would value greater assistance in some areas,* ***such as assessment skills***" (p. 26, emphasis added).

Thus, in a report by the Social Work Reform Board (2010), there is an identified need to allocate "*30 days of practice learning time to focus on skills development and* (on the) *integration between theory and practice*" (p. 54). This implies that the development of skills is related to the integration of theory and practice (or vice versa) and the findings presented in

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[15] According to their website (www.thefrontline.org.uk), "*Frontline's mission is to transform the lives of vulnerable children by recruiting and developing outstanding individuals to be leaders in social work*". Frontline's training programme is based upon "*five weeks of intensive preparation*", followed by working "*full time with three other Frontline participants in a Local Authority child protection team…supported and led by an experienced social worker who has specialist knowledge in bringing about change within families*".

this thesis would support such an implication. In MacAlister's report regarding the Frontline proposal, the link between the development of skills and the integration of theory and practice is arguably taken further. MacAlister argues that "[Frontline] *must 'blend' university education and on-the-job training. This will allow a continuous cycle of academic theory-based learning, practical application, and reflection and evaluation…this sort of…learning would allow participants* (social work students) *to gain an understanding of core knowledge and theory **while practicing skills***" (p. 19, emphasis added). Again, the implication is of an inter-relatedness between 'an understanding' of core knowledge and theory alongside 'practicing skills'. These changes demonstrate a growing emphasis on the development of *practical skills* as one of the key components of social work education and training and in the case of Frontline, *the* key component, although the Social Work Reform Board has also set out a greater role for skills development across all potential educational routes into the profession.

Finally, it is interesting to consider these findings in light of the discussion in Chapter One regarding social work theory and research knowledge more generally. To recap, Thyer has argued that social work education should not include a significant focus on theoretical content (if any) because social workers "*can practice without recourse to theory*" and "*many…appear to do so every day*" (2001b, p. 52). However, as also noted in Chapter One, this is something of a minority opinion amongst social work academics with many, including Gomory, putting forward the argument that "*no theory-free observations are possible*" in social work practice (2002, p. 476) and thus social work is permeated with theoretical ideas and perspectives. Thyer in turn seeks to disagree with this position by arguing for the difference between theories of practice and theories for practice (as in his analogy, described above, of the tangential relationship between metallurgical theory and the practice of testing the stability of a bridge by driving a train across it).

Although Thyer does not make this explicit argument, based on these findings, one can argue that social work students (and qualified social workers) will benefit from a greater recognition of their professional role as being more akin to the train driver than the metallurgical theorist. That is, the findings presented in this thesis suggest that social work

practitioners and students are likely to benefit from an increased focus on the development of their skills, particularly with regards to their sense of professional expertise and a subsequent ability to link theory and research knowledge with practice. This in turn suggests that social work academics and researchers need to either develop or increase their focus on the skills that social workers need, and in particular, how these skills relate to the theories and research knowledge that underpin particular practice areas. In other words, although the Social Work Reform Board's proposals for improving social work education in England are already being implemented (with some evidence to suggest that higher educational standards are being achieved as a result; see The College of Social Work, 2013), the findings presented in this thesis support the argument that this is a process that should go further, with an increase beyond the current level of 30 'skills days' being warranted at the very least, but also to the extent that a student's entire placement should be about the development of skills (as in the Frontline model), albeit within a social justice and human rights context (as befitting social work values). Finally, these findings also suggest that post-qualifying social work training would equally benefit from an increased focus on the development of skills, particularly as a way of helping practitioners to integrate theory and research knowledge more explicitly into their practice.

REFLECTING ON THE RESEARCH PROCESS

As noted in Chapter Five (methodology, methods and research design), qualitative research must involve the researcher in a way that would be considered unhelpful, unnecessary or even damaging when conducting positivist research. However, within a qualitative paradigm, and within a mixed methods paradigm, it is broadly accepted that the researcher must play an active role, at least insofar as the more qualitative data collected is concerned, and that his or her own views and values will impact on the research process. In this final section of this concluding chapter, the reflections of the researcher on the research process will be considered.

As may be noted from some examples of my previous publications (e.g. Wilkins 2012, 2014a, 2014b, 2014c), I am in favour of social workers understanding and using the theory and research knowledge related to disorganised attachment in practice, and indeed, I have been trained via the Assessment of Disorganised Attachment and Maltreatment Project and via the Anna Freud Centre in all of the techniques discussed in this thesis (Adult Attachment Interview, Child Attachment Interview, Story Stems, Guided Parenting Task and Strange Situation Procedure). Thus, although I have been researching other social workers use of such theory and research knowledge, to some extent I have also been researching – attempting to understand more about – my own use of these techniques, concepts, and ideas. Many of the participants in the study were aware of my background in this area but before considering this issue in particular, it is reasonable to reflect that over the years of undertaking this research my own understanding of the use of the theory and research knowledge related to disorganised attachment has also developed. Whilst I could not participate in my own research explicitly (i.e. by completing a Q-sort or an interview), when considering the Q-sort factors derived from this research, I believe that Factor 1 is closest to my own view. To recap from Chapter 6, this Factor represents a use of the theory and research knowledge related to disorganised attachment as a way of focusing on and better understanding the child.

My initial impression of the theory and research knowledge related to disorganised attachment, however, was different and I believed it was primarily related to clear and accurate decision-making (more similar to Factor 2). However, when using techniques such as Child and Adult Attachment Interviews in practice, I began to experience how they could help me as a practitioner better understand the 'psychological lives' of the children and carers I was assessing. That is to say, that it helped as a framework for conceptualising their behaviour in terms of mental states and also as a way of conceptualising an individual's psychological history as being as much beyond their control as would be their social circumstances. In other words, as much as it would strike many (if not all) people as perverse to hold a person in any way responsible for their own poverty, it would now also strike me as similarly perverse to hold a person responsible for their lack of 'good enough parenting' and how this psychological history may make it more difficult for them to parent their own child. In one sense, I have found in my own practice that such conceptions and knowledge does not

make decision-making any easier and if anything, can make it more complicated.

With regards to the participants, as noted above, many of them would have been aware of my own use of the theory and research knowledge related to disorganised attachment in practice, and of course this raises the question as to whether they might have provided particular answers as a result. Shaw (2012b) has noted the potential philosophical differences in research between 'sceptical' researchers (who may be said to engage in research as an 'exclusionary gatekeeping' exercise) and practitioners who might participate in research whilst or even because they believe in the value of what they are doing. For this project, it is reasonable to assume that a significant number of the participants do 'believe in' the application of the theory and research knowledge related to disorganized attachment in social work practice but equally, so does the researcher. Whilst the use of Q-sort 'protects' against such bias to some limited degree (partly because many of the Q-sorts were completed privately but also because of the extraction of a relatively small number of factors from across the participants), nevertheless, guided conversation interviews were also used and within these interviews, it is perhaps more likely that participants were influenced by me being the researcher than if it were someone with a more self-evidently neutral position (albeit qualitative methodology suggests that no researcher can be truly neutral in their approach). Ultimately, it is not possible to know how far my own position as a researcher may have influenced the results and as argued by Dennett and LaScola with regards their qualitative research, "[the data] *are anecdotal evidence, not statistical evidence. Make of them what you can*" (2013, p. x). However, my influence on the results notwithstanding, it is notable how often the participants highlighted the same themes to one another, particularly the role of practical techniques or methods as a way of using the theory and research knowledge related to disorganised attachment in practice, and one might reasonably wonder whether a number (or all) of the participants were similarly influenced by me in the interviews, and if so, how this explains the common elements they chose to highlight independently of one another.

Finally in this section, as noted by Phillips and Pugh (2005), it is important to consider the undertaking of PhD research as a method by which one can hope to become proficient in the process of doing research in a particular field. Having conducted small-scale research projects before, for example as part of a Masters in a Social Work degree course, I was

familiar at the outset with the method of guided conversation interviews but have become familiar also with the use of Q-method, a tool that I have personally found to be very useful, both as a method of data collection but also for the way in which the results can be subsequently employed as an analytical framework for other methods. This approach seems to offer a way of analysing interview transcripts (and possibly other kinds of social science data as well) using a framework generated at least to some extent by the participants themselves. However, in addition to developing technical skills related to the use of Q-method and further developing interviewing skills, undertaking this much larger research project has enabled me to consider more deeply my epistemological and methodological positions regarding the wider body of social work research, particularly in the area of the use of theory and research knowledge in practice. As a result, I would tend to disagree with those authors who reject the use of evidence-based or evidenced-informed theory on methodological grounds and position myself alongside authors such as Thyer, Forrester and Shemmings who focus much more on the practical impact of particular bodies of theory, of research knowledge and of specific techniques and how these can be used (or not) to help carers and children. This may also have been a function of my continued employment as a social worker throughout the research process and thus of remaining conscious of what one might describe as the 'realities of practice' in which methodological discussions do not tend to have much significance.

Whilst I would not go so far as to express complete agreement with Thyer's proposition that social workers do not (need to) use theoretical ideas in practice, I would reflect that I have moved much closer to such a position during the course of completing this thesis and that whilst it once felt very important to me whether a social worker could refer to specific theoretical concepts or even particular pieces of research to justify their practice, this now seems to me to be relatively unimportant. Conversely, the manner in which social workers practically engage with service users, the methods and skills they use and the relationships they develop, alongside the theoretical and research knowledge upon which they base their practice now feels to me to be the more important question.

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Appendices

Contents

<u>Appendix 1 - Concourse used for the Q-study</u>

<u>Source type: Interviews</u>

1. Discovering a child presents with disorganised attachment increases my level of concern about them

2. Discovering a child does not present with disorganised attachment reduces my level of concern about them

3. Knowing about disorganised attachment and related caregiver characteristics enhances my risk assessments of children

4. The risk assessments I complete now are significantly different because of my use of ideas and research about disorganised attachment and related caregiver characteristics

5. Using ideas about disorganised attachment and related caregiver characteristics enables me to screen children as either being at risk or not at risk.

6. Using methods such as Story Stems and Guided Parenting Tasks enables me to understand what is really going on for a child

7. Using methods such as Story Stems and Guided Parenting Tasks enables me to evidence to others what is really going on for a child

8. Using methods such as Story Stems and Guided Parenting Tasks enables me to focus on the real problems within a family

9. Using methods such as AAI and CAI enables me to understand the underlying issues for why a child is at risk of significant harm

10. Using ADAM methods allows me to investigate the reality of family relationships

11. Using ADAM methods allows me to understand the child's perspective on what is happening to them

12. Using ADAM methods allows me to understand parents' perspectives on what is happening to them

13. Using ADAM methods allows me to understand parents' perspectives on what is happening to their child

14. Using ADAM methods with children allows the child to tell you what is really going on

15. Using ADAM methods helps parents feel that they are being listened to

16. Using ADAM methods with children makes it more likely they will disclosures about abuse to you

17. Using ADAM methods with children is a quick way to help the child trust you

18. Using ADAM methods with parents is a quick way to help the parent trust you

19. Using ADAM methods shows that you have an interest in the child's experiences

20. Using ADAM methods is helpful because children cannot be coached by their parents or others into hiding things from you

21. Parents are more likely to genuinely work with you if you use ADAM methods and ideas with them

22. ADAM methods are a helpful way of overcoming parents' unwillingness to work with you

23. Using ADAM methods makes it easier to complete assessments of children

24. Using ADAM methods helps me to identify children who have been abused

25. Using ADAM methods helps me evidence to others that a child has been abused

26. ADAM methods are especially useful to use with children where you are not sure if they have been abused or not

27. ADAM methods enable you to identify abuse or neglect that would otherwise have been missed

28. ADAM methods work well in combination with other tools, techniques and approaches to social work that I use

29. Using ADAM methods has challenged me as a practitioner and helped me to improve my skills in other areas

30. Using ADAM methods helps you to think about the possible long term harm that may occur if you do not intervene with a child now

31. ADAM ideas and approaches offer a general framework for thinking about lots of different types of information that I gather in my assessments

32. ADAM ideas and approaches have made me think differently about what 'risk' really means for children

33. Using ADAM methods has increased the quality of my assessments

34. Using ADAM ideas and approaches has made me realise that my social work practice before the training was not sufficiently child-focused

35. I can complete my assessments more quickly when I use ADAM methods

36. I find it easier to use other specific assessment tools now that I am experienced with ADAM methods

37. My assessments now give a much more rounded picture of family life than before I was trained via ADAM

38. ADAM methods offer an efficient way of assessing children in a short space of time

39. ADAM methods have helped me complete more effective assessments of children

40. ADAM ideas and approaches offer me a sound theoretical grounding for my practice

41. I find that I have a more insightful understanding of families now than before I was trained via ADAM

42. ADAM ideas and research provide a robust framework for my assessments, making them more 'defensible'

43. Using ADAM methods makes me feel like more of an expert regarding attachment theory

44. Other professionals view me as more of an expert regarding attachment theory because of my ADAM training

45. I have an increased knowledge regarding attachment theory because of ADAM training

46. I know more about the long-term consequences of different attachment relationships because of ADAM training

47. Using ADAM ideas and approaches has raised my professional profile with colleagues and other professionals

48. Other professionals see me as an expert on close, family relationships because of my use of ADAM methods and ideas

49. I have an improved insight into relational dynamics because of my use of ADAM methods and ideas

50. I feel I can understand more from the child's perspective how they experience their close, family relationships because of my ADAM training

51. I find it easier to talk with parents about attachment relationships, knowing that I have been trained in ADAM and used ADAM methods with the child and their family

52. Using ADAM methods as part of an assessment enable me to think more clearly about the type of interventions likely to help the child and their family

53. Using ADAM methods in assessments has helped me make better decisions about which children we need to focus resources

54. ADAM methods are usually experienced by families as being intrusive

55. Using ADAM methods and discovering that the child does not present with evidence of disorganised attachment has helped me to avoid what would have been an unnecessary escalation of state intervention (via child protection or legal protocols) with a family

56. Knowing a child does not present with evidence of disorganised attachment can reassure me about the level of risk to a child, even when other risk factors, such as parental mental ill-health, substance misuse or mental ill-health, are known to be present

57. Knowing a child does present with evidence of disorganised attachment will tend to make we worried that the child is being abused, even if there is no other evidence that anything is wrong

58. I have found that many children I work with do not present with disorganised attachments even though I believe they have been abused

59. Using ADAM methods and ideas has improved my job satisfaction as a social work

60. I am more motivated to carry out child protection investigations, knowing I can use ADAM methods and ideas to help me

61. Using ADAM methods and ideas helps me understand children more as individuals

62. ADAM methods offer a unique way of understanding a child's internal world

63. Because ADAM methods are underpinned by a sound theoretical base, they are more useful than many other direct work tools

64. Thinking about how to integrate information about attachment into my assessments is very difficult

65. ADAM methods are not the sole test of whether a child is being abused or not

66. Just because a child does not present with evidence of disorganised attachment does not mean there is no role for social services to work with the family

67. I often feel at a loss as to what to do when the information about a child is contradictory – for example, when I know they are regularly hit by their mother but they do not present with evidence of disorganised attachment

68. Gathering information using ADAM methods can make it more difficult to complete my assessments because of the complexity of the information they reveal

69. Parents tend to feel I am more interested in their experiences when I use methods such as the AAI with them

70. Using methods such as the AAI with parents is a good way of involving them in the assessment

71. Using methods such as the AAI with parents is ethically dubious as they will not be prepared for the types of questions it contains

72. Parents usually know what questions to expect from a child protection social worker – using the AAI is a good way of making sure they cannot prepare for your visit

73. Presenting information from ADAM methods significantly influences the decisions of other professionals in forums such as child protection conferences

74. Using ADAM methods with children has made me generally more confident about working directly with children

75. Even when I do not use formal ADAM methods, I find that I now tend to think more about <u>how</u> people tell me things rather than just <u>what</u> they are telling me

76. Story Stems fit especially well with the way I like to practice social work

77. Using the full AAI is too formal a method to fit with my current practice

78. Using the full CAI is too formal a method to fit with my current practice

79. Going to ADAM training has given me more ideas about how to work with children, beyond using the Story Stem and CAI methods

80. ADAM methods are easier to use with children than with adults

81. Using ADAM methods is too time consuming to be of practice use

82. Using ADAM methods is relatively easy but I worry that I might conduct the analysis incorrectly

83. I would be worried about being cross-examined in Court about my use of ADAM methods

84. I tend to use ADAM methods with certain children and families but not others

85. Using an AAI or CAI is a useful way of finding out lots of useful information for an assessment in a short period of time

86. Because attachment forms at a young age, when you use a Story Stem or other method with an older child, you might be discovering what happened to them when they were younger rather than what is happening to them now

87. You need to be a skilled and experienced social worker to really get the most out of ADAM project training

88. Taking a 'whole team' approach to using ADAM methods and ideas is absolutely essential if they are to be successful

89. I need to know my manager will support me when I use these methods, otherwise I do not feel I can use them

90. Analysing material and information from ADAM methods is too complicated to do on your own

Source type: papers / books regarding attachment and social work practice

91. One of the most important things for children is being able to develop and maintain a secure attachment and as such, I focus my assessments on finding out whether this is the case

92. I find it difficult to speak with parents regarding the concerns I have about their children but using ADAM ideas and approaches makes it easier for me to do so

93. Using ADAM methods makes me feel more confident about levels of risk to a child than knowing whether a child is living with a parent with mental ill-health, substance misuse, partner-violence and so on

94. Just because a child has a disorganised or otherwise problematic attachment relationship with an abusive parent does not mean that child cannot live at home with that parent safely, with the provision of help and support by social services and others

95. Parents who abuse or neglect will almost all have had very difficult childhood experiences themselves and it is important that we, as social workers, try and understand this – knowing about concepts such as low mentalization and disconnected parenting is helpful in this regard

96. Doing more thorough, in-depth, attachment-based assessments is a good use of resources for social services, even if those assessments cost more and take more time.

97. Using ideas and approaches from attachment theory can help me as a social worker understand the motivations of people I am working with

98. Using an attachment-based approach helps me make sense of a child's behaviour more clearly
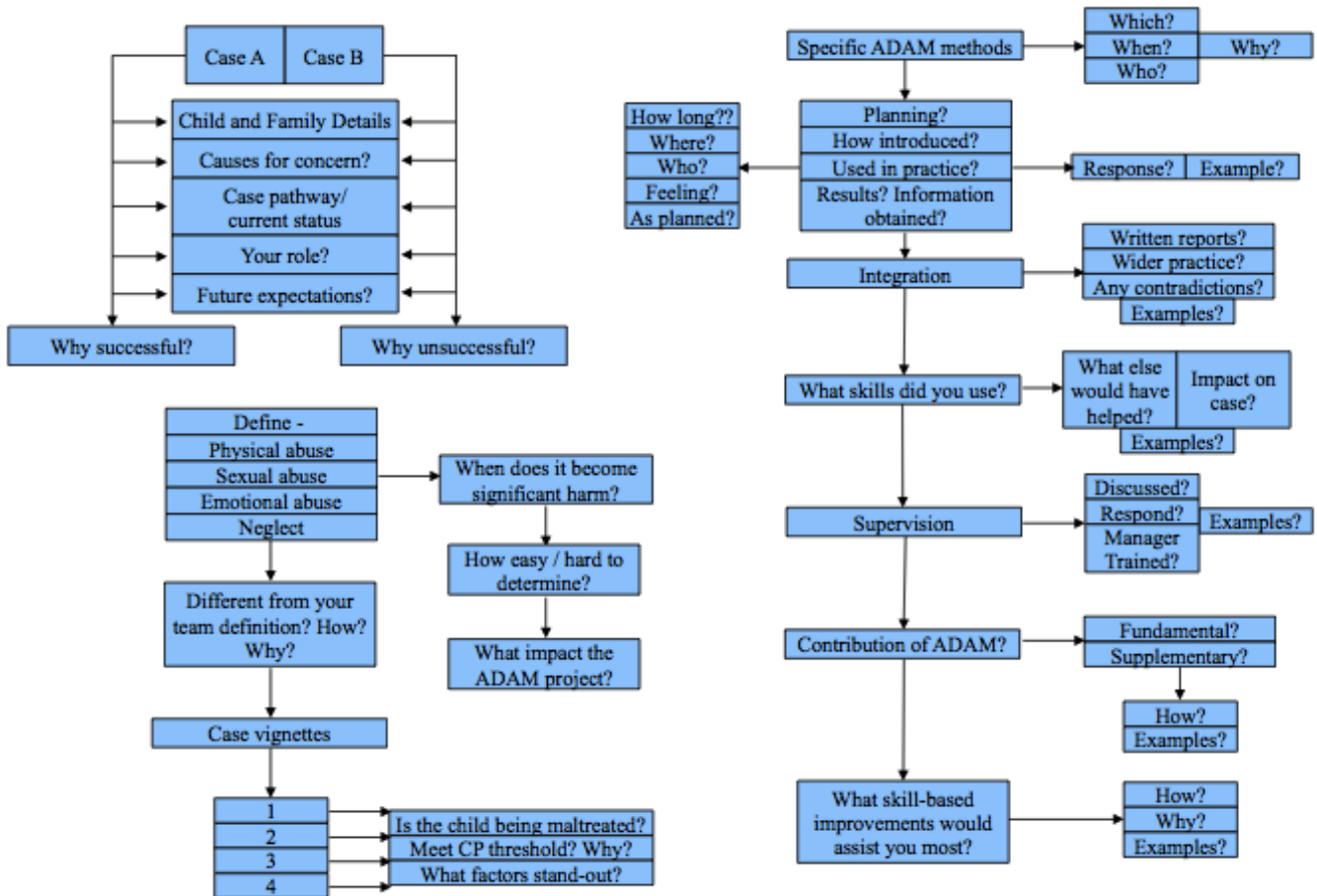
99. Being trained via the ADAM project has prompted me to think more about my own attachment relationships, my own childhood and how they impact on me as a social worker now

100. Using method such as the AAI has prompted very strong emotional reactions in myself
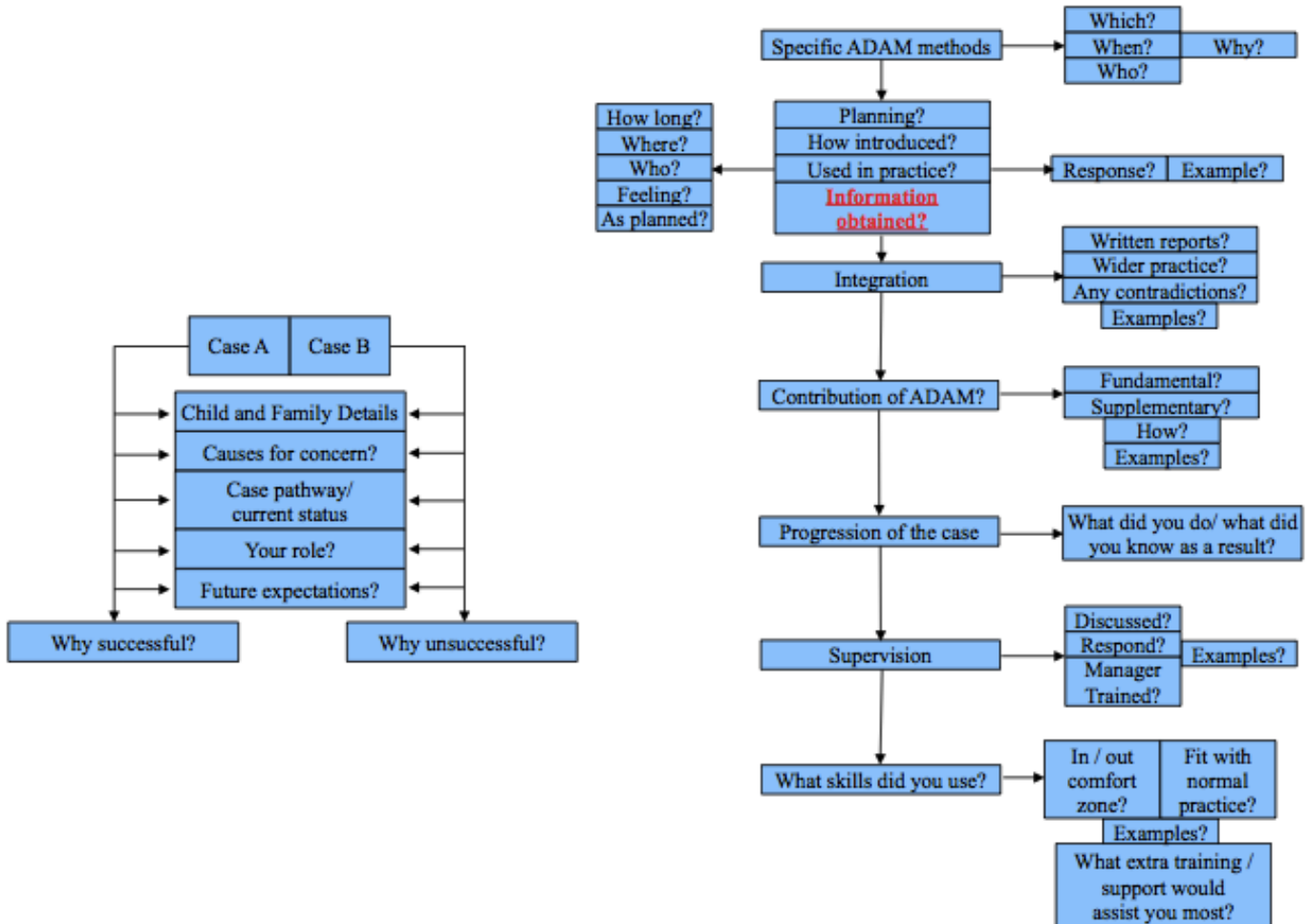
101.　　I do not feel qualified to say whether a child presents with disorganised attachment or not

102.　　Attachment has always been a part of good social work practice and so the ADAM project is not really anything new

103.　　Most social workers know a great deal about attachment theory and how to apply it to children and families they work with

104.　　It is not particularly helpful to think about children in terms of whether they have secure, avoidant or ambivalent attachment styles

105.　　Attachment theory is a more helpful framework for working with younger children (aged 10 and under) than older children and adolescents

106.　　Generally speaking, most social workers do not know enough about attachment and about how to apply the theory with individual children

107.　　I feel more sympathetic towards parents who abuse or neglect their children if I know they are experiencing unresolved loss or trauma themselves

108.　　Parents who cannot mentalize about their child cannot really be expected to know what the child needs from them

109.　　Attachment theory should underpin everything we do as social workers working with children

110.　　Attachment theory is an extremely valuable approach for social work practice

111.　　There is too much focus on attachment theory in social work practice, to the exclusion of other theories that may also be helpful

112.　　Too much reliance on attachment theory tends to lead to social workers 'blaming parents' for being unable to care for their child properly

Appendix 2 – Interview guide

First version (used in pilot interviews)

Second version (used in primary study)

		Which?	
Specific ADAM methods	→	When?	Why?
		Who?	

How long?		Planning?			
Where?		How introduced?			
Who?	←	Used in practice?	→	Response?	Example?
Feeling?		**Information**			
As planned?		**obtained?**			

		Written reports?
Integration		Wider practice?
		Any contradictions?
		Examples?

		Fundamental?
Contribution of ADAM?	→	Supplementary?
		How?
		Examples?

Progression of the case		What did you do/ what did you know as a result?

		Discussed?	
Supervision		Respond?	Examples?
		Manager	
		Trained?	

		In / out comfort zone?	Fit with normal practice?
What skills did you use?	→	Examples?	
		What extra training / support would assist you most?	

Case A	Case B

Child and Family Details

Causes for concern?

Case pathway/ current status

Your role?

Future expectations?

Why successful?		Why unsuccessful?

Appendix 3 – Ethics and information for participants

Ethical approval for the research

SSPSSR RESEARCH ETHICS COMMITTEE (REC) APPLICATION FORM

Please complete this form, sign it, and return it either to your supervisor (where relevant) or direct to the REC administrator to forward to two REC members for approval. Many thanks

1. Section 1

Title of Project

How do social workers use ideas, methods and tools related to disorganised attachment in practice?

2. Section 2

Name of Main Researcher

David Wilkins

Name of Supervisor(s) and other(s) involved plus affiliation (e.g. SSPSSR)

Professor David Shemmings (SSPSSR)

3. Section 3

Brief, jargon-free, one or two paragraph outline of the background of the project, its rationale/aims/hoped for outcomes)

The project is part of the Assessment of Disorganised Attachment and Maltreatment (ADAM) project. The ADAM project was set-up to translate the research regarding disorganised attachment and explanatory caregiver mechanisms into useful child protection practice

Section 4 – Research Method

a) Selection and number of interviewees / participants

Qualitative interviews and Q-sorts with child protection social workers - 20 - 30 participants

b) How will your project comply with the Data Protection Act?

Names of respondents will be kept confidential - they will not be shared and will not be included in the final study.

Names of any children or families discussed will also be changed if necessary although respondents will be asked not to use real names

c) Anticipated start date and duration of data collection

Sept 2011 - 6 - 9 months

d) Details of payment, if any, to interviewees / participants

No payments will be made

e) Source of funding (if any)

None

f) List questionnaire and other techniques to be used

Qualitative interviews

Q-method

4.   Section 5 - Ethical Considerations

a) Indicate potential risks to participants (e.g. distress, embarrassment) and means adopted to safeguard against them

Some of the participants will come from the same Local Authority that I work for - therefore, there is potential for them to feel unable to talk openly about their practice, especially if they feel the examples might demonstrate poor practice. However, no

b) What confidentiality issues might arise during data collection, analysis, dissemination of results? How do you plan to protect participants' anonymity?

Participants will not be referred to by name at all and neither will the Local Authority they work for be identified.

c) What difficulties might arise (e.g. regarding power and/or dependency imbalances between researcher and participants) and how do you plan to safeguard against them?

None other than those related to social workers from the same Authority as me. However, as noted above, none of the social workers in the study will be from the team I manager so I will not be in the role of 'manager' for any of the social workers in the

d) How will the project take into consideration cultural diversity (e.g. through provision of interpreters where necessary)?

All of the participants will be able to speak English as they will all be qualified social workers employed in England (and therefore, would need to be able to speak English as a condition of the job).

However, participants will be given the opportunity

e) Why, if at all, are you paying participants? What is the potential impact on them of such financial inducement?

n/a

f) What provision are you making for giving feedback to participants about your findings?

Participants will be offered the chance to join a mailing list, where they will be sent a summary of the findings. They will also be offered electronic copies of the final PhD if they so wish.

g) What other ethics review procedures has this project already undergone (e.g. with funding bodies)?

None

5. Section 6 – Consent

a) What procedures are you using to secure participants' informed consent (please append any forms etc. use for this)?

Participants are being asked to volunteer to participate in the project. A copy of the consent form and information leaflet is attached.

b) What procedures will you use with participants unable to give their own informed consent?

n/a

c) Explain, where applicable, why the informed consent of participants is not being sought

n/a

Researcher, please sign, print name and date to testify the accuracy of this completed application

Sign:

Print name: David Wilkins

Date: 11 August 2011

Student Research Ethics Committee

Reviewer Comments

Name: David Wilkins

Title of Project: How do social workers use ideas, methods and tools related to disorganised attachment in practice?

Reviewers Name: Jonathan Ilan

Please state your recommendation for this application:

Please delete accordingly

Proceed with amendments: Yes

Do you wish to see the amendments: No

Comments regarding the application form:

The summary is not exactly 'jargon free' but the application otherwise shows that ethical issues have been considered and accounted for in the design of the research.

Comments regarding the Research Instrument:

Comments regarding the consent Form:

The form could make it clearer that results may be used in published material, subject to guarantees around confidentiality and anonymity.

Comments regarding the Information Sheet:

Is there a need to destroy anonymised transcripts – these could be a valuable resource for later studies.

Title of the proposed study: How do social workers use ideas, methods and tools related to disorganised attachment in practice?

Description of the proposed study:

Many social workers and social work students receive training in the basics of attachment theory. Many go on to access further training in this area as well.

The aim of my research is to find out how social workers use ideas, methods and tools related to disorganised attachment in day-to-day practice.

Invitation to participate: I would like to invite you to take part in the study. Taking part is entirely voluntary and even if you do agree, you can withdraw at any time without having to give a reason. You have been selected as a possible respondent because you are a social worker, social work student or manager and you have accessed specialist training in attachment theory. I am using two methods for this study – interviews and a survey method known as Q-sort.

If you agree to complete an interview, you will be asked to talk about children you have worked with and where you have used ideas, methods or tools related to disorganised attachment. You will be asked to think about examples where you feel the work has gone well and where it has not gone well. The interviews will be recorded and transcribed. The data will be included in my final thesis write-up. These interviews usually take about an hour.

If you agree to complete a Q-sort, you will be asked to read a number of statements and indicate how much you agree or disagree with each one by arranging them in a particular order. The data will then be included in a final study write up. Completing the Q-sort usually takes around 30 minutes or so and can be done via a website or face-to-face.

You can choose to complete an interview and a Q-sort, just an interview, just a Q-sort or you can choose not to take part in the research at all.

Reward for participating: There is no reward on offer for agreeing to participate in this study.

Confidentiality and data security: Any information you provide will be kept confidential – your real name will not be used and your place of work will not be identified. Any information you share about the children and families you work with will also be kept confidential and other details will be changed to ensure no one can tell who you are talking about.

Once the interviews and Q-sorts are completed, I will keep the data produced until the study is completed. This data will be kept securely and only I will have access to it although I will discuss aspects of the data with my supervisor. I am the only researcher in this study.

Results of the study: The information from the interviews will be used to write my PhD thesis. I will also try to write shorter articles for publication in journals and other locations as well. Your identity (should you choose to participate) will be kept anonymous as will any children or adults you may refer to. The information may also be discussed in books or book chapters. I am happy to provide a written summary of the research findings upon request although not before summer 2014.

Any questions?: If you would like to ask any questions or would like anything explained in more detail, please contact me. Contact details: David Wilkins (researcher), dw271@kent.ac.uk - 07793322156. I am currently studying for a PhD at the University of Kent. I am also a qualified social worker. My supervisor is Professor David Shemmings.

University of **Kent** | School of Social Policy, Sociology and Social Research

CONSENT FORM

TITLE OF PROJECT: Assessment of Disorganised Attachment and Maltreatment project.

NAME OF RESEARCHER: David Wilkins

Please tick to confirm each statement:

I confirm that I have read and understood the information sheet for the above study (see attached).

I have had the opportunity to consider the information, to ask questions and to have any questions answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time and without giving any reason.

I understand that the information I give in the interview / Q-sort will be used as part of the final study but may also be discussed with the researcher's supervisor, Professor David Shemmings. The information I give may also be discussed in journal articles, books and book chapters. I give permission for this to happen.

I agree to take part in the above research study.

Name of participant:

Signature:

Date:

Name of person taking consent:

Signature:

ADDITIONAL INFORMATION

Please tick any of the following (if they apply):

I require an interpreter to be present during my interview – if so, please indicate which language you would require:

I would like to receive a summary of the research findings once complete – if so, please indicate the email address to which this should be sent (please note, your email address will not be shared and will not be used for any other purpose).