It "helped keep me sane – when the world is turned upside down": Parents' experiences of support during a child protection investigation

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May 2022

Word count: 37, 163

Abstract

Background: Child protection systems exist around the world to safeguard children from harm. These systems inevitably involve participation from parents, with parents often being the focus of safeguarding interventions aimed at protecting children. Research has illustrated that parents experience involvement in child protection as distressing and often traumatic, and that supporting parents can improve engagement in social work processes, leading to better working relationships and outcomes for children, and the whole family.

Aims: The present study approaches the subject for the first time from a counselling psychology perspective, and explores parents' subjective experiences of support during a child protection investigation. It aims to identify parents' sources of support, including if parents considered counselling or therapy and why, to generate implications for practice for clinicians working with this population, and other health and social care professionals, in order to help improve child safeguarding and welfare.

Methods: Qualitative data was collected from twenty parents who had experienced a child protection investigation which had now ended. Participants completed an online survey, with six parents participating in follow up interviews over Skype and email. A reflexive thematic analysis was conducted of the data.

Findings: Under the overarching theme 'Child protection investigations are a personal attack', three main themes were developed. The first theme: 'Whose side are you on?', explores parents' views of the divisive nature of child protection investigations, often splitting parents and social workers into two 'sides'. The second theme: 'Keeping it in versus letting it out', captures parents' ambivalence in seeking external support and the final theme 'The aftermath: "We will spend our lives trying to recover"', acknowledges parents' experiences of the long-lasting impact and need for continual processing after the investigation ends.

Conclusion: These findings have implications for both social work and therapeutic practice. Firstly, parents may benefit from talking therapy, and this study considers the advantages and barriers for parents in engaging with this support, and what clinicians may need to be mindful of during therapeutic practice. Secondly, parents' experiences of strong emotions and divisive dynamics elicited in child protection often creates an adversarial dyad that can

arguably lose focus of the child. Counselling psychologists and other professionals, such as advocates, peer support and therapists, can act as an important 'third position' in mediating and providing a space to think, potentially improving parent and child experiences of child protection. Thirdly, this study highlights that different forms of support might be beneficial at different times to parents, with there often being a need for support after child protection processes, which could be provided by counselling psychologists. This study contributes new knowledge to this area by highlighting parents' voices on what support they most needed when their world was "*turned upside down*"[1], and suggests that counselling psychology can play a part in improving the current child protection system in the UK, enabling more children and families to be supported.

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[1] Pseudonym: Natasha, (survey data)

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Dedicated to my oldest friend and her family,

the inspiration for this project

'Family Portrait' 2021
Printed here with permission from a very special child and their family

Acknowledgements

1. Background Literature and Study Rationale

1.1 Introduction

1.1.1 Overview

Child protection has been of particular significance around the world recently. Following the 2020-2021 Covid-19 lockdowns there has been a rise in child maltreatment (Ellis *et al.,* 2021), and in the UK, the murder of Arthur Labinjo-Hughes in 2020 has captured public attention regarding the critical issues of child protection (Meierhans, 2021: 'Arthur Labinjo-Hughes: National inquiry into boy's death').

Child protection relates to measures and structures that aim to prevent and respond to child abuse and safeguard children from harm (Save the Children, 2007). Child protection investigations are conducted as part of the United Kingdom's child protection system under section 47 of the Children Act (1989), to investigate if there are reasonable grounds to suspect that a child is suffering or at risk of harm. Following a child protection investigation, the child or children may be placed on a child protection plan, be temporarily removed from their parents' care - either voluntarily by the parents, or by the courts - or the investigation results in 'no further action' required. These actions have been increasing in recent decades in many countries, such as England (Department of Education, 2017; 2018), the USA, Canada and Australia (Lonne *et al.,* 2009). Currently in the UK, an independent care review of children's social care is being conducted, aiming to improve the UK's current child social care system, including child protection (The Independent Review of Children's Social Care, 2021).

This research focuses on parents' experiences of this process, and in particular, parents' experiences of support. This is because firstly, supported parents are more likely to engage in the child protection process, helping to safeguard the child, and secondly, it has been argued that parents involved in child protection are in need of support, as one of "the most marginalised populations in society" (Yoo, Racorean & Barrows, 2020a, pg. 782). This area is predominantly researched by the discipline of social work, with its central role in safeguarding and potentially intervening to support vulnerable children (The British

Association of Social Workers [BASW], 2021). However, it is approached here from the discipline of counselling psychology, applying psychological and psychoanalytic theories to suggest new ways of thinking about and understanding this experience. Counselling psychology is an integrative discipline, with training in a variety of approaches to psychotherapy (Douglas *et al.,* 2016). This is reflected in the theories referenced in this thesis. For example, psychoanalytic theories such as Melanie Klein (1946) are drawn upon, as well as Cognitive Behavioural Therapy (CBT; Westbrook, Kennerley & Kirk, 2007), and psychological research into trauma (Van der Kolk, 2014), moral injury (Haight *et al.,* 2017) and shame (Brown, 2007). This furthers the counselling psychology aim of promoting "psychological mindedness and skills in other health, educational and social care professionals" (The British Psychological Society [BPS], 2017, p. 7). Indeed, protecting children is the responsibility of us all, and is not limited to the profession of social work exclusively.

1.1.2   Definition of Terms

The term 'child maltreatment' is used throughout this study to describe all types of "physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power", that occurs to children under 18 years of age (WHO, 2020; *Child Maltreatment – Key facts*). This term is used by the World Health Organisation (WHO; 2020) and is considered an 'umbrella term' encapsulating experiences of neglect, exploitation and trafficking (McCoy & Keen, 2013), which is why it has been used here.

The broad term 'child protection process' is used throughout the thesis to refer to child protection investigations under Section 47 of the Children's Act (1989), and any subsequent actions, such as child protection plans, care orders or case conferences, up until cases are closed.

The term 'parents' is used in this study in an attempt to be as inclusive as possible, referring to both biological and non-biological mothers and fathers who have parental responsibilities for children.

The broad term 'support' has been chosen purposefully to represent many varied and multiple sources of help and support that parents considered, used and relied upon when navigating the complexities of a child protection investigation. I have used the term 'talking therapy' in an attempt to be as accessible and inclusive as possible of different forms of talking therapy: counselling, therapy, CBT, crisis lines, etc. Where participants have specified approaches to counselling and therapy, I have used their language wherever possible.

1.2 Literature Review

The following literature review contextualises this study in the existing literature, firstly by discussing the systemic influences in the UK's child protection system and it's 'child protection' orientation (Parton, 2014). Following this overview, the impact of child protection investigations is considered, with the rationale for why parents are the focus in this project. Existing research into parents' perceptions of the child protection process is discussed and critiqued, with the rationale for this study's focus on parents' experiences of support presented. This rationale, and the potential contribution of counselling psychology is outlined, followed by the aims of the current study.

1.2.1 Conceptualisations of Child Maltreatment

It is a global aim that children need to be cared for in a safe environment and protected from harm. Children hold an especially valued place in society and are often regarded as society's most precious resource (Sinitsky, 2016). However, children start their lives completely dependent on adults and can therefore be vulnerable and need to be protected (UNICEF, n.d. 'Child rights and why they matter'). Internationally, child protection and child welfare systems exist which aim to promote this aim, recognising and responding to instances of child maltreatment (Gilbert, Parton & Skivness, 2011). However, this 'problem of child maltreatment' is interpreted differently across the world, being shaped by the social, political, historical and value contexts in which they arise (Cameron & Freymond, 2006). This can be understood as specific social discourses, resulting from historical and social configurations and underlying visions for children, families and society, which ultimately influence definitions of and responses to child maltreatment. Freeman (2009)

argues that studying practice and policy in other countries can enable us to see our own assumptions in a clearer light.

It has been documented that the last fifteen years has seen an increase in literature aiming to compare systems of child protection across the world (Stafford *et al.,* 2011; Parton, 2014). These comparison studies mostly concern systems in North America, Northern Europe, Scandinavia, Australia and New Zealand (Stafford *et al.,* 2011). What is common across these systems is the need to balance maintaining the family as a viable social unit for the child, whilst protecting a child's right not to be harmed (Cameron & Freymond, 2006). This balance was initially conceptualised in the 1990s and early 2000s into two main orientations within systems' responses to protect children: the 'Child Protection' approach and the 'Family Service' approach (Stafford *et al.,* 2011; Parton, 2014). However, more recently, other orientations have been developed, such as 'the Community Caring approach' and 'the Child-Focused approach' (Cameron & Freymond, 2006; Gilbert *et al.,* 2011).

The Child Protection approach

The 'Child Protection' approach is more common in Anglophone countries, such as North America, the UK and Australia, and centres on the assumption that the child's right to be protected from harm by law takes precedence over considerations for the family to get support (Gilbert *et al.,* 2011). This requires a reliance on detailed rules and regulations to guide assessment, and is organised around the focus of identifying physical, sexual or emotional abuse. As Berrick *et al.,* (2017) argue, this reifies 'abuse' as something "objectively apprehendable". Additionally, Parton (2014) argues the 'Child Protection' approach often assumes the problem is caused by "degenerative relatives" (pg. 5), usually parents, which Parton (2014) interprets as an individualistic framing, and is suggestive of more adversarial state-parent relationships and more use of involuntary out-of-home child placement. Keddell (2014) argues this approach is tied to conceptualisations of 'risk society' (Beck, 1992) and neoliberalism, where society is more aware and averse to risk as well as individualising social problems.

Stafford *et al.,* (2011) argue that in part due to this conceptualisation and practice, the 'Child Protection' approach has led to a "crisis in child protection" (pg. 33). This has resulted in

child protection services becoming inundated with cases and referrals, and problems with over-inclusion, under-inclusion, limited capacity and problems with service orientation and delivery. Indeed, the United States Advisory Board on child abuse and neglect (US ABCAN, 1990) commented that it had become easier to report one's neighbour for child abuse, than it is for that neighbour to access help before that happens, suggesting that reporting and investigation happens for its own sake, without any realistic hope of meaningful treatment to prevent reoccurrence of maltreatment or to ameliorate its effects. In response to these concerns, researchers have looked to other countries' child protection systems for a paradigm shift, which are explored in the next sections.

The Family Service approach

In contrast to the child protection orientation, it is contended that Scandinavia and some European nations focus on a 'Family Services' approach, where the state has a responsibility to intervene early in vulnerable families, basing eligibility on *need*, as opposed to *safety* in child protection systems (Berrick *et al.,* 2017). In some instances, such as in Finland and Norway, this is associated with a social democratic welfare state, offering numerous universal welfare systems (Berrick *et al.,* 2017). Parton (2014) argues that abuse is framed as a problem of family conflict or dysfunction, arising from social and psychological difficulties that can respond to support. This approach is associated with going to greater lengths to provide family support, centred around a central organising concept of examining the child, family and society wellbeing. Additionally, the best interests of the child are linked to the interests of the whole family. Therefore, a 'Family Service' approach offers a more systemic perspective with a preventative focus (Parton, 2011).

The Community Caring approach

It cannot be ignored that these comparative studies are mostly concerned with English speaking or 'western' nations, and that conceptualisations of child protection are less examined in other countries and cultures. Cameron and Freymond (2006) go some way to addressing this, by including a 'Community Caring' orientation alongside 'Child Protection' and 'Family Service' approaches. The 'Community Caring' approach suggests that the wellbeing of children, parents, families and the community are parts of an indivisible whole

and that the wellbeing of families is not secondary to protecting individual rights. This approach can be more common in first nations, and there can be more emphasis given to placing children in the extended family, close community or in the tribal council area, demonstrating further cultural distinctions and a continued emphasis on the wider system.

The Child-Focused orientation

In more recent research, Gilbert *et al.,* (2011) have advocated for an integrative approach to child protection, synthesising elements from both 'Child Protection' and 'Family Service' orientations. They argue that the 'Child Focused' orientation does this by not being limited to narrow concerns about harm and abuse, but instead focuses on the overall development and well-being of the child (Parton, 2014). This approach can allow greater focus on early intervention and prevention. However, this approach maintains the rights of the child as being above that of the parents, leading children to be viewed as being separate from the context of their social relationships (Featherstone, Morris & White, 2014). Whilst this may be a development in more individualistic societies, for other, more family welfare orientations, this may seem an unsuitable compromise.

These differing conceptualisations are important here, as their underlying approaches reflect and maintain societal discourses and assumptions around child protection and how it is thought and spoken about in society. An important aspect of this is highlighted by Cameron and Freymond (2006) who discuss the differing reasons for initiating child protection investigations across systems. For example, child protection systems are more likely to cite parental deficiency as the cause of child maltreatment. Here, there is the implicit assumption that parents do not normally need help looking after their children, and interventions are framed around promoting change in parents. This is in contrast to family welfare systems, which assume that child maltreatment occurs in familial or societal breakdown, perhaps due to poverty, environmental stress, and thus the family and community ought to be supported. Through these contrasting conceptualisations, different assumptions and judgements are made about individuals and communities, ultimately impacting the experiences of children, parents, families and workers involved in these systems.

1.2.2 Child Protection in the UK

The current study focuses on child protection experiences in the UK. However, child protection is a devolved power, and there are increasing differences in how each of the four nations of the UK approach and implement child protection (Bywaters *et al.,* 2020). For example, Scotland has a different legal system to England and Wales with different terminology and structures, and Northern Ireland's children's services are managed by Health and Social Care Trusts, rather than elected local councils (Bywaters *et al.,* 2020). Differences in legislation across the four nations also exist, such as in 2020, Wales and Scotland introduced legislation that abolished the use of physical punishment of a child as a defence (NSPCC, 2021b). Furthermore, each nation is run by distinct political parties with different ideologies and aims. Therefore, although this section discusses the particular approach, influences and politics underpinning child protection in the UK, there will be some regional differences in how these are implemented and consequently, how they are experienced.

The UK's Children's Act (1989), distinguishes between children in need in section 17 (The Children Act, 1989a), and protecting children from harm in section 47 (The Children Act, 1989b). Section 17 (1989a) describes how children will be considered in need, and require an assessment and potentially a child in need plan, if they are unable to achieve or maintain, or have the opportunity to achieve or maintain, a reasonable standard of health, without provision of services from the local authority. This can particularly relate to children who have a disability, SEND needs or are young carers, for example (Child Law Advice, n.d. Information: Child in need). This study has focused specifically on children and families involved in child protection under section 47 of the Children's Act (1989), as this is most relevant to the study's aims around supporting parents going through child protection investigations.

Political and Media Influences

Parton (2014) argues there have been shifts in the child protection approach as a result of the political landscape in the UK. Initially, the UK adopted a 'Child Protection' approach, with an attempt to embrace family service principles and create the 'Child-focused' approach in the mid-1990s up to 2008 (Gilbert *et al.,* 2011). However, following several

high-profile public inquiries, such as 'Baby P' in 2008, and the introduction of the coalition government in 2010 and the favouring of neoliberal policies (Gupta & Blumhardt, 2016), child protection policy has seen a re-emergence of a 'Child Protection' orientation, with a focus on 'rescuing' children from abusive homes and taking children into care, with more mainstream adoption (Parton, 2014).

The politicised landscape of child protection in the UK cannot be ignored, and many authors argue that media coverage of public inquiries and serious case reviews have been pivotal in affecting the child protection agenda in the UK (Valentine, 1994; Cooper *et al.,* 1995; Goddard & Liddell, 1995; Parton, 2014). Whether this be in terms of driving policy (Goddard & Liddell, 1995), or reflecting or informing public appraisal of social work practices in child protection (Franklin & Parton, 1991; Valentine, 1994). For example, the Children's Act of 1989 followed the Cleveland child abuse scandal (Stafford *et al.,* 2011).

Additionally, the media's role in shaping public views of social workers as the 'bad object' where public fears and anxieties around child abuse become projected into, and introjected by the social worker, have been incredibly impactful (Franklin & Parton, 1991; Valentine, 1994). For example, high-profile public inquiries throughout the 1970s, 1980s, 1990s and 2000s following the deaths of children 'in the care' of social services such as Victoria Climbié, Daniel Pelka, 'Baby P' and the very recent case of Arthur Labinjo-Hughes, have featured heavily in the media, capturing the public's attention to demand formalised child protection procedures and practices (Munro, 2007), and arguably contributing to a "politics of outrage" (Parton, 2014, pg. 11). This outrage was directed at not only the perpetrators of the crime, but also professionals and managers responsible for the case and the operation of the child protection system itself, who were perceived to be poorly coordinated and insufficiently assertive (Parton, 2014; Tickle, 2016). Indeed, Franklin and Parton (1991) argue that media scrutiny is seen by social workers as persecutory, and feels synonymous with views held by the general population. Valentine (1994) argues that it is the highly emotive context surrounding child maltreatment that provokes the public to defend against and project hateful feelings "out there" with the 'bad' parents or social worker, while enabling them to see themselves by implication as 'good' (Valentine, 1994, pg. 73). This

directed public and political attention to improving child protection systems, as opposed to preventing child maltreatment in society (Parton, 2014).

More recently, however, public concern has also grown for cases where families have been falsely accused of child maltreatment. For example, the Cleveland scandal, where 121 children were kept from their parents due to dubious diagnostic measures, became one of the first instances of media interest in over-intervention and overreaction by the child protection system (Parton, 2020). Additionally, Dale, Green and Fellows (2005) highlight the increased use of compulsory adoption over family support also served to increase public alarm. Whilst some authors argue this form of media attention is needed as it informs the public and holds child protection authorities to account (Ainsworth & Hansen, 2012), the media's power in sensationalising and transforming a private issue into something public, undermines trust, reputation and legitimacy in the process of child protection, creating more problems for workers, parents, families and children (Stafford *et al.,* 2011).

Finally, the adversarial legal system in the UK, which impacts family courts, can also lead to high witness stress and conflict (Welbourne, 2016). Welbourne (2016) explains how social workers must present evidence establishing the legitimacy of their claim that parents have, or will harm their children in accordance with the Children Act (1989). Parents have a right to challenge this, and social workers must be prepared to defend their claims (Welbourne, 2016). This practice illustrates how combative and adversarial relationships between parents and social workers may develop.

Implications of the UK's 'Child Protection' Approach
Identifying the approaches adopted in the UK's child protection system provides a necessary backdrop to understanding the context and dynamics surrounding child protection in the UK. The next sections present aspects of how the UK's 'child protection' orientation has firstly influenced social work practice, and secondly, families' experiences of child protection investigations.

Increased regulation of social work practice

From the 1990s, researchers have argued that social workers' experiences of being derided in the media and castigated by government has contributed to a culture of defensiveness, pessimism and distrust within the child protection system (Cooper *et al.,* 1995; Hetherington *et al.,* 1997). In the Munro (2011) independent review of child protection in England, the over-bureaucratised nature of child protection was highlighted, with recommendations made to focus more on children. Munro (2011) argued that strong reactions around child safety and harm, combined with the common belief that complexity and uncertainty could be eradicated in child protection work meant that a defensive system was established. This system placed emphasis on recording and procedures, with little attention given to developing relationships with and supporting families (Munro, 2011). Indeed, others have argued that social work practice had become more focused on the law, removing children decisively and placing then for adoption early (Featherstone *et al.,* 2014). Furthermore, this increased focus on technical solutions has meant that less attention has been given to supporting and enabling practitioners to manage the emotional demands of the work (Munro, 2010).

Following these recommendations made in 2011, Smithson and Gibson (2017) argue that the relationship-based practice advocated by Munro (2011) is still not evident in social work systems, and indeed found that there was a greater use of authority by social workers in their work with parents. This is supported by Parton (2020), who argues that authoritarian and over-bureaucratised social work practice remains, commenting that defensiveness has led to an overwhelming pressure of responsibility and accountability on social workers, with a pervasive anxiety about things going wrong, still dominating practice. Also crucially, despite decades of policies designed to improve child welfare, Gilbert *et al.,* (2012) illustrate that there is no clear evidence for an overall decrease in child maltreatment.

Continuation of neoliberal policies in the UK may be responsible for this difficulty in adopting a child-centred approach. Gupta and Blumhardt (2016) highlight the impact of increasingly shrinking local authority budgets, requiring social workers to narrow the focus of child protection, to protection from harm and child rescue. As a consequence, families are unlikely to receive the attention of social work departments until they are in full crisis,

and perceived levels of risk are higher (Gupta & Blumhardt, 2016). Furthermore, when families do receive attention, this is often in the form of 'policing', rather than support, with some families only receiving an investigation as an intervention (Gupta & Blumhardt, 2016). Gupta and Blumhardt (2016) argue that this is unfortunate, as appropriately timed support may be able to negate the need for an investigation and policing.

Impact on families

The demands of social work also impact the experiences of families as a result, with the systemic bias towards measurement and risk reduction, meaning that relational processes are felt to be subordinate to administrative ones (Murphy, Duggan & Joseph, 2013; Parton, 2014; Gupta & Blumhardt, 2016; Bekaert *et al.,* 2021). Additionally, the 'Child Protection' orientation itself contributes to assumptions around child protection, often atomising the family and separating the child from familial relationships (Gibson, 2020). Gibson (2020) argues how parent responsibility is considered absolute, regardless of social situation, economic circumstance or family history, and risk is seen as an individual failing and responsibility, rather than a societal issue (Parton, 2014). This often translates to an 'individualised disease model' of child abuse (Parton, 1985), where child maltreatment could be reduced to 'syndromes' with abusive and neglectful parents being deemed very sick or very evil, ultimately characterised as "those people" who are fundamentally different from ourselves (Melton, 2005, pg. 11). Subsequently, family members are viewed as a risk, rather than a resource. This potentially damages engagement between families and social work, with families more likely to perceive social workers as intimidating, shaming and degrading, and perhaps eliciting avoidant and defensive responses.

Finally, the imbalance of power between social workers and families is present in most child protection systems. However, in the UK's 'Child Protection' approach, social workers hold significant power over families, with the power to recommend that children be placed on child protection registers, or recommend that children be placed in care (Dumbrill, 2006; Davies, 2011). Additionally, families engaged in social work procedures are often 'involuntary clients' and are resistant to social work interventions (Smith *et al.*, 2012). These factors, intrinsic to the child protection system in the UK, inherently influence parents' experiences of child protection, which is explored more fully in the next section.

1.2.3 Rationale of Focus on Parents' Experiences of Child Protection

There is a growing research interest in family member perspectives of their contact with social care, particularly parents' (Bekaert *et al.,* 2021). Child protection investigations create a unique position for the parents involved, often establishing an ambiguous and ambivalent dual role as service users and as subjects of investigation (Healy, Darlington & Feaney, 2011).

Nevertheless, child protection investigations can also be experienced as stressful and intrusive by children (Cossar, 2011). Research has shown that children who have been in contact with child protection services are more likely to experience reduced educational outcomes, fewer employment opportunities, lower annual income, and poorer mental health compared to the general population (Gypen *et al.,* 2017). In a systematic review of qualitative evidence of children's experiences of child protection services, Wilson *et al.,* (2020) argue that children and young people had varied experiences of the child protection system at different stages. Many experienced child protection services as frightening initially, with stigma attached, and the authors conclude that emotional support should be emphasised just as much as physical support and safety (Wilson *et al.,* 2020). Therefore, there is a need for research to consider supporting children involved in child protection. However, social work interventions are often delivered through parents, indirectly to children, with parents often being the targets of educational, therapeutic and regulatory measures (Gilbert, Parton, and Skivenes 2011). This suggests that children may be supported when their parents are supported (Winnicott, 1960).

This section, therefore, outlines the rationale for this study's focus on parents' experiences. Firstly, the mental health needs of parents involved with child protection services is acknowledged. Secondly, the benefits to the social work process and outcomes when parents are engaged is considered, and how change and growth can be possible when parents' needs are attended to, helping the children and family as a whole.

The Mental Health Needs of Parents Involved in Child Protection

Literature demonstrates that parents involved in child protection face multiple stressors (Estefan *et al.,* 2012; Gibson, 2020; Yoo *et al*., 2020a). Firstly, there is a well-documented link between living in socioeconomic stress and being involved with child protection services (Pelton, 2015; Bennett *et al*., 2020). Additionally, parents involved with child protection services are also likely to experience psychological difficulties and addiction (Holland *et al.,* 2014) and domestic violence (McTavish *et al.,* 2016). Furthermore, it is estimated that between 10% to 32% of child protection cases in Australia, the UK and the US involve a parent with a mental illness (de Bellis *et al.,* 2001; Walsh, MacMillan, & Jamieson, 2002). Whilst it is understood that having a mental illness does not constitute a child protection concern, some have argued it can impact the parenting role (Darlington & Feaney, 2009) and indeed increase the likelihood of harm to children (Cleaver, Unell, & Aldgate, 1999). This has prompted some services to consider programs and resources for families with mental ill health and a child protection investigation, although these services have tended to come from mental health services rather than child protection services (Darlington & Feeney, 2009), requiring intersectional collaboration.

Importantly, involvement with child protection services themselves creates stress for parents. Research has shown that parents feel shame and stigma at being involved with child protective services (Sykes, 2011; Gibson, 2020). Bundy-Fazioli and DeLong Hamilton (2013) argue that parents may struggle to accept allegations of child maltreatment if it feels at odds with their own views of their parenting, potentially leading to a loss of their 'good parent' identity (Sykes, 2011). Tembo and Studsrød (2019) identified common emotions across parent participants, noting mostly negative emotions such as shame, mistrust, stigmatization, frustration, despair, anger, humiliation, embarrassment, discrimination, confusion, sadness, betrayal, oppression, loss and panic; demonstrating the psychological toll of being involved with child protection.

Furthermore, custody loss in particular has been shown to be acutely traumatic, with increased incidences of vulnerability and of post-traumatic stress disorder in mothers (Kenny, Barrington & Green, 2015), and Wall-Weiler *et al.,* (2018) found that Canadian mothers who had children removed into care were significantly more likely to attempt and

complete suicide. These studies highlight the common tendency of research to document mother's experiences of child protection, and not fathers (Ewart-Boyle, Manktelow & McColgan, 2015; Bekaert *et al.,* 2021), indicating that research into fathers' experiences be gathered.

Combative relationships with social workers can also be challenging for parents, contributing to parents' experiences of stress.   The Department of Health (1995) summarises that child protection investigations are often painful and intrusive, however sensitively the enquires might be handled. Buckley, Carr and Whelen (2011) suggest parents feel intimidated by the power differentials between themselves and social workers, and Davies (2011) stresses the suffering, even when cases are closed and argues that this can lead to a 'secondary victimisation' for parents. Smithson and Gibson (2017) identified the 'overwhelming' theme in 17 qualitative interviews, that the child protection system was not supportive of parents and did not recognise the emotional impact on families and summarised this with the theme: being treated as "less than human".   This adds to the evidence demonstrating that parents experience child protection investigations as acutely distressing.

Given this literature demonstrating the distress and harm parents experience around child protection investigations (Department of Health, 1995; Dale, 2004; Dumbrill, 2005; Buckley, Carr & Whelen, 2011; Davies, 2011; Smithson & Gibson, 2017; Bekaert *et al.,* 2021), it raises questions of how this might be understood and parents supported, so that this distress could be ameliorated. Indeed, if this distress was alleviated, it could promote improved child protection outcomes, which is explored in the next section.

Parent Engagement and Improved Outcomes
Existing literature demonstrates that parents who feel supported are more likely to engage in the child protection process, leading to better outcomes. For example, parents are likely to be the source of much information about the child, the family and the family context, which when parents are engaged, this information can be offered and help social workers in their task (Turney, 2012). Additionally, parents can also facilitate or obstruct access to their child, complicating the child protection work (Turney, 2012). Thus, when parents are

engaged, help can be offered and accepted more easily, and a resolution found more quickly (Munro, 2011). In Gladstone *et al.,*'s (2012) mixed methods research involving 131 parent-worker dyads, engaged parents were more likely to feel that their parenting had improved and rate that they were more satisfied with the outcome of the service. Furthermore, engaged parents reported they would contact their worker in the future if needed and perceived their children as safer overall (Gladstone *et al.,* 2012). Therefore, increased parental engagement can help facilitate social work tasks and lead to improved child safety and more satisfied parents. Interestingly, this can also help prevent child maltreatment, as Howe (2010) highlights, parents who are supported are less likely to feel stressed, and less stressed parents are less likely to be a danger to their children.

Additionally, the advancement of relational approaches to social work (Ruch, Turney & Ward, 2018) argue that beyond these pragmatic advantages of parent engagement, a good working alliance between social workers and parents has the opportunity to foster change and growth in the family (Turney, 2012). Howe (2010) argues that this can help keep at-risk children safe, as the more recognised, understood and contained the parents feel, the more they are able to keep the child in mind. Therefore, the parent can be seen as "an end in themselves" rather than just a vehicle to promote better outcomes with children (Turney, 2012, pg. 150). This emphasis on relational practice mirrors that of relational therapy, which places the therapeutic relationship at the centre of practice and as a vehicle for therapeutic change and improving emotional and psychological understanding and wellbeing (Horvath & Symonds, 1991; Norcross, 2002; Turney, 2012).

In summary, this section demonstrates the large psychological toll that being involved in child protection can have on parents. Whilst this alone is suggestive of further research to help remedy this experience, literature also demonstrates that engaging parents in the child protection process is beneficial to improving outcomes for the family and social work teams. However, parent engagement in child protection cases is often challenging, given the adversarial system outlined in the previous section, and the acute distress discussed here. Therefore, it is important to understand what can be done to help decrease distress and improve parental engagement in social work processes, which is discussed in the next section.

1.2.4 What can Impact Parental Distress?

This section explores current understandings of what can impact and ameliorate distress in parents going though child protection processes. Firstly, parents' perceptions of the relationship with the social worker are considered, both as a resource in helping to engage parents in the process, and also as a source of conflict. Secondly, parents' own internal resources and resilience is considered in helping them navigate child protection. Thirdly, the occurrence of false accusations and perceived injustice is considered as contributing to parents' experiences of child protection. Finally, family environments and mental health are discussed, laying the foundations for a discussion of what support parents most need.

Parents' Perceptions of the Relationship with the Social Worker

The Children's Act (1989) emphasises that professionals should work in partnership with parents when going through child protection investigations. Considerable research demonstrates the importance of the client-worker relationship in engaging parents in the process, and helping to achieve positive outcomes (Healy *et al.,* 2011; Jackson, Kelly, & Leslie, 2017), as well as ameliorating some of the distress caused (Leitz & Strength, 2011). In particular, in Leitz and Strength's (2011) sample of 15 families, all of them reported the importance of support from child welfare services in helping to empower them to change and helping to signpost to other services. This was confirmed in Bekaert *et al*.'s (2021) meta-synthesis of thirty-five studies, where they concluded that the relationship with the social worker was very influential, working well when parents felt respected, listened to, and believed, leading to honest communication between both sides. This highlights how the development of good relationships between workers and service users could compensate for the harsher aspects of involvement with child protection (Buckley *et al.,* 2011). It also demonstrates that involving parents in the process, leads to improved outcomes as there is more case plan compliance, thus enhancing options for family restoration (Dale, 2004).

Nevertheless, research documents the challenges of forming and maintaining positive relationships between social workers and families. For example, Smithson and Gibson

(2017) found that only half of participants reported positive relationships with social workers, and this mixed response is also supported by Healy, *et al.*'s (2011) thematic analysis, which revealed mostly negative experiences of relationships with social workers. Research like this has led to a body of literature examining aspects of the parent-social worker relationship, what parents most need from social workers, and how social workers might improve their practice. This has resulted in recommendations for social workers, in having an awareness of power differences (Dumbrill, 2006), focusing on parenting strengths over parenting weaknesses (Budd *et al.,* 2001), improved communication, empathy and listening skills (Dale, 2004; Healy *et al.,* 2011; Bekaert *et al.*, 2021).

Indeed, the increase in proceduralism and regulation of social work practice in the UK has been criticised, having not led to improvements in working with vulnerable children and families (Turney, 2012). This has led others to argue there is a need to turn to a relationship-based model of child protection, with a focus on humane practice with empathy, respect, genuineness and optimism to help support parents (Ainsworth & Hansen, 2012; Turney, 2012; Ruch, Turney & Ward, 2018; Ferguson *et al.*, 2020). Ruch, Turney and Ward (2018) argue that relationship-based practice represents a move away from seeing social work as a technical or rational task, and instead integrates theories from other disciplines, such as psychoanalysis, attachment theory, systems theory, politics and sociology into an integrative way of thinking about relationships that acknowledge intrapsychic, interpersonal and wider social contexts. However, social work literature also demonstrates the challenges faced by social workers in keeping up with increasing demands and workload, often with little support themselves, which poses challenges in implementing this advice in social work practice (McFadden, Campbell & Taylor, 2015).

Psychological Factors

In examining some of the ameliorating factors in child protection processes, it is also important to consider psychological factors that help families through these processes. Lietz and Strength (2011) conceptualise their views of success in child protection investigations as family resilience. The construct of resilience relates to how individuals can manage and withstand great adversity and crisis and then rebound and become strengthened by the process (Walsh, 1996). Lietz and Strength (2011) conducted interviews

with reunified families after child protection investigations to help illuminate what the families saw as their strengths that helped them through the process. From this, Lietz (2007) proposes a stage model of resilience, comprising of 'survival', 'adaptation', 'acceptance', 'growing stronger' and 'helping others'. Families also reported strengths they identified which helped them achieve resilience, such as spirituality and commitment. Social support was reported by all families in the sample, and was evident at each stage of the model of resilience. Lietz and Strength (2011) report how social support was particularly crucial in the early stage of 'survival', with families relying on friendships, extended family, support groups and caseworkers in child welfare services when their children may have only just been removed. This research suggests that supportive relationships are critical in the development of resilience.

Additionally, Lietz and Strength (2011) identify a theme of 'insight' in helping parents move from stages of acceptance to growing stronger. In this theme, participants described that although counselling or drug and alcohol treatment was initially challenging, eventually it allowed them to accept help and know what they needed to change. Furthermore, the final stage of 'helping others' highlighted a strong theme in many families that they wished to give back to others going through similar experiences such as by speaking to foster parents and professionals to help increase sensitivity to parents, being employed in child welfare centres to offer support for other families or advising child welfare trainings, demonstrating an important aspect of providing social support. Lietz and Strength (2011) suggest implications of their conceptualisation of resilience, emphasising the importance of building insight, and how professional services and counselling could help with this. However, Leitz and Strength's research is conducted with families and welfare services in the United States and its findings may not be transferable to a UK population with a different welfare and healthcare system. Therefore, more research into the supportive experiences of parents in the UK is needed.

False Accusations and Feelings of Perceived Injustice

It must also be considered that a number of child protection investigations are concluded to be unfounded and 'no action is required'. It is hard to fully assess the scale of these cases in England, although Zeman (2004) suggested that 65% of referrals to child protective services

in the United States consist of false or unfounded reports of abuse or neglect. The Department of Education (2017) report that of the 31,250 children who ceased to be in care in 2017, 9,970 (32%) returned home to live with their parents or relatives (Department of Education, 2017). It is hard to see from these numbers if the reasons for children being returned home was due to progress made by families under child protection plans, or if these cases did not require any intervention in the first place. Therefore, the scale of unfounded cases in England is hard to estimate.

However, in occurrences of falsely accused parents and families, these parents represent a complex situation, as Davies (2011, pg. 205) writes of her personal experience: "I was coping with the burden of innocence in that I knew I had done nothing wrong but neither could I prove it. This was confidence boosting and draining at the same time. It made the outcome of the investigation seem totally unpredictable." This is supported by Zeman (2004) who conducted literature searches and family interviews of parents falsely accused of abuse or neglect. Zeman (2004) presents themes of physical loss, loss of fantasy in faith in the system, the loss of the fantasy that they can protect their child and loss of the sense that their parenting experience had been normal. This suggests that parents' experiences of child protection could vary considerably, impacting their needs and preferences for support.

Family Environments and Mental Health

The wider context and environments of families involved in child protection investigations are essential to consider, and the ways in which these might strengthen or weaken parent resilience when going through a child protection investigation. Healy *et al.,* (2011) argue that factors such as homelessness, domestic violence, substance abuse and mental health issues are crucial in determining parents' capacities in engaging with the child protection agency and process. Indeed, Estefan *et al.,* (2012) argues that parental mental health difficulties can mean that children remain out of the home for longer. The connection between mental health and child protection can understandably create anxiety around disclosing a mental health problem for parents in general, for fear of it triggering a child protection investigation (Parker *et al.,* 2008). Additionally, the literature describes the difficulties in accessing support for mental health in a timely way (Darlington & Feeney, 2009), highlighting the lack of support for specific problems like domestic violence (Healy *et*

al., 2011) or the difficulties navigating through services' strict inclusion and exclusion criteria, meaning some fall through the cracks (Darlington & Feeney, 2009). Darlington and Feeney (2009) conclude that both child protection and mental health services need a greater understanding and regard for each other's roles to aid future communication between them. On the other hand, Parker *et al.,* (2008) argue that only focusing on mental health issues when a family has more complex problems going on, can be seen as unhelpful too. Therefore, there is a need to examine the wider context of the family, and other areas of need.

1.2.5 What Support is Needed?

The literature presented thus far emphasises the benefits of a good working relationship between parents and social workers (Healy *et al.,* 2011; Jackson, Kelly, & Leslie, 2017), familial resilience (Lietz & Strength, 2011) and specialised support for additional family needs like addiction (Healy *et al.,* 2011), as being supportive to parents when going through child protection investigations. However, the above research also demonstrates the varied and complex needs of many families involved with child protection investigations (Estefan *et al.,* 2012; Gibson, 2020; Yoo *et al*., 2020a), suggesting that families may identify different sources of support as being helpful to them, depending on their family context. In particular, research has considered the usefulness of practical support, such as help with jobs, finances and child care (Smithson & Gibson, 2017; Tembo, & Studsrød, 2019), and more emotional or therapeutic support (Yoo *et al*., 2020a). These preferences are examined in this section, leading to a discussion of what counselling psychology may be able to contribute to this area.

Practical Support

Given the strong links between child protection and socioeconomic stress (Pelton, 2015; Bennett *et al*., 2020), it is understandable that parents prefer support in a practical way. This might be through access to food, shelter and services, support finding jobs, child care, financial support, accessing parenting courses, support for children or respite foster care (Dale, 2004; Smithson & Gibson, 2017; Tembo, & Studsrød, 2019).

Additionally, research documenting the successes of parental advocacy (Featherstone & Fraser, 2012; Tobis, 2013; Tobis, Bilson & Katugampala, 2020) in helping parents to engage in social work practice also represents the benefits of practical support to parents. In these studies, advocates aim to promote parent participation, help parents and social workers communicate together using strengths-based approaches, and supported, encouraged and advised parents on working with agency requirements (Featherstone & Fraser, 2012; Tobis, Bilson & Katugampala, 2020). These studies show how the practical support during case conferences and meetings that advocates provide also extends to emotional support. Indeed, Yoo *et al.,* (2020) argue that a holistic approach to supporting parents is needed, considering both the physical and emotional needs of the family.

Therapeutic Support

This call for emotional support is voiced by several researchers, who argue that currently parents do not receive enough therapeutic support (Cossar, 2011; Ghaffar *et al.,* 2011; Yoo *et al*., 2020a). Indeed, child protection plans often require that parents participate in therapeutic services (Estefan *et al.,* 2012) such as mental health counselling/therapy, substance use treatment and stress management programmes (Child Welfare Information Gateway, 2006; Westat, Inc., 2009). The benefits of counselling and therapy have been alluded to, such as in Dale's (2004) study, one participant articulated that "it was nice to download some of the junk that I've got in the back of my head" during counselling (Dale, 2004, pg. 148). Therapeutic based programmes, such as the 'Families Actively Improving Relationships (FAIR)' Program (Saldana, 2015), highlight how therapeutic strategies and techniques can lead to improved family relating and functioning (Saldana, 2015). Furthermore, research has shown that counselling and therapy services can help parents maintain changes (Solomon & Åsberg, 2012). Nevertheless, in these instances, mental health support was offered with the purpose of improving parenting as opposed to solely for the parents' own wellbeing (Yoo *et al*., 2020a).

However, recent research conducted whilst this project was in development by Yoo *et al.,* (2020a) highlights how psychotherapy services can benefit parents involved in child protection services by offering much needed emotional support and also by facilitating collaboration with child protective services through partnership working. They write:

"Although CPS [child protection services] involvement may be a source of distress for many parents, psychotherapy services could make such distress more manageable through clinicians' work within and between sessions. In experiencing safety and empathy as well as challenge and problem resolution in counselling/therapy, these parents may feel more supported and equipped throughout their involvement with CPS." (Yoo *et al*., 2020a, pg. 782). Interestingly, Yoo *et al.,* (2020a) also suggest that engaging parents in psychotherapy can have a ripple effect, helping to improve parents' relationships with their children as well as social workers. This led to the recommendation of psychotherapy services being suggested to parents at the outset of child protective services involvement (Yoo *et al*., 2020a).

Nevertheless, Yoo *et al.*'s (2020a) conclusions around psychotherapy being helpful appears one sided, and doesn't consider when psychotherapy might not be beneficial. Other research has documented that some parents did not feel there was need for intervention or support, and that child welfare exaggerated issues (Dale, 2004). Additionally, all participants in Yoo *et al*.,'s (2020a) sample were involuntarily receiving psychotherapy, and the impact of this was not explored, nor the perspectives of parents who might voluntarily seek therapeutic services. The likelihood of working with involuntary clients involved with child protective services may raise issues for clinicians. For example, therapeutic techniques and strategies from eager and willing clients do not generalise to the treatment of involuntary clients (Brodsky & Lichtenstein, 1999; Trotter, 2015). Secondly, there is debate over whether involuntary psychotherapy is effective (Inciardi, 1988; Rosenfeld, 1992; Conner, 1996), and thirdly, some theoretical frameworks and professional ethical codes stress the importance of informed consent, and would not consider initiating therapy with involuntary clients (Conner, 1996; BPS, 2018).

1.3 Summary and Aims

This literature review has presented an overview of the child protection system in the UK, emphasising how the nature of the UK's 'Child Protection' approach places pressure on local authorities and social work teams to respond to concerns of child maltreatment in an authoritative, risk-averse and defensive way, with limited resources, creating a focus on policing over providing support (Gupta & Blumhardt, 2016). This arguably contributes to

parents' experiences of child protection investigations as shaming, traumatising and distressing (Dale, 2004; Dumbrill, 2006; Davies, 2011; Smithson & Gibson, 2017; Gibson, 2020; Ferguson *et al.,* 2021). Social work literature has focused on evaluating social work practices in order to improve parents' experiences, and by extension, improve engagement in social work processes and outcomes for the family. This has resulted in some suggestions on how parents might be better engaged, through supportive relationships with social workers and suggestions of practical help that can be offered to families. Supporting parents emotionally through mental health programmes (Saldana, 2015), counselling and therapy have also been suggestive of positive effects on families, and the child protection process (Yoo *et al*., 2020a). Combining this with research demonstrating the considerable mental health needs of parents involved in child protection (Estefan *et al.,* 2012; Gibson, 2020; Yoo *et al*., 2020a), and the common requirement that parents participate in therapeutic services (Estefan *et al.,* 2012), it is surprising that further research has not been conducted on parents' experiences of therapy when going through a child protection investigation.

Based on the above research, it could be contested that parents going through child protection investigations form a particular population experiencing similar themes of loss, trauma, shame, (Sykes, 2011; Smithson & Gibson, 2017; Gibson, 2020) which may require specific research attention from other disciplines, like counselling psychology. Research has already shown that the impact of good relationships in child protection cases can help ameliorate parental distress (Buckley *et al.,* 2011), particularly relationships that demonstrate some core therapeutic skills like empathy (Smithson & Gibson, 2017) echoing Rogers' core condition of the therapeutic relationship (Rogers, 1962). There has also been some promising recent research in the United States that highlights the considerable benefits of psychotherapy in supporting parents emotionally, and helping parents engage in child protection processes, leading to improved family outcomes (Yoo *et al*., 2020a). Nevertheless, this research is limited to mandated therapy experiences, and voluntary experiences may differ, especially if parents felt they were falsely accused (Zeman, 2004). This indicates that additional therapeutic support from counselling or therapy could be useful to parents and more research is needed to examine how psychotherapy can be supportive to parents involved in UK child protection processes.

Furthermore, there is little guidance or recommendations for clinicians when working with this population. Yoo, Racorean and Barrows (2020b) demonstrate how clinicians in the United States face specific challenges when working with this client group, with holding reporting responsibilities to child protection services, and trying to build trusting therapeutic relationships with clients. There is little research in the UK on clinician perspectives of working with this client group, and this may differ to US experiences, given the different setup of child protective and therapeutic services. Indeed, the discipline of counselling psychology may be able to offer new insights here, as other areas of research have examined the effects on therapy if a client is involved in a criminal investigation or trial, and practice guidance has been published by the British Association for Counselling and Psychotherapy (BACP) to help guide clinicians working with these clients. This has particularly focused on issues around confidentiality, boundaries and therapist neutrality (Jenkins, Muccio, & Paris, 2015). Furthermore, clinicians might be wary of confused therapy agendas, where clients might engage in therapy to be seen in a positive light, or in the hope that the therapist will advocate for them in court (Jenkins *et al.,* 2015). Although child protection investigations differ from criminal investigations and trials, there is a common theme of going through an institutional process which could raise similar concerns for therapy around confidentiality and boundaries, or indeed, the purpose and agenda of therapy, suggesting that recommendations or guidance could be useful for clinicians working with this population.

Therefore, the research presented here is a qualitative study with three aims that can be summarised as follows:
- To gain a better understanding of parents' subjective experiences of support during a child protection investigation
- To identify sources of support experienced by parents, including if parents considered counselling or therapy and why
- To generate implications for practice that can be applied to clinicians working with parents, as well as other health and social care disciplines

This study has avoided applying a narrower focus on just experiences of therapy during child protection investigation (such as the focus of Yoo *et al*., 2020a), as it is not clear from the existing literature that parents felt they needed or wanted therapy. Therefore, this study aims to give parents a voice, listening to how they coped, what they found helpful and what they needed. The broad term 'support' has been used in order to elicit wider supportive experiences from parents, enabling conclusions to be made about how parents can best be supported during child protection investigations, whether that is with counselling or therapy, and whether there is a role for counselling psychology, or not.

This study does not aim to evaluate social work practice as previous literature has done, but aims to open this area up to other disciplines, namely counselling psychology, where the application of psychological theory can help to further the understanding of the experience of parents during child protection investigations. This research seeks to not only inform practitioners working with clients who might be in the process of, or have experienced a child protection investigation, but also to move beyond one-to-one work, in order to influence the experiences of those who may not directly work with a psychologist or therapist, through informing and applying findings to other health and social care disciplines. This is relevant to the discipline of counselling psychology, with its commitment to social justice and moral obligations to alleviate human suffering beyond the therapy room (Henton, 2016). It is hoped, that by gaining a better understanding of what support parents require, we can develop better supportive networks for parents going through this often challenging and traumatic process.

2. Methodology

2.1 Research Design and Project Development

A qualitative approach was adopted in this study for its compatibility with the study's aims of exploring individual experience and meaning making (Braun & Clarke, 2013) and its relevance to the values of Counselling Psychology (Kasket, 2016). A quantitative approach and analysis may have allowed for generalisations to be made. However, with a scarcity of psychological research in this area, it would have been restrictive to focus solely on numerical data surrounding this experience, when there is an opportunity for voices to be heard and lived experience to be captured, providing a richer understanding of a potentially marginalised group.

In the early stages of this project, Interpretive Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) was considered as an appropriate methodology for several reasons. Firstly, IPA's underlying philosophy of phenomenology, ideography and hermeneutics were considered relevant to the research questions posed, as they centred on examining a particular experience. Secondly, the requirement of rich data would have provided an in-depth and thorough account of parents' experiences of a child protection investigation, allowing for potentially profound conclusions to be made. Nevertheless, the specificity of the research question towards what parents found *supportive,* appears less orientated to IPA, which aims to explore experience in a less directed way, and with more focus on identity (Smith, Flowers & Larkin, 2009). Furthermore, group homogeneity was questioned as it became clear that many parents had different experiences of child protection depending on the reasons for child protection involvement. Additionally, procedural recommendations for generating in-depth data, typically using a semi-structured interview (Smith, Flowers & Larkin, 2009), became increasingly challenging to obtain from the population, and it became apparent that this method of data collection was unsuited to the population being studied. It therefore became necessary to adapt the data collection method to suit the target population.

This adaptability was found in Thematic Analysis (TA; Braun & Clarke, 2006), which presents as a flexible approach that can be applied to various data sets and can be applied to a range

of theoretical frameworks and research paradigms. TA provides a method of identifying, analysing and interpreting patterns of meaning or 'themes' across a data set (Clarke, Braun & Hayfield, 2015), and is accessible and familiar to practitioners working in diverse fields (Davey, 2020). Furthermore, Braun and Clarke (2020) argue for the use of TA over IPA in research questions that concern something other than just personal experience, which seemed relevant to this study's aims of examining experiences of *support*. Additionally, the aim of presenting actionable outcomes and implications for practice requires an analysis centred around shared meaning-based themes or 'thematic statements' (Sandelowski & Leeman, 2012), further suggesting TA as a more relevant method in this research, as it allows for conclusions and implications to be drawn.

2.2 Data Collection and Recruitment

2.2.1 A 'hidden population' and challenges to recruitment

As it has been alluded to, parents who have experienced a child protection investigation form a potentially 'hidden' and hard to engage population (Dale, 2004; Mirick, 2016). Firstly, parents occupy a vulnerable position of having less power due to their involvement with a state agency (Alderson, 1995; Mirick, 2016), and secondly, the stigma and shame parents feel from being involved with social services (Davies, 2011; Gibson 2020) may mean that parents feel uncomfortable, or find it too painful talking about their experiences in research (Dale, 2004). Thirdly, parents may be burdened with many caregiving responsibilities, or other stressors, limiting the time available for research participation (Rosenthal-Gelman, 2010). Therefore, it became essential to ensure that the data collection method was suited to the target population, to encourage as many parents as possible to participate, and produce the richest data possible (Braun & Clarke, 2013).

Existing literature suggests that research with vulnerable groups should engage 'gatekeepers' as a way of ethically recruiting participants (Mirick, 2016). This may involve collaboration or support from services or organisations in identifying potential participants that meet the recruitment criteria and approaching them as intermediaries (Clark, 2014). This was initially considered in this project, and six local authorities were approached to see if they could help share the research advert with parents who had experienced a child

protection investigation. However, this became problematic. Of the local authorities that responded, most did not feel they had the time or resources to support a research project. Additionally, the local authorities who were open to the research reported that it might feel unethical to re-contact families who had previously been discharged by social services to tell them about the research. Finally, identifying parents who fit the inclusion criteria would be labour intensive for already stretched social work teams. Therefore, engaging 'gatekeepers' became impractical for this project.

2.2.2 Recruiting online

Instead, recruiting online and utilising social media provided a way of reaching more of the target population and enabled a more geographically diverse population to participate (Gelinas *et al.,* 2017).   Therefore, a purposive sampling method was employed where research adverts were posted on relevant social media groups and on Twitter. Twitter users linked to child protection and social work were approached and asked to retweet. Snowball sampling was also used by asking participants to share the research advert with others who might be able to take part. Parents who had experienced a child protection investigation and were known to the researcher were initially approached to help pilot the survey.

Implementing an online data collection tool corresponded with the online recruitment strategy, allowing for geographically dispersed participants to take part. Research utilising online data collection tools is increasing (Abrams, Wang, Song, & Galindo-Gonzalez, 2014; Bowden, & Galindo-Gonzalez, 2015; Synnot, Hill, Summers, & Taylor, 2014), with qualitative surveys also being increasingly implemented (Braun, Clarke, Boulton, Davey & McEvoy, 2020).

The online survey was considered well suited to the population being studied here for a number of reasons. Firstly, parents involved with child welfare services often have concerns around anonymity and confidentiality when participating in research (Mirick, 2016), and as Terry and Braun (2017) highlight, surveys are ideally suited to sensitive research because they offer a high level of felt anonymity. Secondly, surveys provide more social comfort (Braun *et al.,* 2020; Hanna, 2012) as participants may not feel comfortable being seen by the researcher, and may fear scrutiny or judgement. Therefore, the survey gives voice to people

who might choose to abstain from face-to-face research due to the nature of the topic (Davey *et al.,* 2019), which is particularly relevant here given the pain associated with the child protection experience (Dale, 2004; Davies, 2011; Smithson & Gibson, 2017; Bekaert *et al.,* 2021). Thirdly, an online survey offers participants more control over their participation: they can decide when, where and how they complete it, enabling participants to have more power, which they may have not felt during their child protection investigation (Dumbrill, 2006; Davies, 2011). Finally, a survey is less burdensome than some data collection methods, such as a face-to-face interview, which is important to participants here who are likely to have caring responsibilities.

An online survey could also be considered relevant to this study's aims. Toerien & Wilkinson (2004) argue surveys offer a 'wide angle lens' on a topic of interest, capturing a diversity of experiences, which is particularly useful in an under researched area. Additionally, in light of the worldwide pandemic, it also became essential that the research could continue despite lockdowns while keeping participants and researcher safe.

Nevertheless, online surveys also pose several limitations. For instance, participants will be required to have literacy and computer skills in order to take part, inadvertently excluding the least privileged or not so computer literate. Furthermore, the lack of flexibility due to questions being set in advance, potentially constricts responses around these questions, with no opportunity to probe or follow up further (Frith & Gleeson, 2008). This has led others to suggest that survey data "generate thin and perfunctory data" (Braun *et al.,* 2020, pg. 2). However, Braun *et al.,* (2020) dispute this, arguing that this is based on an idealisation of interview data and a false imagining of what qualitative surveys cannot offer. Braun *et al.,* (2020) give examples of survey data with rich, detailed and intimate extracts, with high emotional content. Furthermore, Braun and Clarke (2013) argue that survey data tend to be more densely packed with relevant information, and are more focused and 'on target' than interview data. Finally, it is emphasised that if surveys are a good 'fit' for the research question, topic and population, as it is indicated here, then the dataset as a whole will likely be rich and complex (Braun *et al.,* 2020).

2.2.3 Follow up interviews

However, the limited flexibility and ability to probe in surveys could have restricted this study in being unable to uncover other experiences not prompted by the set questions, ultimately limiting this study's scope in understanding more about this unexplored area. Therefore, follow up interviews were employed which provided an opportunity to probe and ask further questions around areas that had not been previously considered. It was also considered that providing a follow up opportunity to say more, might allow participants more time to reflect and comment on their experiences, after having gained some confidence from completing the survey.

Telephone and Skype interviews

Whilst many argue for the benefits of face-to-face interviews over virtual interviews (Novick, 2008), research also demonstrates that virtual interviews can be seen as an alternative to face-to-face interviews and can gather rich data (Opdenakker, 2006; Deakin & Wakefield, 2014). Due to the need to approach geographically diverse participants, telephone and Skype interviews were offered as a follow up interview modality as a way of conducting a remote semi-structured interview. Telephone interviews enabled participants who were less comfortable with, or had less access to online technologies like Skype and email to participate. Additionally, research has argued that telephone interviews provide a sense of felt anonymity, which can be useful when discussing sensitive topics (Holt, 2010). Some non-verbal information may be lost in telephone interviewing (Block & Erskine, 2012). However, Sturges and Hanrahan (2004) found that the richness of data in telephone interviews was comparable to that of face-to-face interviews. Nevertheless, Skype was also offered as a follow up interview modality to participants, where nonverbal cues can more easily be recognised (Janghorban, Roudsari & Taghipour, 2014).

Email interviews

Burns (2010) demonstrates how email has become a normal and responsible mode of communication. This has been extended to the field of research as a data collection tool. Bowden and Galindo-Gonzalez (2015) highlight several benefits of email interviewing; reduced cost, enabling more diverse groups to participate, and the increased comfort it

affords participants by enabling them to respond at their own convenience. This could be particularly relevant in this research given the sensitive nature of the topic. This convenience may lead participants to feel safer and more empowered, as the unique asynchronous nature of email interviews allows the participant more control over their level of participation (Hawkins, 2018). Additionally, email interviews enable hard to access, and potentially stigmatised groups to participate, helping to overcome problems associated with a 'hidden population' (McCoyd & Kerson, 2006). Furthermore, the increased space and time to respond within email interviews can also benefit the researcher, allowing the researcher and participant more time to construct and reflect on their answers. Research has also argued that the process of writing, instead of speaking, can allow for catharsis and processing of emotion (Pennebaker, 1993), which could be relevant for participants in this target population (Davies, 2011).

It has also been found that email interviews can provide the same quality as face-to-face interviews (Meho, 2006). Indeed, email interviews can often be more "streamlined" (Bowden & Galindo-Gonzalez, 2015; pg. 80), with more succinct responses and fewer tangential stories (Nicholas *et al.*, 2010;). Nevertheless, the lack of social cues can lead to increased ambiguity and potential for miscommunication (Chen & Hinton, 1999). Also, the time delay may lead to less spontaneity, with participants taking a while to respond, in which they may forget, potentially leading to more drop outs throughout the stages of the interview (Burns, 2010). Additionally, similar to an online survey, email interviews also require participants have access to the internet and a degree of computer literacy. Nevertheless, there are ways these limitations can be overcome, for example by sending email reminders to prompt participants when they may have forgotten (Meho, 2006), establishing rapport with participants and offering non-computerised alternatives (Bowden & Galindo-Gonzalez, 2015). These are explored further in reference to the present study in the next section.

2.2.4 The research instrument

The online survey used in this research utilised the online survey platform 'Qualtrics', which collected and collated data. The survey consisted of a participant information sheet, consent form, demographic questions and main research questions (appendices C, D & E).

Participants were first shown the participant information sheet, and then the consent form, where they were required to actively tick that they met the recruitment criteria and that they consented to take part in the research. Participants were asked to complete 14 demographic questions relating to basic information such as age, gender and employment, and also questions around their family situation and their child protection case (appendix G). This was collected in ordered to adequately describe and situate the population group and subsequent findings (Braun & Clarke, 2013).

For the main research questions, a survey schedule was constructed from existing literature and areas the researcher wished to explore. Braun *et al.,* (2020) note that experience surveys generally ask a maximum of 16 questions, as the longer the survey, the greater the risk of participant fatigue and disengagement. This was considered and implemented in the survey schedule, with ten main questions being presented to participants. The questions were framed by a thematic analysis in that they tried to illicit factors parents found supportive from their own experiences. Participants were instructed to answer the questions in their own words, and in as much depth as they chose. The main research questions started with questions about overall impact, then moved to questions about the support received and perceptions of this, then finally to questions around their perceptions of ideal support. Participants were asked predominantly open-ended questions in order to obtain detailed accounts of their experiences, with one closed question of whether they considered counselling or therapy. Recommendations made by Braun *et al.,* (2020) for surveys were considered, such as the importance of clear, short and open questions. Additionally, second questions that clarified the first were included in brackets, such as "Would you be able to give an overview of the impact a child protection investigation had on you? (Eg. How did it impact relationships, family, mental health, physical health, work, friendships etc.)" which aimed to prompt participants to consider the impact on these areas. Finally, participants were asked at the end of the survey if they had anything else they would like to add, enabling the survey to potentially capture some unanticipated and useful data (Braun *et al.,* 2020). Participants were then instructed to create a participant code to ensure their data remained anonymous, should they wish to withdraw from the research at a later point.

Participants were asked at the end of the survey if they would like to participate in a further follow up interview, giving them the option of this being over Skype, telephone or email. If consenting to this, participants were required to enter a valid email address in order to allow later contact from the researcher. This required some relinquishing of anonymity. It was noted that the researcher would aim to make contact within 3 weeks of the survey being completed, but that this might not be possible if lots of interest was received. If interest was indicated, the researcher contacted participants with a standard email explaining the follow up interview process, with a separate information sheet and consent form, depending on the interview modality preference of the participant (appendices C & F).

The follow up interviews were conducted as an extension of the survey responses, with emphasis placed on probing survey responses further, in order to uncover more detail and depth from participants' experiences. Thus, the survey schedule was used as a baseline, but depending on responses to these questions, the follow up interviews could be taken in new directions, depending on what aspects were important to participants. This was suited to the research aims of understanding parents' experiences, and allowed participants to demonstrate their experiential expert status by allowing the interview to go in new directions depending on what aspects were important to them. Therefore, this allowed participants to fully tell their story and produce rich data (Braun & Clarke, 2013; Smith, 2015).

The email interviews were outlined to participants as involving potentially up to five email exchanges with the researcher, with encouragement to respond within a week to maintain momentum. When there was no response after two weeks, the researcher sent an email prompt checking in that everything was ok with the participant, and whether they still wished to continue. The researcher would send a further prompt email if there was still no contact, and would assume the participant no longer wished to continue with the email interview if there was no response to this.

Literature has made recommendations on how to conduct successful email interviews (Bowden & Galindo-Gonzalez, 2015; Meho, 2005). For example, ensuring that rapport and trust is established with interviewees (Mann & Stewart, 2002; Jowett, Peel & Shaw, 2011).

This was reflected on in this study, and an effort was made to form a relationship with the participant through the use of sensitive and tentative language, self-disclosure as to the researcher's motivations for the research (Kivits, 2005), and by replying to emails by acknowledging what the participant had already said and reiterating how this was useful and important to the research. This was met with positive feedback, such as: "*thank you for … [your] open & friendly style*" (Fiona[2], email).

Telephone and Skype follow up interviews were scheduled via email, with a participant information sheet and consent form sent in advance to participants, with the opportunity to ask any questions beforehand. The interview would last between 30 and 60 minutes, and be centred around their survey responses, with particular questions relevant to the participant's responses generated and used as a framework for the interview. This was employed flexibly, with the opportunity to probe around other areas relevant to the research questions as they arose during the interview. These interviews were audio recorded and transcribed.

2.3 Participants

Participation for both the survey and follow up interviews in this study was invited from English speaking parents over the age of 18, who had experienced a child protection investigation in the last five years. This time scale was specified in order to improve recall and reflection from participants. Responses from both mothers and fathers were encouraged, as previous research has focused predominantly on mothers' experiences (Ewart-Boyle, Manktelow & McColgan, 2015; Bekaert *et al.,* 2021). It was also specified that this investigation needed to have ended or been lifted, and if any child or children were removed, that they be returned. This was so that participation was not overly distressing to parents who have not had their children returned, or who were in the middle of ongoing investigations; as research has demonstrated that there is a professional concern that research may interfere with ongoing child protection cases or relationships between parents and staff (Mirick, 2016).

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[2] Pseudonyms are used throughout

Sim *et al.,* (2018) argue that an adequate sample size is iterative and context-dependent. Braun and Clarke (2013) outline that a small to moderate participant group is needed in experiential thematic analysis, in order to "convincingly demonstrate patterns across a data set; [and is] small enough to retain a focus on the experiences of individual participants" (Braun & Clarke, 2013; pg. 45). Typically, this would involve between eight and ten interviews, however, the use of a qualitative survey means the participant group size required for a thematic analysis is larger, ranging anything from 20 responses, to hundreds, depending on the study (Braun *et al.,* 2020). However, the use of follow up interviews is not considered in this recommendation, making it hard to assess a suitable number of surveys and follow up interviews. Additionally, Braun *et al.,* (2020) state that it can be hard to gauge a suitable participant group size before data collection, so whilst 30-50 survey responses and 8-10 interviews were initially aimed for, it became apparent that this was impractical for this research and it's 'hidden population'. Nevertheless, the period for data collection was extended in the hope of gaining more responses, and the research advert posted multiple times across Twitter and the Facebook groups. Data collection was completed after the research advert stopped yielding any more responses, with 20 survey responses and 6 follow up interviews obtained.

2.3.1 Participant demographics

A total of twenty participants completed the survey, with six of these participants also participating in follow up interviews (Skype n = 1, email n = 5).

Table 1: Survey Participant Demographics		
Total participants	20	
Age range	23 – 54 years	[mean: 36.6 years, SD: 8.98]
Gender	Female - 19 Male - 1	(95%) (5%)
Country	England – 15 Northern Ireland – 2 Scotland – 1 No data - 2	(75%) (10%) (5%) (10%)
Ethnicity – "How would you	"White British" – 11 "White" – 3	(55%) (15%)

describe your racial or ethnic background?"	"British" – 2	(10%)
	"White other" – 1	(5%)
	"Black Caribbean" – 1	(5%)
	"White Gypsy" – 1	(5%)
	No data - 1	(5%)
Employment status	Part time employed – 6	(30%)
	Full time employed – 5	(25%)
	Part time student – 3	(15%)
	Full time/stay at home parent – 3	(15%)
	Not in work – 3	(15%)
	Other - 2	(10%)
Relationship status	Married/civil partnership – 9	(45%)
	Partnered – 6	(30%)
	Single – 3	(15%)
	Separated - 2	(10%)
Disability	Yes – 3	(15%)
	No – 17	(85%)
How participants found out about the research	Facebook – 8	(40%)
	Twitter – 4	(20%)
	Friend - 3	(15%)
	Online – 3	(15%)
	Adoption group – 1	(5%)
	Family member – 1	(5%)

The survey participants (see table 1) ranged in age from 23 to 54, with a mean age of 36.6 years and a standard deviation of 8.98. Participants were predominantly female (95%), white British (55%), and did not consider themselves to have a disability (85%).

Table 2: Follow up Interview Demographics		
Total participants	6	
Age range	31 – 54 years	[mean: 41.17 years SD: 9.5]
Gender	Female – 6	(100%)
Country	England – 3	(50%)
	Northern Ireland – 2	(33%)
	Scotland – 1	(17%)
Ethnicity – "How would you describe	"White British" – 2	(33%)
	"British" – 2	(33%)

your racial or ethnic background?"	"Black Caribbean" – 1 "White" – 1	(17%) (17%)
Employment status	Full time employment - 3 Part time employed - 3	(50%) (50%)
Relationship status	Married/civil partnership - 4 Single – 2	(67%) (33%)
Disability	No - 6	(100%)

For the follow up interviews, all participants were female, aged between 31 and 54 years, predominantly identified as "white British" or "British" (66%) and did not identify as being disabled (100%).

2.3.2 Covid-19 impact

Data was collected during the Covid-19 pandemic and subsequent lockdowns between March and September 2020. Fortunately, the research instrument did not need to be adapted to the lockdown guidance, as the survey and follow up interviews were conducted remotely. However, the impact of school closures may have meant that parents had less time available to participate in the research, if children were at home needing home schooling, care and attention. Alternatively, the lockdown could have allowed some parents more time to participate, perhaps due to less socialising and potential for being off work via the furlough scheme (ACAS, 2021). Data collection was extended to incorporate time when children had returned to school, to see if this enabled more parents to participate, but this, unfortunately, did not translate into more responses.

2.4 Ethical Considerations

Ethical approval for this study was granted from the University of the West of England, Faculty Research Ethics Committee (ethics reference number: HAS.19.07.233 Campbell), with the participant information sheet and consent form approved (appendices B & C) and adhered to the British Psychological Society's Code of Human Research Ethics (BPS, 2014).

This research area encompasses significant risk concerns in regards to parents' involvements in safeguarding procedures. For this reason, it was essential that the ethical implications were carefully considered for this research. For example, through the inclusion criteria, only

parents who had child protection investigations that had ended, and any child or children removed had been returned, were able to participate. This was specified following discussion with social workers and the supervisory team, so that the research was not overly distressing to parents still in the process of an investigation.

Ethical considerations were developed over the course of the project. For example, when the initial idea of using gatekeepers to help ethically recruit participants (Mirick, 2016) became nonviable, an ethics amendment was submitted and approved in January 2020 by the University of the West of England's Faculty Research Ethics Committee, altering the recruitment strategy and data collection method (appendix B). In this amended recruitment and data collection method, it required participants to self-select themselves for the research. Therefore, the consent form (appendix D) required participants to tick to confirm they were eligible to take part by meeting the specific criteria. If these boxes were not ticked, they were prevented from continuing with the survey.

The participant information sheet (appendix C) emphasised that all responses would be kept confidential and anonymised, unless a risk of harm to self or others were perceived. This clause around the limits of confidentiality was considered important given the subject matter. Whilst this did not need to be acted upon during the research, it was important it was included to mitigate against any risks that could have been identified in the responses given. Therefore, a plan was established that if there was a cause for concern regarding a risk of harm to a participant or other, the researcher would firstly discuss this in the supervisory team, and if action was needed, the researcher would contact the UWE serious concerns line (https://www.uwe.ac.uk/life/health-and-wellbeing/staying-safe-on-and-off-campus/safeguarding).

It was also explained within the Participant Information Sheet (appendix C) that participation was completely voluntary and participants could stop the survey or follow up interview at any time. The limits around withdrawing from the research were also explained, with participants encouraged to contact the researcher within one week of their survey response or follow up interview if they wished to withdraw their data.

2.4.1 Data protection

In line with General Data Protection Regulation and the Data Protection Act (2018), any identifiable information was anonymised, prior to analysis. This included the use of pseudonyms. The supervisory team and any external examiners (if requested) will have access to anonymised transcripts only. Data will be destroyed after the final award is conferred. A GDPR notice is included in the participant information sheets (appendix C).

2.5 Data Analysis

Thematic Analysis was conducted with the data following Braun and Clarke's (2006) six steps, which are outlined in Table 3, as a guideline, with the consideration that the steps ought to be applied flexibly and recursively, moving back and forth through the stages as needed.

Table 3 - Thematic analysis process adopted based on the guidelines outlined by Braun and Clarke (2006)

Phase	Process
Phase 1 – data familiarisation	The researcher actively reads through the data repeatedly, while noting any initial impressions or insights. This helps facilitate a rich and complex account of the data.
Phase 2 – generating initial codes	Data is systematically coded by the researcher, or organised into meaningful groups. Codes can be semantic which closely match a participant's language and concepts or latent, where codes aim to identify implicit meanings in the data, applying the researcher's interpretive lens (Braun and Clarke, 2013).
Phase 3 – searching for themes.	The researcher draws codes and coded data together to create broader themes. This typically involves clustering similar or related codes.

Phase 4 – reviewing themes	The researcher reviews and refines themes to ensure data within themes cohere together, and that there are distinctions between themes.
Phase 5 – defining and naming themes	Themes are defined and named based on what is interesting about them and why. Sub-themes and hierarchies may be created.
Phase 6 – producing the report.	The researcher finalises the analysis by writing the report, including data extracts, perhaps reworking some themes and writing an analytic narrative.

2.5.1 Theoretical positioning

A reflexive, experiential TA was adopted in this research. In reflexive TA, Braun and Clarke (2020) argue that it reflects a 'Big Q' (Kidder & Fine, 1987), fully qualitative paradigm, and as such, it is understood that meaning and knowledge are situated in a context, with researcher subjectivity being a resource for knowledge. Therefore, coding reliability and avoidance of 'bias' is illogical.

TA is used experientially in this research, given the research aims focus on experience, and adopts a critical realist epistemology. This assumes that parents will have insight into their experiences, but that these will be shaped by their own culture and position (Pilgrim & Rogers, 1997). Therefore, there is an assumption of some 'authentic' reality, enabling the production of knowledge which might be able to make a difference to that reality (Stainton Rogers & Stainton Rogers, 1997), enabling the research questions to be answered and conclusions drawn from this.

Braun and Clarke (2013) argue that TA can be inductive or theoretical. An inductive lens requires the themes to be strongly linked to the data themselves and with little reference to previous research (Patton, 1990). This was adopted for this research due to the presence of specific research questions, but with the understanding that these could evolve through the coding process. Additionally, the analysis was conducted at the semantic level (Braun & Clarke, 2006), with themes identified from within what a participant had explicitly said or written, and with some progression to a latent, interpretive level, in an attempt to theorise

the significance of the patterns and their broader meanings and implications (Patton, 1990), with these relating to previous literature (Braun & Clarke, 2013). It is considered that this type of analysis is also most consistent with the underlying epistemological assumptions of critical realism (Braun & Clarke, 2013).

A process of complete coding was utilised, where the entire dataset was systematically analysed, with anything relevant to the research question coded (see evidence of coding in Appendix H). This was chosen over selective coding which is more relevant to narrative, discursive and conversation analyses (Braun and Clarke, 2013), as it requires existing theoretical knowledge enabling identification and rationalisation of what is selected.

2.5.2 Procedure

It was considered that the data from different modalities (survey, Skype and email) be analysed separately to begin with, and then combined together. This would enable differences between the data sources to be noticed and reflected on, while also maintaining a sense of an individual participant, by matching their survey response with their interview follow up.

The survey data were analysed first using hard copies of data, with responses organised by question, which gave the researcher an overview of the data, and how participants answered the questions. The survey responses were then arranged by participant, and this provided a much more intense reading of the data, following a participant's particular narrative and experience, and a much clearer picture and voice of the participant was gathered. This approach of organising the data by participant is recommended by Braun and Clarke (2013), as they argue this helps to see meanings across the data set, rather than in response to certain questions. This also felt the most appropriate way to maintain a sense of individual experiences, which were central to the research's theoretical positioning. During this second arrangement of the survey data, initial codes were developed by systematically reading and re-reading the data. Following this complete coding of all the survey data, codes were arranged in relation to each other, with broad themes being constructed.

A tally of the types of support participants reported was gathered from survey data, and this is presented in the analysis section (table 6). This was to give the reader a brief overview of the sources of support participants identified as having helped them.

The Skype interview was analysed second, following an orthographic transcription of the interview, in line with recommendations for a thematic analysis by Braun and Clarke (2006). This involved a verbatim account of verbal and some nonverbal utterances, such as laughter. The Skype and email interview data analysis followed a similar process to the survey data, in that responses were organised by participant, initial codes were developed through repeated reading of the data. The codes were then collated into a table, with all instances of its appearance in the data transcripts included. The codes were then arranged in relation to each other, with broad themes being constructed. Finally, the themes from the survey, Skype and email data were then combined and refined together into one thematic map (Appendix I). During the process of writing up the analysis, the themes and sub-themes were refined and developed from the initial thematic map (Appendix I), and an overarching theme was introduced in order to capture the main story of the data.

3. Reflexivity

In contrast to positivist quantitative research, qualitative research is an intentionally personal activity where researcher's identity and experience shapes the analysis produced (McLeod, 2001). It becomes an essential requirement therefore, that these positions are critically reflected on and acknowledged by the researcher as part of the analytic process, as these too can provide further lines of enquiry, and enhance the data analysis (Braun & Clarke, 2013). This process is also relevant in the practice of counselling psychology, where training emphasises the development of reflexivity through personal therapy and clinical supervision (James, 2017). Therefore, this section aims to make explicit the researcher's role in the production and analysis of data in this project.

3.1 Researcher positioning

The inspiration for this project originated in a close friend of mine's experience of a child protection investigation, which was experienced as very distressing and traumatic for their family. I was struck by their troubling experience and resulting trauma, and working in mental health at the time, I was interested professionally in what support could be offered or available for them. I also reflected that professionally I would feel ill equipped to work with someone going through this experience, and indeed find it overwhelming. I am aware from this acknowledgement, that this research has attempted to remedy my own professional discrepancy, with the assumption that this would be relevant to other mental health professionals. Indeed, it is plausible that this research represents my attempt to explore how I might have supported my friend better.

However, during the research project I acknowledged this personal motivation and attempted to open myself up to hearing other experiences of the child protection process. I did this by joining social media groups with parents involved in social services, such as the ones I later used to recruit participants from, to introduce me to other narratives of the child protection process. I also felt that the wider reading I engaged with around the subject helped to expand my awareness of the social work system and its challenges. I took this appreciation for other types of experience into my data collection and analysis. For example, I recruited participants from different social media groups and Twitter to

encourage different experiences to come forward. I offered the chance of follow up interviews to anyone who said they were interested in them, rather than basing this on what they raised in their surveys (apart from the survey pilots, who were personal contacts of mine and it didn't feel appropriate to interview them). I also engaged in supervision and personal therapy throughout the stages of this research project, and this helped me to examine my own feelings and responses, to help me see this area more clearly.

I was also aware that my training as a counselling psychologist and my own experiences and values of therapy as supportive may have positioned me towards evaluating talking therapy as a resource for parents. I attempted to counteract this by asking open questions of participants, and giving participants opportunities to identify other sources of support they might have found helpful.

It is also important to highlight that I am a white, cis-gender woman and I am not a parent. This will mean I have a particular experience of the world, and this will have impacted the data and analysis generated here (Braun & Clarke, 2013). For example, not being a parent, and not being involved in child protection myself could position me as an 'outsider' (Gallais, 2008) compared to participants. Participants may have found it difficult to trust me, and indeed the research connections with another professional institution like the university may have been intimidating or reminiscent of being in a powerless position during the child protection process for parents. However, having experienced the impact of a child protection investigation on a close friend of mine, and my subsequent experience as her ally, may have given me some 'insider' (Gallais, 2008) status. Indeed, I attempted to highlight this position during recruitment as a way of connecting with participants and to try and build trust. Furthermore, my status as part 'in-group' and part 'out-group', may have enabled me to empathise with participant's experiences, but not be overwhelmed by them.

3.2 The research process

Researching a distressing topic has been challenging. I initially struggled to engage enough participants; for example, I met some resistance from parents on social media who were sceptical of my role and motives. I also met barriers in recruiting gatekeepers to help with the research which I found demoralising. Consequently, I needed to adapt the research

methodology to suit the participant group. Once this was achieved, I was surprised by the depth and richness of participants' responses and found these unexpectedly intense and moving. The online survey did not require direct interaction with participants, and so was less demanding on my researcher skills beyond designing the questions. Whereas the follow up interviews, particularly over email, took up a surprisingly large amount of time and thought. I hadn't appreciated the work required in reading and responding thoughtfully to participants' emails in a timely way. Whilst the Skype interview could be conducted and completed in an hour, email exchanges often took an hour to respond to just one email. This was in part due to the detail and depth generously given by participants in the email interviews, and my desire to appreciate and acknowledge all they were sharing with me.

The opportunity to form a more in-depth relationship with participants was moving, but also exposed me to the rawness of participant experiences. That I felt this, even from emails, demonstrates the highly emotive area of this research. It became important for me when gathering data and analysing it that I take regular breaks, utilise my reflective journal to record my observations and reflections and use the support of those around me.

A key theme that was developed from the data, centred around parents' experiences of social workers 'working against' them. For a long time, this made me uncomfortable, as I had initially set out to refrain from evaluating social work practice, being inexperienced and untrained in social work. However, it became hard for me to remain 'impartial' (whatever that may look like) when faced with the rawness, anger and injustice perceived by parents on how they were treated. It could be possible that my experience as a parent ally to my friend might lead me to empathise and 'side' with parents. Nevertheless, I attempted to also empathise and engage with child protection workers, as demonstrated through my desire to enlist gatekeepers, and have consulted with social work academics through my supervisory team and research process. Indeed, I have to admit that initially I was tempted to dismiss these narratives, as it contradicted my own sense of justice, experiences of the world and professional systems - I didn't believe these things that participants were telling me would be allowed to happen (or to be voiced by so many). However, with more time spent engaging with the data and revisiting my theoretical positioning of critical realism, I could acknowledge this thought process, and attempt to make sense of parents' conflict in

the themes I developed. This is demonstrated particularly in the sub-theme: 'whose side am I on?', where I directly acknowledge the pressure I felt to 'take a side'. This is perhaps also reflected in my discussion, and my choice to discuss the current challenges in the child protection system.

4. Analysis

4.1 Summary of Data

The majority of survey participants (see table 4) had one or two children, and were involved in a child protection investigation that lasted up to 3 years. Time that had elapsed since the end of the child protection investigation was more or less evenly spread between 1 and 5 years, with just under half of the participants having had their children removed, predominantly by the courts, as opposed to a voluntary removal. Sixty percent had not received mental health support prior to the child protection investigation.

Table 4: Survey participants child protection investigation demographics		
Number of children	1 child – 4 2 children – 7 3 children – 3 4 children – 3 5+ children – 2 Prefer not to say – 1	(20%) (35%) (15%) (15%) (10%) (5%)
Time since child protection case finished	Less than 1 year – 3 1 year – 4 2 years – 6 3 years – 1 4 years – 4 5 years – 2	(15%) (20%) (30%) (5%) (20%) (10%)
Length of child protection case	Less than 6 months – 4 Between 6-12 months – 4 1-2 years – 5 2-3 years – 4 3-4 years – 1 Not reported – 1 Not sure - 1	(20%) (20%) (25%) (20%) (5%) (5%) (5%)

Were children removed	Yes – 9
	    (Court order – 7,
	    Voluntary – 2)
	No – 11
		(45%)
		(35%)
		(10%)
		(55%)

Prior support for mental health	Yes – 8 No – 12	(40%) (60%)

In the follow up interviews, all participants had had child protection investigations that lasted between 1 and 2 years, two thirds did not have their children removed, and two thirds had received no mental health support prior to the investigation.

Table 5: Follow up interview participants child protection investigation demographics		
Number of children	1 – 1 2 – 2 3 – 1 4 – 1 8 – 1	(17%) (33%) (17%) (17%) (17%)
Time since child protection case finished	Less than 1 year – 1 1 year – 1 2 years – 1 4 years – 2 5 years – 1	(17%) (17%) (17%) (33%) (17%)
Length of child protection case	1-2 years – 6	(100%)
Were children removed?	Yes – 2 (Court order – 2) No – 4	(33%) (67%)
Prior support for mental health	Yes – 2 No – 4	(33%) (67%)

During the online survey, participants reported a range of supports that they used during the child protection investigation (see table 6). Predominantly, participants reported using their own resources, such as 'carrying on' or turning to friends and family for support. Participants also reported accessing a range of professionals for support, such as counselling, advocates and social workers.

Table 6: Sources of support identified by participants in the survey		
Type of support		Participants reported[3]
Professionals:	Counselling (includes 1 X court order therapy)	5 (Jane, Fiona, Christine, Alice, Natasha)
	CBT (particularly online)	3 (Megan, Sarah, Katie)
	Medication, antidepressants, rescue remedy – complementary medicine	3 (Natasha, Georgia, Helen)
	Social worker	2 (Fiona, Alice)
	Advocacy	2 (Emma, Natasha)

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[3] Pseudonyms are used throughout

	Parenting course	1 (Jessica)
	CPN	1 (Louise)
	Health visitor	1 (Alice)
	Children's charities,	1 (Jane)
	Freedom programme	1 (Jane)
Personal resources:	'carrying on'	7 (Jane, Christine, Anna, Natasha, Katherine, Megan, Alex)
	Family	5 (Alex, Liz, Natasha, Megan, Jane)
	'Focusing on children'	5 (Christine, Fiona, Katie, Natasha, Emma,)
	Using or developing own resources (experience, knowledge) research	5 (Katherine, Jane, Georgia, Christine, Sarah)
	Others who had experienced something similar	3 (Sarah, Megan, Christine)
	Partner	3 (Anna, Alex, Jessica)
	Hobbies – E.g. reading, xbox, baking, going out	3 (Alex, Jane, Natasha)
	Exercise, yoga, massage	3 (Jane, Rachel, Natasha)
	Friends	3 (Alex, Megan, Jane)
	Thinking positively	2 (Jane, Alex)
	Spirituality, faith in God	2 (Jane, Amy)

4.2 Thematic Analysis of Qualitative Data

During the thematic analysis, an overarching theme of 'Child protection investigations are a personal attack' was created, which sits as an umbrella over the three main themes, and associated sub-themes as demonstrated in table 7.   Data was analysed and themes developed from the survey and follow up interviews, together with quotations from both sources of data used throughout the discussion of themes.   Pseudonyms are used in the supporting quotations, with an indication of whether this was from the survey, Skype or

email interview. Extracts have been edited in regard to spelling and grammar, so as to help the reader. Squared brackets are used to contextualise quotations by providing the survey question that participants responded to, or to make sense of the quotation for the reader.

Table 7. Final themes

Overarching theme: Child protection investigations are a personal attack		
Theme 1: Whose side are you on?	Theme 2: Keeping it in versus letting it out	Theme 3: The aftermath: "We will spend our lives trying to recover."
Sub-theme 1.1 The defence: having someone onside	Sub-theme 2.1: The need for emotional support	Sub-theme 3.1: Not the same again
Sub-theme 1.2 The prosecution: guilty until proven guilty	Sub-theme 2.2: "I didn't even know where to start!": no capacity to communicate	Sub-theme 3.2: The right time for talking therapy?
Sub-theme 1.3: Whose side am I on?	Sub-theme 2.3 Nothing is safe enough	
	Sub-theme 2.4 "I have to sort myself out": the importance of self-reliance	

4.3 Overarching Theme: Child Protection Investigations are a Personal Attack

The story of the whole data set centres around parents experiencing child protection investigations as a personal attack, which underpins the three main themes. Participants described child protection investigations as "*invasive*" (Christine, survey) and "*soul destroying*" (Amy, survey), demonstrating parents' perceptions of being destroyed, invaded and attacked. This context impacts the narratives around support, which is explored further in the three main themes. The first theme: 'Whose side are you on?' captures the "*combat*" (Christine, email) between parents and social workers, where parents felt attacked by social services and desired to have someone on their 'side'. This has implications for the support parents felt they required and what they felt safe enough to access, which is explored in theme 2: 'Keeping it in versus letting it out'. The final theme: 'The aftermath: "We will

spend our lives trying to recover" captures the lasting impact of a child protection investigation and how this impacts upon the timing of support.

The overarching theme of 'child protection investigations are a personal attack' is also understood by the inherent shame and stigma associated with involvement in child protection. This was alluded to by participants, as Fiona writes:

> *"Child protection is absolutely still taboo. […] it should always have the shock factor, it should always provoke disgust/distain because children should never ever be in the situation where there safety is at risk."* (email)

This quotation from Fiona, while acknowledging the importance of keeping children safe, reflects her perception of how child protection is viewed by society, that it has a "*shock factor*", perhaps because it elicits strong emotions of "*disgust/distain*" in others, and that this makes her feel like it is a "*taboo*" subject.

An awareness of others being "*disgusted*" by child protection was also voiced by Zara: "*My family were disgusted with me and my partner*" (survey), demonstrating how the primitive feeling of "*disgust*" was projected into "*me and my partner*". This negative judgement from others was also identified by Megan, who wrote: *"I would feel judged and worried what people would think about me."* (survey), illustrating how she felt others would judge her for being involved with child protection.

This judgement from others also related to feeling stigmatised in society, as Natasha wrote: "*I felt alienated and outside of society*." (survey) and Jessica: "*I felt stigmatised and alone*", highlighting the stigma of feeling marked by disgrace, and ostracised from society.

Others reported on the deep shame they felt at being involved with child protection: "*Felt - & still feel deeply ashamed."* (Rachel, survey). Christine expands on this: "*I think this emphasis on confidentiality gave me the message that this was a very shameful process I was involved in."* (email), demonstrating how shame was communicated to her through social work processes around confidentiality, implying that she needed to be selective in whom she talked to.

Additionally, Jessica describes herself as a "*person/parent*", highlighting how these two identities seem almost interchangeable, perhaps reflecting the central role parenting has in our sense of identity and how this is perhaps challenged during a child protection investigation.

In summary, the powerful social context surrounding child protection, and the consequent shame and stigma parents feel from being involved in such a process is suggestive of the overarching theme of 'child protection investigations are a personal attack', recognising the sensitivity of this area, and how being challenged in this way feels like a personal attack. This is explored further in the three main themes, and particularly within the first theme 'Whose side are you on?', where adversarial relationships contribute to a feeling of being under attack.

4.4 Theme 1: Whose side are you on?

There is an overwhelming theme in participants' accounts of division between parents and social workers during child protection work. This dynamic was often described by participants as a battle or a "*fight*" (Sarah, Alice, Katie) against social workers or the investigation, as Christine demonstrates: "*all my conversations with* [the] *Social Worker felt as if we were in combat*" (email). Considering this dynamic, the following sub-themes have been created to explore the split between the 'side' of the parents, with the sub-theme 'The defence: having someone onside', and parents' perceptions of the 'side' of social workers, with the sub-theme 'The prosecution: guilty until proven guilty'. Therefore, the theme: 'Whose side are you on?' captures the pressure arising from this dynamic to 'pick a side', with the final sub-theme of 'Whose side am I on?' questioning the position of the researcher as a third position in this binary split.

Sub-theme 1.1: The defence: having someone 'onside'

This sub-theme explores the sought-after presence of someone that was 'onside', and the sort of qualities participants felt this person needed to have, to be most supportive. This

desire of parents to have others 'side with' them, is contextualised in this dynamic of a battle between parents and social workers, and of parents feeling under attack.

The overall narrative expressed by parents, was the desire to receive understanding and compassion: ['what did you most need?'] "*understanding and support*" (Jane, survey) and "*Kindness and being listened to. I absolutely craved that others would understand how I found myself in the situation.*" (Fiona, survey). Fiona's quotation serves to emphasise that she didn't intend to become involved with child protection, and instead "*found*" herself there, which she hopes others will appreciate, perhaps suggesting an expectation of judgement from others.

Participants reported that someone listening to them was experienced as supportive, and as Christine describes, made her feel as if someone was on her side:

> "*I felt that the counsellors were "on my side" (they probably were just listening to me) and were just giving me a chance to speak without fear. Whereas all my conversations with Social Worker felt as if we were in combat and I was being continually judged as a parent/family unit.*" (Christine, email)

Interestingly, Christine compares the position and role of the counsellor to that of the "*combat*" with the social worker, illustrating the division between someone who was onside who listened, and someone who was not, and who "*continually judged*". This was echoed by Katie, who acknowledged it was her GP who listened to her and didn't judge her:

> "*my GP was brilliant, she actually showed a massive amount of care and compassion and took the time to listen and understand what I was saying. She never judged me or the circumstances and as a result she is now the only GP who I will actually go to see as I trust her.*" (Katie, email)

Interestingly, these qualities of the supportive, 'onside' person being compassionate, understanding and non-judgemental, is the aim of any counsellor (BACP, 2021).

Whilst Katie and Christine identified professionals like GPs and counsellors as being on their side, others reported it was friends and family that were most supportive. For example,

Amy identifies her Mum: "*my Mum has been my rock and even she might not have got it if she hadn't of worked in probation*" (survey). This adds another nuance to this 'onside' role, where the supportive person is needing to be skilled, or have some element of insider status, such as working in probation in Amy's case. This was highlighted by others, such as Anna: "*I have a supportive partner who is a social worker*" (survey), emphasising her partner's status as a social worker, perhaps alluding to the additional skills this individual had, and suggests that others' abilities to understand this situation was contingent on their particular experiences or expertise.

This theme of expertise also seemed relevant to include others who had been through something similar. Indeed, participants found speaking to others, or hearing from others who had been through child protection investigations of their own, supportive:

> "*The only thing I can think of that helped was* […] *finding other people who had gone through similar experiences. Just to see there might be an end in sight!*" (Christine, email)

> "*I took it as support, I have two friends within the circle who had been through that.* […] *it gave me some kind of, not comfort from the situation, but knowing that somebody else has experiences it and knows how frustrating it is, to know people don't believe them.*" (Jane, Skype)

> "*Since the case closed I've found so much comfort and support from others who have experienced this*" (Sarah, survey)

This shared experience seemed to be supportive. For Christine, it provided hope of an ending, and for Jane and Sarah comfort, knowing they weren't alone in going through this process. Additionally, Megan highlights that more practical support could also be given from others who had been through it: "*I found a Facebook group with people that had been through it / going through it so I had people to speak to for help and advice.*" (Megan, survey).

Interestingly, some participants highlighted the importance of honest feedback from others, or what could be considered to be 'hard truths'. For example, Fiona describes the "*direct*"

feedback her psychologist gave her: "*Harsh, but a reality check. I didn't have time to be upset, I had to deal with it all on the move.*" (Fiona, email). However, Fiona acknowledges this might not have appealed to everyone: "*I like that approach (though it's not for everyone […]*" (email). Christine reflects on something similar in the comments she received online from other parents:

> "*I do remember some w*[ere] *quite critical of me & my reactions & although hard to read …I feel it was necessary for me to read it & realise how my situation looked to others. I was very much in my own bubble at the time & couldn't see beyond the situation I was in. […] At least hearing what others thought (apart from the SW's)* [social worker] *showed me things could be seen differently.*" (Christine, email)

It seems important to highlight Christine's preference for this feedback from other parents – perhaps others she deemed were on her side – compared to the social worker, suggesting that who gave the feedback was important for parents. Indeed, Christine's aside "(*apart from the SW's*)" could imply an easy dismissal of social worker's feedback as they were not on her side.

Another facet of this desired 'onside' position, was to have someone who was there "*for just me*", as Jessica describes:

> "*I got into a relationship during proceedings and having the support of a person who was there for just me, was immensely helpful […] someone who was not there for the kids, but there for me*" (Jessica, survey)

This distinction between support for the children, and support for the parents, seems to play further into this divisive dynamic between two sides. Indeed, this could foster a rivalry between parents and children for support or acknowledgement, which is perhaps evident in Georgia's request for "*An advocate for us the parents.*" (survey), implying parents' separateness from the child and need of a separate advocate.

In summary, participants articulated a desire for someone who was 'onside' that would be supportive. Qualities such as expertise, understanding and offering necessary feedback were highlighted. Additionally, this 'onside' person being there for "*just me*" also seemed

important and relevant to the wider theme of 'whose side are you on?'. In contrast, the following sub-theme captures the side of 'the prosecution', and parents' experiences of others – predominantly social workers – siding against them.

Sub-theme 1.2: The prosecution: guilty until proven guilty

This sub-theme explores the common narrative that participants felt social services were working against them: making things difficult for them at best, and out to get them in a "*witch hunt*" at worst. In particular, participants felt they were pre-judged by social workers, prior to the investigation as Katie explains:

> "*The things I would recommend to professionals in the future would be to not jump in all guns blazing and assume the worst from the get go unless they have the facts on black and white in front of them. From my experience, it went from 0 to 10000 in the space of 24 hours and was made to feel as if I had done something wrong when in fact I actually hadn't. Isn't the case innocent until proven guilty*?" (Katie, email)

This conceptualisation of 'guilty until proven innocent' as highlighted by Katie, suggests something of how child protection investigations are approached by assuming guilt, and social workers need to be convinced otherwise. This is perceived by parents as social workers searching for evidence of abuse over supporting the family, which as Emma powerfully describes: "*It felt like a witch hunt, not a supportive service.*" (survey). This evocative use of the term "*witch hunt*" captures the prejudice participants felt social workers held for them: "*everything just seemed a little bit conspired in a way*" (Jane, Skype). Furthermore, participants felt this prejudice extended to poor practice and poor decision making on behalf of the local authority:

> "*We were only a one issue case but felt like as soon as we were in court they had to justify being there so tried to chuck anything and see what would stick. Entirely unnecessary.*" (Alice, survey)

[what could have been done to support you?] "*A local authority who was interested in the truth, not cherry picking and twisting to suit the narrative which would support the easiest and cheapest option for the LA.*" (Anna, survey)

These extracts illustrate how parents felt pursued by the local authority, that once they were under investigation, social workers needed to "*justify*" the proceedings by resorting to poor practice like "*chuck*[ing] *anything*" and "*cherry picking and twisting*" the truth to support their case. Indeed, Emma writes:

"*The difference in the way social workers behave when there is someone in the room keeping them honest is shocking. It should not be that way. But once social workers have decided you are a monster they will become determined to make it so. Our independent advocates worked hard at maintaining truth and protecting our humanity.*" (email)

This extract highlights several points. Firstly, how Emma felt social workers were not honest, and needed third parties present to protect her and the truth, and how this contributed to a feeling of being persecuted in a "witch hunt". Secondly, Emma's use of the word "*monster*" could be suggestive of her own attitude, that only "*monsters*" are involved with child protection, suggesting something of how difficult it was to be involved in, and how attacking it felt to be accused in this way. Thirdly, Emma's generalisations of "social workers" could be interpreted as Emma's own prejudice towards social workers, creating a parallel process.

This generalisation, and perhaps prejudice, is seen in other participants' accounts, such as Christine: "*I have very little confidence in the majority of SW's* [social workers] *I have experienced*" (email) and Katie: "*I wouldn't trust them* [social workers] *if my life depended on it*" (survey). This mirroring is interesting, and could be reflective of a parental defensive position, as a result of feeling under attack. This is emphasised in Christine's reflection: *"I just found dealing with the SW so difficult, I automatically opposed everything she said*." (email). Christine identifies that she "*automatically opposed*" everything the social worker said because she found dealing with her so difficult, suggesting how the combative dynamics between parents and social workers might be maintained.

This feeling that anything parents do will be "*twisted to suit the narrative*" of the local authority also expresses another facet of 'child protection investigations are a personal attack' by capturing the experience of parents feeling that they can't win with social services. This creates a sense of a double bind or 'catch-22' where parents felt they would be seen poorly no matter what they did, contributing to a sense of guilt being predetermined. For example, Natasha writes: "*you could loose your children for reporting your concerns, you can loose your children for not reporting your concerns*" (survey) and Jane illustrates:

"*and I always remember reading that in the reports saying well we're not sure if mother is telling the truth cos if that was the case she would have gone to the police. [brief laugh]. Well now that I have gone to the police mother's been alienating and falsely malicious*" (Jane, Skype)

This quotation from Jane illustrates how her genuineness was questioned when she didn't contact the police, but when she did this was seen as "*alienating and falsely malicious*", demonstrating her double bind, where whatever she did, she couldn't win.

This feeling of a catch-22 was evident in other accounts, where participants felt that their actions would be 'used against' them, as Emma describes:

"as *parents we were not allowed* [to stand up for our children]*. It would be used against us as not working with professionals and used as further 'proof' of our badness.*" (email)

This quotation demonstrates the tightrope parents feel they walk, with all their actions under scrutiny from social workers, and an awareness of how easy it would be for their actions to be judged negatively, and used to further the case 'against' them, becoming suggestive of an attacking 'witch hunt', where parents are considered 'guilty until proven guilty'.

Natasha writes of the impact this has on her parenting abilities:

"I questioned my parenting, became over conscious about 'doing the right thing' in every situation in my child's life. I couldn't see what a good parent I was as I was I worried about the many different interpretations my actions or lack of actions could been seen as." (Natasha, survey)

This extract demonstrates the preoccupation and crises in Natasha's own perceptions, as a consequence of feeling 'guilty until proven guilty'.

However, Fiona's account contrasted with other participants' narratives of social workers working against parents in a "witch hunt":

"To be honest I found the 2 social workers I dealt with fantastic, they were an enormous support to me […] I look back in awe at the role of a social worker, my two were spot on in their handling of the situation, they were kind but incredibly firm and looked out for my children when I was clearly not thinking straight, they listened & called me out when necessary. I wrote them a long letter of appreciation a year after the case closed. Much as I hated having them in my life & was destroyed by it I absolutely understand and accept that it was necessary" (Fiona, survey)

This extract demonstrates a complexity, and an acknowledgement of two positions in which Fiona is aware of hating the involvement, and being "*destroyed by it*", whilst also seeing it as "*necessary*" and helpful to her family. It is interesting to consider why Fiona's account differed to such a degree compared to others' narratives. There might have been something different in Fiona's circumstances or appraisal of her situation, and perhaps she felt more accepting of help when she wasn't "*thinking straight*".

Therefore, with the exception of Fiona, parents experienced social work interventions as being judged 'guilty until proven guilty'; a "witch hunt" and a battle that they couldn't win, further emphasising the overarching theme of parents feeling under attack during child protection investigations. The following sub-theme considers the impact of this binary split between a 'defence' and a 'prosecution', and the resulting pressure for others to 'pick a side'.

Sub-theme 1.3: Whose side am I on?

This sub-theme begins to consider the role of a third position, in this case, the researcher. This felt important to explore, as this study aimed to explore the third position of 'support', and it feels necessary to understand how support might be positioned in this hostile dynamic. This sub-theme acknowledges the pressure I felt to 'take a side', and some of the more latent content in participant's responses that suggested they were wary of my positioning and whose side I came down on. This was evidenced through comments such as Emma's, who was uncertain of my level of understanding: "*You [researcher] might better understand where I am coming from if I give you some public information:* [link]" (email).

Others seemed to try to convince me of their actions or views, such as Jane: "*so that's why I acted on it […] I could have took other steps, if I was that type of person, but I decided to […]*" (Skype). The repetition here, or perhaps preoccupation with justifying herself to me, arguably conveys a concern that I (or indeed the readers of this research) would judge them. Indeed, others took time to stress their competence as parents:

> "*My boys were sparkling, well fed, nurtured, they were supported through school, education was important, he had fun all the time, to this day I have a fabulous relationship with them.*" (Fiona, email)

> "*I had never had any contact with any kind of Social Services, so didn't really know how to react to their involvement.*" (Christine, email)

Perhaps the format of the follow up interviews over email and Skype increased this concern, as participants were more engaged with me as the researcher. This research seemed to make participants feel that they were under scrutiny again, similar to the child protection process. However, the need to convince and be believed, may be a feature of parents' experiences more generally, not just with the research, as Rachel comments: "*Would be hard to convince majority of people that it can go so wrong*" (survey).

In summary, the divisive, antagonistic and adversarial nature of the area of child protection is central to parents' experiences of the child protection process. This results in a splitting of those who are understanding and deemed 'onside', versus social workers who are perceived

to be working against parents in a *"witch hunt"*. The final sub-theme of 'whose side am I on?' addresses my experience as a third position and researcher, and the pressure I felt to 'take a side', which may be similarly felt by others connected to child protection work.   This becomes relevant when considering the types of support parents most need, as this context impacts parents' views on support, and some of the advantages and barriers to engaging with support, which is explored in the second main theme: 'Keeping it in versus letting it out'.

4.5 Theme 2: Keeping it in versus letting it out

This theme articulates participants' often ambivalent attitudes towards support, particularly talking therapy. Where participants have specified approaches to talking therapy, such as counselling, therapy, CBT, crisis lines, I have used their language where possible.

The following sub-themes have been generated to capture the conflicting and ambivalent attitudes towards external support like talking therapy. The first sub-theme: 'The need for emotional support', explores the desire to offload and receive emotional support. The second sub-theme: '"I didn't even know where to start": no capacity to communicate', captures parents' overwhelming emotions, that are inherent in the child protection process, and the challenges around having the capacity to articulate these experiences to others. The third sub-theme: 'nothing is safe enough' describes the difficulties parents' felt around trusting others, especially professionals. The final sub-theme: '"I have to sort myself out": the importance of self-reliance', addresses participants' motivation to support and empower themselves during the process of the investigation.

Sub-theme 2.1: The need for emotional support

This sub-theme considers participants' desire to talk about the child protection investigation, the need for emotional support and the need to offload. For many participants this was in the form of talking therapy. In particular, participants voiced that they wanted therapeutic support to help them deal with the impact of the child protection investigation, and that this was often the aim of talking therapy: [counselling] *"dealt more with the trauma of proceedings"* (Alice, survey) and *"I only had the support because of the situation.* [child protection investigation]" (Megan, survey). Anna writes: [did you consider

counselling?] "*Yes - because it was the only thing that was going to keep me going and might help prove to the SS that they were investigating the wrong parent.*" (survey), demonstrating that counselling helped to keep her "*going*", but it was also a way of helping her "*prove*" something. This dual agenda highlights a potential challenge for therapists, as it could undermine the confidentiality of sessions, with therapists' role extended or blurred to becoming an advocate for parents.

Nevertheless, Natasha argues it was "*emotional support and somebody to talk to*" that helped keep her "*sane - when the world is turned upside down.*" (Natasha, survey), highlighting the need of parents to have emotional support during the process. This feeling was shared by other participants, who highlighted that being able to talk, and receive emotional support from talking therapy, provided a necessary space to "*vent*":

> "*I found the counselling during the process helpful as it gave me an outlet/sounding board for the things that were happening at the time*" (Christine, email)

> "*They* [psychologist] *gave me a safe place to deal with the ongoing proceedings and an outlet for me and my husband to vent […] it was largely a safe place to vent (and cry) about the proceedings and the trauma that came with it.*" (Alice, email)

> "*For me chatting a little was enough to release the build up […] I felt better because I'd spoken about it, and much like a pressure cooker I had released enough steam to feel better.*" (Fiona, email)

Fiona's metaphor of feeling like a "*pressure cooker*" releasing steam through talking therapy demonstrates that having the space to vent was relieving.

However, not all participants wanted talking therapy. Alex writes "*I was supported by my family and friends and felt like this was enough*" (survey) and similarly Liz adds: [did you consider counselling?] "*No because it wasn't needed*" (survey). This reflects the different preferences and needs of parents, with some finding benefit in the space to offload and process in talking therapy, while others did not feel this was necessary. Indeed, Christine highlights how counselling might have limited benefits: "*I did have some counselling – it was*

ok. Probably helped me get through the process but underlying feelings are still there."
(survey).

Therefore, the sub-theme 'The need for emotional support' articulates the needs of some parents to 'let it out' through venting and receiving emotional support in talking therapy during the child protection process, helping them manage the "*trauma*" of the process, whilst understanding that some parents did not desire this. The following sub-themes explore some of the challenges in 'letting it out' in talking therapy, firstly by considering how raw and overwhelming feelings impacted parents' abilities to communicate.

Sub-theme 2.2: "I didn't even know where to start!": no capacity to communicate
This sub-theme captures the difficulties participants experienced in processing and making sense of overwhelming emotions, limiting their capacity to communicate effectively with others.   This contributes to a sense of ambivalence around 'letting it out' for parents, suggesting an obstacle to engaging with others during the child protection processes.

For example, Katie writes:

"*CBT for me at the time was really hard to go through. Everything was so raw it hurt to talk about it and was very draining but at the same time after every session, I felt a little sigh of relief that I had managed to get things off my chest.*" (Katie, email)

Whilst Katie acknowledges the satisfaction of getting "*things off my chest*", she also expresses the pain and exhaustion involved. Katie uses the word "*raw*" to describe her emotions at the time, and this awareness of emotions being overwhelming for parents was reflected by others: "*Many fears and worries came up that overwhelmed me*" (Katherine, survey) and "*My thinking was not clear*" (Natasha, survey).

For Amy, this overwhelm made it difficult for her to engage in counselling, she writes: "*I needed to work through it all myself it was all so intense! I didn't even know where to start!*" (survey).   That Amy "*didn't even know where to start!*" suggests that her experience was so

overwhelming, it was hard to articulate with another, perhaps explaining this preference for working through "*it all*" alone.

This experience of overwhelm suggests that participants may have employed defences and coping strategies to help them manage. This was alluded to by Megan, who writes that she needed to become detached from her emotions as a way of coping:

> "*I learnt to become detached from my emotions at times and felt like an empty shell. I would look heartless to people but it was a coping mechanism I learnt*" (survey).

Similarly, Natasha learnt to practice distancing herself from her emotions with the help of an independent advocate:

> "*She gave me ideas on how to listen and step back from what I was hearing so that I could be neutral in my reactions […] I realised that without her influence and calming support I think I would have fallen into reacting more openly and questioning my children – had I done this (which feels the natural thing to do) I would almost certainly lost custody of my children.*" (Natasha, survey)

These accounts suggest an inherent overwhelm of emotions during a child protection investigation, and the need to use coping strategies to help manage and distance themselves from them. Indeed, Natasha goes further to describe how this overwhelm, and subsequent detachment, impacted her communication with social workers:

> "*I had better support by the time the second s47 investigation took place and could articulate myself better. This had a positive effect with the team and conversations became more productive. The lack of support made me look more like I was 'crazy' (my words) anxious and over reacting therefore nobody really took me seriously. Ironically the more worried you are the less likely your worries are being taken seriously!*"
> (Natasha, survey)

Interestingly, Natasha compares her two experiences of child protection investigations, and how receiving support made her seem less "*crazy*" and more "*articulate*" in her second experience. Natasha powerfully reflects on this observation, highlighting the irony, that the

more overwhelmed she felt, the more incoherent she looked, and the less support she received.

This experience of feeling incoherent was also expressed by Fiona: "*truthfully I didn't have the words to describe what I didn't understand,*" (email). This suggests that parents may be hindered by overwhelming emotions, limiting their capacity to communicate with social workers, and as a result, social workers may not be able to understand parents' positions, potentially leading to a vicious cycle. This is compounded by Katie's observation that "*Parents do not understand the terminology used, especially when they are in crisis.*" (survey). Thus, another parallel is created, with both 'sides' struggling to understand or effectively communicate with the other.

In summary, participants recognised that the child protection process was so overwhelming for them, that they struggled to process their experiences and communicate with professionals. This presents as an obstacle to 'letting it out' or talking to professionals such as counsellors and therapists, and as an obstacle to communicating openly with social workers. The next sub-theme captures another barrier to 'letting it out', through the feeling that nothing is safe enough.

Sub-theme 2.3: Nothing is safe enough

This sub-theme explores participants' experiences of not feeling safe enough or feeling able to trust professionals such as counsellors or therapists, for fear that seeking external support would have a negative impact on their case, and that the things they say might be shared with social services.

In particular, there was a fear that seeking professional help such as talking therapy would be perceived negatively and "*used against*" parents by social services: "*I knew if I got help it would be used against me.*" (Helen, survey). Katie elaborates:

> "*There was a point that I was petrified of getting any help in case it had an impact on assessments by social services that went against me so I tried at first the best I could to deal with it on my own.*" (Katie, email)

This extract illustrates the risk parents feel they take by engaging with talking therapy, feeling it could be "*used against*" them.

There is also the suggestion that professionals end up merged together, and there is no separateness from the investigation. The similarities in the power differential between parents and other professionals like therapists, could also be suggestive of a potential parallel process, with parents experiencing social workers and other professionals as similar. This was reflected by Sarah, commenting that her experience "*has left me feeling very weary of health professionals*" (survey), and Anna, who added "*I have zero trust or faith in any professional or The System.*" (survey). These comments describe generalisations parents made about professionals, with Anna's comment in particular demonstrating the break in trust that "*The System*" (an interesting use of capitals) had caused, leading her to associate other professionals with it.

This is perhaps understandable, given professional's duties to follow safeguarding procedures and report concerns, which may involve liaising with social services. Zara addresses this in her comment:

> "*I had a cpn and she was amazing but it also put a strain on the relationship we had as I knew she would have to do reports for social services.*" (Zara, survey)

This lack of separateness of professionals from social services, and limits to confidentiality are important to acknowledge, as it highlights some of the complexity about working with this population as a professional outside of social services, and illustrates the hypervigilance parents may feel around communication between the services.

This complexity around sharing information with social services was also reflected in participants' accounts of wishing support could be "*independent*" of social services. For example, Amy writes: "*There should be a help line that isn't involved or connected or reported to social services or such like that you can call to feel safe*" (survey), and Natasha expresses something similar: "*I needed to feel safe. I needed to be able to explore with an independent professional*" (survey). These extracts highlight how professionals' duties to

report to social services can make it hard for parents to trust professionals, and feel safe to explore things.

This is also highlighted by Alice, who writes how she chose a therapist she had already worked with, because she "*knew me and my earlier case."* (Alice, survey). This preference for re-engaging with a previous relationship is also suggestive of difficulties trusting others. Alice's emphasis on her previous therapist knowing *her*, and her history, also seems pertinent, and suggests a required level of understanding, with the assumption that a new therapist would perhaps not understand her in the same way.

However, for those who did engage with other professionals, the nature of needing to make time for these appointments also seemed to remind participants of the child protection process. For example, Megan states: "*I had a small amount of CBT with* [provider] *however I was struggling to find time to fit the sessions in with everything else I had to do*." (survey). Christine felt similar:

> "*I just wondered sometimes about the point of going to see the counsellor. Was it a necessary thing to do, as at that time I was being bombarded with meetings & appointments relating to the CP process. So at times it felt like another thing I had to do*." (Christine, email)

These extracts suggest it seemed easy for talking therapy to be another demand on parents' time, and could illustrate how professionals could become merged together in parents' minds – and diaries. However, Christine goes on to say "*But looking back it* [the counselling] *was necessary & helpful as it was the only place I was free to talk without fear of recriminations*." (email), suggesting that it was possible for Christine to feel safe and trusting in counselling.

In summary, the similarities between social services and other professionals such as talking therapists, in terms of the power differential, the limits to confidentiality and practicalities of attending appointments potentially risk creating a parallel process, merging professionals together in the minds of parents, meaning that parents may struggle to feel safe or trust talking therapists. This contributes to parents perhaps choosing to 'keep it in', and this is

explored further in the final sub-theme, which captures parents' resolve to support themselves.

Sub-theme 2.4: "I have to [...] sort myself out": the importance of self-reliance

This sub-theme continues the discussion of the benefits of 'keeping it in' by capturing the desire of participants to support themselves during the child protection investigation. Participants expressed the challenge of knowing how they coped during the child protection investigation: "*looking back I am not sure how we coped.*" (Christine, survey), but attempted to perceive their coping as having something to do with their personal strengths, mindset or coping mechanisms, ultimately contributing to a sense of participants relying upon themselves for support.

Firstly, participants identified avoiding thinking about the child protection process as a way of coping. Alex writes: "*I stayed positive and kept busy*" (survey), Katherine similarly comments: "Hid from it psychologically and just got on with life." (survey) and Rachel adds: "*Trying not to think about it.*" (survey). Fiona writes that "*Truthfully I don't know how I came out the other side as I tend to bottle stuff up.*" (survey), which seems to imply an assumption that avoiding talking about it was bad, or unhelpful, however, it seemed to be a necessary way of coping, as Fiona later acknowledged in our email exchanges:

> "Researcher: *I like what you say about compartmentalizing, and how you felt you did this well. It strikes me that this could have been something necessary to do to help you through this time?*
>
> [...]
>
> Fiona*: I love your description that compartmentalizing may have been necessary, you're absolutely right, that's exactly what it was, although I've never looked at it that way before.*"
>
> (email)

Another way that participants identified supporting themselves, was through developing and utilising their own resources. For example, participants credited their coping with the child protection investigation through existing knowledge like Katherine and Jane:

"I had to pull on my own safeguarding knowledge and work experience to know what I had to do" (Katherine, survey)

"I am counselling trained therefore reading, going to work, and spirituality, yoga, exercise and positive affirmations" (Jane, survey)

However, others referenced more internal resources like Amy: "*I am a strong independent look forward positive person.*" (survey) or Natasha:

"I took it day at a time. hour at a time, sometimes 20 minutes at a time. I put my children first and always stepped back so that I could have an open mind. I began to learn to recognized when I felt panicked and triggered-After reading bedtime stories I too would go to bed. I baked, and arranged days out with family and children whenever I could. I was lucky that work allowed me to take flexible unpaid leave as much as I needed. I learned to let go of expectations. I learned tools to recognize anxiety and threats and what I can do to stop these in their tracks (or just be more observant). I used visualizations too. I took complementary medicine to help me sleep, I listen to audio self sleep hypnoses." (Natasha, survey)

Natasha lists many things here that she used to best support herself. Importantly, she reflects on adapting her "*open*" mindset, recognising when she needed time to rest or use distractions. This idea of taking it a "*day at a time*" was also identified by Christine: "*I lived day to day*" (survey) and Anna: "*I have no choice but to just put one foot in front of the other.*" (survey).

This was echoed by others' who identified 'getting through it' for their child or children, helped motivate them to keep going. For example, Emma writes: "*You don't have a choice. So, I focus on doing the best by my children that I can.*" (survey) and Katie adds: "*The fact that my […] boy and my […] daughter needed me the most and I had no choice but to keep fighting for them.*" (Katie, survey). These strategies are similar in that they make use of participants' own resources, motivation and mindset.

This could suggest that parents have a preference for relying on themselves, as opposed to others, during child protection investigations. Jane explains:

"I'm the only person that can take care of myself. And I should move forward with doing that… I managed to help myself in counselling. [It} encourages you to master your own issues. So it just goes to show I didn't need them [social services]." (Jane, Skype)

Whilst Jane did use support from counselling, it seems important for her in this extract to not be reliant on social services, and instead learn to help herself. Considering this in the context of the power imbalances between parents and social workers, it seems understandable that parents may wish to build up their own resources to empower themselves during child protection processes, and in this way, helping themselves is seen as most supportive.

Of course, self-reliance may be a last resort, as the above extracts show through the repetition of the message "*I had no choice*" (Katie, Emma and Anna), self-reliance was all that was available to them. Furthermore, in cases where external support was used, participants still referenced their own agency in making this happen: "*I had to do this independently*" (Jane, survey) and [Was there something that helped you at that time?] "*No. Except for the therapy I secured for myself by banging relentlessly on doors before someone listened to me*." (Anna, survey).

In summary, participants identified several ways of coping with a child protection investigation, many of which centred around the idea of utilising or developing their own resources, and thus, being able to support themselves. This meant that parents felt they needed to be highly skilled to deal with the overwhelming emotions from the child protection process, which led some to wonder if other parents could do the same: "*I have to sit and sort myself out and the justice of it all. But there's a lot of people who don't have the ability to do that and ends very very sad*." (Amy, survey). This self-reliance or 'keeping it in' could be seen as parents' desire to empower themselves, or it could simply be a product of not receiving support elsewhere.

Therefore, this second main theme of 'keeping it in versus letting it out' captures the ambivalence of parents in seeking external support, influenced by the overarching theme

'Child protection investigations are a personal attack'. On the one hand, some parents want to 'let it out' and release overwhelming emotions and receive emotional support, but on the other, parents feel unable to communicate effectively given their overwhelming feelings or feel unsafe talking to other professionals for fear of the impact on their case, suggesting a preference to 'keep it in'. Finally, relying on themselves could be a way of parents finding empowerment during the child protection process, or indeed, it could represent a last resort after not receiving support elsewhere. This leads on to the third main theme, which examines the long-lasting impact on parents of the child protection process, and considers the timing of therapy.

4.6 Theme 3: The aftermath: "We will spend our lives trying to recover"

This final main theme captures the enduring nature of a child protection investigation; the psychological and emotional toll taken on parents in the sub-theme: 'Not the same again' and the sub-theme of 'The right time for talking therapy?' discusses the varied needs of parents at different stages in the child protection process.

Of the twenty parents sampled, eight parents were involved in child protection for less than a year, whereas half of participants (n = 10) were engaged in proceedings for between 1-4 years. This demonstrates the long duration of child protection processes and is suggestive of a longer-term impact.

Sub-theme 3.1: Not the same again

This sub-theme describes the experience of the intense and life changing impact of a child protection investigation. Christine writes: "*It had a terrible effect on the entire family. Relationships were strained & the family dynamic was changed forever.*" (survey) and Zara: "*The impact of a child protection investigation destroyed just about every aspect of my life.*" (survey). Emma adds: "*We will spend our lives trying to recover.*" (survey).

This life changing aspect of the child protection process is compounded or perhaps explained, by the recognition of it being a traumatic experience. Georgia describes: "*The involvement of social services has been the most traumatic experience in my life*" (survey).

The feeling of trauma is expanded upon in Anna's descriptions of hypervigilance, a symptom of Post-Traumatic Stress Disorder (APA, 2013): "*I quite literally jump if there's a knock on the door or the phone goes or I hear a letter land on the floor.*" (survey), and "*I feel like I constantly have to look over my shoulder.*" (Anna, survey).

Sarah and Fiona's memories from the investigation might also represent symptoms of trauma: "*Sometimes I still get memories of the court trials*" (Sarah, survey) and "*hearing about the professionals meeting afterwards left me feeling powerless and overruled, I can remember exactly where I was standing when I heard it, and the feeling instantly floods back. I realized how insignificant I had become.*" (Fiona, email). Interestingly, Fiona's account seems to tie her trauma to feelings of being "*powerless and overruled*", often a common narrative in trauma research (Liotti, 2014).

Participants also reflected on their beliefs about others and the world being altered following the investigation:

> "*My whole life changed! My trust in people and especially the system which my whole up bringing* re[v]olved *around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone,*" (Amy, survey)

> "*I felt that all the systems in society that I believe in police, social services and the legal system were not able to or equipped to holistically appreciate and understand my children to provide for the trust and stability …It has brought back feelings of overwhelming fear and disbelief in myself and humanity in professions who we rely on to protect us and keep our children safe.*" (Natasha, survey)

> "*I was really shocked. I thought they would protect against things like this*" (Jane, Skype)

These narratives express the shock and outrage at experiencing services or 'the system' as fallible. That this system was *meant to protect*, the consequences seem much more harmful

and destabilising; destroying parents' belief that the world is a safe place and that others will protect them. This belief in others and the world has been lost, and adds a suggestion of grief and moral injury to what parents might be experiencing (Haight *et al.,* 2017).

Participants' reflections on the destructive impact of the investigation are captured powerfully by Anna: "*I was made boneless*." (survey). This visceral description connotes dehumanisation through the literal suggestion of bones being removed, as well as the removal of structure or support, giving the impression of bodily destruction. This metaphor is extended by others' reflections on how their sense of identity changed. Fiona writes:

> "*My whole life I wanted to be a mum, there is nothing in the world more important than my sons. I devoured books about child protection, I wanted to become a foster carer, I volunteered with Childline for 7 years, I volunteered in schools supporting children with extra reading practice [...] I was stuck, frozen and traumatized and hopefully without sounding too dramatic, I was grieving who I was, what I believed in, and the life I had envisioned.*" (Fiona, email)

Fiona captures something powerful in her reflections of the child protection involvement being at odds with everything she had worked for and valued previously. Thus, she was "*grieving*" for who she was, her previous identity and her future.

A destruction of self-esteem was also reported by Zara: "*I also felt like I was nothing and a totally useless mother*." (survey) and Anna:

> "*I am left anxious and afraid. I am left utterly confused. I am left believing nothing I do will ever be good enough. My self esteem is crushed. My trust in other people is destroyed. My trust in my own perceptions is non existent.*" (survey).

Anna's repetition of the present tense "*I am left*" serves to emphasise the continued impact on her now, whilst also connoting a sense of abandonment. This signifies the inner depths to which the investigation penetrated, and perhaps suggests parents' need to process and re-assimilate a sense of self, following proceedings.

Zara's reference to her role as a mother, and Anna's trust in her own perceptions were also picked up by others, who felt the investigation had changed their perspectives as a parent: "*I wanted more children, but now I never would. […] I am too scared to do anything out of the norm with my kids*" (Helen, survey). Furthermore, Katie identified a lasting impact on her perceptions of parenting:

> "*I still constantly worry whether I'm a good enough mother as the local authority made me feel as though I wasn't even though I hadn't actually done anything wrong. I still have panic attacks, and suffer anxiety and depression*" (Katie, email)

This feeling of the emotional weight of the child protection process continuing even after it had ended, was something that was articulated in Alice's narrative. In particular, Alice writes about the mixed feelings she had when her case was closed:

> "*I felt it was harder when things finished and had mixed feelings about our social worker leaving as it felt like our safety net had been taken away in some respects. I thought I would be overjoyed, and I was, but it was very conflicting. I had never had our daughter without a social worker (who believed and trusted us) so I was then concerned what if she had an accident or was poorly and they thought I had done something. I didn't have the social worker to hand to call and say it's ok. I still have times when I struggle with this now. We have a younger son who is a little crazy and accident prone and it terrifies me that someone will blame me for any bump or bruise.*" (Alice, email)

Alice highlights the ongoing worries parents may face about their parenting, and how it feels easy to be investigated again. This contributes to this sub-theme, highlighting how the experience and trauma of a child protection investigation stays with parents, and ultimately means they are not the same again.

Additionally, a few participants' accounts seemed to be suggestive of a capacity for post traumatic growth. For example, Jessica writes "*it broke my mental health, however, it did push me to be a better person/parent and I did get a job during the case*" (survey) and Alex summarises: "*overall* [it] *made us stronger*" (survey). These extracts demonstrate how

parents used their experiences as an opportunity for growth, and in this way, were not the same again.

In summary, parents described 'not being the same again' following child protection investigations. In particular, parents felt traumatised by the process, with their values and beliefs about the world altered. However, some participants viewed this as an opportunity for growth and strengthening. The long-lasting impact of the child protection process is further explored in the final sub-theme 'The right time for talking therapy?', which unpacks the role of therapy both during, and after the process.

Sub-theme 3.2: The right time for talking therapy?

This sub-theme explores the distinction between what was supportive about talking therapy during the investigation, and what was supportive afterwards. This suggests that parents may have different needs depending on what stage of the child protection process they are in, and consequently, different emphases in talking therapy may help to support parents during and after the process.

Firstly, participants voiced their perception of talking therapy as supportive in the middle of proceedings: "[counselling was a] *support mechanism while it was going through court.*" (Jane, Skype). Perhaps this was because it helped to hold parents, by helping to digest what was happening: [did you consider therapy?] "*Yes, to help process it all in my head*" (Amy, survey). Jane reports:

> "*So what I've found is that it's* [counselling has] *just given me an idea of who I am […] it's made me feel [I've] had more self-awareness. […] It just provided an opportunity to explore the meaning of the behaviour […] it was somewhere to just be and be a separate space… yeah talking about it helped … I felt like counselling has made me feel a bit of a better person really*" (Jane, Skype)

In this extract, Jane highlights how counselling helped her personal development, as it provided an opportunity to "*just be*", to explore meanings and develop her own "*self-awareness*". Furthermore, during the process, talking therapies that suggested strategies to help manage intense feelings seemed particularly important:

"the coping techniques that I found from cbt that helped me the most was breathing and grounding exercises. If I felt myself going into an anxiety attack or getting upset, counting down items from 10 to 1 would help bring my breathing down a bit, and there was also a list of apps I was given to install on my phone which shows when and how to breath to calm down breathing. I still use these techniques to date." (Katie, email)

"I learned tools to recognise anxiety and threats and what I can do to stop these in their tracks (or just be more observant). I used visualisations too […] She gave me ideas on how to listen and step back from what I was hearing […] I realized that without her influence and calming support […] I would have almost certainly lost custody of my children." (Natasha, survey)

These extracts, particularly Natasha's narrative, demonstrate the worthiness of therapeutic support during the investigation, particularly a talking therapy that provided techniques to manage anxiety, such as CBT (Westbrook, Kennerley & Kirk, 2007), and in Natasha's case, she felt this helped her maintain custody of her children.

However, participants also highlighted the supportive role of therapy after the process. Alice highlights: "*I actually found things were harder immediately after it finished as during we had to concentrate on fighting*" (survey). Alice goes on to explain this in her follow up email interview:

"me and my husband spent 11 months fighting and in pure fight mode trying to win and keep our daughter. We didn't give ourselves the option of losing so everything was about our daughter and the case. When it ended we kinda had chance to breathe again and all the little things, all the frustrations we had to let go during suddenly all caught up. We were having lots of little arguments over nothing. It was quite exhausting. I think it was our first time to stop and take in what happened and it was quite overwhelming.

I'm not sure I really know what I needed after it finished. I still had my psychologist which was useful. I think everyone expects you to be happy it's over and go on to live

your life but it isn't as easy as that. […] From all to nothing and not any support for us as a family to deal with that and all that has happened." (Alice, email)

This difference between what it was like for Alice during the case and afterwards could suggest different supports may be more appropriate when going through the investigation compared to afterwards. Combining this with the enduring impact of the investigation, therapeutic support might be of benefit to parents afterwards. For example, Georgia highlights that she is "*still having to come to terms with what has happened*" (survey) and Katherine adds "*Still haunts me a little and probably hiding from the feelings a little as not shared it with anyone*" (survey), which alludes to there being a need for further, or continued support.

Interestingly, when asked how she had found writing about her experiences in the survey, Rachel wrote: "*Partly traumatic, partly cathartic.*" (survey). That Rachel was able to feel some catharsis following taking part in this research suggests that having an opportunity to share her experiences had been therapeutic. It also seems poignant that Rachel acknowledges holding two positions at the same time, something that isn't seen in other extracts or themes, particularly the main theme: 'Whose side are you on?'. Perhaps this suggests that having an opportunity for reflection after the investigation could help parents assimilate their experiences. Furthermore, this could be strengthening for parents, as Fiona writes: "*After sharing a lot of my experience I felt strong, as it gave me time to reflect on how far we had come*" (email).

However, the existence of court ordered therapy adds complexity to therapeutic work. Alice writes about her experience of court ordered therapy:

"*Hard at first. I felt a bit violated to be honest. I felt I was being forced to talk about issues that I haven't spoken or thought about for years. I'm a get back up again and move forward kinda person so looking back isn't something I felt I wanted to do or something that would be helpful in proving my parenting ability. As time went on it proved more helpful than I imagined it would be as it helped me deal with the trauma of care proceedings rather than my childhood.*" (Alice, email)

This adds another lens to the question of when the right time for talking therapy might be. Indeed, it raises the concern that talking therapy could become a parallel process, or perhaps an extension to the child protection investigation, where parents continue to experience intrusion, "*violat*[ion]" and a lack of power. This highlights the debate around the ethics of talking therapy with involuntary clients. On the one hand it suggests that mandated talking therapy may be counter-productive, or as Alice goes on to describe, could be "*more helpful than* […] *imagined*". It seemed relevant to Alice's more positive appraisal of court ordered therapy that she had some say over the agenda of the therapy. That her experience of therapy became more beneficial when it helped "*deal with the trauma of care proceedings rather than my childhood*", suggests the importance of ensuring agreement between parents and therapists regarding the aims of talking therapy.

In summary, parents reported the supportive benefits of talking therapy both during the child protection process, and afterwards. However, parents also seemed to suggest that particular approaches of talking therapy may be more needed at different times. This could help ameliorate parents' traumatic experiences described in the previous sub-theme 'Not the same again'. Nevertheless, the reality of mandated talking therapy in child protection presents a complex issue for therapists, perhaps prompting questions of if this is the 'right time' for talking therapy.

Therefore, the main theme: 'The aftermath: "We will spend our lives trying to recover" articulates parents' ongoing experiences of a child protection investigation and how it continues to impact them in the sub-theme 'Not the same again'. This contributes to a feeling of having been attacked by a child protection investigation, as described in the overarching theme: 'child protection investigations are a personal attack'. The sub-theme 'The right time for talking therapy?' discusses the timing of, and the different emphases in talking therapies that may benefit parents both during and after the child protection process.

5. Discussion

The themes identified here explore aspects of parents' experiences of support in a child protection investigation. Firstly, the overarching theme 'Child protection investigations are a personal attack' describes the central experience of parents feeling under attack during child protection investigations. This could in part be explained by the inherent shame and stigma associated with being challenged about child protection. Furthermore, it could be explained by, or could help to explain the divisive relationships with social workers where parents feel persecuted in a "witch hunt" that they cannot win, which is captured by the theme 'Whose side are you on?'. Secondly, the theme: 'Keeping it in versus letting it out' explores the advantages and difficulties parents face when seeking support from talking therapy, and discusses participants' experiences of relying on themselves for support. Finally, the theme: The aftermath: "We will spend our lives trying to recover", captures the traumatic nature of the process, and that the need for support is not limited to 'during' the process, but extends afterwards too. This is thought about in terms of when, and what form of talking therapy might be beneficial or most appropriate. Each of these themes and sub-themes will now be thought about in relation to wider literature.

5.1 'Child Protection Investigations are a Personal Attack'

The overarching theme: 'Child protection investigations are a personal attack' articulates parents' experiences of feeling attacked, shamed and stigmatised by the child protection process. The inherent shame and stigma associated with child protection is well documented (Buckley *et al.,* 2011; Sykes, 2011; Gibson, 2020; Bekaert *et al.,* 2021). Brown's (2007) description of shame as an intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging, demonstrates the raw and highly emotive power shame holds. Furthermore, Brown (2007) argues that the judgement of one's parenting evokes shame, particularly for women, like no other issue. Gibson (2020) argues that child protection processes augment this shame, as the very presence of a social worker represents a negative judgement of someone's parenting, inherently evoking embarrassment and shame. Indeed, Turney (2012) suggests that parents may feel they have been stereotyped as 'bad parents' before the start of any investigation. Nevertheless, shame can be compounded if a parent feels they have done something to be ashamed

about, and are required to discuss this with a stranger and for it to be officially documented (Gibson, 2020).

The political context around the child protection system is also pertinent, as by following a 'child-protection' approach, social workers are tasked to focus on the child, not the parent or the wider context (Gilbert, Parton, & Skivenes, 2011). Gibson (2020) argues that through this political backdrop and emphasis on individual responsibility and maintaining organisational procedures, "the foundations for shame and humiliation were laid" (Gibson, 2020; pg. 227). Bekaert *et al., (*2021) agree, arguing that parent shame and stigma can be compounded by parents being made to feel responsible for their situation, by a system that is essentially deficit based, bureaucratic and limited, in terms of resources and time social workers have available to build relationships with parents.

The wider public perception of child protection and of parents involved in child protection systems is also relevant in considering the inherent shame parents feel when child protection investigations are initiated. The assumption that child maltreatment is caused by abusive and neglectful parents who are "either very sick or very evil" and ultimately different from us (Melton, 2005, pg. 11), provokes fear and disgust of parents involved in child protection. The media's role in publicising the highly emotive cases of extreme child abuse, such as Victoria Climbié, Daniel Pelka, 'Baby P' and most recently Arthur Labinjo-Hughes, focuses the public's attention on these extreme cases. This helps to further a public perception of "degenerative relatives" that are involved with child protection (Parton, 2014; pg. 5). It is understandable therefore, that when hearing they are being investigated by such an emotionally loaded process, parents experience this as a personal attack.

Additionally, cultural values of children, childhood and parenting, are central to our identities and self-worth (Brown, 2007), therefore suggesting that challenges to parenting abilities cut to our core and identity. Mothers in Sykes's (2011) participant group valued their identities as mothers, and "bristled" (pg. 455) when this source of positive identity was questioned by child protection services. Indeed, Sykes (2011) argues that denying their competence as mothers would be too much to bear. Goffman (1963) suggests that when individuals are negatively labelled in a manner that is inconsistent with their self-view, it can

constitute a 'spoiled identity', and they will adopt strategies to manage this disparity and any negative consequences. This is supported by Gupta and Blumhardt (2016) who argue that parents involved in child protection feel attacked by the shame and blame, and must defend against this, often by avoiding or resisting social work interventions. This defensive response is interpreted as providing the backdrop for the first main theme 'Whose side are you on?', which is explored in the following section.

5.2 Whose Side Are You On?

The narratives of division between parents and social workers from participants is unsurprising given the existing literature, which documents parents' criticism of social workers and the child protection process (Freeman & Hunt, 1999; Dale, 2004; Dumbrill, 2006; Haight *et al.,* 2017; Smithson & Gibson, 2017; Bekaert *et al.,* 2021; Ferguson *et al.,* 2021). Indeed, adversarial relationships and the forming of two opposite 'sides', with parents on one side, and social workers on another, has been well documented, often creating an 'us and them' situation (Ainsworth & Hansen, 2015; Gupta & Blumhardt, 2016; Gibson, 2020; Bekaert *et al*., 2021; Ferguson *et al.,* 2021). This 'us and them' dynamic is explored in the main theme of 'Whose side are you on?' and it's sub-themes of 'The defence: wanting someone on my side' and 'The prosecution: guilty until proven guilty', which are considered here in relation to the wider literature.

5.2.1 The Defence: Wanting Someone on My Side

The first sub-theme of 'the defence: wanting someone 'onside'' expresses the desire of participants to have someone who they perceived as being understanding and on their side. This is consistent with existing literature that asserts that parents involved in child protection wanted genuine support, understanding and kindness from child protection workers (Bekaert *et al.,* 2021).   Similarly, Smithson and Gibson (2017) argue that parents wanted to be treated humanely, with social workers listening to them and taking an interest in them.

Turney's (2012) argument that parents' need for recognition and respect, could also be considered similar to this sub-theme.   Turney (2012) describes respect and recognition as

being closely linked, referencing Benjamin's (1990) argument that the relational experience of recognition enables self-confidence and understanding, thus, when an individual does not feel respected or truly seen and recognised, they will feel disrespected and react with "shame, anger or indignation" (Honneth, 2007, pg. 72). Respect constitutes a fundamental moral principle in social work (Turney, 2012), and is echoed in psychotherapy research, such as in Rogers' (1962) core conditions.

Nevertheless, having someone 'onside' may not be the social worker, and participants described social support from friends and family as providing much needed understanding and support, similarly to participants in Lietz and Strength's (2011) participant group. Additionally, Yoo *et al.,* (2020a) argue that psychotherapy can play an important role in supporting parents involved with child protection services, particularly when psychotherapists provided an empathetic, safe space and were there for parents without judgement. Indeed, parents may be more receptive to challenges or feedback in counselling or therapy (Lietz & Strength, 2011; Yoo *et al*., 2020a). This is similar to this study's finding that parents appreciated feedback or what might be considered 'hard truths' from certain people, such as other parents like in Christine's account.

Furthermore, research argues that parent advocacy can be supportive to parents (Featherstone & Fraser, 2012; Layalants, 2017). For example, advocates may serve as an ally; mediating between parents and child protection systems and helping parents engage with the process (Featherstone & Fraser, 2012; Layalants, 2017). This is consistent with this study's findings of parents' desire for an 'on side' individual, to help support and defend themselves.

Therefore, the concept of 'having someone on my side' is well supported by the literature, that also demonstrates the desire of parents to have someone who is understanding, respectful and empathetic, whether this be a social worker, therapist, advocate, friend or family member (Lietz & Strength, 2011; Turney, 2012; Layalants, 2017; Yoo *et al*., 2020a; Bekaert *et al.,* 2021).

5.2.2 The Prosecution: Guilty Until Proven Guilty

The sub-theme of 'The prosecution: guilty until proven guilty' captures parents' experiences of being automatically assumed as guilty, and needing to convince social workers otherwise. Similar experiences have been expressed elsewhere in the literature, such as Davies (2011) who explains her investigation "began from the unsettling principle that I was guilty" (pg. 205). Dale (2004) highlights that parents perceived social services as adopting a 'worst scenario' perspective, resulting in disproportionate protection plans. Additionally, Bekaert *et al.,* (2021) summarise that many family members felt pre-judged by the child protection system, feeling that social workers held narrow, pre-conceived ideas about their problems, with Yoo *et al.,* (2020a) describing that parents felt "pick[ed]" on by case workers (pg. 778). This was also found in the present study, with participants likening child protection investigations to a "*witch hunt*". This is similar to Dale's (2004) findings that parents felt they were being treated unfairly, not given appropriate information and made serious allegations about professionals poor practice. Jardine (2006) argues that these experiences convey a message to parents of 'guilty until proven innocent'.

Participants' narratives of 'not being able to win' and 'nothing being good enough' correspond with other parent perception studies. For example, Davies (2011) writes "I wanted to co-operate yet I felt anything I said or did or did not say or did not do would be interpreted negatively and later used against me." (pg. 205), illustrating the similar narrative of fearing things being 'used against' her. Additionally, Scott *et al.,* (2018) refer to social workers holding a 'recovery blindness' where families, particularly those with learning disabilities or addictions, were assumed destined to fail due to different conceptualisations of a recovery approach. Scott *et al.,* (2018) argue that social workers' criteria for recovery focused on clinical intervention, symptom and risk management, and this contrasted with parents' views of recovery centring on the mental health consumer movement, with hope, self-determination and a more positive approach to risk, at it's centre. Crucially, these different views suggest that it will be challenging for both parents and social workers to agree on what a desired outcome will look like, understandably creating conflict, and potentially leaving parents feeling 'not being able to win'.

This feeling of 'not being able to win' may be understood as reflecting a social work fear of 'disguised compliance' (Reder, Duncan & Grey, 1993). This term was coined following examination of major Serious Case Reviews in an attempt to understand why social workers missed signs of serious abuse, and described cases where parents pretended to comply with professionals and plans, but privately disagreed and abuse continued (Leigh, Beddoe & Keddell, 2019). This term has become popular in social work practice, and is referenced heavily by the NSPCC (2014). This is suggestive that social workers approach child protection investigations with scepticism, fearing the worst, which may lead to parents feeling misunderstood and unfairly judged. As Leigh *et al.,* (2019) highlight, whilst the term 'disguised compliance' is useful for social workers in questioning how engaged parents really are, for parents, this conceptualisation prompts much anxiety as they feel they are being set up to fail, which is consistent with participant's accounts in this study. Indeed, Leigh *et al.,* (2019) argue that 'disguised compliance' is a problematic use of language, for it "fails to recognize that families labelled as such will always struggle to attain the professional's desired position, leaving them in a no-win situation" (pg. 23) and parents will never be able to prove their worthiness (Ferguson *et al.,* 2021). Therefore, this study's concept of 'guilty until proven guilty' corresponds with existing literature that documents parent experiences of feeling pre-judged as guilty or 'set up to fail' by social workers (Dale, 2004; Davies, 2011; Scott *et al.,* 2018; Leigh *et al.,* 2019). Nevertheless, the importance of maintaining professional curiosity must also be recognised, as learnt in serious case reviews, children have been put at risk when parents have been seen to have deceived social workers (Leigh *et al.,* 2019). This perhaps places social workers in a similar parallel of a 'no-win situation', where they must be aware of disguised compliance as a possibility, whilst also listening to what parents are saying seriously, in order to ensure children are safe.

The experience of social workers 'working against' parents has been previously related to the UK's adversarial legal system (Welbourne, 2016). This system requires social workers to present evidence, with parents given the opportunity to challenge, and social workers are required to defend this, leading to social workers as being seen to be 'against' parents (Welbourne, 2016).

5.2.3 Feeling Attacked and Needing to Defend

This study, however, goes further than previous research by linking parents' experiences of shame, stigma and combative relationships with social workers, to parents feeling under attack, and consequently needing to defend themselves. This has been alluded to by others, such as Sykes (2011) who argues that parents enact a defence against the shame and potential destruction of their 'good parent' identity, when this is threatened by the presence of child protection. Ainsworth and Hansen (2015) argue that parents' hostile, angry and aggressive responses to child protection workers, and particularly the threat of having children removed, ought to be considered as 'pain-based behaviour' and representative of parents' deep distress and trauma at having their family broken. Furthermore, Bekaert *et al.,* (2021), summarise from their meta synthesis of parent perception studies, that parents felt they needed to defend themselves in child protection cases. Indeed, Bekaert *et al*. (2021) argue that when parents felt confronted with concerns for their children, they felt attacked, and responded in defence and fear. Valentine (1994) argues that fears around child abuse and death arouses all of our earliest experiences of persecution and terrors of infancy, leading us to disown, deny and displace these unbearable emotions. These attacks understandably elicit a defensive response, which feels important and relevant to understand, when considering how best to support parents during child protection investigations.

This perceived need to defend also seems relevant when considering the adversarial relationships between parents and social workers. Indeed, the theme 'whose side are you on' which captures the pitting of parents against social workers, could be conceptualised as a defensive strategy taken up by parents to help them manage the perceived attack. This is suggested by Sykes (2011), who argues that parents may be critical of, and distance themselves from child protection services as a way of preserving their identity as a 'good parent'. Of course, this resistance to social work intervention and of allegations of child maltreatment is contrary to the tasks of child protective services, creating conflict and an unproductive cycle with contrasting agendas, further emphasising the divisions between parents and social workers (Sykes, 2011). Quick and Scott (2019) argue that intense parental anger, whilst deepening conflict with child-protection workers, can also serve a protective function for parents, preserving their agency and a positive sense of identity.

Therefore, suggesting that the combative relationships between parents and social workers exist as a required defence.

The division between parents and social workers and separation into binary 'sides', is reminiscent of the Kleinian defence of 'splitting', a characteristic of Klein's paranoid schizoid position (Klein, 1946). Klein *et al.,* (1971) argue that splitting is an early defence, typically used in infancy against unbearable and unmanageable anxiety, where the individual is unable to understand or contain (Segal, 1979). Good and bad objects are created, with the good object idealised, and loving feelings are projected, whereas the bad object receives projected unbearable feelings (Klein *et al.,* 1971). This could be applicable to parents' experiences of child protection investigations, where shame, stigma and the threat of child removal elicits overwhelming fear and anxiety for parents (Kenny, Barrington, & Green, 2015; Wall-Wieler *et al.,* 2017), further suggesting the need for a defensive response from parents when confronted with a child protection investigation. Parents split off and project unbearable feelings into social workers, maintaining their 'good' (parent) identity. Indeed, in Valentine's (1994) paper on 'The social worker as the 'Bad Object'', she supports this idea that parents (and the wider public) project overwhelming fears, such as persecution, anxiety and anger, onto social workers, as a way of separating themselves from these unbearable feelings. In this way, an 'us and them' division develops as a psychic defence.

Therefore, this study highlights arguments for the conceptualisation of child protection investigations as a personal attack (Sykes, 2011; Ainsworth & Hansen, 2015; Quick & Scott, 2019; Bekaert *et al.,* 2021), which naturally elicits a defensive response (Klein, 1946). Understanding the function of this division in this way could help to better understand parents' experiences of child protection, and consequently what might be of support.

5.2.4 Parallel Processes

This complex dynamic between parents and social workers, fraught with overwhelming emotions and projections, is important to examine from social workers perspectives also, as the existence of parallel processes may be evident. Research examining social workers experiences is considered here to make tentative hypotheses as to the existence of mirrored, shared experiences between parents and social workers. For example, research

demonstrates the 'hostile relationships' (Ferguson *et al.,* 2021) with parents social workers must face and engage with, often with social workers feeling 'under attack' (Ainsworth & Hansen, 2015; Ferguson *et al.,* 2021). Ferguson *et al.,* (2021) emphasise this "mutuality" of dislike between parents and social workers, with parents described as 'hard to reach, 'resistant' and 'difficult', and social workers similarly being described as 'detached' and unable to 'reach' parents and children. This parallel is suggestive of projections and projective identification (Klein, 1946), and Ferguson *et al.,* (2021) argues that social workers often bear significant hateful countertransference feelings (Winnicott, 1949). Thus, social workers are faced with the complex task of facing these hateful feelings and not retaliating. Indeed, this is often too challenging a task, as in the face of hateful feelings, thinking and reflective practice can be impeded (Cooper & Lousada, 2005; Whittaker, 2011). Findings from this study are suggestive of a potential parallel experience here, with parents similarly being unable to think and reflect when overwhelmed with emotion.

Furthermore, social workers are also subject to a high level of scrutiny, similar to parents, with the threat of serious case reviews, public inquiries and being vilified by the media, having a large impact on social work practice in the UK (Gibson, 2015; Leigh, Beddoe & Keddell, 2019). Indeed, that social workers are blamed if they do not act, and if they do (Richardson, 2003), constitutes another 'catch-22' where social workers also exist in a lose-lose situation, suggesting another example of mirroring of experience between parents and social workers.

The need to defend against unbearable feelings extends into social work organisations (Valentine, 1994; Whittaker, 2011). Cooper (2018) argues that professionals and systems can engage in splitting also, which is problematic in social work settings where practitioners are required to acknowledge many dimensions of emotional dynamics. Similarly to how Menzies Lyth (1988) suggested nurses managed high pressures, Whittaker (2011) argues that child protection systems also rely on social defences, such as emphasis on standardised procedures and constant checking, to help manage the emotional demands of the work. In this way, inter-subjectivity and the emotional burden of the work can be avoided, acting as a container (Valentine, 1994). Furthermore, Rustin (2005) highlights other social defences such as 'turning a blind eye' when what social workers are seeing is too disturbing. In a

similar way, this study has attempted to explore how parents adopt defences to manage unbearable emotions. Indeed, it could be considered that parents and social workers become enmeshed in a web of mirroring and projections, each splitting off or identifying with hateful feelings in an attempt to avoid the pain that this work elicits.

5.2.5 A Move Towards a Third Position

This conflictual dynamic between parents and social workers is problematic; it causes significant trauma to parents (Smithson & Gibson, 2017) and makes the work of social workers harder (Ainsworth & Hansen, 2015; Ferguson *et al.,* 2021). Troublingly, studies have shown that parents' non-cooperation with social services can increase social workers responding with exercises of power (Howe, 2010) and this increases the risk of parents having their parental rights terminated by the courts (Ben-David, 2016). Perhaps a way to intervene in this dynamic is the introduction of a third position, one that is able to achieve some distance from the rawness and projections and think about what is going on. This goal has been cited elsewhere, such as Ferguson *et al.,* (2021) with the use of social work supervision, as a way of providing a space to think critically and reflect on the work. Nevertheless, as Ferguson *et al.,* (2021) report, even supervision cannot be immune to the strong emotions stirred up in a case.   Other research has suggested the importance of advocacy services for parents, often with successful outcomes (Tobis, Bilson & Katugampala, 2020). Research has also begun to acknowledge the place of mental health professionals, such as counsellors and therapists, in providing much needed emotional support to parents, as well as helping to facilitate communication between parents and case workers (Yoo *et al.,* 2020a; Yoo *et al.,* 2020b). It is this research that this study hopes to build on, through the subsequent themes of 'Keeping it in versus letting it out' and 'The aftermath: "We will spend our lives trying to recover"', illuminating the position of talking therapy in supporting parents going through child protection investigations.

5.3 Keeping it in Versus Letting it out

The potential role of talking therapy in supporting parents in child protection investigations is initially explored through the advantages and barriers discussed in the theme 'Keeping it in versus letting it out'. Previous research has acknowledged that parents are often

recommended to receive therapeutic support as part of child protection plans, with the primary goal being to improve their parenting (Ghaffar *et al.,* 2011; Estefan *et al.,* 2012; Yoo *et al.,* 2020a). However, the present study tries to understand the role of therapeutic support and talking therapy from parents' perspectives. This proved to be complex, as participants expressed desire for talking therapy, as demonstrated in the sub-theme 'needing a release'. However, participants were also wary of trusting professionals, as explored in the sub-theme "Nothing is safe enough", contributing to an overall mixed feeling about engaging in talking therapy. This is in contrast to previous literature which only emphasises the benefits of engaging in talking therapy for parents (Lietz & Strength, 2011; Yoo *et al.,* 2020a; Yoo *et al.,* 2020b).

In further contrast to previous research, some participants voiced that they needed therapy to help them deal with the impact of the child protection investigation, rather than any issues highlighted by child protection services that got in the way of their parenting (Ghaffar *et al.,* 2011; Estefan *et al.,* 2012). This need to receive support for the impact of the investigation is articulated in the sub-theme 'Needing a release', which illustrates the overwhelming emotions parents experienced during the child protection investigation, corresponding with existing literature (Smithson & Gibson, 2017; Tembo & Studsrød, 2019; Gibson, 2020). This created a desire to offload and vent to another person. Research in other areas demonstrates how having a space and someone to offload to can be beneficial (Small, 2017), and this adds to the recent research suggesting that parents confiding in someone, whether it be a psychotherapist (Yoo *et al.,* 2020a) or indeed, a social worker (Ferguson *et al.,* 2020) during child protection investigations could be beneficial.

However, as highlighted in the sub-theme '"I didn't even know where to start!": no capacity to communicate', parents found it challenging to process and put language to overwhelming emotions, impacting their communication with others such as social workers and talking therapists. This is similar to what Davies (2011) writes about in her experience of a child protection investigation: "I still cannot find a concise vocabulary that expresses my oddly juxtaposed and turbulent feelings." (pg. 205). This struggle to find a language for or be able to express oneself is suggestive of trauma (Van der Kolk, 2014). This highlights a significant aspect of parents' experiences, that may impact their capacity to relate to others, such as in

talking therapy, or indeed, with social workers. This diminished capability to communicate could be suggestive of advocacy being needed, to help parents make sense of and voice their opinions (Featherstone & Fraser, 2012; Tobis, Bilson & Katugampala, 2020).

Furthermore, parents' lack of trust of social workers, as described in the sub-theme 'Nothing is safe enough', makes it more likely that parents were functioning within a 'threat' system (Gilbert, 2005), and unable to feel secure or safe enough to take in new information or build relationships with social workers.   This is consistent with other research that demonstrates parents did not feel safe enough when communicating with social workers (Gladstone *et al.,* 2012; Gupta & Blumhardt, 2016; Bekaert *et al.,* 2021). Additionally, Yoo *et al.*'s (2020a) research supports the findings that parents' mistrust of social workers can extend to other professionals, such as psychotherapists, making parents more hesitant and guarded during initial sessions.

The sub-theme "I have to sort myself out": the importance of self-reliance' argues that self-reliance was perhaps empowering, or perhaps the only option available to parents. This is consistent with Quick and Scott's (2019) argument that parents involved in child protection needed to regain a sense of agency to relieve their suffering. Additionally, this sub-theme touches on themes identified in Lietz and Strength's (2011) research on family resilience. In particular, participant's accounts of taking things a day at a time, or putting 'one foot in front of the other', seems evocative of Lietz and Strength's (2011) theme of 'survival', with families focusing on "just trying to make it through the day" (pg. 4). Furthermore, participants' *"focus on doing the best by my children"* (Emma, survey) echoes Lietz and Strength's (2011) theme of 'commitment', where parents reflected their desire to keep the family together. Therefore, research examining the need to increase resilience (Lietz & Strength, 2011) and increase agency (Quick & Scott, 2019) strikes parallels with this study's theme of self-reliance.

5.4 The Aftermath: "We will spend our lives trying to recover"

The theme 'The aftermath: "we will spend our lives trying to recover" highlights the long-lasting impact from the child protection investigation and questions the timing of therapy.

There is a substantial amount of research that has examined the long-term, predominantly negative, consequences on children involved with child protective services (McKenna et al., 2021). However, these findings suggest a long-term impact on parents following child protection involvement, particularly in cases that have been resolved, and the family reunited.

The sub-theme of 'Not the same again' is consistent with existing literature that demonstrates the long-lasting impact of a child protection investigation on parents. In her personal account, Davies (2011) writes of her continued agony about the experience 5 years later, and that the child protection process led to a feeling of secondary victimisation. Indeed, Haight et al., (2017) argue that experiencing a child protection investigation can constitute a 'moral injury' for parents, with "lasting psychological, spiritual and social harm caused by one's own or another's actions in a high stakes situation that transgress deeply held moral beliefs and expectations" (Haight et al., 2017, pg. 477). This conceptualisation corresponds with participants' views here, as participants felt their beliefs about others and the world had been altered and damaged, similar to Haight et al's., (2017) participant group. Furthermore, Haight et al., (2017) highlight how their participants described morally injurious behaviour by professionals that was "unethical, dishonest, vindictive or lacking in compassion" (pg. 481), and this is similar to participants' responses in this study who felt social workers were working against them, captured in the sub-theme 'The prosecution: Guilty until proven guilty'.

This is important, as Litz et al., (2009) highlight, if these feelings are not addressed, the moral injury: the lack of meaning, emotional distress and lack of trust, can damage relationships with social workers during the investigation (Haight et al., 2017). Importantly, moral injury can also continue for many years and prevent individuals moving forwards in their lives. This difficulty of moving forwards is captured in the sub-theme 'Not the same again' through participants' accounts of their lives and family dynamics being changed. Furthermore, the narrative of continued worry about their parenting and future scrutiny from child protection services, which has not been articulated elsewhere in the literature, also contributes to a sense of moral injury.

There is also a strong link with trauma and post-traumatic stress disorder associated with moral injury, particularly in the context of veteran's experiences (Shay, 2014). This is also reflected in the present study, by participants' experiences of PTSD like symptoms of hypervigilance and flashbacks (APA, 2013). Furthermore, Van der Kolk (2014) highlights how cognitive overwhelm and dissociation exist in the body's response to trauma, symptoms that participants described here. Therefore, these symptoms, combined with the distress and moral injury participants expressed, suggests that child protection investigations are experienced as a trauma for parents.

Indeed, whilst highlighting the morally injurious experiences of parents, Haight *et al.,* (2017) argue that their participants described a social and emotional growth as a result of their involvement in child protection. Haight *et al.,* (2017) suggest this may represent a "posttraumatic growth" (Calhoun & Tedeschi, 2014), a finding that is echoed in the present study, with participants' accounts of the child protection process pushing them to be a better person (Jessica) or making them stronger (Alex).

Therefore, these findings are largely consistent with existing literature that suggests child protection investigations are morally injurious and have long-lasting effects on parents (Davies, 2011; Haight *et al.,* 2017). This provokes discussion of when talking therapy might be most needed for parents in the sub-theme 'The right time for talking therapy?'. The findings in this sub-theme go further than previous research as they suggest that particular approaches in talking therapy may be indicated at different stages of the child protection process. For example, a holding and containing space, that made use of grounding and CBT techniques to manage intense or overwhelming emotions seemed to be indicated during the process. Whereas a space to reflect and assimilate experiences afterwards seemed useful. This has implications for both therapists and parents, in terms of what sort of intervention might be most beneficial and when, which is discussed further in the next section.

6. Implications

These findings have implications for both social work and therapeutic practice, which are explored in this section. Firstly, potential ways of mediating the adversarial relationships between social workers and parents are outlined, with recommendations of how social workers might best support parents. This is followed by the suggestion of introducing a third, mediatory position, which corresponds with current research into the impact and importance of advocacy and peer support. Implications for parents are considered, and recommendations are made as to how parents might empower and strengthen their own resources. Finally, the question of talking therapy is summarised and discussed, with reference to counselling psychology, and recommendations made to counsellors and therapists working with this population.

6.1 'Us and Them': Implications for Social Work

"It shouldn't be a "them v us" situation it should be a collaborative team effort" (Fiona, email).

The adversarial relationships between social workers and parents are well documented in the literature (Sykes, 2011; Ainsworth & Hansen, 2015; Smithson & Gibson, 2017; Yoo *et al.,* 2020; Ferguson *et al.,* 2021), with this study highlighting the defensive positioning with parents on one side, and social workers on the other. As discussed above, the need for defences like these is understandable, given the emotional weight of the subject area, and powerful emotions it elicits (Valentine, 1994; Sykes, 2011; Gibson, 2020). Nevertheless, this splitting dynamic causes problems for social workers (Ferguson *et al.,* 2021) and additional trauma for parents (Haight *et al.,* 2017). Attempts to change these patterns of division are warranted, and are explored in this section alongside relevant literature.

Firstly, in response to the high emotional burden placed on social workers working in child protection (Rustin, 2005; Ferguson *et al.,* 2021), it seems critical that social workers be sufficiently supported and held during this demanding work. Much like the work of counselling psychology (Douglas *et al.,* 2016), social workers could be similarly supported through personal therapy or reflective spaces in individual or group supervision. Ferguson

et al., (2021) make recommendations for reflective practice, encouraged through supportive supervision that is able to move below the surface to recognise countertransference feelings and defences, examining social workers' roles in "co-constructing the hostility in the relationship" (pg. 34). Trevithick (2011) supports this idea, encouraging social workers to acknowledge how they really feel and think about families and the work, including the effects of fear, anxiety and defences like splitting. Additionally, calls for training to help social workers acknowledge that parents perceive social work intervention as an attack (Gibson, 2020), and training to defuse potentially explosive relationships, and work through resistance, have been cited to help social workers manage the division (Ferguson *et al.,* 2021).

Secondly, social workers could be mindful of the 'no-win situation' parents experience, which can perhaps be linked to terms such as 'disguised compliance'. Whilst some argue that the term is inherently problematic as it neither predicts risk or addresses it, and "it locks both social worker and parent into dead-end positions that not only fail to recognise the risk averse thinking that is at play but also the power imbalances present in the relationship." (Leigh *et al.,* 2019, pg. 24), it is important to learn from Serious Case Reviews in order to protect children and avoid similar cases in the future. Turney (2012) argues that it is problematic to use Serious Case Reviews to inform all child protection work and serious injury or death to a child is relatively rare when the total population of people known to child protection services is considered (Lonne & Parton, 2014), and not all parents who do not engage with social workers are guilty of child abuse. Nevertheless, the existence of 'disguised compliance' in serious case reviews in the past, ought to be rightfully acknowledged as a possibility by social workers, in order for children to best protected.

Indeed, Laming's (2009) recommendation for 'respectful uncertainty', requires social workers to strive to adopt a balance of trust and doubt. This may be indicative of social workers and perhaps other professionals requiring a negative capability (Bion, 1962; Voller, 2011), where they must exist in and accept uncertainty and doubt. This challenging task has been expanded upon by literature emphasising the importance of relationship based social work practice (Ruch, Turney & Ward, 2018).

Relationship based social work emphasises that building trust in the parent-social worker relationship is the key to engagement and success in child protection (Gupta & Blumhardt, 2016; Bekaert *et al.,* 2021). Trust needs to be developed through recognition, respect and reciprocity (Turney, 2012) and Gupta and Blumhardt (2016) highlight that: "policing rashly and unjustly is unlikely to gain the trust of parents. Families wanted to feel respected and recognised as human beings." (pg. 171). This strikes parallels with the relational approach in psychotherapy, which also emphasises the importance of supervision, recognising and responding to worker's emotional experiences, valuing reflection and staying with difficult feelings (Mearns & Cooper, 2017; Ruch, Turney & Ward, 2018). In Murphy *et al's.,* (2013) discussion on the compatibility of relationship-based social work and Rogers' person-centred approach (1951), they argue that due to the inherent agenda of social work tainting parent-worker relations, the person-centred approach is incompatible with the 'modern' task of social work, but psychodynamic and systemic theories can be. This could indicate that collaboration could be of value between counselling psychology and social work in helping to support social workers conduct this challenging work. For example, this could be through offering training on transference and countertransference, offering social workers reflective supervision spaces or personal therapy, or placing counselling psychologists in social work teams to help think about and respond to challenging cases and dynamics.

However, these recommendations for social work are limited by the wider political context of individualised child protection systems (Parton, 2014). Much literature calls for child protection system reform (Parton, 2014; Gupta & Blumhardt, 2016; Haight *et al.,* 2017; Parton, 2020), to allow social workers time and resources to build relationships with parents, and an approach that recognises many social causes of child maltreatment, which are often related to structural inequalities. Indeed, Murphy *et al.,* (2013) argue that relationship-based practice may not be enough to help the needs of the poor and the marginalised. Nevertheless, making other professionals like counselling psychologists more involved in the system could help to think about and address some of these systemic issues, advancing Parton's (2020) hope for a broader public health approach to child protection.

6.2 Creating a Third Position

This study argues that introducing a third position could be a way of intervening in the divisive and 'hostile' relationships (Ferguson *et al.,* 2021) enacted in child protection. The current hostile dynamics between parents and social workers is laden with the potential for parallel processes, splitting and projections. This study found that parents benefited from feedback, and were perhaps more receptive to this from others outside of this dynamic (Fiona and Christine). This has been similarly found in other research (Lietz & Strength, 2011; Yoo *et al*., 2020a), and strengthens the idea that outside support could be beneficial to parents, and perhaps the wider child protection system.

The introduction of a third position has already been considered through the development of advocacy programmes. These argue that advocates can have an important role in serving as an ally for parents, mediating between parents and child protection systems, educating parents on child protection systems as well as educating professionals as to the points of view and feelings of parents (Layalants, 2017). Research has shown that using advocates in the child protection process is often experienced as supportive to parents (Featherstone & Fraser, 2012), and leads to better outcomes for the family, such as less child maltreatment, less unnecessary family separation, improved parental resilience, better connection with services, empowered parents and improved culture in social welfare (Tobis, Bilson & Katugampala, 2020).

In particular, the introduction of parent-to-parent advocacy supports parents by linking them with advocates who have been through the child protection system themselves (Tobis, 2013). This connects them with a potential ally who has their own lived experience and knowledge of child protection (Tobis, 2013; Tobis, Bilson & Katugampala, 2020). This can offer parents emotional containment, genuine understanding and enables parents to feel valued, not just as 'bad objects', as well as helping to balance the power dynamics in child protection, helping vulnerable parents (Tobis, 2013; Tobis, Bilson & Katugampala, 2020). This study's findings support this, as parents reported that having support from someone with expertise, and particularly experience of their own child protection investigation, was particularly beneficial and reassuring. Furthermore, parents who participate as advocates, or support other parents in child protection may find this helps them make sense of their

own experience (Lietz & Strength, 2011; Haight *et al.,* 2017), which is also echoed in this study, as several participants shared that they were involved in peer support groups, or helped other parents going through similar experiences: "*they invited me to be one of the founding members* [of an advocacy group] *to support parents and offer advice from the perspective that we are experts by experience* […] *I know it's helped me quite a lot*" (Katie, email). Therefore, this study provides further research support for introducing advocacy and peer support programmes, which act as a third position, mediating the divisive relationships in child protection work.

However, other professionals might also take up this third position. For example, this study suggests that psychologists, counsellors and therapists can be of benefit to parents during the child protection process. Other professions might also be involved, such as doctors, police, health visitors and teachers (Gov.uk, 2017). An awareness of the potential for a splitting dynamic might be relevant to these professionals, as they may feel drawn in to 'taking a side', like I did in this research. Although it may not be these professionals' task to decern judgement or 'investigate' child maltreatment, statutory reporting of safeguarding may increase anxiety for professionals and make it seem like they are 'taking a side'. On these occasions, being able to create space to think and reflect without being drawn into binaries or 'sides' may help professionals to create a supportive third position. Indeed, these roles may have something important to contribute to the area of child protection, where their relative outsider position and distance, may help mediate between parents and social workers creating space to think.

6.3 Strengthening Parents' Own Resources

This study's findings, captured in the sub-theme: '"I have to sort myself out": the importance of self-reliance', stress the importance of strengthening parents' own resources. This might be particularly relevant given the other sub-theme 'Nothing is safe enough', where parents feel they have no choice but to rely on themselves as trusting others is perceived too risky. Arguably however, self-reliance could be a way of parents empowering themselves when faced with the powerlessness of their position in child protection.   This desire to build parents' own resources is supported by other research, such as Haight *et al.,* (2017), who recommend parents strengthen their psychological resources through stress

reducing activities, self-reflection, use of social support and spiritual engagement, to help manage feelings of moral injury in particular.

Therefore, this study argues that parents involved in child protection need opportunities to feel empowered. Mandating certain types of support like therapy or advocacy goes against this aim, and instead this study argues that parents be given choice, and opportunities to empower and support themselves. Nevertheless, parents may be feeling overwhelmed and uncertain as to what support might be available, so the following suggestions may be helpful signposts for parents.

Firstly, parents in this study voiced that it helped to talk to someone they trusted, whether this was a friend, family member or professional, like a GP or counsellor. However, some parents found this at certain times too overwhelming, suggesting that timing is important. Secondly, parents referenced their personal coping skills such as focusing on their children, putting one foot in front of the other and looking after themselves. Thirdly, seeking external support from online peer support groups, advocacy and counselling or therapy, was felt to be helpful for participants, both during and after the process. The legal aspect to this process also shouldn't be ignored, and participants voiced the importance of having a solicitor that specialises in child protection issues. Finally, it feels important to acknowledge the overwhelming feelings brought up by this process for parents, in order to help parents feel safe enough to be honest and engage with social work processes.

These suggestions are summarised below in Table 8, and could be used by professionals, friends and family members, to signpost parents to.

Table 8. What can parents do to support themselves?
The following points have been created following research into parents' supportive experiences during child protection investigations. This highlighted that some parents have a preference for empowering and supporting themselves during the process, perhaps through the following:

1. Surround yourself with people you trust and who are understanding. Talk about it to someone you trust if you want, but it is ok if you don't want to talk about it yet. Timing is important.

2. Focus on "putting one foot in front of the other" and doing the best for your children. Set small, short-term goals. Give yourself time to rest.

3. Join an online support group with others going through similar experiences.

4. Investigate independent or parent advocacy

5. Find a solicitor that specialises in child protection issues

6. Consider counselling or talking therapy, if not now, don't rule it out for the future – you can always come back to it – see below

7. Be honest when speaking with professionals. It is incredibly hard having people intrude into your family life, and hard to speak clearly when you are overwhelmed, try to recognise if this is happening and ask for breaks, or ask professionals to explain or repeat things if needed.

A word on when it's over …

This can throw up other feelings and thoughts, and often parents find this hard too. Think about whether you want to talk to someone about it: a close friend, a trusted family member or a professional like a counsellor or psychologist.

6.4 The Question of Therapy and Implications for Counselling Psychology

This study's findings support the previous literature and demonstrate that parents going through child protection investigations could benefit from talking therapy (Sykes, 2011; Yoo *et al.,* 2021). This section explores the implications of this for counsellors, therapists and psychologists working with this population.

Although Yoo *et al.,* (2020a) recommend that psychotherapy is offered to all parents at the outset of child protection processes, this study advises caution with this generalised recommendation, instead arguing that parents be given opportunities for choice and empowerment. This may help ameliorate the risk of talking therapy becoming too similar to the child protection case, and creating a parallel process. This perceived similarity between talking therapists and social workers may put parents off engaging in therapy. Clinicians, therefore, need to be aware of the potential similarities and parallel processes, and be prepared to address these with parent clients. Supervision and continuing professional development (CPD) could help clinicians understand parents' relationships with social services and think about how this impacts on the therapy.

Firstly, for example, therapists might consider enabling choices around when and how to engage with talking therapy. Collaboration around the agenda and goal setting for the therapy seemed important to participants in this study. In particular, this study argues that parents wanted talking therapy to focus on helping them manage the impact of the investigation, rather than improving their parenting. Listening to parents about their perceptions of the purpose of talking therapy enables the agenda to be clarified and any disparities addressed, such as using the therapy to help 'prove' something. This allows parents to regain some agency to relieve their suffering (Quick & Scott, 2019), and in this way, talking therapy might be able to avoid becoming 'another appointment to make' for parents, and represent a new, more hopeful and empowering experience.

Nevertheless, the realities of court ordered therapy (Estefan *et al.,* 2012; Yoo *et al.,* 2020a), can provoke questions and dilemmas for professionals around working therapeutically with parents as involuntary clients (Trotter, 2015). Estefan *et al.,* (2012) argue that when some parents received mandated therapeutic services, they felt it was just another thing to complete for their case plan. However, in Yoo *et al.*'s (2020a) study, participants felt that psychotherapy could still be a safe and empathetic space even when it was directed by case plans. This complexity is similar to Alice's account in this study, where she described court ordered therapy as "*violating*" to begin with, but eventually became supportive. It is beyond the scope of this study to evaluate court mandated therapy in child protection cases thoroughly, especially as only one participant in the study voluntarily reported this

experience. However, it does present as an important factor to consider for clinicians when working with this client group, and further research into the impact of this experience could investigate this more comprehensively.

Secondly, if parents are willing to engage in counselling or therapy, the relevance of particular therapeutic modalities during and after the investigation may be considered. For example, this study seemed to indicate that grounding and techniques to manage anxiety, such as CBT, may be beneficial during the investigation, and perhaps a more reflective space associated with person-centred or psychodynamic approaches after the case had ended. Of course, this could be thought about more on an individual level during a tailored integrative and holistic assessment (Norcross & Goldfried, 2005; Cooper & McLeod, 2010). Furthermore, this study and the previous literature (Haight *et al.,* 2017), highlight the traumatic nature of child protection investigations. Therefore, trauma informed approaches (SAMHSA, 2014) may be useful with this client group. Client preferences for different therapeutic approaches, and subsequent outcomes, could be clarified and investigated further in additional research.

Thirdly, building trust with parents involved in child protection processes needs to be considered carefully. This study's findings demonstrate how parents might be wary of professionals, and fear that what they say in sessions be shared and "used against" them by social services. Indeed, Yoo *et al.,* (2020a) argued this made parents more hesitant and guarded during initial sessions. For these reasons, it seems important that a robust confidentiality policy is explained to parents at the start of sessions, with opportunities for further discussion if needed. Perhaps encouraging parents to share their doubts and fears around information sharing could also help to maintain a trusting relationship, conveying respect and understanding of their feelings. Honesty and transparency around the information shared with social services might also be helpful, perhaps giving parents the opportunity to contribute to report writing if it were appropriate. These issues, their impact on the therapeutic relationship and how clinicians manage this could be explored further, perhaps through case study or process research that could examine more closely the processes and dynamics within therapy with a parent involved with social services.

Fourthly, this study's findings around parents dividing others into those deemed 'onside' and those 'working against' them, may indicate that therapists might also feel drawn in to 'picking a side', like the researcher. This dynamic is important to recognise and think about, to see if it is being enacted in the therapy. Supervision may help therapists stand back and observe this. Nevertheless, it is also important that therapists convey a sense of believing and being on the 'side' of parents. However, providing this empathy, understanding and compassion may feel challenging for therapists at times. Indeed, the issue of child maltreatment may bring up strong reactions or personal material. Therefore, receiving support through supervision and perhaps personal therapy, could help clinicians with this work.

In summary, this study's findings highlight some important considerations for counsellors, therapists and psychologists working therapeutically with parents involved in child protection processes. For example, being aware of the potential parallel processes, pressures to 'take sides', the difficulties building trust and need for opportunities for empowerment, could help to engage and work effectively with parent clients.

7. Strengths, Limitations of Research and Suggestions for Future Research

This research represents a new contribution to the knowledge base surrounding parents' experiences of child protection in several ways. Firstly, by examining this experience from a counselling psychology perspective for the first time, a new theory base has been applied to the area, with new insights developed. Secondly, this study presents lesser-heard parent voices from a hard-to-reach group, suggesting the benefits of matching a data collection strategy to the target population. Thirdly, parents in this participant group were reflecting on their experiences up to five years after their cases were closed, offering new insights into longer-term impact of a child protection investigation. Additionally, parents in this study were approached independently of social services and specific local authorities, and instead were recruited through social media across the whole of the UK. This has meant that a wider variety of experiences of local authorities have been gathered, with the possibility of

some parents being offered the chance to participate in research based on their experiences of child protection, that may not have been recruited through traditional social work avenues. Finally, this study presents the first exploration of parents' experiences of support during a child protection investigation, and their perceptions of counselling and therapy outside of the United States. However, the findings need to be considered in relation to the limitations of this study. In particular, the demographics of the participant group in this study situate these findings in a certain time and context.

7.1 Homogeneous Sample

Firstly, it needs to be acknowledged that whilst this study aimed to gather parents' experiences of child protection investigations, participants were predominantly mothers, with only one father participating in the survey, and all follow up interviews were with mothers. This is unsurprising given the existing research, which similarly reports more participation of mothers in parent perception studies (Davies, 2011; Yoo *et al.,* 2020a) and research that suggests fathers are less commonly engaged in child protection processes and mothers are considered a 'proxy' for 'parents' (Ewart-Boyle, Manktelow & McColgan, 2015; Bell *et al.,* 2021). Furthermore, research highlights the dominant trope of viewing the mother as the main protector, and as responsible for the children, with mothers more often being the focus of child protection interventions (Coakley, 2013), leading to an overburdening of mothers and excluding of fathers (Featherstone & Fraser, 2012; Bekaert *et al.,* 2021).

Coupling this already genderised bias of child protection with the gender differences in seeking talking therapy (Yousaf, Popat & Hunter, 2015; Roskar *et al.,* 2017), it is understandable that this participant group was mostly female. Nevertheless, this raises questions about fathers' experiences of support during child protection investigations, and it should not be assumed that this would be similar to mothers, particularly given the gender differences in seeking talking therapies (Yousaf, Popat & Hunter, 2015; Roskar *et al.,* 2017). Therefore, the findings in this study should be contextualised as primarily representing maternal experiences, and further research into fathers' experiences of support would be beneficial.

Additionally, the majority of participants in this study identified as "white British", "white" or "British", indicating a limited inclusion of experiences from other ethnic groups, which may have focused the analysis to that of a "white British" experience. This is a limitation, as other research demonstrates significant differences in experiences of and how parents manage child protection, depending on cultural background (Okpokiri, 2021). For example, experiences of heightened power differentials and differences in child rearing practices are likely to impact cultural group experiences differently (Okpokiri, 2021). Therefore, these findings are further contextualised as focusing on mostly "white British" experiences, and further research might examine experiences of different ethnicities and cultural groups.

7.2 Class and Poverty

Existing literature documents the overwhelming evidence that poverty and low incomes are strongly related to child maltreatment and child protection cases (Pelton, 2015; Bennett *et al.*, 2020). However, information on income and poverty were not gathered in this project, as it was thought this may add another level of personal questioning to an already sensitive area. This limits any contribution this might have had to the wider literature regarding poverty and experiences of support during child protection investigations, and it is also hard to contextualise this analysis within the social class of the participants who took part. Further research could be beneficial in examining if experiences of support were impacted by poverty or social class.

7.3 Regional Differences in Child Protection

It must also be considered that differences exist in how local authorities practice, as well as appreciating that social work has been a devolved area of government, and therefore there will be differences in how each of the four nations of the UK respond to child protection concerns (NSPCC, 2021a). In the survey, most participants were from England, however, in the follow up interviews, half of participants were from England (n=3), with one participant from Scotland, and two from Northern Ireland, therefore sharing experiences from different local authorities and nations. These findings are thought to be useful for local authorities

across the UK, however, more specific knowledge regarding each region is likely to be needed when considering implementing changes to practice.

7.4 The Nature of the Investigation

Participants alluded to their involvement in child protection investigations for a variety of different reasons. Consequently, their experiences of support may be impacted by the nature of the accusations and investigation. Furthermore, the inclusion criteria for this study limited participation from parents who had experienced 'happy endings'. These were where cases were closed, plans were lifted and children were returned. This was done for ethical reasons so that the research was not overly distressing to parents who were in the middle of cases, or who had lost custody of children. However, this will have impacted upon the experiences presented here. In particular, several participants voiced their innocence and felt they were falsely accused. Zeman's (2004) research into false accusations illustrates how these parents may face particular losses, ultimately impacting their narratives and what they identified as supportive. For example, in this study, these participants voiced wanting to be believed or wanting to receive apologies when their cases were closed. Future research could explore the experience of being falsely accused further, perhaps examining how parents coped with this, which may lead to different implications and recommendations. Other researchers have argued that occurrences of false accusations should be examined, with the aim to reduce the number of families subjected to investigations when the outcome is no further action (Dale, 2004; Davies, 2011; Bilson *et al.,* 2017).

7.5 Comparing Verbal and Written Responses

This research utilised different modes of data collection in an attempt to be as accessible as possible to participants. A significant finding was participant's preferences for email (n=5) follow up interviews compared to telephone (n=0) or Skype (n=1). Combining these findings with the numbers of survey responses (n=20) suggests that this participant group preferred to communicate with the researcher through written form. Considering the reasoning for this preference, participants voiced that they wanted to preserve their anonymity: "*I need anonymity-so cannot provide contact details*" (Natasha, survey). This is consistent with

other research with this population (Mirick, 2016) and the online survey allowed for this. Secondly, the nature of email interviews and surveys allowed for participants to take their time over responding and editing their answers. This may have felt like a safer way of engaging with research, and could perhaps enable them to present the best version of themselves. It might also be considered that by having time to consider their answers, participants may have been more able to articulate their traumatic experiences and complex emotions by themselves, drawing parallels with some of the points raised in the theme 'Keeping it in versus letting it out', such as finding it difficult to articulate their experiences and wanting to rely on themselves. This is supported by Pennebaker (1993), who argues that the process of writing, instead of speaking can allow for catharsis and processing of emotion. However, participants also described the challenges telling anyone the whole story and this may have extended to the research also. Nevertheless, participants were able to communicate rich and profound parts of their experiences as demonstrated by some of the extracts included in this report. Thirdly, emails and surveys involved less presence of the researcher, which may have been more preferable to participants given the shame and intrusiveness of child protection investigations (Smithson & Gibson, 2017), and also arguably made it easier for participants to withdraw or change their minds without having to confront a researcher.

Nevertheless, one Skype interview was conducted, consisting of verbal data that was transcribed for analysis. This presents a dilemma for the researcher in how to compare these different forms of communication and analyse them together. This may have been more problematic for research using more critical or discursive approaches which place more meaning on language use. However, this study's use of a critical realist epistemology allowed for attending to participants' experiences in whichever mode they chose to communicate.

Overall, this study provides further evidence that utilising other modes of data collection, such as surveys and email interviews, can engage more participants from hard-to-reach populations whilst also producing rich and detailed data. This is encouraging for future research that uses methods such as these to engage hard-to-reach populations or when

investigating potentially sensitive, shameful and traumatic experiences.

7.6 Suggestions for Future Research

This study purposefully had a broad scope in order to explore parents' experiences of support during a child protection investigation. These findings could be used to explore aspects of this experience further. Firstly, examining the other 'side' of social workers' experiences around supporting parents could be beneficial, to try and identify what enables them to be more supportive and what the barriers might be. Secondly, cases where families perceive effective processes and successful outcomes could be examined to illuminate what made these cases more positive, potentially benefiting policy development, professional education and the public reputation of child protection services (Dale, 2004). Thirdly, exploring experiences of other third positions in the child protection dyad of social worker and parents, such as advocates, could help mitigate the divisive dynamics. Indeed, the role of these third positions may serve as effective mediators, counteracting adversarial working relationships.

In regard to counselling psychology, further research could examine client preferences and outcomes of different approaches when working with clients both during, and after child protection processes. Additionally, clinician experiences of working with this client group in the UK could be explored, perhaps exploring the impact of court ordered therapy, or the impact of breaching confidentiality in therapy.

Finally, there is a gap in the literature around the impact on families of child protection investigations further down the line. Participants in this study needed to have experienced a child protection investigation in the last five years, and these participants were still reporting negative effects from the child protection process. This raises questions as to how families manage after child protection involvement ten or twenty years later. This could be explained by a degree of self-selection bias, with more parents participating in the research because they were still impacted by the investigation, and the research may have been less appealing to parents who no longer felt impacted by it. Nevertheless, this research highlights how the investigation can have a lasting impact on parenting decisions ("*I wanted more children, but now I never would*" Helen, survey) and impacts relationships within the

family and the outside world ("*I will never trust anyone*," Amy, survey). This raises questions as to how this impacts the family dynamic and functioning, and how this may impact on the child or children later in their lives. Furthermore, this study suggests that 'afterwards', can be a significant time for parents, and therapeutic support may be indicated.

8. Final Conclusions

This study has sought to understand the supportive experiences of parents during a child protection investigation in the UK. It has exhibited participant voices from a hard-to-reach group on their experiences of a sensitive area, making use of contemporary data collection methods, such as online surveys and email interviews, to successfully obtain rich and detailed data. The findings have been interpreted from the theory base of counselling psychology, offering new insights into the possible functions, dynamics and parallel processes present in the working relationships between parents and social workers in the context of a child protection investigation.

It is argued that counselling psychology could play an important part in supporting parents and the wider child protection system. Firstly, counselling and therapy could be incredibly beneficial for parents as a source of support if they wish to engage with it, however, caution and thoughtfulness is needed to consider the potential for talking therapy to represent another demand and power imbalance for parents. In cases where parents are open to therapy, building trust and helping parents to empower themselves is indicated. Secondly, counselling psychologists could contribute to and collaborate with social work teams and the work they do more, perhaps by participating in multi-disciplinary meetings, or creating space for thinking around adversarial relationships through supervision and training for social workers. Other mediatory services such as advocacy or peer support is also suggested, to help support parents and temper combative dyads, and ensure the child is the focus. Recommendations have also been made as to how parents might best support themselves, and this could be distributed by professionals or allies to parents going through child protection processes. Finally, this study has highlighted the long term needs of parents, even after cases have been resolved, and counselling psychology could hold an important role here in offering therapy to parents and families to help process their

experiences. Indeed, counselling psychology could help expand this into helping services to develop, by introducing specific support and thinking about 'the aftermath' for families to help their recovery, improving family experiences of child protection.

As Parton (2014) rightly highlights, implications that are directed at the individual level will always be constrained by the politics of the wider child protection system. Therefore, like others who have argued for systemic change (Lonne *et al.,* 2009; Gilbert *et al.,* 2012; Parton, 2014; Herrenkohl *et al.,* 2021), this study illustrates potential ways of developing the child protection system so that a more relational, thoughtful and supportive child protection system and policy can be established. This in turn could help parents engage in the child protection process, help support social workers reflect and contain intense emotions, and ultimately lead to better outcomes for the family and improved child welfare.

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10. Appendices

List of Appendices:

A. Article to be submitted to a psychotherapy journal

B. Ethics approval letter

    B.i. Ethics amendment approval

C. Participant information sheets

    C.i. Survey participant information sheet

    C.ii. Follow up interview participant information sheet – email interviews

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G. Participant demographics

H. Evidence of coding and analysis

I. Initial thematic map

Desire and doubt: do parents involved with child protective services want therapy?

Word count: 6,232 words

Abstract

Background: Parents involved in child protection processes are likely to face many challenges, such as socioeconomic stress and mental illness, as well as experiencing trauma as a result of the process. It has been suggested that parents may benefit from therapeutic support. However, current literature has not explored how parents feel about engaging with therapeutic services, and if it is considered supportive by parents.

Aims: This qualitative study aimed to explore parents' experiences of support during a child protection investigation, identifying if parents considered counselling or therapy and why.

Methods: Qualitative data from parents with lived experience of a child protection investigation was collected via online surveys (n=20) and follow up interviews over Skype (n=1) and email (n=5), and was analysed using a reflexive thematic analysis.

Findings: Under the overarching theme 'Child protection investigations are a personal attack', the theme: 'Keeping it in versus letting it out', captures parents' ambivalence in seeking external support such as counselling and therapy.

Conclusion: Counsellors and therapists can play an important role in supporting parents involved in child protection. However, the nature of the area means that therapists may feel drawn into taking sides, complicating the work. This context can also mean that parents feel ambivalent about seeking external support like therapy during child protection cases. Implications for counselling and therapy practice are discussed.

4-6 Key words: parents involved in child protective services, counselling, therapy, psychotherapy, counselling psychology.

Implications bullet points:

1. Counsellors and therapists can play an important role in supporting parents involved with child protective services, and it may help clinicians to be aware of some of the issues when working with this population

2. The nature of a child protection investigation means that parents feel attacked and defensive, potentially impacting their capacity to articulate themselves and develop trust with professionals

3. Parents may need a different approach from therapists when at different stages of the child protection process

Introduction

Child protection is a universal aim and responsibility. However, the subject of child maltreatment and abuse arouses intense primal feelings, making the study and practice of child protection fraught and complex (Valentine, 1994; Ferguson *et al.,* 2021). In the UK, public understandings of child protection have been dominated in recent decades by media coverage and outrage following serious case reviews (Parton, 2014), where children 'in the care' of social services have died, such as Victoria Climbié, Daniel Pelka, 'Baby P' and very recently, Arthur Labinjo-Hughes. From the death of Maria Colwell by her step-father in 1973, media reporting has often blamed the child's death on professional neglect, leading to what some have argued is a construction of social work as the 'bad object', where the public, media and politicians project their rage for its perceived failures in keeping children safe (Valentine, 1994; Cooper *et al.,* 1995; Goddard & Liddell, 1995; Parton, 2014).

Public concern has also grown for cases where families have been falsely accused of child maltreatment. For example, the Cleveland scandal, where 121 children were kept from their parents due to dubious diagnostic measures, became one of the first instances of media interest in over-intervention and overreaction by the child protection system (Parton, 2020). This has led to a great deal of debate and discussion as to how child protection systems should operate (Munro, 2011; Parton, 2014; Tobis, Bilson & Katugampala, 2020), with 'reforms' to the UK child protection system focusing more heavily on regulating social work practice, such as through focusing on law and formalised procedures (Munro, 2011). These influences heavily impact experiences of families involved with this system (Smithson & Gibson, 2017; Gibson, 2020; Bekaert *et al.,* 2021).

The needs of parents involved in child protection

It has been argued that parents of children involved in child protection constitute one of the most marginalised groups in society (Yoo, Racorean & Barrows, 2020a). These parents are often required to occupy a unique position or dual role, as both service users and as subjects of investigation (Healy, Darlington & Feaney, 2011). Social work interventions are often delivered through parents, indirectly to children, with parents often being the targets of educational, therapeutic and regulatory measures, solidifying parents' position at the centre of child protection work (Gilbert, Parton, and Skivenes, 2011).

Research has shown that parents involved in child protection often face multiple and co-occurring stressors, such as socioeconomic stress (Pelton, 2015; Bennett *et al*., 2020), domestic abuse (McTavish *et al.,* 2016), and mental health and psychological problems like addiction (de Bellis *et al.,* 2001; Walsh, MacMillan, & Jamieson, 2002; Holland *et al.,* 2014). Whilst it is understood that having a mental illness does not constitute a child protection concern, some have argued it can impact the parenting role (Darlington & Feaney, 2009) and indeed increase the likelihood of harm to children (Cleaver, Unell, & Aldgate, 1999). This has prompted services to consider intersectional programs and resources for families with mental ill health and a child protection investigation (Darlington & Feeney, 2009).

It has also been documented that involvement with child protection services themselves creates stress for parents. Parents feel shame and stigma at being involved with child protective services (Sykes, 2011; Gibson, 2020) and may struggle to accept allegations of child maltreatment if it feels at odds with their own views of their parenting (Bundy-Fazioli & DeLong Hamilton, 2013). Custody loss in particular has been shown to be acutely traumatic, with increased incidences of vulnerability and of post-traumatic stress disorder in mothers (Kenny, Barrington & Green, 2015), and suicide attempts (Wall-Weiler *et al.,* 2018).

Adversarial parent-social worker relationships

The UK's adoption of a 'Child Protection' orientation, which centres on assumptions that the child's right to be protected from harm by law takes precedence over considerations for the

family to get support (Gilbert, Parton, & Skivenes, 2011), is linked to more adversarial relationships between parents and social workers (Parton, 2014). The systemic bias towards regulation, measurement and risk reduction, means that relational processes are felt to be subordinate to administrative ones (Murphy, Duggan & Joseph, 2013; Parton, 2014; Gupta & Blumhardt, 2016; Bekaert *et al.,* 2021). Additionally, there can be the assumption that "degenerative relatives" (Parton, 2014, pg. 5), usually parents, are responsible for child maltreatment. This understandably impacts parent-worker relationships and parent attitudes to child protection work from the start.

These adversarial and combative relationships between parents and social workers are well documented (Freeman & Hunt, 1999; Dale, 2004; Dumbrill, 2006; Haight *et al.,* 2017a; Smithson & Gibson, 2017; Bekaert *et al.,* 2021; Ferguson *et al.,* 2021). Indeed, that families engaged in social work procedures are often 'involuntary clients', and are in a comparatively powerless position compared to social workers who hold the power to recommend that children be placed on child protection registers, or recommend that children be placed in care (Dumbrill, 2006; Davies, 2011) mean that parents are often resistant to social work interventions (Smith *et al.*, 2012).

Research has shown that these combative relationships can contribute to parents' stress. Buckley, Carr and Whelen (2011) suggest parents feel intimidated by the power differentials between themselves and social workers, and Davies (2011) stresses the suffering, even when cases are closed and argues that this can lead to 'secondary victimisation' in the family. Smithson and Gibson (2017) identified the 'overwhelming' theme in 17 qualitative interviews, that the child protection system was not supportive of parents and did not recognise the emotional impact on families and summarised this with the theme: being treated as "less than human".   This contributes to the evidence demonstrating that parents' experience child protection investigations as acutely distressing, raising questions of how this might be understood and parents supported, so that this distress could be ameliorated.

Supporting parents involved with child protective services
Whilst alleviating this parental distress is a worthwhile aim in itself, research has also shown that when parents are less distressed and supported, child protection outcomes for the

family are improved (Howe, 2010; Munro, 2011; Gladstone *et al.,* 2012; Turney, 2012). For example, social work tasks can be aided by parent engagement, with help being offered and accepted more easily, and a resolution being found more quickly (Munro, 2011; Turney, 2012). Indeed, in Gladstone *et al.*'s (2012) mixed methods research, engaged parents were more likely to feel that their parenting had improved and rate that they were more satisfied with the outcome of the service. Furthermore, engaged parents reported they would contact their worker in the future if needed and perceived their children as safer overall (Gladstone *et al.,* 2012). Importantly, Howe (2010) highlights that parents who are supported are less likely to feel stressed, and less stressed parents are less likely to be a danger to their children.

Therefore, supporting parents involved in child protection processes is essential. Existing research has gone some way to evaluate what support parents most need and find benefit from during a child protection investigation. Firstly, research suggests that good relationships between social workers and service users can compensate for the harsher aspects of involvement with child protection (Buckley *et al.,* 2011; Leitz & Strength, 2011; Bekaert *et al.*, 2021). Secondly, more practical support such as access to food, shelter and services, support finding jobs, child care and financial support (Smithson & Gibson, 2017; Tembo, & Studsrød, 2019), accessing parenting courses, support for children or respite foster care (Dale, 2004) or indeed material aid (Bekaert *et al.,* 2021) has been experienced by parents as supportive. Thirdly, research documenting the successes of parental advocacy in helping parent engagement in social work practice is also suggestive of the benefits of practical support to parents (Featherstone & Fraser, 2012; Tobis, 2013; Tobis, Bilson & Katugampala, 2020).

Finally, therapeutic support is often recommended to help support parents (Cossar, 2011; Ghaffar, Manby & Race, 2011; Yoo *et al.*, 2020a). Indeed, child protection plans often require that parents participate in therapeutic services such as mental health counselling/therapy (Estefan *et al.,* 2012), or substance use treatment and stress management programmes (Child Welfare Information Gateway, 2006; Westat, Inc., 2009). The benefits of counselling and therapy have been indicated with this population (Dale, 2004; Solomon & Åsberg, 2012; Yoo *et al.*, 2020a), often with a focus on improving

parenting as opposed to solely for the parents' own wellbeing (Yoo *et al.*, 2020a). However, it has not been examined if parents wish to receive counselling or therapy when involved with child protective services. Indeed, in Yoo *et al.*,'s (2020a) recent study, they conclude that psychotherapy ought to be offered to all parents involved in child protective services, but do not comment on when psychotherapy may not be beneficial. This is important, as others have reported that some parents did not feel there was a need for further support (Dale, 2004).

Furthermore, all participants in Yoo *et al.*,'s (2020a) sample were involuntarily receiving psychotherapy, and the impact of this was not explored, nor the perspectives of parents who might voluntarily seek therapeutic services. This likelihood of working with involuntary clients involved with child protective services may raise issues for clinicians. For example, therapeutic techniques and strategies from eager and willing clients do not generalise to the treatment of involuntary clients (Brodsky & Lichtenstein, 1999; Trotter, 2015). Secondly, there is debate over whether involuntary psychotherapy is effective (Inciardi, 1988; Rosenfeld, 1992; Conner, 1996), and thirdly, some theoretical frameworks and professional ethical codes stress the importance of informed consent, and would not consider initiating therapy with involuntary clients (Conner, 1996; BPS, 2018).

Additionally, there is little guidance or recommendations for clinicians when working with this population. Yoo, Racorean and Barrows (2020b) demonstrate how clinicians in the United States face specific challenges when working with this client group, with holding reporting responsibilities to child protection services and trying to build trusting therapeutic relationships with clients. There is little research in the UK on clinician perspectives of working with this client group, which may differ to US experiences, given the different set up of child protective and therapeutic services. Indeed, other areas of research have examined the effects on therapy if a client is involved in a criminal investigation or trial, and practice guidance has been published by the British Association for Counselling and Psychotherapy (BACP) to help guide practitioners working with these clients. For example, issues around confidentiality, boundaries and impacting on the recall of evidence, are relevant to criminal investigations and trials (Jenkins, Muccio, & Paris, 2015), and perhaps share common themes with child protection, like going through an institutional process

which could raise similar concerns for therapy around confidentiality and boundaries. Therefore, developing recommendations or guidance could be useful for clinicians working with this population.

The present study

In an attempt to address this gap in the literature, this qualitative study aimed to explore parents' subjective experiences of support during a child protection investigation, particularly if parents considered talking therapy and why. This research was undertaken as part of a counselling psychology doctoral thesis, and identified three main themes around parents' narratives of their experiences of support. For the purposes of this article, one of the themes are presented here with the aim of informing therapeutic practice for counsellors and therapists who work with this population.

Methodology

Study design

Parents involved in child protection present as a hard-to-reach group (Mirik, 2016), therefore, care was taken to ensure the research was easy to participate in, through the use of an online survey (Braun *et al.,* 2020), and the choice of follow up interview either via email, Skype and telephone, in order to attract as many participants as possible.   Twenty parents participated in the survey, with six of these parents participating in a further follow up interview over email or Skype, no participant took up the offer of a telephone interview.

Participants

Purposive sampling through social media platforms was used to recruit participants who had experience of a child protection investigation. Participants were English speaking, over the age of 18, and had experienced a child protection investigation in the last five years. This time scale was specified in order to improve recall and reflection from participants.   It was also specified that this investigation needed to have ended or been lifted, and if any child or children were removed, then they would need to have been returned. This was so that participation was not overly distressing to parents who have not had their children returned, or who were in the middle of ongoing investigations; so as to not interfere with

ongoing cases (Mirick, 2016). The demographic details of participants are summarised in Table 1.

[insert Table 1 about here]

Language choice

The term 'talking therapy' was chosen in an attempt to be as accessible and inclusive as possible of different forms of counselling and therapy: counselling, psychotherapy, CBT, crisis lines, etc. Where participants have specified approaches to talking therapy, I have used their language wherever possible.

Ethics

This project received ethical approval from a faculty ethics committee of a university in the West of England, and adhered to the British Psychological Society's Code of Human Research Ethics (BPS, 2014). Informed consent was obtained before participation in both the survey and follow up interviews.

Analysis and reflexivity

Data from the survey and follow up interviews were combined, and analysed using a reflexive thematic analysis, which allows for multiple sources of data to be analysed together (Braun & Clarke, 2006; 2020). A critical realist epistemology, and an inductive lens was adopted in this study, exploring the experiences of participants whilst also acknowledging the context in which the data was produced (Braun & Clarke, 2013). Braun and Clarke's (2006) six steps for a reflexive thematic analysis were used as part of an iterative process.

In line with the qualitative methodology of this research, it is necessary for the researcher to reflect on their position in the analytic process (McLeod, 2001; Braun & Clarke, 2013). This research was inspired by a close friend of the primary researcher's personal experience of a child protection investigation. The primary researcher is a white, cis-gender woman and not a parent. This may have positioned the researcher as an outsider compared to participants, however, an indirect personal experience of a child protection investigation may have given the researcher some insider status.

Results

The overarching theme 'Child protection investigations are a personal attack' was developed to describe the overall story of the data that parents felt personally attacked by a child protection investigation. This overarching theme underpins three main themes, however, for the scope of this article, one theme will be presented: 'Keeping it in versus letting it out'. The theme 'Keeping it in versus letting it out' articulates participants' ambivalent attitudes towards talking therapy through the sub-themes: (1) The need for emotional support (2)"I didn't even know where to start": no capacity to communicate, (3) nothing is safe enough and (4)"I have to sort myself out": the importance of self-reliance. These are illustrated in Table 2.

[Insert Table 2 about here]

(1) The need for emotional support

This sub-theme considers the desire from participants to talk about the child protection investigation and the need for emotional support. Participants voiced that they wanted therapeutic support to help them deal with the impact of the child protection investigation, and that this was often the goal of their therapy: "*I only had the support because of the situation.* [child protection investigation]" (Megan, survey). Anna writes: [did you consider counselling?] "*Yes - because it was the only thing that was going to keep me going and might help prove to the SS that they were investigating the wrong parent*." (survey), demonstrating that counselling helped to keep her "*going*", but it was also a way of helping her "*prove*" something. This dual agenda could be challenging for therapists to work with, as it could undermine the confidentiality of sessions, with therapists' role extended or blurred to becoming an advocate for parents.

Nevertheless, Natasha argues it was "*emotional support and somebody to talk to*" that helped keep her "*sane - when the world is turned upside down.*" (survey). This feeling was shared with other participants, who highlighted that being able to talk, and receive emotional support from talking therapy in particular, provided a necessary space to "*vent*":

> "*They gave me a safe place to deal with the ongoing proceedings and an outlet for me and my husband to vent […] it was largely a safe place to vent (and cry) about the proceedings and the trauma that came with it*." (Alice, email)

Participants distinguished between therapy during the investigation, and therapy afterwards. Firstly, participants experienced therapy as supportive in the middle of proceedings: "[counselling was a] *support mechanism while it was going through court.*" (Jane, Skype). Perhaps this was because it helped to hold parents, helping them to digest what was happening. Talking therapies that suggested strategies to help manage intense feelings seemed particularly indicated: "*the coping techniques that I found from cbt that helped me the most was breathing and grounding exercises.*" (Katie, email). Natasha explains that managing her anxiety and overwhelm helped her maintain custody of her children:

> "*I learned tools to recognise anxiety and threats and what I can do to stop these in their tracks […] She gave me ideas on how to listen and step back from what I was hearing […] I realized that without her influence and calming support […] I would have almost certainly lost custody of my children*." (Natasha, survey)

Participants also highlighted the supportive role of therapy after the process. Alice highlights the significance of how she felt after the case ended: "*I actually found things were harder immediately after it finished as during we had to concentrate on fighting*" (survey). Others emphasise this continued need for support: "*still having to come to terms with what has happened*" (Georgia, survey), which alludes to there being a need for further, or continued support from therapy.

However, not all participants wanted therapy. Alex writes "*I was supported by my family and friends and felt like this was enough*" (survey) and similarly Liz adds: [did you consider counselling?] "*No because it wasn't needed*" (survey). This reflects the different preferences and needs of parents, with some finding benefit in the space to offload and process, or receive strategies, with others not feeling this was necessary.

Therefore, some parents desire 'letting it out' through talking and receiving emotional support in counselling or therapy, whilst others indicated that they did not want this. Potential barriers to 'letting it out' and engaging with therapy are discussed in the following sub-themes.

(2) "I didn't even know where to start!": no capacity to communicate

Participants experienced difficulties in processing and making sense of overwhelming emotions, limiting their capacity to communicate effectively with others, like therapists. An awareness of emotions being overwhelming for parents was reflected by participants: "*Many fears and worries came up that overwhelmed me*" (Katherine, survey) and "*My thinking was not clear*" (Natasha, survey).

For Amy, this overwhelm made it difficult for her to engage in counselling, she writes: "*I needed to work through it all myself it was all so intense! I didn't even know where to start!*" (Amy, survey).   That Amy "*didn't even know where to start!*" suggests that her experience was so overwhelming, it was hard to articulate with another, perhaps explaining this preference for working through "*it all*" alone.

Natasha goes further to describe how this overwhelm impacted her capacity to communicate:

> "*I had better support by the time the second s47 investigation took place and could articulate myself better. This had a positive effect with the* [social work] *team and conversations became more productive. The lack of support made me look more like I was 'crazy' (my words) anxious and over reacting therefore nobody really took me seriously. Ironically the more worried you are the less likely your worries are being taken seriously!*" (Natasha, survey)

Interestingly, Natasha compares her two experiences of child protection investigations, and how receiving support made her seem less "*crazy*" and more "*articulate*" in her second experience. Natasha powerfully reflects on this observation, highlighting the irony, that the more overwhelmed she felt, the more incoherent she looked, and the less support she

received. This suggests that parents may be hindered by overwhelming emotions, limiting their capacity to communicate with others like social workers, and potentially therapists as well. This may make it harder for others to be able to understand parents' positions, potentially leading to a vicious cycle.

In summary, participants recognised that the child protection process was so overwhelming for them, that they struggled to process their experiences and communicate with professionals, such as social workers or counsellors.

(3) Nothing is safe enough

This sub-theme highlights participants' experiences of not feeling safe enough or able to trust professionals such as counsellors or therapists, for fear of things they say being shared with social services, or that seeking external support would have a negative impact on their case.

For example, there was a fear that seeking professional help like talking therapy would be "*used against*" parents by social services:

> "*There was a point that I was petrified of getting any help in case it had an impact on assessments by social services that went against me so I tried at first the best I could to deal with it on my own.*" (Katie, email)

This extract illustrates the lack of safety parents' felt when talking to professionals, and felt that asking for help would be viewed negatively by social services. There is also the suggestion that professionals end up being merged together, and there is no separateness from the investigation.

This is perhaps understandable, given professional's duties to follow safeguarding procedures and report concerns, which may involve liaising with social services. Zara addresses this in her comment:

> "*I had a cpn and she was amazing but it also put a strain on the relationship we had as I knew she would have to do reports for social services.*" (Zara, survey)

This lack of separateness of professionals from social services, and limits to confidentiality highlights some of the complexity about working with this population as a professional outside of social services, and illustrates the hypervigilance parents may feel about communication between the services.

The complexity around sharing information with social services was also reflected in participants' accounts of wishing support could be "*independent*" of social services. For example, Natasha writes: "*I needed to feel safe. I needed to be able to explore with an independent professional*" (survey). This highlights how professionals' duties to report to social services can make it hard for parents to trust professionals, and feel safe to explore things.

For those who did engage with other professionals, the nature of needing to make time for these appointments also seemed to remind participants of the child protection process. For example, Christine writes:

> "*I just wondered sometimes about the point of going to see the counsellor. Was it a necessary thing to do, as at that time I was being bombarded with meetings & appointments relating to the CP process. So at times it felt like another thing I had to do*." (Christine, email)

This suggests it seemed easy for talking therapy to seem like another demand on parents' time, and could illuminate how professionals could become merged together in parents' minds – and diaries.

In summary, the similarities between social services and other professionals in terms of the power differential, the limits to confidentiality and practicalities with attending appointments potentially risk creating a parallel process, and merging professionals together in the minds of parents, meaning that parents may find it challenging to trust counsellors and therapists.

(4) "I have to […] sort myself out": the importance of self-reliance

This sub-theme continues the discussion of the benefits of 'keeping it in' by capturing the desire of participants to support themselves during the child protection investigation. Participants expressed the challenge in knowing how they coped during the child protection investigation: "*looking back I am not sure how we coped*." (Christine, survey), but attempted to perceive their coping as having something to do with their coping mechanisms, personal strengths or mindset, ultimately contributing to a sense of participants relying upon themselves for support.

Firstly, for example, participants identified avoiding thinking about the child protection process as a way of coping. Alex writes: "*I stayed positive and kept busy*" (survey) and Katherine similarly comments: "*Hid from it psychologically and just got on with life.*" (survey).

Another way that participants identified supporting themselves, was through developing and utilising their own resources. For example, participants credited their coping with the child protection investigation through existing knowledge like Katherine: "*I had to pull on my own safeguarding knowledge and work experience to know what I had to do*" (survey). The idea of taking it a "*day at a time*" was identified by Christine: "*I lived day to day*" (survey) and Anna: "*I have no choice but to just put one foot in front of the other*." (survey).

This was echoed by others' who identified 'getting through it' for their child or children helped motivate them to keep going. For example, Emma writes: "*You don't have a choice. So, I focus on doing the best by my children that I can.*" (survey). These strategies are similar in that they make use of participant's own resources, motivation and mindset.

This could suggest that parents have a preference for relying on themselves, as opposed to others, during child protection investigations. Jane explains:

> "*I'm the only person that can take care of myself. And I should move forward with doing that… I managed to help myself in counselling. [It} encourages you to master*

your own issues. So it just goes to show I didn't need them [social services]." (Jane, Skype)

Whilst Jane did use support from counselling, it seems important for her in this extract to not be reliant on social services, and instead learn to help herself. Considering this in the context of the power imbalances between parents and social workers, it seems understandable that parents may wish to build up their own resources to empower themselves during child protection processes, and in this way, helping themselves is seen as most supportive.

Of course, self-reliance may be a last resort, as the above extracts show through the repetition of the message "*I had no choice*" (Emma and Anna) in which resources to choose, self-reliance was all that was available to them. Nevertheless, in cases where external support was used, participants still referenced their own agency in making this happen: "*I had to do this independently*" (Jane, survey) and [Was there something that helped you at that time?] "*No. Except for the therapy I secured for myself by banging relentlessly on doors before someone listened to me.*" (Anna, survey).

In summary, participants identified several ways of coping with a child protection investigation, many of which centred around the idea of utilising or developing their own resources, and thus, being able to support themselves.

Discussion

The theme 'keeping it in versus letting it out', captures the ambivalence of parents in seeking external support. On the one hand, some parents want to 'let it out' and release overwhelming emotions, but on the other, parents feel unable to communicate these overwhelming feelings effectively and may feel unsafe talking to other professionals for fear of it impacting their case. Finally, self-reliance could be empowering for parents, prompting parents to not want to turn to talking therapy, or it may represent a last resort, and perhaps parents would choose external support if they were offered it.

Advantages to therapy

Talking therapy could be of great benefit to parents going through child protection investigations, if they choose it. Previous research has acknowledged that parents are often recommended to receive therapeutic support as part of child protection plans, with the primary goal being to improve their parenting (Ghaffar *et al.,* 2011; Estefan *et al.,* 2012; Yoo *et al.,* 2020a). However, the current findings report *parents'* desires for talking therapy when undergoing child protection processes. In particular, and in contrast to previous research, participants voiced that they wanted therapy to help them deal with the impact of the child protection investigation, rather than any issues highlighted by child protection services that got in the way of their parenting (Ghaffar *et al.,* 2011; Estefan *et al.,* 2012).

The overwhelming emotions parents experienced during the child protection investigation correspond with existing literature (Smithson & Gibson, 2017; Tembo & Studsrød, 2019; Gibson, 2020). In this study, this translated to a desire to offload and vent to another person. Research in other areas demonstrates how having a space and someone to offload to can be valuable (Small, 2017), and this adds to the research suggesting that parents confiding in someone, whether it be a psychotherapist (Yoo *et al.,* 2020a) or indeed, a social worker (Ferguson *et al.,* 2020) during child protection processes could be beneficial. Psychotherapy in particular, may benefit parents through helping them hold onto some positive parenting identity (Sykes, 2011) or providing a safe space and resource for parents to process the trauma of the child protection experience (Yoo *et al.,* 2020a).

However, this study goes further than previous literature in suggesting different emphases in therapy, at different stages of the child protection process. For example, participants reflected on the utility of grounding and CBT techniques to manage overwhelming emotions, such as anxiety, when in the middle of court cases or investigations. When cases and investigations had ended, participants indicated that time to reflect and process all that had happened became more indicated. This has implications for the relevance of particular therapeutic modalities, such as CBT for during the investigation, and perhaps a more reflective space associated with person-centred or psychodynamic approaches after the case had ended, which could be thought about more during an integrative and holistic assessment (Norcross & Goldfried, 2005; Cooper & McLeod, 2010). These suggestions are

not meant to be prescriptive, but to help counsellors and therapists think about adapting their approach to what the client most needs, and when.

The challenge for parents in processing overwhelming emotions, and putting language to describing their experiences, may hinder their ability to communicate with others like counsellors and therapists. This struggle to find a language for or be able to express oneself is suggestive of trauma (Van der Kolk, 2014). This could have implications for practice, suggesting that counsellors and therapists need to be prepared that parents may not have a clear narrative around their experiences, particularly when they are feeling overwhelmed, and using a trauma-informed approach (SAMHSA, 2014), could be helpful.

This difficulty of putting words to experience and being able to communicate effectively could also indicate the need of other support services, such as advocacy (Featherstone & Fraser, 2012; Tobis, Bilson & Katugampala, 2020). This could be beneficial for counsellors and therapists to signpost parents to, if therapists felt that parents would benefit from someone giving more knowledge and support to the case itself. This could also be a way of potentially managing conflicting agendas in therapy, where parents may want to use the therapy to 'prove' something.

Disadvantages to therapy

However, it is not suggested that all parents involved in child protection would find benefit from counselling or therapy. This is in contrast to previous literature which only emphasises the benefits of engaging in talking therapy for parents (Lietz & Strength, 2011; Yoo *et al.,* 2020a; Yoo *et al.,* 2020b).

Firstly, caution and thought is needed around the potential parallel processes that might be elicited between social work and therapy. This study illustrates how parents felt therapy became another appointment to make, and perceived similarities between both therapists and social workers as 'professionals', may put parents off engaging in therapy. Given the power differentials between parents and social workers (Dumbrill, 2006; Davies, 2011; Smith *et al.*, 2012), it could be suggested that parents are hypervigilant to similar dynamics, perhaps like in counselling or therapy. Therefore, counsellors and therapists may want to

think carefully about power dynamics in sessions, or be willing to address this with parent clients if it feels appropriate.

Secondly, this study's findings of parents' lack of trust in others is consistent with other research (Gladstone *et al.,* 2012; Gupta & Blumhardt, 2016; Bekaert *et al.,* 2021). Yoo *et al.*'s (2020a) research suggests that this mistrust of others extends to psychotherapists, making parents more hesitant and guarded during initial sessions. It could be considered that parents in child protection processes function in a 'threat' system, where they are focused on threat detection and protection (Gilbert, 2005). This means parents may struggle to feel secure or safe enough to take in new information or build relationships. Therefore, counsellors and therapists working with this group may need to approach building the therapeutic relationship carefully, understanding that it may be hard for parents to build trusting relationships, particularly during child protection cases.

Thirdly, this study highlights parents desire for empowerment during child protection. Therefore, it seems right that parents be given choices and options about support, with the opportunity to engage in talking therapy if the time is right for them and in a way that can be empowering. This is supported by Quick and Scott (2019) who argue that parents involved in child protection needed to regain a sense of agency to relieve their suffering. In this way, talking therapy might be able to avoid becoming 'another appointment to make' for parents, and represent a new, more hopeful and empowering experience.

Finally, the overarching theme identified in this research is important to mention. The overall story behind participants' responses were that child protection investigations were a personal attack. Parents commented on the shame and stigma that they felt for being involved with child protection services, and this intrusion and challenge about their parenting was experienced as an attack, and naturally required a defence (Valentine, 1994; Haight *et al.,* 2017; Bekaert *et al.*, 2021). This seemed relevant to the adversarial relationships between parents and social workers, with parents conveying a sense of 'sides' in child protection through comments on social workers 'working against' them, and desiring a support that was on 'their side'. This seems reminiscent of the Kleinian defence

of splitting (Klein *et al.,* 1971), perhaps used by parents to manage the unbearable anxiety felt by parents. In this way, parents may project bad and hateful feelings onto social workers (Valentine, 1994), distancing themselves, and thus be able to serve a protective function and preserve their 'good parent' identity (Sykes, 2011; Quick & Scott, 2019). This pressure to 'pick a side' was experienced by the researcher during the project, and is reflected on here to highlight this dynamic to counsellors and therapists who may encounter similar pressures when working with parents involved in child protection.

Limitations and Future Research Opportunities

The vast majority of participants in this study were mothers (95%). Whilst this is consistent with research documenting the overburdening of mothers and exclusion of fathers in child protection (Featherstone & Fraser, 2012; Bekaert *et al.,* 2021), and research showing fewer males seek talking therapy (Yousaf, Popat & Hunter, 2015; Roskar *et al.,* 2017), these findings should be contextualised as primarily representing maternal experiences. Further research into fathers' experiences of support, and recruiting parents who do not identify as being "white British", would help to develop the findings further.

Further research could clarify client preferences and outcomes of different approaches when working with clients both during, and after child protection processes. Additionally, clinician experiences of working with this client group in the UK could be explored, perhaps exploring the impact of court ordered therapy, or the impact of breaching confidentiality in therapy, through case studies or process research.

Finally, there is a gap in the literature around the impact on families of child protection investigations further down the line. Participants in this study needed to have experienced a child protection investigation in the last five years, and these participants were still reporting negative effects from the child protection process, which raises the question as to how families manage after child protection involvement, for example ten or twenty years later. However, this could be explained by a degree of self-selection bias, with more parents participating in the research because they were still impacted by the investigation, and the research may have been less appealing to parents who no longer felt impacted by it.

Nevertheless, therapeutic support from counselling or therapy may be indicated to help parents, or families more generally in the years following child protection involvement.

Conclusion

This article explores parent perceptions of talking therapy during a child protection investigation through the theme 'Keeping it in versus letting it out', which highlights the ambivalent feelings parents experienced when considering seeking support from talking therapy. This has implications for clinicians working with this client group, as it suggests that counsellors and therapists can play an important role in supporting parents, and consequently their wider systems, when involved in child protection. However, parents may struggle to articulate themselves and trust professionals, requiring clinicians to be mindful of building trust and of the potential development of parallel processes between the therapy and social work. For it to be an empowering experience, parents should be offered options of support such as talking therapy as part of the child protection process. In this way, talking therapy can play a part in helping to support parents involved in child protective services, which is then likely to help the family and social workers in the ubiquitous aim of protecting children.

Conflict of Interest: *The authors have declared no conflict of interest.*

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Tables to be inserted

Table 1.

Table 1: Participant Demographics		
Age range	23 – 54 years	[mean: 36.6 years, Standard deviation: 8.98]
Gender	Female - 19 Male - 1	(95%) (5%)
Country	England – 15 Northern Ireland – 2 Scotland – 1 No data - 2	(75%) (10%) (5%) (10%)
Ethnicity – "How would you describe your racial or ethnic background?"	"White British" – 11 "White" – 3 "British" – 2 "White other" – 1 "Black Caribbean" – 1 "White Gypsy" – 1	(55%) (15%) (10%) (5%) (5%) (5%)

	No data - 1	(5%)
Employment status	Part time employed – 6 Full time employed – 5 Part time student – 3 Full time/stay at home parent – 3 Not in work – 3 Other - 2	(30%) (25%) (15%) (15%) (15%) (10%)
Relationship status	Married/civil partnership – 9 Partnered – 6 Single – 3 Separated - 2	(45%) (30%) (15%) (10%)
Disability	Yes – 3 No – 17	(15%) (85%)

Table 2.

Overarching theme: Child protection investigations are a personal attack
Theme 1: Keeping it in versus letting it out
Sub-theme 1: The need for emotional support
Sub-theme 2: "I didn't even know where to start!": no capacity to communicate
Sub-theme 3: Nothing is safe enough
Sub-theme 4: "I have to sort myself out": the importance of self-reliance

Appendix B – Ethics approval letter

UWE Bristol | University of the West of England

Faculty of Health & Applied
Sciences
Glenside Campus
Blackberry Hill
Stapleton
Bristol BS16 1DD
Tel: 0117 328 1170

UWE REC REF No: HAS.19.07.233 Campbell

16 September 2019
[address removed]

Dear Harriet

Application title: Exploring parents' experiences when a child is removed and
returned through a child protection investigation

Your ethics application was considered by the Faculty Research Ethics Committee and,
based on the information provided, has been given ethical approval to proceed.

Please note:
* If not already done, the applicant should consult the guidelines for using social media in
research.
* To clarify, for data storage by an individual (including cloud storage), OneDrive for
Business should be used (not a personal account), or alternatively UWE H and S drives. For
recording interviews an encrypted SD card should be used, which between uses should be
inserted into a UWE computer and re-formatted.

The following standard conditions also apply to all research given ethical approval by a UWE
Research Ethics Committee:
1. You must notify the relevant UWE Research Ethics Committee in advance if you wish to
make significant amendments to the original application: these include any changes to
the study protocol which have an ethical dimension. Please note that any changes
approved by an external research ethics committee must also be communicated to the
relevant UWE committee. Amendments should be requested using the form at
http://www1.uwe.ac.uk/research/researchethics/applyingforapproval.aspx
2. You must notify the University Research Ethics Committee if you terminate your research
before completion;
3. You must notify the University Research Ethics Committee if there are any serious events
or developments in the research that have an ethical dimension. The Faculty and University
Research Ethics Committees (FRECs and UREC) are here to
advise researchers on the ethical conduct of research projects and to approve projects

that meet UWE's ethical standards. Please note that we are unable to give advice in relation to legal issues, including health and safety, privacy or data protection (including GDPR) compliance Whilst we will use our best endeavours to identify and notify you of any obvious legal issues that arise in an application, the lead researcher remains responsible for ensuring that the project complies with UWE's policies, and with relevant legislation https://intranet.uwe.ac.uk/whatshappening/sites/gdpr/updates/pages/research-and-gdpr-compliance-update-08-may2019.aspx. If you need help with legal issues please contact safety@uwe.ac.uk (for
Health and Safety advice), James2.Button@uwe.ac.uk (for data protection, GDPR and privacy advice).

Please note: The UREC is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

Please remember to populate the HAS Research Governance Record with your ethics outcome via the following link: https://teams.uwe.ac.uk/sites/HASgovernance.
We wish you well with your research.

Yours sincerely

Dr Julie Woodley
Chair
Faculty Research Ethics Committee
c.c. Dr Tony Ward

Appendix B.i. Ethics amendment approval

University of the
West of England
BRISTOL

Faculty of Health & Life Sciences

Amendment to Existing Ethical Approval

Please complete this form if you wish to make an alteration or amendment to a study that has already been scrutinised and approved. If a high risk application approved by the Faculty Research Ethics Committee and forward it electronically to Leigh Taylor, Secretary of FREC (Leigh.Taylor@uwe.ac.uk). If low risk, forward electronically to Victoria Clarke (Victoria.Clarke@uwe.ac.uk).

UWE ethics number:	*HAS.19.07.233 Campbell*
Title of project:	*Original title: Exploring parents' experiences when a child is removed and returned through a child protection investigation*
	Revised current title: Exploring parents' experiences of support during a child protection investigation
Date of original approval:	*16/09/2019*
Researcher:	*Harriet Campbell*
Supervisor (if applicable)	*Tony Ward*

1. Proposed amendment: Please outline the proposed amendment to the existing approved proposal.

Recruitment criteria
I am proposing to expand my recruitment criteria to include parents who have had their child/children placed on a child protection plan which has now been lifted. In this instance, the child/children may not have been removed and returned, which is what was stipulated in my original ethics application. I am also proposing to allow parents to take part who have had their cases closed with social services up to 5 years before, instead of only 1 year.

Methodology
I am proposing to change my data collection methodology from Interpretive Phenomenological Analysis to Thematic Analysis and use a 'Qualtrics' survey initially to gather data, and this will be followed up with an invitation to take part in a

telephone, Skype or email interview. Since two data sets are being collected and a professional doctorate thesis is relatively small, samples will be at the lower end of recommended sizes. A sample of 50 participants is considered sufficient to provide rich, varied qualitative survey data and around 6-10 interviews will be conducted (Braun & Terry, 2016). This methodology change will mean that the interview questions will need to be altered to fit a thematic analysis framework (Appendix D), and questions established for the survey (Appendix C). I have also altered my research question slightly, to make it more suited to a Thematic Analysis approach: "Exploring parents' experiences of support during a child protection investigation". As participants will be recruited solely through social media, I will no longer offer the option of a face to face follow up interview, as participants are unlikely to be local.

Reference:
Braun, V., & Terry, G., (in press, 2016). Short But Often Sweet: The Surprising Potential of Qualitative Survey Methods. In Braun, V., Clarke, V. & Gray, D. (Eds.), *Innovative methods for qualitative data collection: A practical guide to textual, media and virtual techniques.* Cambridge: Cambridge University Press.

2. Reason for amendment. Please state the reason for the proposed amendment.

I am needing to make these amendments due to difficulties in recruiting enough participants. This is for several reasons, firstly, social workers that I was in contact with about helping to recruit participants have stated that they are unable to help with recruitment for practical reasons. Secondly, I have had difficulty recruiting enough participants on social media with the current inclusion criteria. Currently, I am asking that participants have had their case with social services closed in the past year, and that they had had their child/children removed and then returned. I have had potential participants come forward and be interested in taking part in the study, but do not meet this criteria. For example, their case was closed longer ago or their children were not removed initially, but they were placed on a child protection plan.

I also feel that the current methodology is also asking a lot of participants, and if it was made easier for participants to participate via the use of a survey, I may gain more participant interest and be able to follow this up with interviews also.

3. Ethical issues. Please outline any ethical issues that arise from the amendment that have not already addressed in the original ethical approval. Please also state how these will be addressed.

Expansion of the recruitment criteria
I hope that the expansion of this recruitment criteria will not lead to any new ethical issues that were not addressed in the original application. Participants are still required to be English speaking, over 18 and have their cases with social services closed with the outcome of their child/children being returned or their child protection case being lifted or resolved. This is to ensure the study is not overly distressing to parents who have not had their children returned, or are still in the process of a child protection plan or procedure.

Change in methodology
This proposed change may create some additional ethical issues. Firstly, participants will be asked for their opinions and experiences in response to specific questions via an online survey using Qualtrics (Appendix C). This will be able to be submitted anonymously, however, participants may incur some distress whilst reflecting on their experiences and the researcher will not be present to witness this,

as they might have been in an interview. To overcome this, the participants will be required to read a participant information sheet clearly stating the aims of the research and possible costs of taking part and ask participants to agree to take part and give consent only when they have read and understood this (Appendix A & E). It will also be made explicit to participants that they can stop the survey at any point or save it for later, or withdraw without needing to give a reason (Appendix A). Participants will also be provided with a debriefing page at the end of the survey including signposts to further support (Appendix B). In case participants do not make it to the end of the survey, the signposts to further support will also be included in the participant information sheet at the beginning of the survey (Appendix A).

Similarly, to the original application, participants will be given the option of telephone or Skype interviews, as well as the option now of an email interview. Email interviews would be conducted using the researcher's UWE email address and to protect participants anonymity, any emails from participants would be deleted by the researcher following submission of the thesis. If a participant is interested in participating in a follow up interview, they will be asked to give their consent to be contacted via email by the researcher at the end of the survey and asked to supply an email address they would be happy to be contacted on (Appendix B). Consent for the email interviews would also be sought in a similar way to telephone or Skype interviews, as outlined in the original application. Face to face interviews will no longer be offered, as it is likely participants will not be local.

The data will instead be analysed using thematic analysis (TA), rather than interpretive phenomenological analysis (IPA). I do not foresee any ethical issues from this, only that the interview questions will be altered to fit a thematic analysis framework, and survey questions established (Appendix C & D).

Participants will be given a revised participant information sheet explaining the study (Appendix A), be asked to give informed consent at the beginning of the survey (Appendix E) and be shown information for further support if needed at the end (Appendix B). Participants will be reminded of their right to withdraw in the information sheet and at the end (Appendix A & B). Participants will be made aware that there will be limitations to withdrawing their data from the study once data analysis has begun, so similarly to the original application, participants will be asked to email the researcher within 1 week of completing the survey or interview if they wish their data to be destroyed. To retain anonymity, participants will be provided with a participant number, which they would need to quote when emailing the researcher to ask to withdraw.

The use of the survey will require participants to self-select themselves against the inclusion criteria, which could mean that participants may sign up for the survey even though they do not fulfil the recruitment criteria. To overcome this, I plan to include in the consent form several tick-box questions, asking participants to agree that they have read the recruitment criteria and declare that they meet it to take part. If a participant does not tick the required boxes, they will be unable to continue with the survey (Appendix E).

Adverts for the survey will be posted on the previously outlined social media groups (Appendix F). The researcher will be required to post about the research using their own Facebook profile as it is against Facebook's policies to set up a second Facebook profile. To overcome any issues with researcher privacy, the researcher has established strict privacy settings on their Facebook account, so participants will not be able to send the researcher friend requests or view the researcher's private content.

To be completed by supervisor/ Lead researcher:

Signature:	*A Ward*
Date:	*13/2/2020*

To be completed by Ethics Chair:

Send out for review:	☐ *Yes* *X No*
Comments:	*This change of methodology and recruitment strategy has evolved from recruiting difficulties. This amendment can be approved as long as you continue to discuss and follow the guidance of your supervisor*
Outcome:	*X Approve* ☐ *Approve subject to conditions* ☐ *Refer to ethics committee*
Date approved:	*24th Feb 2020*
Signature:	*Dr Julie Woodley (via e-mail)*

Appendix C – Participant information sheets

Appendix C.i. Survey participant information sheet

Exploring parents' experiences of support during a child protection investigation
Participant Information Sheet

What is the research about?
Thank you for your interest in this research which aims to look at parents' experiences, how they coped and what they may have found therapeutic, during a child protection investigation. We hope that this research will help parents in the future when they go through a similar experience.

Who are the researchers?
My name is Harriet Campbell and I am a Trainee Counselling Psychologist in the Department of Health and Social Sciences, University of the West of England, Bristol. I am interested in this area following a close friend's experience with a child protection investigation.
I am completing this research for my Doctorate in Counselling Psychology thesis project. My research is supervised by Dr Tony Ward (see below for his contact details).

What does participation involve?
You are invited to participate in an online survey where you will be asked to answer questions in your own words. The questions will cover your experience of a child protection investigation, including how this impacted you, what you felt you needed, what was available, and what helped you through. The questions do not focus on why the child protection investigation came about, but rather how you coped. The questions are open-ended so you can give as much or as little information as you like, in your own words. There are no right answers and I am interested in all your experiences. The boxes will expand to provide as much space you need. I will analyse your responses with the aim of identifying common themes across all responses.

At the beginning, you will also be asked to complete some questions about you. This will help me gain a sense of who is taking part in the research.

At the end of the survey, there will be the opportunity to say if you would be willing to take part in a follow up interview and share more of your experience in an email, telephone or Skype interview with the researcher.

How long does the survey take?
It is likely to last between 10 and 20 minutes, depending on how much you wish to write in response to the questions. If you want to, it would be very helpful if you can give as detailed answers as possible. It is also possible for you to save your answers and finish the survey another time, within 2 weeks.

Who can participate?

To participate, you need to be:

1. An English speaking parent aged 18 or over

2. A parent who has experienced a child protection investigation which has now been lifted, or any child/children removed have been returned

3. Your case has been closed with social services within the past 5 years

Will I be identifiable?

All of your answers will be anonymous, any information that can identify you will be removed or changed before being analysed. In the 'questions about you section', you will be asked to give information such as your age, ethnicity, relationship status and how many children you have, but no identifiable information such as your name. The anonymised information will be compiled into a table for my thesis. It is possible I may quote some of your anonymised responses in my research thesis, presentations or publications.

The personal information collected in this research project (e.g., the interview audio recording and transcript, the consent form, and the 'questions about you' form) will be processed by the University in accordance with the relevant data protection legislation (please see the GDPR privacy notice below for more information).

What are the benefits of taking part?

You will get the opportunity to participate in and contribute to a research project on an important social and psychological issue, which will allow your voice to be heard, and will be of help to other parents going through similar experiences, and the professionals working with them.

What if I change my mind?

If you do decide to take part, you can withdraw from the research without giving a reason by emailing me directly ([researcher email address]) with your unique participant code that you will create at the end of the survey.

Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, when I have submitted my thesis. Therefore, I strongly encourage you to contact me within 7 days after completing the survey if you wish to withdraw your data.

Who has ethically approved this research?

The project has been reviewed and approved by the University of the West of England University Research Ethics Committee. Any comments, questions or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at the University of the West of England at: Researchethics@uwe.ac.uk

Are there any risks involved?

We don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason, we ask that you only

volunteer for this research if you feel comfortable writing about these experiences. If you feel uncomfortable at any time you can stop the survey and complete at a later time if you still want to continue. If there are concerns for your safety or anyone else, confidentiality may not be possible.

If you feel distressed, support is available from the following organisations:

Samaritans
Provide a free, confidential and 24-hour listening service, they can be called on 116 123, or emailed at: jo@samaritans.org.

IAPT (Improving Access to Psychological Therapies)
A free NHS service available across England, providing evidence-based treatments for common mental health problems.
Find your local service here:
https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008

Child Protection Resource
Website: http://childprotectionresource.online/parents-and-families/
Their website includes information for families and parents around support groups, information and advice, as well as links to other relevant charities.

Family Action
Website: https://www.family-action.org.uk/
Works to tackle some of the most complex and difficult issues facing families today – including financial hardship, mental health problems, social isolation, learning disabilities, domestic abuse, or substance misuse and alcohol problems.
They also provide a helpline:
Telephone: 0808 802 6666
Text message: 07537 404 282
Email: familyline@family-action.org.uk

Mind
The website of the charity enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind:
https://www.mind.org.uk/information-support/local-minds/
Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is: http://www.bristolmind.org.uk/bsn/counselling.).

British Association for Counselling & Psychotherapy
(http://www.bacp.co.uk/) **It's Good to Talk** website enables you to search for an accredited counsellor or psychotherapist in your
area: http://www.itsgoodtotalk.org.uk/

British Psychological Society
Enables you to 'find an accredited psychologist' in your area:
https://www.bps.org.uk/public/find-psychologist
And specifically, to find a psychologist who specialises in psychotherapy:
https://www.bps.org.uk/lists/ropsip or IAPT trained members (IAPT is Improving

Access to Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): https://www.bps.org.uk/lists/iapt.

What if I have more questions or do not understand something?
If you would like any further information about the research please contact in the first instance, me at: [researcher email address]. Alternatively, you can contact my supervisor Tony Ward Associate Professor of Health and Counselling Psychology, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY Email: [supervisor email address].

Consent
At the beginning of the survey, you will be asked to tick several boxes to show that you have read this information, and confirm you agree to take part in this research.

GDPR Privacy Notice
The personal information collected for this study will be processed by the University of the West of England in accordance with the General Data Protection Regulation as applied, enacted and amended in UK law. The data controller is the University of the West of England. We will hold your data securely and not make it available to any third party unless permitted or required to do so by law. Your personal information will be used and processed as follows:

a)   The data you provide will be collected by the University of the West of England for the purposes of academic research and shall be stored, used, analysed, disseminated and published for these purposes

b)   No dissemination or publication of the data you provide shall identify you individually. Your data will be disseminated and published in aggregate form, combined with other study participants although non-aggregated de-identified demographic data relating to you as an individual may be included in such dissemination and publication

c)   The data you provide will be stored securely by the University of the West of England on its secure servers and/or in a locked cabinet and shall be kept for a period of 3 years. After this time it will be permanently destroyed or deleted

In respect of your personal data held by us, you have the following qualified rights to:
     I.   access it
    II.   receive it in a structured machine readable format
    III.   rectify it if it is not accurate or complete
    IV.   erase it
    V.   restrict its processing
    VI.   withdrawing any consent provided or otherwise object to its processing
    VII.   complain to the Information Commissioner's Office (ICO)

To find out more or to exercise any of these rights please contact the University of the West of England's Data Protection Officer. All personal data is processed in accordance with the applicable UK data protection legislation. The Data Controller is the University of the West of England. For data protection queries, please write to the Data Protection Officer, UWE Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, or dataprotection@uwe.ac.uk

This research has been approved by the Health and Applied Sciences Faculty Research Ethics Committee (FREC)/ Psychology Low Risk Review Board

To download a copy of the participant information sheet and the consent form, please follow this link: Participant information sheet and consent form

Appendix C.ii. Follow up interview participant information sheet – email interviews

Exploring parents' experiences of support during a child protection investigation

Email Interview Participant Information Sheet

What does an email interview involve?
You are invited to participate in an email interview comprising of a maximum of 5 email exchanges with the researcher (Harriet). This will include some questions that seek to elaborate on the responses you gave in the online survey: "Parents' experiences of support when going through a child protection investigation". This email exchange works best if you are able to reply regularly (within one week) so that it feels like more of a conversation, and ensures your responses are received in time to include them in the research. If I haven't heard from you within 2 weeks, I will send you a reminder email checking to see you if you would still like to take part.

If at any point, you would prefer to speak over the phone or Skype this could be accommodated by the researcher.

How much do I have to write?
This is up to you, but as much detail as you are able to give is appreciated.

Why have I been contacted?
Following your completion of the online survey: "Parents' experiences of support when going through a child protection investigation", you ticked a box to confirm that you would be happy to be contacted via this email address to participate in an email interview to expand on some of the points raised in the survey. **Thank you for your interest and participation in the survey.**

What if I change my mind?

You can withdraw from the research without giving a reason by emailing me directly at ([researcher email address]). Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, after submission of my thesis. Therefore, it is advisable to contact me within 7 days after sending an email response if you wish to withdraw your data.

You can also choose to stop our email exchange at any point and your responses can be used in the research. If you choose to do this, please can you email me to let me know that you would like to stop and I will send you a final email acknowledging this.

Consent
If you would like to participate in the email interview, please tick and sign the attached consent form and email this back to me with your responses.

What is the research about?
This research aims to look at parents' experiences, how they coped and what they may have found therapeutic, during a child protection investigation. Data is being collected via an online survey and email, telephone and Skype interviews. We hope that this research will help parents in the future when they go through a similar experience.

Who are the researchers?
My name is Harriet Campbell and I am a Trainee Counselling Psychologist in the Department of Health and Social Sciences, University of the West of England, Bristol. I am interested in this area following a close friend's experience with a child protection investigation. I am completing this research for my Doctorate in Counselling Psychology thesis project. My research is supervised by Dr Tony Ward (see below for his contact details).

Who can participate?
To participate, you need to be:
1. An English speaking parent aged 18 or over
2. A parent who has experienced a child protection investigation which has now been lifted, or any child/children removed have been returned
3. Your case has been closed with social services within the past 5 years.

Will I be identifiable?
All of your answers will be anonymous, any information that can identify you will be removed or changed before being analysed. It is possible I may quote some of your anonymised responses in my research thesis, presentations or publications. The personal information collected in this research project (e.g., the interview audio recording and transcript, the consent form, and the 'questions about you' form) will be processed by the University in accordance with the relevant data protection legislation (please see the GDPR privacy notice below for more information).

What are the benefits of taking part?
You will get the opportunity to participate in and contribute to a research project on an important social and psychological issue, which will allow your voice to be heard, and will be of help to other parents going through similar experiences, and the professionals working with them.

Are there any risks involved?

We don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason, we ask that you only volunteer for this research if you feel comfortable writing about these experiences. If you feel uncomfortable at any time you can stop the email exchange at any point. If there are concerns for your safety or anyone else, confidentiality may not be possible.

If you feel distressed, support is available from the following organisations:

Samaritans:
Provide a free, confidential and 24-hour listening service, they can be called on 116 123, or emailed at: jo@samaritans.org.

IAPT (Improving Access to Psychological Therapies)
A free NHS service available across England, providing evidence-based treatments for common mental health problems.   Find your local service here: https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008

Child Protection Resource
Website: http://childprotectionresource.online/parents-and-families/ Their website includes information for families and parents around support groups, information and advice, as well as links to other relevant charities.

Family Action
Website: https://www.family-action.org.uk/ Works to tackle some of the most complex and difficult issues facing families today – including financial hardship, mental health problems, social isolation, learning disabilities, domestic abuse, or substance misuse and alcohol problems. They also provide a helpline: Telephone: 0808 802 6666 Text message: 07537 404 282 Email: familyline@family-action.org.uk

Mind
The website of the charity enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind: https://www.mind.org.uk/informationsupport/local-minds/ Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is: http://www.bristolmind.org.uk/bsn/counselling.).

British Association for Counselling & Psychotherapy (http://www.bacp.co.uk/)

It's Good to Talk website enables you to search for an accredited counsellor or psychotherapist in your area: http://www.itsgoodtotalk.org.uk/

British Psychological Society Enables you to 'find an accredited psychologist' in your area: https://www.bps.org.uk/public/findpsychologist
And specifically, to find a psychologist who specialises in psychotherapy: https://www.bps.org.uk/lists/ropsip or IAPT trained members (IAPT is Improving Access to Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): https://www.bps.org.uk/lists/iapt.

Who has ethically approved this research?

The project has been reviewed and approved by the University of the West of England University Research Ethics Committee. Any comments, questions or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at the University of the West of England at: Researchethics@uwe.ac.uk

What if I have more questions or do not understand something?
If you would like any further information about the research please contact in the first instance, me at: [researcher email address]. Alternatively, you can contact my supervisor Tony Ward Associate Professor of Health and Counselling Psychology, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY Email: [supervisor email address].

GDPR Privacy Notice
The personal information collected for this study will be processed by the University of the West of England in accordance with the General Data Protection Regulation as applied, enacted and amended in UK law. The data controller is the University of the West of England. We will hold your data securely and not make it available to any third party unless permitted or required to do so by law. Your personal information will be used and processed as follows: a)   The data you provide will be collected by the University of the West of England for the purposes of academic research and shall be stored, used, analysed, disseminated and published for these purposes b)   No dissemination or publication of the data you provide shall identify you individually. Your data will be disseminated and published in aggregate form, combined with other study participants although non-aggregated de-identified demographic data relating to you as an individual may be included in such dissemination and publication c)   The data you provide will be stored securely by the University of the West of England on its secure servers and/or in a locked cabinet and shall be kept for a period of 3 years. After this time it will be permanently destroyed or deleted

In respect of your personal data held by us, you have the following qualified rights to: i. access it ii. receive it in a structured machine readable format iii. rectify it if it is not accurate or complete iv. erase it v. restrict its processing vi. withdrawing any consent provided or otherwise object to its processing vii. complain to the Information Commissioner's Office (ICO)

To find out more or to exercise any of these rights please contact the University of the West of England's Data Protection Officer. All personal data is processed in accordance with the applicable UK data protection legislation. The Data Controller is the University of the West of England. For data protection queries, please write to the Data Protection Officer, UWE Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, or dataprotection@uwe.ac.uk

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Appendix C.iii. Follow up interview participant information sheet – Skype interview

Exploring parents' experiences of support during a child protection investigation

Skype Interview Participant Information Sheet

What does a Skype interview involve?

You are invited to participate in a Skype interview where you will be asked to answer questions in your own words. This will include some questions that try to elaborate on the responses you gave in the online survey: "Parents' experiences of support when going through a child protection investigation". The questions will cover what your experience of having your child/children removed and returned was like, how this impacted you, what you felt you needed, what was available, and what helped you through.

The interview will likely last 30-40 minutes, but if you know that you have a limited amount of time available for our meeting, just let me know and I will make sure that we finish when you need us to.

The interview will be audio recorded and I will type-up the interview for the purposes of analysis. The aim of the analysis will be to identify common or important themes across the participants' responses.

If at any point, you would prefer to speak over the phone or respond to questions via email, this could be accommodated by the researcher.

If I haven't heard from you within 2 weeks, I will send you a reminder email checking to see you if you would still like to take part.

Why have I been contacted?
Following your completion of the online survey: "Parents' experiences of support when going through a child protection investigation", you ticked a box to confirm that you would be happy to be contacted via this email address to participate in a Skype interview to expand on some of the points raised in the survey. Thank you for your interest and participation in the survey.

What if I change my mind?
You can withdraw from the research without giving a reason by emailing me directly at ([researcher email address]). Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, after submission of my thesis. Therefore, it is advisable to contact me within 7 days after sending an email response if you wish to withdraw your data.

Consent
If you would like to participate in the Skype interview, please sign the attached consent form and email this back to me.

What is the research about?
This research aims to look at parents' experiences, how they coped and what they may have found therapeutic, during a child protection investigation. Data is being collected via an online survey and email, telephone and Skype interviews. We hope that this research will help parents in the future when they go through a similar experience.

Who are the researchers?
My name is Harriet Campbell and I am a Trainee Counselling Psychologist in the Department of Health and Social Sciences, University of the West of England, Bristol. I am interested in this area following a close friend's experience with a child protection investigation.   I am completing this research for my Doctorate in Counselling Psychology thesis project. My research is supervised by Dr Tony Ward (see below for his contact details).

Who can participate?

To participate, you need to be:

1. An English speaking parent aged 18 or over

2. A parent who has experienced a child protection investigation which has now been lifted, or any child/children removed have been returned

3. Your case has been closed with social services within the past 5 years.

Will I be identifiable?

All of your answers will be anonymous, any information that can identify you will be removed or changed before being analysed. It is possible I may quote some of your anonymised responses in my research thesis, presentations or publications.   The personal information collected in this research project (e.g., the interview audio recording and transcript, the consent form, and the 'questions about you' form) will be processed by the University in accordance with the relevant data protection legislation (please see the GDPR privacy notice below for more information).

What are the benefits of taking part?

You will get the opportunity to participate in and contribute to a research project on an important social and psychological issue, which will allow your voice to be heard, and will be of help to other parents going through similar experiences, and the professionals working with them.

Are there any risks involved?

We don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason, we ask that you only volunteer for this research if you feel comfortable speaking about these experiences. If you feel uncomfortable at any time you can stop the interview at any point. If there are concerns for your safety or anyone else, confidentiality may not be possible.

If you feel distressed, support is available from the following organisations:

Samaritans:
Provide a free, confidential and 24-hour listening service, they can be called on 116 123, or emailed at: jo@samaritans.org.

IAPT (Improving Access to Psychological Therapies)
A free NHS service available across England, providing evidence-based treatments for common mental health problems.   Find your local service here: https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008

Child Protection Resource
Website: http://childprotectionresource.online/parents-and-families/ Their website includes information for families and parents around support groups, information and advice, as well as links to other relevant charities.

Family Action
Website: https://www.family-action.org.uk/ Works to tackle some of the most complex and difficult issues facing families today – including financial hardship, mental health problems, social isolation, learning disabilities, domestic abuse, or substance misuse and alcohol problems. They

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also provide a helpline: Telephone: 0808 802 6666 Text message: 07537 404 282 Email: familyline@family-action.org.uk

Mind
The website of the charity enables you to find free or low-cost counselling in your local area via the Local Mind services. Search for your local mind:
https://www.mind.org.uk/informationsupport/local-minds/ Then, search for low-cost counselling via the website of your Local Mind (e.g. Local Mind for Bristol is:
http://www.bristolmind.org.uk/bsn/counselling.).

British Association for Counselling & Psychotherapy (http://www.bacp.co.uk/)

It's Good to Talk website enables you to search for an accredited counsellor or psychotherapist in your area: http://www.itsgoodtotalk.org.uk/

British Psychological Society Enables you to 'find an accredited psychologist' in your area: https://www.bps.org.uk/public/findpsychologist
And specifically, to find a psychologist who specialises in psychotherapy:
https://www.bps.org.uk/lists/ropsip or IAPT trained members (IAPT is Improving Access to Psychological Therapies and IAPT trained members will usually be trained in Cognitive Behavioural Therapy): https://www.bps.org.uk/lists/iapt.

Who has ethically approved this research?
The project has been reviewed and approved by the University of the West of England University Research Ethics Committee. Any comments, questions or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at the University of the West of England at: Researchethics@uwe.ac.uk

What if I have more questions or do not understand something?
If you would like any further information about the research please contact in the first instance, me at: [researcher email address]. Alternatively, you can contact my supervisor Tony Ward Associate Professor of Health and Counselling Psychology, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY Email: [supervisor email address].

GDPR Privacy Notice
The personal information collected for this study will be processed by the University of the West of England in accordance with the General Data Protection Regulation as applied, enacted and amended in UK law. The data controller is the University of the West of England. We will hold your data securely and not make it available to any third party unless permitted or required to do so by law. Your personal information will be used and processed as follows: a)   The data you provide will be collected by the University of the West of England for the purposes of academic research and shall be stored, used, analysed, disseminated and published for these purposes b)   No dissemination or publication of the data you provide shall identify you individually. Your data will be disseminated and published in aggregate form, combined with other study participants although non-aggregated de-identified demographic data relating to you as an individual may be included in such dissemination and publication c)   The data you provide will be stored securely by the University of the West of England on its secure servers and/or in a locked cabinet and shall be kept for a period of 3 years. After this time it will be permanently destroyed or deleted

In respect of your personal data held by us, you have the following qualified rights to: i. access it ii. receive it in a structured machine readable format iii. rectify it if it is not accurate or complete iv. erase it v. restrict its processing vi. withdrawing any consent provided or otherwise object to its processing vii. complain to the Information Commissioner's Office (ICO)

To find out more or to exercise any of these rights please contact the University of the West of England's Data Protection Officer. All personal data is processed in accordance with the applicable UK data protection legislation. The Data Controller is the University of the West of England. For data protection queries, please write to the Data Protection Officer, UWE Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY, or dataprotection@uwe.ac.uk

Appendix D – Consent form

Exploring parents' experiences of support during a child protection investigation

Consent Form

Thank you for agreeing to take part in this survey on parents' experiences of support during a child protection investigation.

Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you start this page. If you have any questions please contact a member of the research team, whose details are set out on the Participant Information Sheet.

Before you begin the questions, I would like to emphasize that, your participation is entirely voluntary, you are free to refuse to answer any question, and you are free to withdraw if you decided you no longer want your answers included. However, please note, there is a point beyond which it will be impossible to withdraw from the research.

I would also like to highlight that you are the expert and there are no right or wrong answers as I am interested in everything you have to say.

If you are happy to take part in the online survey please tick the following boxes to show that you have read this information and that you consent to participate in the research:

I confirm that:
- ☐ I am 18 or over
- ☐ My case with social services has been closed within the past 5 years
- ☐ Any child protection plan I was on has now been lifted, any children removed have been returned
- ☐ I have read and understand the participant information sheet

I understand that:
- ☐ My participation is entirely voluntary
- ☐ I am free to refuse to answer any question or to stop participating without giving a reason
- ☐ I am free to withdraw at any time in the 7 days following the interview (in correspondence with the limits to withdrawal outlined in the information sheet)

☐ Please tick this box to show you consent to participate in this research

This research has been approved by the Health and Applied Sciences Faculty Research Ethics Committee (FREC)/Psychology Low Risk Review Board
The personal information collected in this research project (e.g., on any form/interview) will be processed by the University in accordance with the provisions of the General Data Protection Regulation and the Data Protection Act 2018. We will hold your data securely and not make it available to any third party unless permitted or required to do so by law. Your personal information will be used/processed as described on the participant information sheet.

Appendix E – Survey questions

Some questions about your experience

Please consider the following questions and give as much detail as possible.
You are the 'expert'. There are no right or wrong answers and I am interested in everything you have to say.

1. Would you be able to give an overview of the impact a child protection investigation had on you? Eg. How did it impact relationships, family, mental health, physical health, work, friendships etc.
2. How did you cope with this?
3. Was there something that helped you at that time? What?
4. Did you consider anything like counselling, therapy, or mental health support? How come?
5. If you did, what did you access? And for how long? How did you find it?
6. What did you feel you most needed at the time?
7. What could have been done to support you?
8. How do you feel about the support you gained (or not) now?
9. Is there anything else about support not covered here that you want to say?
10. How have you found writing about your experiences in this survey?

Appendix F – Follow up interview question guide

1.   Could you tell me about the impact your experience of a child protection investigation had on you?

2.   How did you cope with this?
-       What was that like?
-       Did this change over time?

3.   Was there something that helped you at that time?
-       What was supportive?
-       Why? What was it about this that was supportive?
-       Any doubts? Barriers to seeking support?
-       Was anything helpful or supportive offered to you?
-       Did you consider anything like counselling or therapy? – how come? What was that like?

4.   What did you feel you most needed at the time?
-       How come?
-       What happened?
-       What would you have wanted professionals to have known?

5.   What could have been done to support you?
-       How would that have worked?
-       How would that have changed things?
-       How would that have helped?

6.   How do you feel about the support you gained or not now?
-       How come?

7. What would you recommend to other parents? And what would you recommend professionals do?

8. Is there anything else about support that we haven't talked about, anything at all that you feel you want to share about your experience of a child protection investigation?

Appendix G – Participant demographics

Table 1: Survey Participant Demographics		
Total participants	20	
Age range	23 – 54 years	[mean: 36.6 years, SD: 8.98]
Gender	Female - 19 Male - 1	(95%) (5%)
Country	England – 15 Northern Ireland – 2 Scotland – 1 No data - 2	(75%) (10%) (5%) (10%)
Ethnicity – "How would you describe your racial or ethnic background?"	"White British" – 11 "White" – 3 "British" – 2 "White other" – 1 "Black Caribbean" – 1 "White Gypsy" – 1 No data - 1	(55%) (15%) (10%) (5%) (5%) (5%) (5%)
Employment status	Part time employed – 6 Full time employed – 5 Part time student – 3 Full time/stay at home parent – 3 Not in work – 3 Other - 2	(30%) (25%) (15%) (15%) (15%) (10%)
Relationship status	Married/civil partnership – 9 Partnered – 6 Single – 3 Separated - 2	(45%) (30%) (15%) (10%)
Disability	Yes – 3 No – 17	(15%) (85%)
How participants found out about the research	Facebook – 8 Twitter – 4 Friend - 3 Online – 3 Adoption group – 1 Family member – 1	(40%) (20%) (15%) (15%) (5%) (5%)

Table 2: Follow up Interview Demographics		
Total participants	6	
Age range	31 – 54 years	[mean: 41.17 years, SD: 9.5]
Gender	Female – 6	(100%)

Country	England – 3 Northern Ireland – 2 Scotland – 1	(50%) (33%) (17%)
Ethnicity – "How would you describe your racial or ethnic background?"	"White British" – 2 "British" – 2 "Black Caribbean" – 1 "White" – 1	(33%) (33%) (17%) (17%)
Employment status	Full time employment - 3 Part time employed - 3	(50%) (50%)
Relationship status	Married/civil partnership - 4 Single – 2	(67%) (33%)
Disability	No - 6	(100%)

Table 3: Survey participants child protection investigation demographics		
Number of children	1 child – 4 2 children – 7 3 children – 3 4 children – 3 5+ children – 2 Prefer not to say – 1	(20%) (35%) (15%) (15%) (10%) (5%)
Time since child protection case finished	Less than 1 year – 3 1 year – 4 2 years – 6 3 years – 1 4 years – 4 5 years – 2	(15%) (20%) (30%) (5%) (20%) (10%)
Length of child protection case	Less than 6 months – 4 Between 6-12 months – 4 1-2 years – 5 2-3 years – 4 3-4 years – 1 Not reported – 1 Not sure - 1	(20%) (20%) (25%) (20%) (5%) (5%) (5%)

Were children removed	Yes – 9
	    (Court order – 7,
	    Voluntary – 2)
	No – 11
		(45%)
		(35%)
		(10%)
		(55%)

Prior support for mental health	Yes – 8 No – 12	(40%) (60%)

Table 4: Follow up interview participants child protection investigation demographics		
Number of children	1 – 1 2 – 2 3 – 1	(17%) (33%) (17%)

	4 – 1	(17%)
	8 – 1	(17%)
Time since child protection case finished	Less than 1 year – 1	(17%)
	1 year – 1	(17%)
	2 years – 1	(17%)
	4 years – 2	(33%)
	5 years – 1	(17%)
Length of child protection case	1-2 years – 6	(100%)
Were children removed?	Yes – 2 (Court order – 2)	(33%)
	No – 4	(67%)
Prior support for mental health	Yes – 2	(33%)
	No – 4	(67%)

Appendix H – Evidence of coding and analysis

The following coding table was compiled during the analysis of the survey data. At this stage in the analysis, the codes were copied into an arrangement where similar ideas were positioned closer together. This formed the basis of the later theme and sub-theme respectively: 'The aftermath: "we will spend our lives trying to recover"' and 'Not the same again'. (Pseudonyms are used).

Codes	Data extracts
Not being the same again	"Still haunts me" Katherine
	"I am left utterly scarred by the appalling way I and my family was treated" Anna
	"the family dynamic was changed forever." Christine
	"My whole life changed!" Amy
Life is destroyed	"I lost sleep and felt very scared my child and my own career would be affected" Katherine
	"Sometimes I still get memories of the court trials" Sarah
	"it broke my mental health," Jessica
	"Impacted everything" Alice
	"Trauma, anxiety, serious financial hardship. It harmed my children's education, destroyed my husband's career and caused extreme emotional harm. We will spend our lives trying to recover." Emma
	"The investigation had a detrimental impact on all aspects of my life." Georgia
	"feel that the child protection process has traumatised me... The involvement of social services has been the most traumatic experience in my life" Georgia
	"It ruined my life, I wanted more children, but now I never would." Helen
	"My whole life changed!" Amy
	"I have been left with long term depression and anxiety." Katie
	"I had to leave my partner (children's dad) even though neither of us did anything wrong. I lost friends and also had to move house." Katie
	"I broke down" Katie
	"Near catastrophic. Myself and children are still deeply affected." Anna
	"I effectively lost all but 1 of my local friends." Anna
	"I was made boneless" Anna
	"I am left utterly scarred by the appalling way I and my family was treated" Anna
	"Devastating." Fiona
	"Much as I hated having them in my life & was destroyed by it, I absolutely understand and accept that it was necessary" Fiona
	"Ultimate degradation" Fiona
	"Massively detrimental." Rachel

	"The impact of a child protection investigation destroyed just about every aspect of my life." Zara
	[How have you found writing about these experiences?] "Hard. It has brought back the feelings of trauma & how invaded I felt by the SS involvement in my family." Christine
Detrimental on mental health	"Devastating. It was an incredibly difficult and painful period, and was certainly detrimental on mine and my son's mental health at the time." Fiona
	"It had a massive impact on my mental health which was already delicate to begin with." Zara
	"I felt hopeless" Natasha
	"Despair" Natasha
Everything intensified	"every argument we had felt much more emotional/much worse" Alice
	"more easily frustrated with others" Alice
	"Just felt like everything kept piling on an already traumatic time" Alice
	"I had psychosis at the time and it [investigation] made me even more unwell." Louise
	"The investigation had a detrimental impact on all aspects of my life." Georgia
	"The relationship between me and my 6 year old is strained, same with his father's side of the family. I was mentally drained from this" Liz
	"Relationships were strained" Christine
Opportunity for growth	"however, it did push me to be a better person/parent and I did get a job during the case." Jessica
	"My therapist has made me stronger, I feel glad I saw her." Alice
	"overall made us stronger." Alex
World is upside down	"most people believed the doctors because "doctors must always be right"" Sarah
	"when the world is turned upside down. When I realised that by acting as a protective parent I could loose my children." Natasha
	"I felt awkward at family gatherings as my siblings would bring their children and I wouldn't have mine" Jessica
	"My whole life changed!" Amy
	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy
	"learning to change my way of seeing the world but in a positive strong way for a future for my child." Amy
	"I had to leave my partner (children's dad) even though neither of us did anything wrong. I lost friends and also had to move house." Katie

	"I was made boneless" Anna
Overwhelm	"Many fears and worries came up that overwhelmed me for a few days" Katherine
	"Powerless, scared, helpless and out of control were feelings I had to just accept and move on in life" Katherine
	"The whole process was such an up and down rollercoaster" Megan
	"When everything was happening at the same time I was barely looking after myself properly as there was no time." Megan
	"Just felt like everything kept piling on an already traumatic time" Alice
	"I am still having to come to terms with what has happened." Georgia
	"I cried a lot!" Georgia
	"The involvement of social services has been the most traumatic experience in my life" Georgia
	"My own mental health suffered tremendously, I often thought about suicide." Helen
	"I needed to work through it all myself it was all so intense. I didn't even know where to start!" Amy
	"I would miss hours during the day. After taking the children to school/nursery I'd come back home and sit, in the same place, same clothes and before I knew it it was pick up time again." Natasha
	"My thinking was not clear," Natasha
Fear	"very scary time" Katherine
	"I am too scared to do anything out of the ordinary with my kids" Helen
	"I am left anxious and afraid." Anna
	"I lost sleep and felt very scared my child and my own career would be affected" Katherine
	"Powerless, scared, helpless and out of control were feelings I had to just accept and move on in life" Katherine
	"I became extremely paranoid at the start. I would be scared to leave the house" Megan
	"It has brought back feelings of overwhelming fear and disbelief in myself and humanity in professions who we rely on to protect us and keep our children safe." Natasha
Paranoia	"I became extremely paranoid at the start. I would be scared to leave the house in the thought people were talking about me or were staring at me" Megan
	"I had an appointment at the doctors and was convinced the receptionist was on the phone talking about me which was not the case" Megan
	"Paranoid" Louise
	"I feel like I cdon't nstantoy [constantly] have to look over my shoulder." Anna

	"I quite literally jump if there's a knock on the door or the phone goes or I hear a letter land on the floor." Anna
Injustice	"most people believed the doctors because "doctors must always be right"" Sarah
	"I felt hopeless and guilt that my husband had to go through it when he had done nothing wrong." Alice
	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy
	"I put a complaint in! To then be faced with allegations that weren't true and my child should be taken off me!" Amy
	"there is no one I can talk to without worrying that my child will be taken away!!!! There is no helpline safe for me, I have to sit and sort myself out and the justice of it all" Amy
	"Still can't revisit it. Scared to open the box as I don't want to relive that time and how unfairly we were treated." Rachel
Anger	"Angry. Disappointed in the system." Katherine
	"I still feel bitter about the lack of support" Sarah
	how did you fins writing about your experiences?] "it brought back a lot of bad memories and anger, bit it feels good to be listened to about how myself and my children feel daily" Katie
	"I am still very angry about how we were treated, if I was strong enough I would have wanted to put an official complaint in about our treatment but couldn't face reliving the trauma of that time." Christine
Disbelief	"when the world is turned upside down. When I realised that by acting as a protective parent I could loose my children." Natasha
	"It has brought back feelings of overwhelming fear and disbelief in myself and humanity in professions who we rely on to protect us and keep our children safe." Natasha
Changes perception of world	"I am still having to come to terms with what has happened." Georgia
	"I wanted more children, but now I never would. My mum is dead. I am too scared to so anything out of the norm with my kids" Helen
	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy

	"learning to change my way of seeing the world but in a positive strong way for a future for my child." Amy
Loss of trust in self and own perceptions	"I questioned my parenting, became over conscious about 'doing the right thing' in every situation in my child's life. I couldn't see what a good parent I was as I was I worried about the many different interpretations my actions or lack of actions could have been seen as." Natasha
	"I am left believing nothing I do will ever be good enough. My self esteem is crushed." Anna
	"My trust in my own perceptions is non existent." Anna
	"I also felt like I was nothing and a totally useless mother." Zara
Loss of trust in others	"I couldn't trust anyone" Megan
	"I wouldn't have gone to the doctors and asked for it as I had lost all trust in doctors." Megan
	"has left me feeling very weary of health professionals" Sarah
	"most people believed the doctors because "doctors must always be right"" Sarah
	"I went back to a psychologist I had seen previously who knew me" Alice
	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy
	"I no. Longer trust anyone," Katie
	"My trust in other people is destroyed." Anna
	"I have zero trust or faith in any professional or The System." Anna
Loss of trust in system – that was meant to help	"which you would expect from a professional organisation" Katherine
	"I wouldn't have gone to the doctors and asked for it as I had lost all trust in doctors." Megan
	"has left me feeling very weary of health professionals" Sarah
	"most people believed the doctors because "doctors must always be right"" Sarah
	"more easily frustrated with others especially those that were meant to help the most and didn't." Alice
	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy
	"I feel myself and my little family were failed by social services and still do to this day. I wouldn't trust them if my life depended on it." Katie

	"I have zero trust or faith in any professional or The System." Anna
	"It has brought back feelings of overwhelming fear and disbelief in myself and humanity in professions who we rely on to protect us and keep our children safe." Natasha
	"I felt that all the systems in society that I belive in police, social services and the legal system were not able to or equipped to holistically appreciate and understand my childrwn to provide for the the trust and stability" Natasha
Changes in belief and faith	"My trust in people and especially the system which my whole up bringing resolved around in being a good person!, doing right, being honest but finding out it doesn't stand for anything! What was the point in being good all my life, I mean it's already built in me but it is soul destroying!. I will never trust anyone," Amy
	"I am left believing nothing I do will ever be good enough." Anna
	"when the world is turned upside down. When I realised that by acting as a protective parent I could loose my children." Natasha
Physical toll on body	"I had extreme fatigue" Megan
	"I lost a lot of weight very quickly" Megan
	"Physically it mostly affected my ability to sleep, which of course had a knock on effect, I also had tightness in my chest for weeks." Fiona
	"I began to have recurrent minor infections." Natasha
	"I also had a massage which was deep reprieve from how disparate/out of my body/ I felt." Natasha
	"I actually vomited after putting the phone down" Fiona
Splitting of family, together but separate	"My relationship with my sister became tense at times as she was trying to get an SGO [special guardianship order] for my son in case he couldn't come home. She had to agree to things with the social worker which she didn't want to agree to as it went against me." Megan
	"I felt awkward at family gatherings as my siblings would bring their children and I wouldn't have mine" Jessica
	"I felt hopelessness and guilty that my husband had to go through it when he had done nothing wrong. I hadn't either but I had the earlier findings not him." Alice
	"we all had sessions with a psychologist, and afterwards I arranged counselling for myself" Fiona
Comments on impact on others	"I felt hopelessness and guilty that my husband had to go through it when he had done nothing wrong. I hadn't either but I had the earlier findings not him. He very nearly had to give his career up which made everything worse." Alice

	"My mum (children's nan) had a breakdown, her stress exasperated symptoms of something underlying we didn't know she had, it turned out to be cancer. She died 4 weeks after the case was closed," Helen
	""my Mum has been my rock and even she might not have got it if she hadn't of worked in probation but it has a massive affect on her health wise! With heart problems ☹" Amy
	"My son completely blames me. The siblings haven't seen each other in 3 years." Anna
	"was certainly detrimental on mine and my son's mental health at the time." Fiona
	"People around me found it hard to see me so worried – when previously I am relaxed and sociable." Natasha
	"It had a terrible effect on the entire family. Relationships were strained & the family dynamic was changed forever." Christine

Appendix I – Initial thematic map

The following thematic map was the first map I created, combining the initial themes from the survey, skype and email interview data. This informed the later overarching themes, main themes and sub-themes.