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UNDERSTANDING PROFESSIONALS' EXPERIENCES OF ENDINGS

Section A:
A Thematic Synthesis and Critical Appraisal of How Professionals Experience Therapeutic Endings with Service-Users
*Word Count:*7,970

Section B:
"I'm there for the season, not the lifetime": Social Workers' Experiences of Endings When Working with Children Who Are Looked After
*Word Count:*8,000

Overall Word Count: 15,970

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

APRIL 2023

SALOMONS INSTITUTE
CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements

With thanks to:

The participants who generously offered their time. I am hugely grateful for your openness and feel honoured and humbled to have heard your stories. I remain in awe of your dedication to supporting the lives of children looked after.

My supervisors for their guidance, responsiveness and containment throughout the project.

My Salomons cohort for your solidarity and support on this journey (and all the laughs along the way).

My friends and family for your love, encouragement and unwavering support.

George, for always making me smile and getting me through. I could not have done it without you.

Summary of Major Research Project

Section A: This literature review explored professionals' experiences of therapeutic endings. 11 qualitative papers were identified through systematic searches and analysed using thematic synthesis. Findings were grouped into six themes: contextual influences, navigating the ending, emotional responses to ending, protective strategies, learning and reflection and after the ending. Findings emphasised significance of the therapeutic relationship which meant endings could be associated with a range of emotions. Implications for research and practice are considered.

Section B: This project explored social workers' experiences of endings when working with children looked after (CLA). Semi-structured interviews were conducted with eight social workers and analysed using Interpretative Phenomenological Analysis (IPA). Results from the data are organised into five group experiential themes: the importance of the relationship, managing the pain of ending, an opportunity to repair past trauma, confidence and trust in the transition and the role of the organisation. Each theme included interrelated subthemes. Findings highlighted participants understood the significance of endings and hoped to provide CLA with good experiences that may be reparative. Contextual challenges could hinder this and resulted in difficult emotions and associated defences. Research and clinical implications are discussed.

Section C: Appendices of supporting information

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Section A:

A Thematic Synthesis and Critical Appraisal of How Professionals Experience Therapeutic Endings with Service-Users

Word count: 7970

Abstract

Background: Endings within therapeutic relationships are a significant phase of therapy and have been associated with outcomes and client satisfaction. Existing theory suggests that endings can be influenced by past experiences of loss and can evoke strong emotions for clients and professionals. Despite this theory, there is a lack of research exploring ending experiences, particularly professional perspectives. The current review aimed to synthesise existing research exploring professionals' experiences of therapeutic endings. **Method**: 11 qualitative studies were identified by electronic searches using five databases and analysed using thematic synthesis. Methodological quality of the studies was considered. **Findings**: Six themes were identified from the synthesis relating to professionals' experiences of endings: contextual influences, navigating the ending, emotional responses, protective strategies, learning and reflection and after the ending. Several interlinked subthemes were also explored. **Discussion**: Findings were explored within the context of existing literature and wider implications, such as the importance of reflective practice for supporting ending experiences. Similarities and differences across organisational and professional backgrounds of participants has been considered. Studies in this review primarily focused on endings within outpatient therapy contexts. Therefore, further exploration of other professional contexts in future research may be beneficial.

Keywords: endings, termination, therapy, therapeutic relationship, professional experiences.

Introduction

'Ending' or 'termination' refers to the final stage of therapy in which the therapist and client are bringing the treatment and relationship to a close and may be initiated by the therapist, client or service provider. Firestein (1974) suggested that the termination phase of ending is qualitatively different to earlier phases of therapy. Endings are an "influential organising principle" from the start of therapy, with both parties entering the relationship knowing it must end (Williams, 1997, pp. 339).

It has been argued that endings can be a challenging phase of intervention, which can influence therapeutic outcomes. Client responses to ending can be strong enough to "overwhelm positive gains" from therapy (Quintana, 1993; pp. 427) while therapist anxieties relating to endings may activate defences which prevent them from emotionally engaging with the therapeutic process (Williams, 1997). Theories outlining the significance of endings will be considered alongside different models and perspectives on endings. Existing research on therapeutic endings will be discussed.

Psychological Theory Relating to Endings

Theory relating to therapeutic endings has built upon developmental and psychoanalytic ideas, with parallels drawn between parent-infant relationships and the relationship between therapist and client. Winnicott (1960) describes the development of the parent-infant relationship whereby, in early stages, an infant has no sense of being a separate self from their mother and demonstrates absolute dependence on the caregiver to attend to their needs. Through identification and empathy, a primary caregiver should be able to interpret and understand the infant's needs. If a caregiver can provide good enough 'holding', love, care and environmental provision, the infant begins to develop a sense of a separate self. As such, the infant develops their own potential and an understanding of their needs. Instances where a caregiver has repeatedly not met the infant's needs can interfere with the infant's ability to

develop an integrated self, which has implications for independence and emotional health (Winnicott, 1963).

Winnicott (1960) argues the significance of these process within therapy and suggests children's experience of the parent-infant relationship may be relived within the transference. Psychotherapy can provide those whose development was halted by challenging early experiences to develop insight to allow for this development to occur (Hurry, 1998). If an individual did not receive consistent maternal care during infancy, the experience of reliability and a holding and facilitating environment from the therapist may enable therapeutic change or development (Winnicott, 1960; Hurry, 1998).

Attachment theory posits that infants have a biological drive to seek proximity and build bonds with caregivers to ensure survival and security (Bowlby, 1982). Separation from caregiver can result in distress for the infant but, with secure attachment, caregivers become 'a secure base' from which infants can explore their environment and return to caregivers for comfort and security. This secure base can enable increasing intervals and distance between caregiver and infant to occur without high levels of distress (Holmes, 2006). Experiences with attachment figures are internalised to develop internal working models, which can subsequently impact how one relates to others, themselves and the world (Zimmerman, 1999).

In therapy relationships, it is proposed that by offering sensitivity, consistency and attunement, therapists can similarly provide a 'secure base' for clients (Holmes, 2010), which can bring about change within the therapeutic relationship (Holmes, 1997). Consequently, it is argued that 'good' endings can only occur when a secure base has been achieved (Holmes, 1997) as clients can use internal representations of the therapist to provide comfort at times of distress, for example by mentalising what the therapist might say (Marmarosh, 2017).

It is recognised that professionals bring their own attachment styles and internal working models which influence their experiences and approaches to endings (Holmes, 1997; Marmarosh, 2017). Marmarosh (2017) outlined how therapists with avoidant attachment styles may be more likely to minimise the significance of the therapeutic relationship or overemphasise positive aspects of ending to avoid attending to the grief responses of the client. Therapists with anxious attachment styles may focus too heavily on the loss associated with ending thereby limiting clients' space to reflect on progress and accomplishments (Marmarosh, 2017). Furthermore, clinician attachment styles may interact with styles of their client. For example, insecure clinicians may be less likely to explore clients' insecure attachment strategies or escalating demands of an anxious client than a secure clinician (Holmes, 2010). However, this understanding remains mostly theoretical with limited empirical research exploring interactions between therapist attachment styles and termination.

Endings as Loss

It has been suggested that the ending of therapeutic relationships may trigger grief responses and, as with any loss, might involve denial, bargaining and processing (Holmes, 1997; Nursten 1997). Endings are associated with emotional responses for both parties, which can reawaken previous experiences of loss (Holmes, 1997; Fortune et al., 1992). The loss of a meaningful relationship and professional role by terminating may evoke anxiety and defensive responses amongst therapists (Martin & Schurtman, 1985).

Boyer & Hoffman (1993) surveyed counsellors and found their historical experiences of personal loss were associated with emotional responses to termination, namely anxiety and depression. Furthermore, perceived client sensitivity to loss was linked to greater anxiety amongst therapists and increased focus on loss and endings within the termination phase (Boyer & Hoffman, 1993).

However, the applicability of the ending as loss model has been questioned due to lack of empirical support (Quintana, 1993). It has been suggested that negative responses to endings have been overemphasised within the literature while positive reactions can be equally, if not more, common (Fortune, 1987; Fortune et al., 1992). However, despite extensive theory, experiential research exploring emotional responses of professionals to endings is limited.

Endings as Transformation

Lanyado (1999) writes that focus on the finality and losses of endings can prevent acknowledgement of the possibilities of new beginnings. Williams (1997) described endings as a rite of passage, characterised by "fear and festivity" (pp. 341) as the individual moves from their past into their future. It has been argued that traditional loss models of termination should be broadened to capture this transformative component, which recognise the therapeutic relationship is not lost but redefined as it becomes internalised (Quintana, 1993).

Furthermore, it has been argued that sensitive therapy endings can offer experiences of non-traumatic loss which are reparative for those who have experienced multiple losses and have positive implications for future relationships (Many, 2009). Similarly, it is argued that therapy endings may provide opportunities for therapists to grow and resolve past losses of their own (Nursten, 1997).

Nevertheless, most theory around the reparative nature of endings comes from a psychoanalytic background. It is unclear whether this applies to other theoretical models where the focus of therapy may be different.

Previous Research

Research has illustrated how responses to termination can be influenced by circumstances surrounding the ending. Fortune et al. (1992) surveyed professionals and found abrupt endings were more likely to lead to feelings of guilt or sadness and reduced change for the client. Professionals were more likely to experience pride, accomplishment and less self-

doubt when they perceived positive outcomes for their client. Conversely, therapists were less thorough in processing the ending with clients when they perceived therapy had been unsuccessful (Quintana & Holahan, 1992). Client/therapist agreement about ending appeared more common when the therapist initiated the ending and agreement was often associated with stronger therapeutic bond and satisfaction (Olivera et al., 2017).

Norcross et al. (2017) surveyed psychotherapists from a range of theoretical orientations to explore behaviours typically used during termination of successful treatment with clients. Behaviours with the strongest consensus between participants included consolidating gains, talking about what went well and planning ending with the client. While there were some differences depending on theoretical orientation, it was highlighted that high levels of agreement across participants suggested more commonality than difference (Norcross et al., 2017).

However, these studies employed quantitative questionnaires or focused on client perspectives which limits understanding of the experience for therapists or the complex emotional and interpersonal process that ending entails.

Previous Systematic Reviews

No previous systematic reviews exploring professionals' experiences of endings were identified. However, findings from a review into service-users experiences of therapeutic endings highlighted the importance of the therapeutic relationship, with service-users experiences influenced by therapist factors (Webb et al., 2019). For example, participants found therapists' responses to the ending were not always well contained and left them feeling responsible for managing their clinicians' emotions. Furthermore, participants described that both therapist and client found ways to avoid or minimise the ending. Further research exploring therapist responses to endings is recommended within this review.

Review Rationale and Aims

In summary, therapeutic endings can be significant for both clients and professionals. However, exploration of professionals' experiences has been relatively neglected within existing literature. Developing a better understanding of how professionals experience endings may enable consideration of how they can be supported during this process and how experiences of endings can be improved, for both client and therapist. As a result, this knowledge may have implications for training, supervision and organisational structures.

This study aimed to review and critically appraise the existing qualitative literature which explores professionals' experiences of endings. Given the dominance of psychodynamic perspectives in the theory surrounding endings, broadening the scope to other settings and approaches enabled consideration of whether the same concepts and ideas are relevant in non-psychodynamic therapy.

Therefore, the aims of this review are:

1. How do professionals from different theoretical orientations/professional backgrounds experience endings?

2. How do professionals manage emotional responses to endings?

3. What factors did professionals experience as impacting their experience of endings?

Method

Literature Search

An electronic search was completed in May 2022, across five databases: PsycInfo, ASSIA, WebofScience, CINAHL and MedLine. The search was pre-planned and search terms (Table 1) were informed by initial scoping searches and key theoretical papers. Search terms were combined with Boolean operators ('AND') and truncation was used to ensure relevant papers were not missed. Initial scoping found several papers on bereavement so a further exclusion

category using the Boolean operator 'NOT' was added for categories related to bereavement. No date limits were applied due to the lack of literature in this area. Exact duplicates were removed using an automated tool. Titles and abstracts were screened by the author to assess relevance to the review questions using inclusion/exclusion criteria (Table 2). Following this, full texts were assessed for eligibility. A PRISMA flowchart is presented in Figure 1 to demonstrate the review process.

Table 1

Search Terms

Boolean operator	Terms	Field
	ending* OR terminat* OR goodbye* OR farewell*	Abstract
AND	therapist* OR clinician* OR practitioner* OR counsello* OR professional* OR psychologist* OR psychiatr* OR nurse* OR social worker* OR psychotherapist*	Abstract
AND	experience* OR perspective* OR feeling* OR view* OR narrative* OR perception* OR insight* OR attitude*	Abstract
AND	therapy OR psychotherapy OR therapeutic intervention OR therapeutic relationship OR psychol* OR counsel* OR psychoanalysis OR analysis	Abstract
NOT	end-of-life OR grief OR bereavement* OR endo* OR foet* OR pregnan* OR death OR died OR post-discharge	Abstract

Inclusion and Exclusion Criteria

Studies were included that focused on the clinician's experience of therapeutic endings rather than only the client's experience or the clinicians' perception of this. Where there was both a service-user and clinician perspective, only clinicians' accounts were reviewed. A broad view of therapy was adopted and defined as any intervention focusing on exploring lived experiences with the aim of improving psychological wellbeing. Therapy was not

limited to a specific model or approach and included interventions provided by a range of professionals.

In accordance with the aims of this review, only qualitative studies (or those with a qualitative element) were included. Due to limited peer reviewed research in this area, PhD and doctoral theses were included with the assumption that these are subject to a review process.

Table 2

Inclusion and exclusion criteria

Inclusion	Exclusion
Explores professionals' views or experiences of the ending.	Exploration of only service-user perspectives.
Contains in depth accounts of professional experiences of endings either through interviews or questionnaire data or in a case report, which include quote examples.	Does not include quotes to back themes.
Explores the professional's viewpoints at the end of therapy within any model (not specific to psychodynamic psychotherapy).	Explores endings in non-therapeutic relationships (e.g. family relationships, friendships, supervisory relationships)
Peer reviewed papers or doctoral theses.	Explores therapy around clients' own endings for example through bereavement or relationship break ups. Purely theoretical or discussion papers.
English language articles.	Not in English or not translated into English.

Figure 1

PRISMA Diagram of Search Strategy
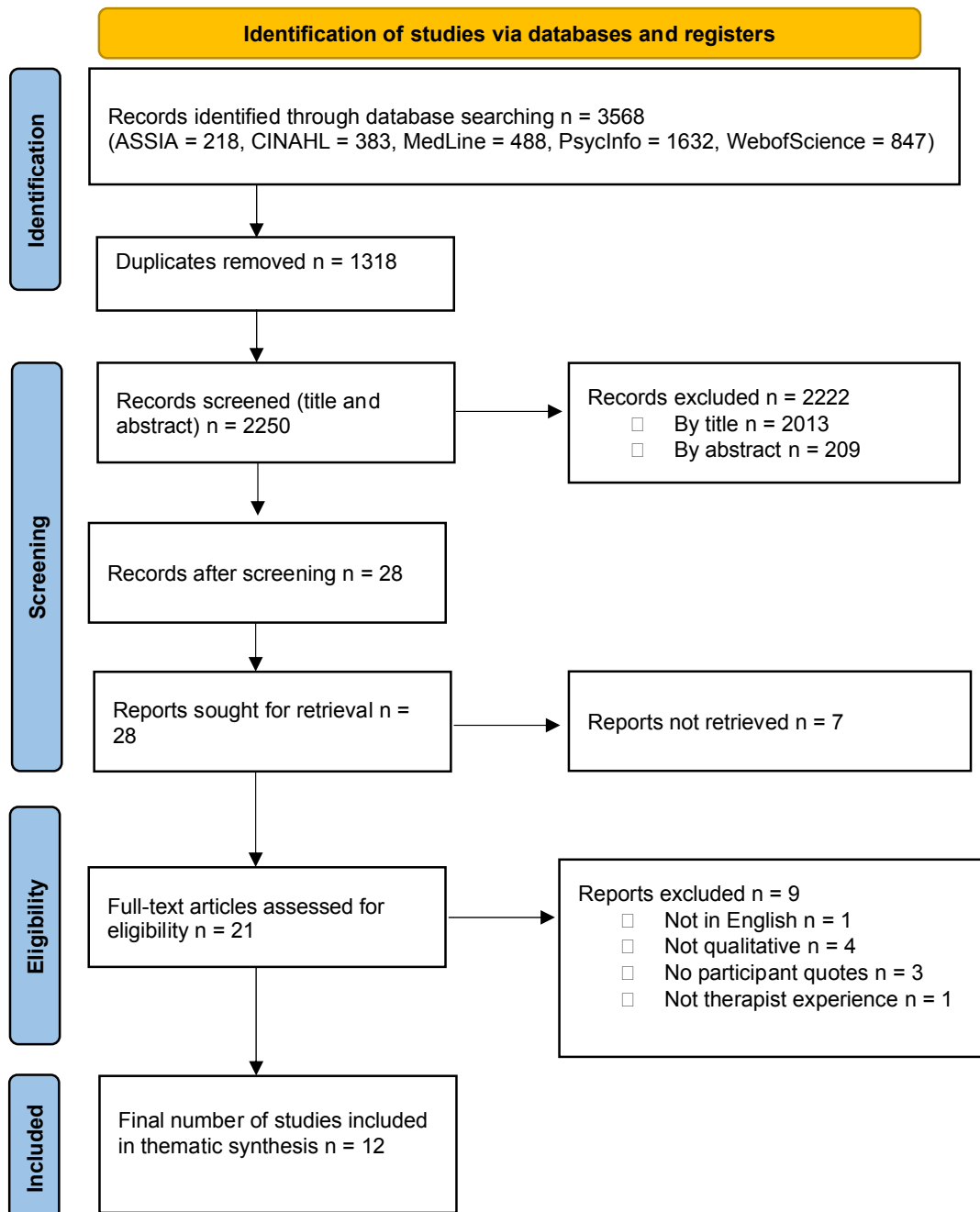
Quality Appraisal

The quality of the studies was assessed using the checklist developed by the Critical Appraisal Skills Programme (CASP, 2018), which is endorsed by Cochrane (Noyes et al., 2018). This tool consists of ten questions that evaluate aspects of qualitative methodology. The checklist was not used to generate a numerical score but provided information about the strengths and limitations of each study. This informed whether any papers should be excluded due to poor quality and ensure studies of higher quality were given more weight in the synthesis (Long et al., 2020). A summary table of the quality appraisal using the CASP tool is in Appendix 1.

Approach to Analysis

Findings from the studies were analysed using thematic synthesis in accordance with guidance provided by Thomas & Harden (2008). Verbatim extracts of the results and discussion sections of each paper, including participant quotes, were imported into NVivo 12. Line-by-line coding was completed by the author, applying at least one code to each sentence. Completion of this process facilitated translation of concepts between studies to create a bank of codes (Thomas & Harden, 2008). Examples of the coding process are included in Appendix 2 and 3. Similarities and differences were then considered in order to group codes together and generate 'descriptive themes'. The final stage of analysis involved reviewing descriptive themes in relation to the research questions and going beyond the data of the original studies to generate analytic themes. As with all qualitative approaches, the role of the researcher in interpreting the data is acknowledged. Therefore, the reflective diary and supervision were used to highlight possible biases.

Review

Overview of Included Studies

The 12 studies that were analysed included a total of 143 professionals and spanned a variety of countries, clinical settings and professional roles. Clinical settings included private practice, the voluntary sector and state funded settings. Studies were primarily conducted with professionals working in outpatient settings (N=10) while one was with mental health professionals working in a prison and another was with inpatient staff at a psychiatric hospital. The majority of studies (N=7) were conducted in the past decade.

Most studies (N=11) used interviews as the primary data collection method and all included direct participant quotes, although with varied depth and richness. Alongside interviews, Råbu et al. (2013) analysed audio recordings of therapy sessions and written reflections. Another study used 'roundtables' as their method of data collection, providing participants with a concept map to prompt discussion (Bear et al., 2022). A range of qualitative data analysis approaches were employed, with grounded theory (N= 3) and interpretative phenomenological analysis (IPA) (N=3) as the most common.

All studies explored participants' experiences of endings although there was some variation in areas of interest. Some focused more on the process of ending therapy (Bear et al., 2022, Råbu et al., 2013) and one study considered the working alliance in the context of ending (Gepp, 2017). Three studies focused primarily on experiences of unexpected or unplanned endings (Gepp, 2017; Helpard, 2010; Piselli et al., 2011) and another explored endings in "unsuccessful" therapy (Bear et al., 2022). One paper focused on art therapists' experience of retaining client artwork after ending (Salomon & Levinger, 2020). Four studies highlighted exploring professional and/or personal impacts of ending as a secondary aim (Bear et al., 2022; Helpard, 2010; Piselli et al., 2011, Turtle, 2019). Table 3 outlines the characteristics of each study.

Table 3

Summary of Included Studies

Study no.	Author (Year)	Study location	Sample size	Research topic and aims	Professional group	Clinical setting/Client group	Data collection	Method of analysis	Summary of findings
1	Bamford & Akhurst (2014)	UK	5 (4 women, 1 man)	To explore the impact of ending therapy on counsellors working with children in school settings	Counsellors	Pupils in primary and secondary school	Semi-structured interviews	IPA	• 4 overarching themes emerged from analysis: empathic identification, developing a protective shell, accommodating the experience and intractability of external influence. • Findings section focused on first theme, which included five subthemes: powerlessness of the child, depth in relationship, severed relationship, vulnerability, 'parental feelings' of concern.

								• Participants described strengths of relationship and being alongside clients through joys and sorrows.
								• Participants expressed continuing to think/worry about young person and relationship after ending, particularly due to their vulnerability.
								• Participants referred to organisational decisions disrupting the ending, creating powerlessness.
2	Bear et al. (2022)	UK	26 young people (service-users) and 52 mental health professionals	To understand the process of ending therapy and the impact of this when expected outcomes are unmet/have not improved	Range of mental health professionals (including consultant psychiatrists, service managers, clinical psychologists,	Child and Adolescent Mental Health Services (CAMHS)/ Young people aged 14-24 self-reporting current or	Service-users – Semi-structured interviews Clinicians- 'roundtable' discussions	Framework approach	• Young people described poor experiences of endings when outcomes had not improved.
									• Clinicians reported difficulty managing endings of both

					mental health nurses, CBT therapists, systemic psychotherapists)	previous experiences of anxiety or depression			• personal and professional ending. • Organisational challenges, pressures and expectations and how they influenced the ending were discussed. • Supervision and reflective practice, preparation, shared decision making and coping strategies for managing unsuccessful therapy were considered.
3	Ehrenfeld (1995)	USA	7 (all women)	To explore how feminist therapists understand and experience endings within psychotherapy	Feminist psychotherapists: 3 nurses, 2 social workers, 2 psychologists	Private practice	Semi-structured interviews (x3 per participant)	Hermeneutic approach ('Voice centred methodology')	• Participants expressed that termination is inextricably linked to the wider therapeutic process and relationship. • The relationship was viewed as potentially ongoing and infinite beyond the end of therapy.

									• Within this, the importance of keeping the door open and remaining available for clients was emphasised. • Participants considered the dilemma around disagreeing with a client's decision to end while also accepting their agency.
4	Fragkiadaki & Strauss (2012)	UK	10 (7 women, 3 men)	To better understand the experience of ending therapy for psychoanalytic and psychodynamic therapists	Psychoanalytic and psychodynamic therapists	(Not provided)	Semi-structured interviews	Grounded theory	• Grounded theory found five categories to conceptualise ending process: therapist as a person, therapist's awareness of termination, development of therapeutic relationship, working through termination and the aftermath.

| | | | | | | | | | • Participants demonstrated continual awareness of the inevitability of termination.
• Therapeutic relationship was viewed as inextricably linked with ending experience.
• Preparation and processing of the ending was crucial.
• Participants expressed ongoing curiosity and concern about clients after ending. |
| 5 | Gepp (2017) | USA | 7 | To explore mental health provider's perspectives of the working alliance with incarcerated patients in the context of unexpected endings | Forensic mental health providers | Prisoners with mental health problems | Semi-structured interviews | IPA | • Themes emerged from the data included: talking about their forced terminations, support onsite, feelings when forced termination occurred, coping with forced termination, effects |

									on practice, effects on morale and contextual issues.
6	Helpard (2010)	Canada	10 (7 women, 3 men)	To explore counsellor's experiences of unplanned endings and the potential impact on clinical practice	Mental health counsellors	Various including private practice, youth justice, paediatric palliative care and addictions	Unstructured interviews	Grounded theory	• Grounded theory informed development of theoretical model describing experiences of unplanned endings. • This included the concept of 'making room' for the ending which was a cognitive, emotional and practical process achieved by describing, reacting and managing. • Challenges could impede the ability to make room which included avoidance of the ending, shame, self-doubt, lack of support and supervision, blaming the client, unclear boundaries and worry.

7	Ling & Stathopoulou (2021)	UK	6	To explore volunteer counsellor's experiences of endings	Volunteer counsellors	Mental health charity	Semi-structured interviews	Thematic analysis	• Three themes identified: length of therapy, impact of organisational structure and strategies for managing challenges. • Participants expressed fixed number of sessions felt insufficient and discussed impact of organisational context on therapy ending. • Strategies for managing challenges included focusing on practical skills and goals, referring/signposting to other support, transparency with clients regarding service limits and use of supervision.
8	Piselli et al. (2011)	USA	11 (4 women, 7 men)	To explore therapists' understanding	Clinical psychotherapists	Private Practice	Semi-structured interviews	Consensual qualitative	• Identified that progress and parameters of

				of premature termination and how this impacts them personally and professionally				researcher (CQR) methodology	treatment, problems in therapy, how termination was navigated influenced experiences of premature termination. • Reflection on premature termination enabled professional development by considering mistakes that may have been made, what had gone well and what could have been done differently.
9	Råbu et al. (2013)	Norway	12 clients (10 women, 2 men), 8 therapists (5 women, 3 men)	To explore how the process of ending is negotiated within the therapeutic relationship and how this is experienced by therapists and clients.	Psychiatrist and clinical psychologists	Outpatient setting, various diagnoses	Audio recorded therapy sessions, brief written reflections and semi-structured interviews	Combination: Systematic text condensation, thematic analysis, narrative analysis	• Initiation of the ending could be unclear and was often a concerted decision between therapist and client. • A collaborative agreement to end was viewed as the ideal. • Participants described ways they

									• hoped to preserve the relationship and attend to the feelings of the other in the ending. • Tapering and breaks in sessions enabled preparation for the ending. • Appeared there was often a shared ambivalence between therapist and client in initiating the ending.
10	Salomon & Levinger (2020)	Israel	13 (10 women, 3 men)	To explore art therapists experiences after ending and of retaining clients' artwork.	Art therapists	Various	Questionnaire and semi-structured interviews	Grounded theory	• Retention of artwork can evoke memories of past experiences and can serve to help preserve these memories. • Life situations or lack of space were main factors that lead to therapists disposing of client artwork. • It appeared there could be lack of professional clarity

									around how long artwork should be retained and various factors influenced this decision.
									• Participants expressed a range of experiences around disposing of artwork including relief and avoidance.
11	Turtle (2019)	UK	6 (4 women, 2 men)	To explore trainee counselling psychologists' early experiences of therapy endings while on placement and their impact	Trainee counselling psychologists	Various	Semi-structured interviews	IPA	• Three themes identified: negative impact of endings, positive impact of endings and learning from endings.
									• Negative impact could relate to a lack of closure, self-criticism and sadness and loss.
									• Positive impact included fond memories, sense of relief or achievement.
									• Participants expressed how they had learned the

									importance of endings and how to end well. They had also learned strategies to cope with the impact and had become able to make links with endings in their personal relationships.
									• Supervision, reflective practice and personal therapy acknowledged as important for self-development.
12	Walsh (1997)	Australia	8	To explore nurses' lived experiences of the nurse-patient encounter and relationship endings	Psychiatric nurses	Psychiatric inpatient setting	Semi-structured interviews	Phenomenological	• Many participants were left with thoughts and feelings after the ending, including curiosity and concerns about clients and what may have made a difference.
									• Discussed non-linearity in

professional
relationships.

Quality Appraisal

Overall, methodological quality of the studies was variable. Due to issues of subjectivity, it can be difficult to determine whether essential criteria have been met when using appraisal tools (Long et al., 2020). However, most studies in the review met at least half of the appraisal criterion but it was unclear whether limitations should be attributed to methodology or inadequate reporting. The most common limitation across studies was insufficient reference to researcher reflexivity and potential bias.

Aims and Method

The majority of studies clearly outlined their research questions and aims. Qualitative methodology was deemed appropriate given that research questions were exploratory. There was some variability in the specific areas of focus across different studies (for example, unplanned endings). This had implications for the synthesis as findings may depend on area of interest.

Walsh (1997) used data from a broader research project on nurse-patient encounters but focused on references to ending and termination within this. For this paper, the aims of the wider study were outlined although it was unclear how or when the decision to focus on endings was made nor how accounts relating to endings were extracted from the data set. The impact of introducing a new research question after data collection was not acknowledged.

Research Design

Most studies provided some rationale for their choice of research design, although many did not provide sufficient detail to justify why their approach was the most appropriate. The three studies that provided the most detailed rationales for their approach were doctoral theses (Ehrenfeld, 1995; Gepp, 2017; Helpard, 2010), where there may have been greater word allowances than in journals. This suggests that other authors may have omitted these details due to limited space.

Sampling and Data Collection

Most studies at least partially described the process for selecting participants although few provided information regarding why some participants may or may not have chosen to take part, meaning that the level of selection bias was unclear. Walsh (1997) did not provide any information regarding the recruitment process or the sample itself (for example, demographics).

Most studies provided information regarding the gender, years of experience and theoretical orientation of the participants. Four studies provided very limited information regarding the clinical settings of participants (Bear et al., 2022; Fragkiadaki & Strauss, 2012; Ling & Stathopoulou, 2021; Turtle, 2019). This was significant as service contexts may influence ending experiences. At least five studies involved participants working in private practice, which may limit the generalisability of these findings to other settings (Ehrenfeld, 1995; Helpard, 2010; Piselli et al., 2011; Råbu et al., 2013; Salomon & Levinger, 2020).

One study referred to ethnicity of participants although only to acknowledge that they were unable to recruit an ethnically diverse sample (Gepp, 2017). Only one study referred to the demographics of the geographical location where professionals were working (Bamford & Akhurst, 2014).

The descriptions of data collection procedures varied significantly in detail. Most studies provided some examples of interview questions and the general areas covered in the interview, while two studies provided no information on this (Ling & Stathopoulou, 2021; Walsh, 1997). Detail surrounding development of interview schedules was limited, although one study noted questions were informed by existing literature (Ling & Stathopoulou, 2021). Two studies used pilot interviews to revise their interview schedule (Piselli et al., 2011; Salomon & Levinger, 2020). Bear et al. (2022) stated that the concept map, which informed

discussion at 'roundtables', was developed through patient and public involvement although details of what this process entailed were not provided.

Bear et al. (2022) justified the 'roundtable' approach as promoting discussion between participants from differing professional backgrounds although there was no acknowledgement of the potential impact this had on data gathered or any attempts to mitigate this. For example, power differentials between participants may have influenced what was shared. Similarly, only three studies acknowledged how interview setting and relationship to the interviewer may have influenced what participants shared (Bamford & Akhurst, 2014; Ling & Stathopoulou, 2021; Turtle, 2019).

Reflexivity and Ethical Issues

Several studies acknowledged co-construction of meaning or the role the researcher in the interpretation process but only four provided information regarding the researchers' position in relation to the research area, which varied in detail. Two studies provided information regarding professional roles, theoretical orientations and nationalities of researchers (Fragkiadaki & Strauss, 2012; Råbu et al., 2013) and two provided more detailed descriptions of the researchers' relationship with the subject matter and how they became interested in this area (Helpard, 2010; Turtle, 2019). This is significant as information on researchers' relationship to endings could provide context on how findings were interpreted and without this, it is difficult to determine where bias may be more likely. Several studies described attempts at mitigating potential bias such as: asking participants to review transcripts for accuracy and meaning (Ehrenfeld, 1995; Fragkiadaki & Strauss, 2012), use of a reflexive journal (Helpard, 2010; Ling & Stathopoulou, 2021) and triangulating interpretation and coding with other researchers (Piselli et al., 2011; Salomon & Levinger, 2020).

Key ethical considerations relating to informed consent, confidentiality and adherence to an ethical committee or code of conduct were referenced to in varying degrees in all studies, apart from Walsh (1997).

Data Analysis and Findings

Various approaches to qualitative analyses were employed. Råbu et al. (2013) described an amalgamation of approaches although it was unclear which elements of each approach were adopted and the rationale for this. Nevertheless, a clear breakdown of the analysis was provided to illustrate how themes were extrapolated from the data.

A description of the stages of the analysis process was provided by most other studies. Although level of detail varied, it was generally feasible to understand how themes and key findings were generated from the data. Insufficient detail regarding the analysis process within two papers meant it was hard to distinguish the robustness and reliability of the analysis (Ling & Stathopoulou, 2021; Walsh, 1997). The results section of one paper presented descriptions of participant accounts rather than going beyond the data to synthesise and generate analytical themes (Gepp, 2017). This perhaps suggests lack of rigor within the analysis, which was taken into consideration during the thematic synthesis.

Sufficient participant quotes were presented by most studies to support themes and key findings. One paper only included brief phrases which were not attributed to participants, thus making it difficult to situate quotes within the wider data set (Piselli et al., 2011).

All studies reported key findings in relation to their original research question. However, the length and detail of one dissertation meant a clear and concise summary of findings was difficult to identify (Ehrenfeld, 1995).

Value of Research

Value of research may be appraised by consideration of how findings contribute to the existing knowledge base, can be applied to different contexts and wider implications (CASP,

2018). Most studies met at least one of these criteria with discussion surrounding generalisability to other areas most frequently lacking across studies, which may have related to methodology and sample sizes. Walsh (1997) was the only study where there was no reference to any of the above considerations.

General Critique

Despite some variation in quality, the body of literature mostly appeared to be of sufficient quality for the review. However, Walsh (1997) was excluded from the synthesis due to poor quality. Studies with areas of weakness or omission were interpreted and analysed cautiously, with higher quality studies being prioritised during the synthesis (Long et al., 2020). Therefore, themes/codes emerging from only poorer quality papers (e.g. Ling & Stathopoulou, 2021) were not included. Instead, lower quality studies were used to deepen and consolidate themes from higher quality papers. Due to the date and geographical range of included studies, it is important to consider how this influenced findings and the feasibility of synthesising across contexts.

Thematic Synthesis

This synthesis relates to the findings of all 11 reviewed studies, although consideration has been given to the varying quality of the papers as outlined above. From the thematic synthesis, six themes relating to professionals' experiences of endings and the influencing factors were generated. Table 4 provides a summary of the interrelated themes and sub-themes alongside supporting quotes. Following this, the themes are presented in more depth with the associated sub-themes denoted by bold text.

Table 4

Themes and Quotes

Themes	Sub-Themes	Relevant themes from papers	Quotations
1. Contextual influences	Service and organisational contexts	• *Expectation that services are treating to "cure" (Bear et al., 2022)* • *Pressure on the system (Bear et al., 2022)* • *Impact of organisational structure (Ling & Stathopoulou, 2021)* • *Situational context of endings (Helpard, 2010)*	*"I had one lady who came with one issue and three weeks after she started, had a serious bereavement but you can still only offer eight sessions - so it is really difficult…"* (Volunteer Counsellor) Ling & Stathopoulou *"Other health services exist within a framework in which not everyone can be cured and yet I don't feel like our service exists within a framework that not everyone can be cured. So, I still think that we exist within a narrative that says that every child can attain this, and, you know, actually we all know that's not true."* (CAMHS Consultant Psychiatrist) Bear et al. 2022 *" I had erm misgivings about the organization itself, this, this decision to end; it was just 'she's missed three days so she can't come"* (Counsellor) Bamford & Akhurst
	The relationship	• *Depth in relationship (Bamford & Akhurst, 2014)* • *Development of the therapeutic relationship as it defines termination (Fragkiadaki & Strauss, 2012)* • *Problems in the therapeutic relationship (Piselli et al., 2011)*	*"It depends on how well I know them, how long I've met with them. Isn't that interesting, I wouldn't have thought about that before. But if I've seen someone for a number of sessions and something goes sideways, that's going to bother me a lot more."* (Counsellor) Helpard *"Seeing people twice a week you get very involved in their story so when you see people three times a week you really are there… there is more of an involvement with the whole process"* (Psychotherapist) Fragkiadaki & Strauss

		• *Working alliance and developing the working alliance (Gepp, 2017)*	*"I think, for me, the hardest people to end with the ones who are really vulnerable, really fragile, their attachment relationships are really poor, they haven't – they're not coming with solid adults behind them coming into a service."* (CAMHS Clinical Psychologist) Bear et al., 2022
			"The therapy relationship is a template…I think that's what termination is all about. You've learned to do it with me, now go do it with other people, or now reinforce it with other people" (Psychotherapist) Ehrenfeld
2. Navigating the ending	Deciding when to end	• *How does ending begin? Initiating and establishing ending as a negotiable process (Råbu et al., 2013* • *Describing planned and unplanned endings (Helpard, 2010)*	*"It's when the client has reached a point of being able to say that they are ready to move on without you. That may not necessarily be as a result of them having achieved the outcome but they may have achieved the confidence to be able to personally continue to work on the issues but they don't need the therapist. In some fashion, the good endings tend to be overt. They're talked about."* (Counsellor) Helpard
			"I'm not sure there are many clients that I think are ready to terminate even when they do terminate" (Psychotherapist) Ehrenfeld
			"It was a battle that I didn't want to admit that I should have had. I never fought them about [having more frequent sessions]" (Clinical Psychotherapist) Piselli et al.
			"I think it was really good for her to be allowed to take her time and lead the process of ending. Perhaps it [the ending] *wasn't absolutely necessary, but I think it was for the best to go along with her in a way I felt was constructive. Her way of ending was a tool in the consolidating of the therapy process as a meaningful whole."* (Clinical Psychologist) Råbu et al.
	Collaboration and empowerment	• *Shared decision-making, honesty and hope (Bear et al., 2022)*	*"The sort of basic principle is that the patients should have control of the ending"* (Psychotherapist) Fragkiadaki & Strauss

				"*He* [the client] *had a lot of input about how it was going to end … how he would want it to be and he wanted it to be like a little party … he was so excited*" (Counsellor) Bamford & Akhurst
	Preparing for and processing the end		• *Preparation and transition (Bear et al., 2022)* • *Therapist's awareness of termination (Fragkiadaki & Strauss, 2012)* • *Working through the termination (Fragkiadaki & Strauss, 2012)* • *Strategies for managing challenges (Ling & Stathopoulou, 2021)* • *Being sensitive about the other's feelings and reactions – dyadic affect regulation (Råbu et al., 2013)* • *Therapist foresight of the termination (Piselli et al., 2011)* • *How treatment ended (Piselli et al., 2011)* • *Prepare clients (Gepp, 2017)*	"*I tell them straight away. I can only offer you eight sessions... every session I would remind them this is the second session, we have so and so left... we are half way through. So clients know each time and I think em, that helps to prepare the ending...*" (Trainee Counselling Psychologist) Turtle "*And we talk about it over months and prepare for it, not all the times, every week, but regularly, in a preparative sort of way*" (Psychotherapist) Fragkiadaki & Strauss "*We're coming to an ending next week. How are you feeling about that? I'm feeling like this about it.*" (Trainee Counselling Psychologist) Turtle "*I didn't have chance to do any preparation and so it feels unfinished. It still feels unfinished*" (Counsellor) Bamford & Akhurst
3. Emotional responses to endings	Positive emotions		• *Positive impact of endings (Turtle, 2019)* • *Reacting to unplanned endings (Helpard, (2010)*	"*during therapy with some clients, you can kind of feel that something is happening, some change is happening and you feel that the counselling is actually working for the client... I always feel elated when I come to ending with somebody like that...*" (Volunteer Counsellor) Ling & Sathopoulou

		• *Participants' feelings when forced termination occurred (Gepp, 2017)*	"*...in some way there is kind of relief. Because some… are just not easy people to deal with. And they suffer because they use other people and try to use therapists. So in some it's a big relief to terminate*" (Psychotherapist) Fragkiadaki & Strauss "*...there's also the sense of satisfaction and sometimes really even joy to see how the patient has really evolved*" (Psychotherapist) Ehrenfeld
	Difficult emotions	• *Vulnerability (Bamford & Akhurst, 2014)* • *Strain on clinicians (Bear et al., 2022)* • *Negative impact of endings (Turtle, 2019)* • *Reacting to unplanned endings (Helpard, 2010)*	"*It can be lots of strong feelings about sadness and loss and feeling that you miss that person and all the feelings that come with major separation*" (Psychotherapist) Fragkiadaki & Strauss "*The primary emotion is disappointment. Maybe a bit of guilt, I suppose or a sense of wrong-doing that I should have done something different or I've missed something or I was distracted.*" (Counsellor) Helpard "*It left me with an unsatisfied (sigh) no nothing was satisfied, it was an unknown feeling … not knowing what was going to happen to her.*" (Counsellor) Bamford & Akhurst
4. **Protective strategies**	Strategies	• *Self-management and coping (Bear et al., 2022)* • *Strategies for managing challenges (Ling & Stathopoulou, 2021)* • *Managing unplanned endings (Helpard, 2010)*	"*We tried to make the ending something special and we had a little tea party (smiles) … it made me feel quite warm … (smiles).*" (Counsellor) Bamford & Akhurst "*It's difficult because you are time constrained so you can only give… coping strategies… sometimes it works… but it's better than nothing*" (Volunteer Counsellor) Ling & Stathopoulou "*we're giving them the tools to go out and work and without that they probably won't achieve their goals but what they then have out of it are some coping strategies to help them to go out and achieve their goals*" (CAMHS Team Leader) Bear et al.

	Defences	• *Managing unplanned endings (Helpard, 2010* • *Coping with forced terminations: Compartmentalising (Gepp, 2017)* • *Minimising negative consequences of forced termination (Gepp, 2017)*	*"Being detached means that I am not taking responsibility for your change or your lack of change. That's detachment. In other words, your change as a client is not my accomplishment."* (Counsellor) Helpard *"He* [the client] *was just plain difficult"* (Clinical Psychotherapist) Piselli et al. *"I see that it was an avoidance tactic and I think it was partly my own self-preservation around not wanting to say goodbye to them…wanting to believe that I could keep in touch."* (Counsellor) Helpard *"I don't know if we avoid it* [endings] *or we don't think it's important or both"* (Counsellor) Helpard
5. Learning and reflection	Reviewing with clients	• *Managing unplanned endings (Helpard, 2010)* • *Working through the termination (Fragkiadaki & Strauss, 2012)*	*"It* [the ending phase] *is a time of particularly searching for mistakes, things I got wrong, things I didn't understand, areas of the person's life that we might not have covered or we might not have covered adequately enough"* (Psychotherapist) Fragkiadaki & Strauss *"There is a certain amount of testimony about the voyage that that particular person has made and the position that they are in now, and that can be very emotionally engaging. That particular emotional engagement can be satisfying"* (Counsellor) Helpard
	Reflective practice	• *Supervision and reflective practice (Bear et al., 2022)* • *Working through the termination (Fragkiadaki & Strauss, 2012)* • *How therapists made sense of the termination (Piselli et al., 2011)*	*"...the more that a therapist can do this* [self-reflection], *get into this stuff and be aware of what affects them and why, the more it will inform their client work and it could lead to moments of relational depth. It could lead to fantastic positive endings that will help and inform their practice"* (Trainee Counselling Psychologist) Turtle *"the reflective practice groups are absolutely essential. Clinical supervision, managerial supervision but also the value of the multi-disciplinary team. Which,*

		• *Coping with forced terminations: Talking in supervision and with colleagues (Gepp, 2017)*	*if working correctly, challenges you in right places and helps you think in a different way"* (CAMHS Clinician) Bear et al. *"We have so little time to talk to each other about what's so difficult about our jobs and that's (unplanned endings) just one thing. It's not just that we don't talk about it; we don't look after each other, we don't check in on each other to see how we're doing."* (Counsellor) Helpard
	Unanswered questions	• *Lack of closure (Turtle, 2019)* • *Therapists' remaining questions about the case (Piselli et al., 2011)*	*"...I'm left not knowing what went wrong and, yeah, you're left with a question mark."* (Trainee Counselling Psychologist) Turtle *"I think I felt … that maybe I wasn't good enough for them and could I have been, if I had been better at doing what I was doing, would the outcome have been different for them?"* (Counsellor) Bamford & Akhurst
6. After the ending	Left with thoughts and feelings after ending	• *'Parental feelings' of concern (Bamford & Akhurst, 2014)* • *The aftermath (Fragkiadaki & Strauss, 2012)* • *Lasting effects of the termination on the therapist (Piselli et al., 2011)*	*"I think about her often and it's one of those endings where it's not going to leave me, you know the rest of the time that I've got a memory, she's not going to leave me. She's not always there … but it had such an impact on me."* (Counsellor) Bamford & Akhurst *"That's just awful when you bond with your clients and develop a relationship and, when they're gone, you worry about them. They're all young and vulnerable and high-risk."* (Counsellor) Helpard
	"Keeping the door open"	• *Strategies for managing challenges (Ling & Stathopoulou, 2021)* • *Managing unplanned endings (Helpard, 2010)*	*"The door is always open and my phone is always available, and you're always free to call, to come in, to touch base, to review…I have never terminated with a patient and I can't imagine…My patients, interestingly, all keep in touch with me. They send me Christmas cards, many call me, and that feels gratifying"* (Psychotherapist) Ehrenfeld

"My door is open and if people want to walk through it they can, and if they want to walk past it and go into somebody else's door, that's okay, or if they don't want to go in any door, that's okay too" (Counsellor) Helpard

"it evoked some really strong feelings … and I guess I have to acknowledge that a sense of very parental … erm I got a strong sense of 'oh I wonder what they're doing, hope life's good, content and fulfilled'" (Counsellor) Bamford & Akhurst

Contextual Influences

Participants across six studies referred to **service and organisational contexts** and how these influenced their ending experiences. It was noted that service constraints and limited resources presented challenges throughout therapy and at the ending. An example of such included the imposition of session limits by funding bodies. This could make ending simple and explicit as both parties were aware of this from the start (Helpard, 2010). Others felt the mandated number of sessions was insufficient for addressing clients' difficulties, which was frustrating and unsatisfying (Gepp, 2017; Bear et al., 2022; Ling & Stathopoulou, 2021).

Participants described examples where decisions made by their organisation led to unplanned endings (for example, funding cuts), which evoked guilt, shame and frustration (Helpard, 2010; Bamford & Akhurst, 2014; Gepp, 2017). Participants in three studies shared that widespread service cuts and resource pressures resulted in limited availability of wider support for their clients (Bear et al., 2022; Bamford & Akhurst, 2014; Gepp, 2017). This created an ethical dilemma of wanting to 'hold on' to clients as there was nothing else for them while being aware of long waiting lists of others requiring support (Bear et al., 2022).

Participants working in private practice discussed a "consumer-driven model" (pp. 86), where clients can withdraw when they decide they are no longer getting what they want (Helpard, 2010). The feelings of powerlessness this created allowed participants to distance themselves from difficult decisions around ending, which could be both reassuring and frustrating.

Participants in most studies acknowledged the role of **the therapeutic relationship**, which was inextricably linked with the experience of the ending. Across most studies, participants acknowledged feeling connected to their clients; taking time to build a positive relationship, which was viewed as a vital part of therapy (Turtle, 2019; Fragkiadaki & Strauss, 2012; Råbu et al., 2013; Gepp, 2017, Ehrenfeld, 1995). The intensity and personal investment in the

relationship influenced feelings evoked by the ending (Helpard, 2010; Bamford & Akhurst, 2014, Fragkiadaki & Strauss 2012). Furthermore, professionals recognised they had become an attachment figure for their clients which increased the significance of the ending, particularly where clients had a history of difficult attachment relationships (Bear et al., 2022; Helpard, 2010; Turtle, 2019). In these instances, participants expressed wanting to give clients a good experience of ending rather than replicating problematic or traumatising endings (Gepp, 2017; Bear et al., 2022; Turtle, 2019)

There was a belief that continued maintenance of the therapeutic relationship throughout the process of ending enabled progress to be sustained (Råbu et al., 2013) and that clients and professionals may continue to draw on the relationship after the ending or that this could provide a template for future relationships (Helpard, 2010; Råbu et al., 2013; Ehrenfeld, 1995).

Conversely, participants acknowledged how difficulties in the therapeutic relationship influenced the ending. Experiences of ruptures that were difficult to repair often led to dropout (Piselli et al., 2011; Fragkiadaki & Strauss, 2012). Such challenges influenced the experiences of the ending process, seemingly more likely to evoke feelings of guilt and relief.

Navigating the Ending

Several participants explored the process of **deciding when to end** and various factors that influenced this. Some participants expressed that endings should occur when sufficient progress has been made or when the client is 'ready' (Helpard, 2010; Ling & Stathopoulou, 2021, Råbu et al., 2013). However, it was acknowledged that professionals may not always be the best judge of this (Fragkiadaki & Strauss, 2012; Ehrenfeld, 1995). Participants in four studies described examples where they disagreed with a client's decision to end, which caused challenges (Ehrenfeld, 1995; Råbu et al., 2013; Helpard, 2010; Fragkiadaki & Strauss,

2012). Nevertheless, acknowledging clients' autonomy created a sense of acceptance amongst professionals (Fragkiadaki & Strauss, 2012).

Participants expressed that the ideal ending involved **collaboration and empowerment**, where both parties agreed to end (Råbu et al., 2013; Helpard, 2010; Ehrenfeld, 1995). Participants in several studies discussed giving clients control over the ending phase (Fragkiadaki & Strauss, 2012; Helpard, 2010; Råbu et al., 2013). Other participants expressed inviting clients to decide how to mark the ending, to give them some control even if it was not their decision to end (Bamford & Akhurst, 2014; Bear et al., 2022). It seemed that handing over control during the ending was a way to foster independence in the client as they prepared to embark on life without the therapist and demonstrate the professionals' confidence in their readiness for this (Bear et al., 2022; Helpard, 2010). A collaborative ending appeared more likely to be accompanied by a sense of satisfaction and closure.

Participants across most studies emphasised the importance of **preparing for and processing the ending**. Many participants reported discussing endings from the beginning of therapy (Turtle, 2019; Fragkiadaki & Strauss, 2012; Bear et al., 2022; Ling & Stathopoulou, 2021). This created opportunities for collaborative processing of the ending and to discuss feelings about this (Turtle, 2019). Strategies such as counting down or tapering sessions were used to prepare for the transition (Bear et al., 2022; Bamford & Akhurst, 2014; Turtle, 2019; Fragkiadaki & Strauss, 2012). Preparation also enabled planning for the future and consideration of other sources of support (Gepp, 2017; Bear et al., 2022; Ling & Stathopoulou, 2021). Without opportunities to prepare there was a sense that the intervention remained incomplete or unfinished (Bamford & Akhurst, 2014; Turtle, 2019; Fragkiadaki & Strauss, 2012; Helpard, 2010; Gepp, 2017; Piselli et al., 2011).

Emotional Responses to Endings

Some participants reported experiencing **positive emotions** at ending. Most commonly, pride and satisfaction with what had been accomplished or where a strong therapeutic relationship had been formed (Ehrenfeld, 1995; Turtle, 2019; Helpard, 2010, Ling & Stathopoulou, 2021; Fragkiadaki & Strauss, 2012). Participants in five studies described experiencing feelings of happiness and warmth when ending with certain clients, especially when this was viewed as cause for celebration (Bamford & Akhurst, 2014, Turtle, 2019, Ehrenfeld, 1995, Helpard, 2010, Ling & Stathopoulou 2021).

Participants in five studies highlighted ending bringing about feelings of relief, particularly where the relationship had been difficult (Turtle, 2019; Fragkiadaki & Strauss, 2012, Helpard, 2010, Piselli et al. 2011, Salomon & Levinger, 2020). These challenges evoked unpleasant emotions for professionals, such as guilt or incompetence, which were perceived to be resolved by ending.

Conversely, many participants shared experiences of **difficult emotions** associated with endings. For some, this represented loss or grief at a meaningful relationship coming to an end (Turtle, 2019; Bamford & Akhurst, 2014; Ehrenfeld, 1995; Fragkiadaki & Strauss, 2012; Helpard, 2010, Piselli et al., 2011).

Some professionals reported feeling more acutely aware of their clients' vulnerabilities as they approached the ending, which increased their anxiety and responsibility (Bear et al., 2022, Piselli et al., 2011; Bamford & Akhurst. 2014).

Participants described feeling disappointment or frustration where the intervention had not gone as planned or service constraints limited what could be done. Abrupt or unexpected endings evoked feelings of confusion, anxiety, regret, rejection, guilt or shame and were often underpinned by self-doubt. It was highlighted within three studies that these

experiences contributed to professional burnout, especially when there may have been multiple endings of this nature (Helpard, 2010; Gepp, 2017; Piselli et al., 2011).

Protective Strategies

Many participants shared how they protected themselves from the emotional impact of endings. This consisted of deliberate **strategies** that professionals had developed over time. Participants in two studies marked the ending with their clients, which provided closure (Helpard, 2010) and created positive memories for both the client and professional (Bamford & Akhurst, 2014), thereby making the ending more bearable. Other participants described dedicating the ending phase to the development and consolidation of practical skills for clients, particularly when delivering time-limited therapy (Bear et al., 2022; Ling & Stathopoulou, 2021). In doing this, professionals felt reassured that clients would be taking something useful away from therapy (Bear et al., 2022). Although not acknowledged as such, these strategies may represent avoidance of emotional and relational aspects of endings.

Participants also reported **defences** used to protect themselves. Participants rarely explicitly identified these strategies as defences (although they were often interpreted as such by authors) perhaps reinforcing their unconscious nature. Defences included detachment (Helpard, 2010) and compartmentalisation (Gepp, 2017). Furthermore, participants appeared to direct blame for poor endings or outcomes onto their clients (Helpard, 2010; Piselli et al., 2011) or service contexts (Bear et al., 2022; Ling & Stathopoulou, 2021). This enabled professionals to minimise their responsibility and preserve their self-image as a 'good' therapist. Denial surrounding endings appeared to present in several ways including: challenging a clients' wish to end therapy (Ehrenfeld, 1995), colluding with clients to avoid the ending completely (Fragkiadaki & Strauss, 2012; Helpard, 2010) or not acknowledging emotional responses to ending (Gepp, 2017). However, Gepp (2017) presented the data in a descriptive way which may have overemphasised these responses so should be interpreted

cautiously. Some participants shared experiences of not anticipating an abrupt ending then recognising that there had been warning signs (Helpard, 2010; Piselli et al., 2011), which perhaps demonstrates a denial of potential challenges until it becomes too late to address them.

Learning and Reflection

Many participants used the ending phase for **reviewing with clients**, which provided opportunities to receive feedback and evaluate practice (Fragkiadaki & Strauss, 2012; Helpard, 2010). Acknowledging success was satisfying and affirming for both professionals and clients, while also easing fears about the ending (Turtle, 2019; Helpard, 2010; Råbu et al., 2013; Ehrenfeld, 1995). It appeared that this put the therapy in perspective, reassuring professionals that everything need not be resolved for therapy to have been meaningful.

The importance of **reflective practice** was highlighted by most studies. Eight studies mentioned the use of supervision to process experiences of ending, with one also referencing use of personal therapy (Turtle, 2019). These spaces allowed professionals to explore the feelings evoked by endings and why certain endings had greater emotional resonance. Supervision had practical benefits by providing opportunities for clinicians to reformulate and consider options for after therapy (Bear et al., 2022; Helpard, 2010; Ling & Stathopoulou, 2021). Furthermore, acknowledging mistakes and strengths could improve practice by facilitating new insights and implementation of changes (Helpard, 2010; Piselli et al., 2011; Ehrenfeld, 1995).

Despite this, participants in one study acknowledged concerns about being perceived negatively by their supervisor meant supervision could feel threatening, although this may be related to their position as trainees (Turtle, 2019). Participants in another study highlighted that supervision was not consistently available or helpful (Gepp, 2017).

Unplanned endings could disrupt learning and reflection and leave participants with **unanswered questions**. Without opportunities to receive feedback or discuss the ending directly with clients, participants described not knowing what went wrong (Turtle, 2019). This inhibited the learning process as participants were left questioning themselves and their competence with no answers about how to improve their practice (Bamford & Akhurst, 2014; Helpard, 2010; Piselli et al., 2011).

After the Ending

Participants across most studies described being **left with thoughts and feelings after ending**. Participants described continuing to process and reflect on the relationship and ending after it was over (Bamford & Akhurst, 2014; Fragkiadaki & Strauss, 2012; Piselli et al., 2011). Participants in three studies shared experiences of certain clients 'staying with them' due to the positive memories and strength of their relationship (Bamford & Akhurst, 2014; Turtle, 2019; Fragkiadaki & Strauss, 2012). It appeared these professionals continued to feel connected and hold these clients in mind, despite no longer being in contact.

Participants described ongoing concerns about the welfare of clients, with several expressing curiosity about how clients were managing (e.g. Bamford & Akhurst, 2014; Helpard, 2010). Curiosity and concern were amplified in instances where the ending had felt abrupt or incomplete (Fragkiadaki & Strauss, 2012; Helpard, 2010) or when clients were perceived as more vulnerable (for example, children) (Bamford & Akhurst, 2014; Turtle, 2019; Helpard, 2010).

Many participants discussed **"keeping the door open"** (Helpard, 2010, pp. 118) by staying available and inviting clients to stay in touch or come back to therapy (e.g. Ehrenfeld, 1995). For some participants, this approach felt more ethical and realistic as this was less likely to evoke feelings of rejection and abandonment for clients (Ehrenfeld, 1995).

Although clients often did not take up the offer of returning to therapy, it appeared important to keep this option available nonetheless (Helpard, 2010; Råbu et al., 2013). This possibility of an ongoing relationship seemingly reduced feelings of loss, pressure and responsibility experienced by professionals (Råbu et al., 2013; Helpard, 2010). Participants in three studies shared experiences of clients contacting them after the end to give them an update, which eased their concerns (Ehrenfeld, 1995; Salomon & Levinger, 2020). Hearing that clients were doing well or had achieved a goal from therapy reassured professionals that the intervention was valuable.

Discussion

This review aimed to explore how professionals from different backgrounds experienced therapeutic endings with clients, how they managed their responses and the various factors that may influence these experiences. These questions were addressed by a review and synthesis of 11 studies, which resulted in six interlinked themes: *contextual influences, navigating the ending, emotional responses to ending, protective strategies, learning and reflection and after the ending.* This section will further elaborate on the findings and review them within the context of existing literature and theory.

Findings from this study emphasised the significance of therapeutic relationships throughout therapy and during the ending, which appeared consistent across professionals from different modalities and contexts. It was recognised that prioritising the relationship with clients created positive attachments and a 'secure base' that clients can continue to draw on after ending. Service-users have also noted how they continue to have relationship and dialogue with their therapist after ending (Råbu & Haavind, 2018). Conversely, it was noted that therapeutic ruptures led to dissatisfaction and an increased likelihood of dropout. Therapists' contributions to ruptures could be due to a lack of attunement with clients, such

as providing insufficient response to client difficulties and persisting with ineffective therapeutic activity (O'Keefe et al., 2020).

Review findings highlighted how endings evoked a wide range of emotional responses, which was significantly influenced by contextual factors. Feelings of pride were common amongst participants, which is reflected in existing literature (Fortune, 1987). The end of a meaningful and strong relationship was often associated with sadness and loss although could provide a sense of satisfaction and achievement. This is consistent with previous research (Baum, 2007) and service user accounts (Webb et al., 2019).

Moreover, it appeared that difficult emotions evoked by endings were often associated with contextual issues and circumstances surrounding ending rather than solely related to loss. For example, abrupt or unplanned endings or endings with children/clients that were perceived as vulnerable often led to anxiety and guilt. Research has found that unplanned endings or treatment that was perceived as unsuccessful were more likely to be accompanied with therapists doubting themselves and negative emotional responses (Fortune, 1987; Baum, 2007). Professionals' feelings of loss were more likely when clients were experiencing negative emotions in relation to the ending (Fortune, 1987), which may be the case for vulnerable clients.

The potential for loss and development in ending was simultaneously acknowledged by many participants, often reflected in mixed emotions or ambivalence, suggesting it is important for professionals to make space for both. For example, by recognising progress and opportunities for growth within ending while also normalising and acknowledging feelings of sadness and grief (Quintana, 1993).

There did not appear to be differences across studies and professional groups in relation to the openness to emotional responses to endings, with many participants sharing emotions evoked by termination. Similarly, previous research has suggested theoretical orientation was

not associated with differing emotional responses to ending (Fortune, 1987). However, it seemed that there were settings where supervision was viewed as less important and/or helpful. For example, when in a training role or in settings where reflective practice seemed less embedded within the system (for example, prison settings). Where supervision was not valued participants more commonly reported not feeling strong emotions in relation to endings (Gepp, 2017). This may suggest that supervision and reflective practice plays an important role in recognising and naming the personal impact of endings.

Findings suggested that how endings were navigated may have been underpinned by a wish to defend against pain and anxiety. For example, by keeping the ending open, reluctance to initiate the ending process, disagreeing with client attempts to terminate and minimising responsibility for and significance of the ending. This reluctance to discuss termination may be particularly relevant where therapy is perceived to have been unsuccessful (Quintana & Holahan, 1992), which was reflected in participants' missed opportunities to address issues prior to client dropout. It has been noted that therapist resistance to discussing termination can create ambiguity around the ending process and leave service-users feeling responsible for making this decision (Webb et al., 2019). Webb et al. (2019) recommended that, to alleviate distress, ending should be a collaborative process incorporated within therapy, which was noted by some participants within this review. Other participants recognised that professionals may not be the best judge of deciding when to end, and use of supervision and reflective practice may be of particular importance in these instances.

It appeared that participants working in private practice demonstrated greater focus on keeping the door open for their clients, perhaps reflecting fewer resource pressures or demand for services. Similarly, there was more emphasis on negotiating and deciding when to end within private, open-ended therapy, which increased potential for disagreement. It is also

possible therapists in private practice may have greater motivation to prolong therapy or invite clients to return in order to preserve the income this generates.

Where resources were limited, the ending was more likely to be pre-determined or influenced by organisational factors, which could be accompanied by guilt, anxiety or frustration where participants perceived this was insufficient. However, it was noted that session limits could provide clarity and opportunities to discuss the ending from the start, which service-users have also reported can be helpful (Webb et al., 2022). Therefore, discussing and planning endings, including potential causes of termination, from the outset may also be considered ethical practice in open-ended interventions (Davis & Younggren, 2009).

Interestingly, reviewing and seeking feedback from clients appeared more relevant in private practice settings. This perhaps reflects the 'consumer driven' model, where the professionals' livelihood is linked with the experiences of their clients or that there was more time to consider these issues at the ending. In publicly funded settings, there may be an attitude that clients must accept the service that is given or a reluctance to seek feedback due to professionals' perceived powerlessness over the shortcomings of the service.

A greater focus on providing clients with practical skills and strategies was evident in the context of time-limited therapy or resource pressures, often to manage anxieties about shortcomings of therapy. This is important as an overemphasis on practical skills may inhibit deeper reflection on feelings evoked by endings. Service pressures may also interact with choice of therapy model, as models that are time-limited and skills or technique based (such as cognitive behavioural therapy [CBT]) may be more attractive where resources are limited. However, it is noted that CBT therapists were underrepresented within this review, despite the extensive use of this approach in therapy services. This may demonstrate that the experiences of endings have received less focus within this modality. Instead, CBT literature

has tended to focus on dropout (Salmoiraghi & Sambhi, 2010) and consolidating skills to prepare clients to become their own therapist and prevent relapse (Vidair et al., 2017). However, it has been noted that CBT therapists can model good endings for young people by having a goodbye session and validating emotions around ending (Vidair et al., 2017).

Findings from this review suggested professionals could defend against feelings of guilt, powerlessness and incompetence evoked by unsuccessful endings by placing responsibility onto the client or the wider organisation. Research has indicated that therapists are more likely to attribute client or situational factors for causing dropout of their own clients than clients of other therapists, suggesting that these attributions may have a self-serving function and reflect difficulties acknowledging problems within the therapy (Murdock et al., 2010). This projection of feelings onto others may protect an idealisation of self as a good and benevolent practitioner, which has been recognised within many organisational contexts and can be problematic due to limiting growth and self-reflection (Halton, 2019).

Strengths and Limitations

This review has provided a summary of ending experiences of professionals within therapy contexts and offered insights on factors that influence experiences, how professionals respond to endings and manage potential challenges.

The small number of papers included within the review alongside the breadth of dates and geographical locations may limit the generalisability of findings. One of the aims of this review was to explore how professionals from different theoretical and professional backgrounds and organisational contexts experience endings and some similarities and differences have been considered. The included studies covered a range of service contexts where experiences of endings are likely to differ. However, it is worth noting that participants were mostly psychological therapists working in outpatient settings, with many delivering open-ended or exploratory interventions such as counselling or psychodynamic

psychotherapy. Therefore, opportunities for comparisons across professional or theoretical groups were limited. Furthermore, studies included participants using various therapy models or provided limited information on this. Studies that included participants from differing theoretical backgrounds did not offer comparison between these participants in their analysis. Consequently, it was difficult to determine differences between therapy models/orientations.

As with all qualitative approaches, it is important to consider the role of researcher bias. The synthesis method may potentially add a level of bias as the researcher is interpreting interpretations provided by the authors of the included studies. Where only a descriptive analysis was completed in the initial research (Gepp, 2017), this synthesis could be viewed as a preliminary analysis of only a subset of the data, creating potential for additional bias. The reviewed papers varied in quality. Although attempts were made to account for this within the synthesis, this may limit applicability and value of the findings and, thus, results should be interpreted cautiously.

Clinical Implications

The findings from this review may offer several implications for clinical practice. Opportunities to review therapy, plan and process the ending were helpful for many participants. Therefore, it may be helpful for these to be incorporated within treatment protocols and clinical guidelines.

Organisational decisions could prevent opportunities for satisfactory endings. Therefore, service managers should be aware of the potential significance of abrupt endings and communicate any decisions which may relate to ongoing care with plenty of notice so that therapists can prepare and discuss with clients. Involving therapists in such decision making, where possible, may be beneficial.

Where possible and appropriate, opportunities to bring abrupt or unplanned endings to completion may be valuable. For example, revisiting, seeking feedback or allowing people to

come back for a goodbye session may support both parties to address unresolved issues, understand what could have been done differently and achieve a sense of closure.

Participants described how supervision and reflective practice enabled them to consider thoughts and feelings around the ending and the interaction between professional and personal experiences, while also offering opportunities for problem solving and learning. In particular, negotiating when to end and emotional responses evoked by ending should be considered within supervision.

Research implications

Further research is recommended to build upon the findings of this review. Some participants implied that characteristics of the client group influenced experience of endings. Endings with children or particularly vulnerable groups, such as those with trauma histories or without support networks, appeared more emotionally charged and difficult to tolerate. Therefore, further research may wish to explore professionals' experiences of endings with specific client groups or comparison of experiences across client groups. It was also noted that professionals working in certain therapeutic modalities (for example, CBT) were underrepresented in this review. Therefore, exploration of differences across therapeutic orientation and modalities may provide useful insights.

This review focused on the ending experiences of professionals and it was found that the therapeutic relationship, client factors and collaboration were significant, thus emphasising the reciprocal process between professionals and service-users within the ending. To explore this further, research that compares experiences of professionals and clients may be indicated.

The significance of reflective practice and supervision in supporting endings was highlighted by several participants. To build on this, intervention studies exploring the impact of reflective practice groups on experiences of ending and professionals' openness to their own emotional responses may be helpful.

Most of the included studies were based in private practice or third sector organisations, with those studies conducted within NHS settings placing more significance on the influence of high demand, waiting lists and resource limitations (Bear et al., 2022; Turtle 2019). Therefore, further research in public sector services within the UK may be helpful, particularly given current contexts of austerity, funding cuts and staffing pressures which are likely to impact ending experiences. It remains unclear how findings from this study may relate to other forms of professional relationship which are not based on psychotherapy, which could be addressed within future research.

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Section B:

"I'm there for the season, not the lifetime": Social Workers' Experiences of Endings When Working With Children Who Are Looked After

Word count: 8,000

Potential journal: British Journal of Social Work

Abstract

Background: Research into therapy processes highlights that endings can be significant for both professionals and service-users. Social work with children looked after (CLA) requires development of a trusting relationship with young people who may have experienced numerous losses and difficult relational experiences. Endings are a frequent occurrence in social care yet there is a lack of research investigating these experiences. The aims of this research were to explore how social workers understood and experienced endings and factors that influenced experiences. **Method:** Interviews were conducted with eight social workers working with CLA and analysed using Interpretative Phenomenological Analysis. Interview questions explored experiences of endings with CLA and how meaning was made of these experiences. **Analysis:** Five group experiential themes were generated from the data; the importance of the relationship, managing the pain of endings, an opportunity to repair past trauma, confidence and trust in the transition and the role of the organisation. Each theme included subthemes which are explored. **Discussion:** The relationship with CLA was linked to ending experiences, which could evoke mixed emotions. Participants strived for an experience of ending that did not replicate trauma for CLA, although wider challenges could prevent this. Implications for practice and research are considered.

Key words: Children looked after (CLA), social workers, endings, children's social care, social worker-service user relationships.

Introduction

Existing literature and theory relating to endings within professional/service-user relationships mostly relates to therapy contexts. Research exploring endings within social work is limited, despite the unique experiences of this professional group. Social workers (SW) in child and family social care settings face many challenges relating to service context and complex needs of children who are looked after (CLA) and their networks, which may influence experiences of endings. Therefore, this study will explore SWs' experiences of endings with CLA.

Psychological Theory Relating to Endings

Extant theory relating to endings has mostly been informed by psychoanalytic and developmental ideas. It is argued that managing experiences of separation and loss in infancy is a necessary developmental task. In early infancy, children can be viewed as merged with caregivers due to their dependence on them to meet basic needs (Winnicott, 1960). With reliable care and holding by caregivers, children move towards independence by developing a sense of identity and an understanding of their own needs (Winnicott, 1960; Solomon, 2010).

Attachment theory argues infants have an innate ability to form bonds with caregivers (Ainsworth, 1989). With time and attunement, caregivers become a secure base from which children can explore their environment and return to for safety (Holmes, 2006). Experiences with caregivers inform development of internal working models of these relationships which can be persistent and influence relationships with themselves, others and the world (Holmes, 2006). Furthermore, secure attachment enables formation of epistemic trust, which refers to a willingness to trust the authenticity and relevance of social information shared by others (Fonagy & Campbell, 2017; Fonagy & Allison, 2014). Epistemic mistrust has been associated with disrupted attachment relationships and can lead to uncertainty, hypervigilance and has been linked to psychopathology (Fonagy & Allison, 2014). Consequently, creating

epistemic trust through mentalising within therapeutic relationships may be integral to effective psychotherapy (Fonagy & Campbell, 2017).

Parallels have been drawn between parent-infant relationships and therapeutic relationships, in relation to these theories (Holmes, 1997; Winnicott, 1960; Fonagy & Campbell, 2017). However, it is unclear how this applies to other professional relationships. SWs are in a unique position as they legally hold parental responsibility for CLA, which may mean previous attachment patterns and behaviours are replicated in these relationships. It has been suggested CLA's early experiences of poor parenting can affect their ability to trust foster carers (Golding, 2003; Sprecher et al., 2021). Furthermore, CLA may demonstrate epistemic mistrust which improves through consistent and reliable relationships with foster carers (Sprecher et al., 2022). This demonstrates how developmental theories can support understanding of CLA's relationships, which may be relevant to relationships with SWs. However, research exploring how these ideas relate to endings for CLA is limited.

In therapy contexts, endings can involve a similar process of holding and letting go that occurs in parent/child relationships (Lanyado, 1999). As a result, ending therapy can bring difficult emotions or reawaken unresolved past experiences (Williams, 1997). Although endings can generate painful feelings, overemphasis on loss can prevent acknowledgement of new beginnings (Lanyado, 1999). It has been argued that endings can be transformative and associated with positive feelings such as pride and satisfaction (Quintana, 1993). Ending well can create opportunities for both client and therapist to resolve past losses and provide a template for future relationships (Nursten, 1997; Lanyado, 1999).

The Context of Child and Family Social Care

It has been acknowledged that children's social care (CSC) is facing increasing pressures, particularly surrounding limited resources (NSPCC, 2022). In 2022, staff turnover, vacancies, use of agency staff, and sickness absence amongst the CSC workforce were at their highest

since data collection started in 2017 (DfE, 2022b). Higher rates of burnout and lower rates of

work engagement and satisfaction are reported amongst child and family SWs compared to

adult SWs (Hussein, 2018).

An independent review of CSC recommended radical reform, which included increased

focus on children and families, more support and training for SWs and reducing barriers that

prevent SWs from building relationships with children and families (for example, decreased

use of agency workers and reduced administrative burden) (MacAlister, 2022).

The Needs of Children Looked After

Children become legally defined as 'looked after' when they have been accommodated by

the local authority for over 24-hours or subject to a care or placement order (Children Act,

1989). There are currently over 82,000 CLA in England (Department for Education [DfE],

2022a).

CLA often have poorer outcomes than the general population (Coman & Devaney, 2011).

There will be a multitude of factors that contribute to these outcomes but repeated

experiences of trauma, loss and instability may be significant (Coman & Devaney, 2011;

Jones et al., 2011; Ward et al., 2009).

66% of CLA have entered care due to risk of abuse or neglect and 13% due to 'family

dysfunction' (DfE, 2022a). Often children have experienced several years of disruption and

multiple social care referrals prior to coming into care (Children's Commissioner, 2021).

Such experiences of relational trauma can impact emotional and cognitive development of

children and may affect how they form relationships with others, particularly those in caring

roles.

The process of going into care can represent numerous losses (for example, loss of family,

home and community), which can be challenging to process. After coming into care, CLA are

often exposed to further loss and instability. In 2022 it was found that 21% of CLA in

England experienced two placement changes within a 12-month period, with 9% experiencing three or more (DfE, 2022a). Furthermore, 27% of CLA experienced 2 or more changes of SW within a 12-month period in 2017/18 (Children's Commissioner, 2019a). Exploration of children's perspectives showed that changes in SW can lead to sadness, rejection, confusion, fear and instability and leave CLA feeling less able to trust new workers (Children's Commissioner, 2019b; Bell, 2002).

The Relationship and Endings in Social Work

The importance of relationships between CLA and their SW is widely acknowledged with positive relationships associated with better wellbeing and outcomes for CLA (McLeod, 2010; Bell, 2002). Qualitative studies exploring CLA experiences highlight reliability and feeling valued as key features of positive relationships with SWs (McLeod, 2010; Hyde & Atkinson 2019).

Although endings are a feature of all relationships, they occur frequently in social care settings and may be impacted by contextual factors (Bazalgette, 2014). Nursten (1997) argued abrupt endings may cause SWs to feel guilt and regret, particularly when this is beyond their control. High staff turnover and abrupt endings in social care settings mean preparation and evaluation of endings are limited (Nursten, 1997). At an organisational level, there can be greater focus on outcomes and workload than experiences of endings (Solomon, 2010).

As endings can reawaken past losses (Nursten, 1997), it is important to avoid reinforcing previous negative relational patterns with people who have experienced trauma or challenging early experiences (Huntley, 2002). CLA rarely have control over endings and these often occur before their needs have been met, which can increase the likelihood they are left feeling abandoned or rejected (Solomon, 2010). However, understanding individuals' attachment needs and trauma histories and how these impact relationships can reduce the risk

of underestimating the significance of endings and replicating previous experiences of rejection (Huntley, 2002; Solomon, 2010).

Furthermore, SWs will bring their own internal templates of endings that influences their approach (Solomon, 2010). It is suggested SWs can underestimate the emotional impact of their role to defend against their own emotional responses (Solomon, 2010; Nursten, 1997), which may inhibit their capacity to fully consider endings.

There is a dearth of empirical research into endings between SWs and CLA, particularly from the perspective of SWs. Therefore, it is unclear whether existing theories can be applied to social care settings. For example, Huntley (2002) highlights that psychological literature emphasises ending when the client is "ready", which is rarely the case in social care.

NICE guidelines state SWs should inform CLA and networks of changes in advance and arrange a joint meeting with the new worker, if applicable. Additionally, SWs should "recognise the emotional impact of such changes and provide an opportunity to say goodbye" (NICE, 2021). However, minimal detail is provided and potential impact on SWs is not acknowledged.

Research Aims

Exploring SWs' experiences may facilitate better understanding of how endings are navigated with CLA and how SWs make sense of these experiences. This may give insight into how SWs can be supported with endings, which feels important considering the pressures they face and the wider context of a struggling social care system. Furthermore, an understanding of how endings are experienced by SWs may enable improvement of experiences for CLA.

This research study will explore the following research questions:

a) From SWs' experience of working with CLA, how do they understand endings?

b) What are SWs' experiences of endings with CLA?

c) What do SWs experience as impacting on their endings with CLA?

Method

Design

A qualitative design was selected to enable in-depth exploration into SWs' experiences of endings. Semi-structured interviews were conducted and analysed using Interpretative Phenomenological Analysis (IPA).

IPA aims to provide insight into the experiential significance of certain events for participants (Smith, 2019). IPA involves moving between different levels of interpretation by remaining grounded in individual accounts and going beyond this, to a more interpretive or conceptual level (Smith, 2004). The approach is informed by hermeneutics and includes close analysis of words, phrases and metaphors chosen by the participant in light of the wider context of the interview, research and theory and vice versa (Smith et al., 2022). IPA acknowledges the 'double hermeneutic', which relates to the researcher interpreting participants' attempts to make meaning of their experiences (Smith, 2019).

IPA aligned with the aims of this research due to the emphasis on exploring lived experiences of participants (Smith et al., 2022) and the 'critical realist' epistemological position of the lead researcher.

Participants

Purposive sampling was used to recruit SWs from two local authorities in London. Inclusion and exclusion criteria are presented in Table 1. Use of smaller sample sizes is recommended in IPA with a guideline of six to 10 participants for doctoral research (Smith et al., 2022). Eight participants were recruited for this study.

Table 1

Inclusion and Exclusion Criteria for Participants

Inclusion	Exclusion
Qualified social worker within selected local authorities	Independent reviewing officers (IROs) or personal advisors (PAs).
Currently working as an allocated social worker for CLA	
Experienced at least one ending with a child or young person that they had been working with	

Homogeneity was maximised by including only SWs working with CLA. Local authorities were in neighbouring London boroughs with similar demographics to minimise potential differences in work contexts. Recruitment from two local authorities ensured findings were not specific to one service.

Demographic information of participants is outlined in Table 2. The mean length of social work practice in the UK was 9.7 years. Participants' ages ranged from 27 to 55 years old (mean = 39 years).

Table 2

Participant Demographics

Pseudonym	Gender	Ethnicity	Years practicing in UK	Area of social work	Interview setting
Rachel	Female	White British	3	Children in care (up to 16 years)	Online
Dan	Male	White British	5	Children in care (up to 16 years)	Face to face
Gina	Female	White British	15	Children in care (up to 16 years)	Online
Laura	Female	White Other	17	Children in care (Adoption team)	Online
Julie	Female	Black British	5	Children in care (up to 16 years)	Online
Jacob	Male	White European	20	Children in care (16+ years)	Online
Debbie	Female	White British	11	Children in care (up to 18 years)	Face to face
Ali	Male	Asian British	1.5	Children in care (up to 18 years)	Online

Procedure

Recruitment

Participants were recruited by circulation of research information (Appendix 4) via emails and team meetings and offered a £20 shopping voucher for participating. Interested SWs put themselves forward by contacting the researcher via email. They were then sent the information sheet (Appendix 5) and invited to ask further questions regarding the research. Interviews were arranged with participants who wished to proceed and they decided whether their interview was at their office or via video-call. Participants were asked to complete and return a consent form prior to interview (Appendix 6). Recruitment continued until enough data, sufficiently rich and detailed, had been collected to meet the aims of the research.

Consultation with Experts by Experience

A focus group with young people with experience of CSC was conducted to gain their insight into endings with SWs. Feedback was incorporated into development of the interview schedule, with three questions arising from consultation. This included questions around an ideal ending, experiences of navigating endings following challenging relationships and how SWs would like to be remembered by CLA.

Two SWs and a clinical psychologist working in CSC were also consulted regarding the interview schedule to ensure questions were appropriate and relevant.

Data Collection

Semi-structured interviews were guided by the interview schedule (Appendix 7). IPA aims to collect rich first-person accounts to develop a detailed understanding of each participant's experience (Smith et al., 2022). Interview questions were open-ended to reduce constraints, although prompt questions were used as needed to elicit further detail or reflection. The interview schedule was flexible so participants were able to discuss what they felt important and relevant in relation to endings.

Participants were advised to allow approximately 60 minutes for the interview. Interviews were recorded using a voice recorder or through video-call platform.

Data Analysis

Interviews were transcribed verbatim by the lead researcher and read and re-read to allow for familiarisation and immersion with the data. During this stage, initial notes and reflections were made. The analysis of each transcript involved making exploratory notes regarding semantic content, language, emotion and conceptual ideas arising from the interview. This represents the levels of interpretation within IPA as notes could be descriptive or conceptual, while remaining grounded in the individual account. Experiential statements were created to bring together themes and connections from exploratory notes into a concise summary. Experiential statements were then grouped into personal experiential themes (PETs) and sub-themes for each participant. This process was completed for each transcript before moving on to the next. Once each transcript had been analysed, the researcher considered PETs across participants to identify convergence and divergence and develop group experiential themes (GETs). At this stage, some PETS were dropped, renamed or reconfigured depending on what resonated and fit best across the wider data set.

Quality Assurance

Qualitative approaches acknowledge the role of the researcher and their experiences in shaping and interpreting research (Roulston, 2013). Researchers are encouraged to 'bracket' existing values, experiences and biases to allow them to more fully understand and explore experiences of participants (Rolls et al., 2006). This is ongoing throughout research, especially as new ideas emerge (Fischer, 2009).

A bracketing interview between the lead researcher and a colleague was completed prior to data collection, informed by guidance from Roulston (2013) (Appendix 11). This explored the researcher's experiences of endings and hopes and expectations of the research. A

reflective diary was completed throughout the research (Appendix 12). This enabled

consideration of biases and assumptions and how these may influence the research.

A pilot interview was completed with a SW, which provided an opportunity for the

researcher to experience conducting interviews and consider how questions may be posed to

elicit rich responses. PETs and GETs were reviewed with other members of the research

team.

Ethical Considerations

Ethical approval was granted by the Salomons Research Ethics Committee (Appendix 8).

Neither local authority had a formalised approval protocol for research projects. However,

permission for the research was provided by service managers (Appendix 9 & 10).

Participants were given information about the research and provided informed consent

before interviews. Participants were aware they could opt not to answer certain questions if

they felt uncomfortable. It was acknowledged endings can be emotive, thus, the researcher

aimed to attend to emotions of participants and adapted questions or interview style

accordingly. Time was allocated for debrief, if needed.

Pseudonyms have been used and personally identifying information has been changed or

removed. Recordings and transcripts have been stored securely in password protected folders.

Analysis

This section will provide a detailed and interpretive account of what participants said

within interviews (Smith et al., 2022). The findings from the eight participants were

organised into five GETs and 12 sub-themes (Table 3).

Table 3

Overview of Group Experiential Themes, Sub-themes and Participant Quotes

Group Experiential Theme	Sub-theme	Quotes
The Importance of the Relationship	"What we've journeyed together": A Strong and Close Bond Built Over Time	"…some *[children]*, I, I've been through, you know, proper, heart-breaking emotions with. You know, where I've sobbed driving home from, you know, that sort of thing, I suppose. That makes me feel more emotionally attached to a child." – Gina ""So like the girl who I spoke about. When she was sexually assaulted, um, I took her to the......police station. I took her to the [sexual assault clinic], um, for all of the forensic evidence. We then decided to move her out of the area and we went on a 7 hour journey in the car, just the two of us. So I think that's quite, that built a relationship within itself." – Julie
	Acknowledging the Loss of a Relationship	"I always feel a bit sad? I mean, so some of, I've had two endings with children that I've worked with quite, that I've worked with long term. And I felt really sad about both of those." – Rachel "pride, I guess, and feeling happy at the point they are and if there's been lots of progress and, uhm, yeah, then you can really feel quite good at that" – Dan

Managing the Pain of Endings	"You have to become a bit dead inside": Avoidance and Detachment	"I think, you know, you have to become a bit dead inside… [Laughs] To be a social worker. So, uh, so I, I don't feel too emotional, in general, saying goodbye…" – Gina
		"I'm just ignoring it and burying my head in the sand when it comes to actually discussing it with them. Actually, that's really crap. I really, really should be discussing it"– Debbie
		"…it is self-protection. Because I can't, I can't be upset so much...when there's an ending and and let it, let it affect myself. That's, that's not good. So I had to, I had to just prepare myself…in a different way. And not, not let it get to, to me." – Jacob
	Compartmentalising the Practical and Emotional Demands of the Ending	"I'm so caught up in the admin of everything I suppose in a case...that the relationship with the child doesn't feel like it's the primary thing I'm saying goodbye to" - Gina
		"Often, the administrative side of stuff takes up a lot of space and it blocks out the time and space you have to do the other stuff and attending to that…that more emotional, relationship based kind of, side of things." – Dan
		"Me wanting to do a lot of work around this one child and putting all my effort in in those weeks. With trying to get things sorted with them meeting up, like quite a lot. And being anxious over not all the the paperwork is done." – Ali

	Easing Anxiety by Holding On	"it was a really horrible time for her. And so I should have left her at the age of 16. Um. But I hung on and until she was, yeah, actually, I worked with her until she was 18, which is really uncommon" – Julie
		"It's good to know that you can keep in contact and know how things are going." – Ali
		"your sense of purpose sort of of gets gets a bit, you get confirmation, really. OK, So what I've done, what I've tried…Um, it's, it's, uh, it's had a positive impact. It's been, it's been recognized, it's been appreciated. It's been acknowledged by the people that, that are important in the end" – Jacob
	Acceptance and Letting Go	"I have to keep reminding myself that I'm only there for a season and I'm only going to be part of their bigger picture. And so the letting go is a little bit easier I think." – Julie
An Opportunity to Repair Past Trauma	The Influence of Young People's Previous Experiences	"one of her [young person] challenges is this fear that every move she's had and every change in adult she's had, has been a rejection because of she's, that she's a bad, horrible person and that, um....she, umm, that nobody remembers her really, or cares or thinks of her or loves her." – Gina
	Hopes to Give Young People a Different Experience of Endings	"You hope it's kind of small *t* therapeutic, in that kind of way, to model good, good ways of doing it [ending]. So that they can do it a bit more in other bits of their life, I guess." – Dan

		"*I* would be quite open about how much I would miss them. And I'll, I'll say that to them and I can articulate them, um, I can articulate my feelings around the ending to them. But a lot of them really struggle and just sort of close down, umm, when it comes to talking about endings." – Rachel
		"The fact that she knew that I was still keeping her in mind, I think that made a big difference." – Julie
		"I don't just visit and tell them I'm leaving and that I'm not gonna be their social worker anymore and then that's it. I will always try to tell them before the final visit." – Gina
Confidence and Trust in the Transition	The Importance of Confidence in the Ending	"the first kind of official match that I did, that I was a part of. It was...incredible, it was incredible. It felt like "Oh yeah, we did good. We did a good job. We got, we got that right."" – Laura
		"I'm okay with him ending because he's, he's in a really good place." - Debbie
		"…feeling rushed and we only have a short amount of time. And, and it ma-, making me feel worried that I hadn't done a good job or something." – Ali

"there's a lot of things that I want to do that I don't think I'm gonna have time to do. So then I'm gonna feel that I've let them down, and not done enough." - Debbie

"it's chaotic and they're not really sure who, who the child's gonna go to. And then obviously that is a stressful ending because you're saying to the child, "OK, you're gonna get a new social worker, we're not sure who it is." You're not confident that the worker that they're going to is gonna stay long term and that all the kind of hard work that you've put in is going to be...replicated." - Rachel

"that didn't feel great for me and I just hope that they didn't feel, you know, abandoned or ...deceived, because it certainly wasn't meant to be that way."- Laura

Trusting the Safety Net	"It's literally, such simple little things like that and her face lit up and she laughed and she knew then that this new social worker knew, you know, knew enough about her that she was gonna, you know, that she was gonna be, you know, there for her, I suppose." – Gina
	"They'll be available for a really thorough handover. Erm, and then I feel quite confident that this child is gonna be OK and, you know, the the actions that need to be completed will be completed and that they'll have a good relationship with their next social worker." – Rachel

The Role of the Organisation	Working in a Flawed System	"…the importance [of endings] is usually underestimated by, by social services as a whole. And possibly even by, by individual workers." – Jacob
		"It's a bit, like, demotivating, I guess. Like, you kind of throw your hands up a bit and, um [pause]. Yeah, it just, just, it feels like the system isn't doing what it says it should do in terms of like, building relationships and, um, establishing those with young people." – Dan
		"So...partly it was just, yeah..diff-, yeah, change of manager. No one really was long term planning on it [the ending]." – Rachel
	A Collective Experience with Colleagues	"I'm paying attention to that ending a bit more and the ending is, like, seen [by colleagues] in some ways. Like, whereas ones that are a bit more under the radar, um, aren't….like by witnessing the ending, like, make me pay attention to it more, in some ways." – Dan

The Importance of the Relationship

"What we've journeyed together": A Strong and Close Bond Built Over Time

Many participants described strong bonds with young people and the personal investment made to develop trust.

> *"it wasn't just a, a, like, professional, transactional relationship that we had and that I did, kind of, know them and care about them."* - Dan.

The relationship involved connecting on a personal level and, as Dan described, going beyond a professional relationship to demonstrate genuine care. Opportunities to build relationships provided satisfaction and the chance to *"have some really lovely times"* together (Rachel).

Going through an emotional journey with young people strengthened the relationship. As described by Gina, the experience of being alongside a young person and sharing in associated emotions increased attachment and can *"make me feel a bit more enmeshed in that kid's life"*. The use of the word *"enmeshed"* highlights the difficulty of disentangling oneself from the connection that has formed.

> *"some* [young people] *I've just had a much more emotional journey with, you know, when I've had to help support a child through placement breakdowns…I've usually gone through quite a lot of emotions myself during that period, you know. It really breaks my heart"* – Gina.

Furthermore, this journey created a specialness to the relationship, which may not be understood or continued by others. For example, it was highlighted there are *"subtle details, interactions, little signs, little comments that you know how to interpret"* (Jacob) that were hard to capture in records or pass on to others. Use of the words *"subtle"* and *"little"* emphasises how these things may be dismissed by others.

Two participants explicitly spoke of feeling like a "*professional parent*" (Julie) and viewed this as part of their role.

>"*I'm a social worker, I'm meant to bloody care and to look after these children as if they're my own*" – Debbie.

While other participants did not explicitly identify as a parental figure, this was alluded to through use of possessive pronouns (*"my girl", "my little boy"* - Gina). Participants described their attachments to young people while accepting they needed to let go, perhaps mirroring parent/child relationships.

>"*I've got so involved with them, they almost feel like they are my children. Umm. And I think that's why the endings are difficult for me. Because it's acknowledging that they're moving on.*" – Julie.

Acknowledging the Loss of the Relationship

Many participants expressed sadness and loss when significant relationships ended, with close bonds making it hard to let go. Marking the ending brought the specialness of the bond and cherished memories to the fore, thus, increasing sadness.

>"*I think I really connect with the children and I think it's hard to sever those relationships. So, um, for me, it has been really difficult.*" – Julie.

Julie's use of the word "*sever*" suggests a finality and brutality to the ending and may reflect her pain in cutting connections with young people.

Many participants described positive feelings such as pride, happiness, and satisfaction and described balancing feelings of loss alongside celebration and hope. This was particularly pertinent with adoptions where there is "*celebration and this child having, you know, a permanent, stable, safe, loving family but there's a lot of grief and loss that comes with it*" (Laura). It was acknowledged this grief was associated with losses of other significant relationships for CLA, such as birth family and foster carers.

Relief was also discussed in the context of complex, challenging cases or where lots of travel was required.

Managing the Pain of Endings

This theme incorporates the ways participants managed pain and emotions associated with endings. For some, acknowledging the extent of the pain appeared difficult, which meant not all participants directly identified using coping strategies but explained the ways in which they helped.

"You have to become a bit dead inside": Avoidance and Detachment

Some participants directly referred to detaching from emotions and becoming "*a bit dead inside*" (Gina) or adopting a "*hardened mindset*" (Jacob) to protect themselves and prevent emotions from inhibiting their ability to do their job. These metaphors reflect using numbness or a protective shell to manage difficult feelings. There appeared to be shame in admitting this, demonstrated by awkward laughter and changes in fluency, perhaps suggesting detaching from emotions does not align with personal values or preferred ways of working.

Other participants more indirectly described detachment from emotions. For example, by minimising the significance of their role ("*they don't want us around*" – Laura) or the meaning of ending for young people ("*they're definitely not gonna miss me*" – Gina.).

Many participants expressed avoidance of ending. For some, this meant avoiding talking about ending, as there was hope that "*if I just don't talk about it won't, it won't happen*" (Debbie). This avoidance of naming the ending played out within Debbie's interview as she was talking about an upcoming painful ending.

> "*...as we get, get to the not working together anymore.* [Debbie's eyes fill with tears]. *I can't even bloody say it, can I?*"

It seemed pain and anxiety associated with this ending, demonstrated by Debbie's tearfulness and sighs, meant it was difficult to say the word "*ending*".

Avoidance of acknowledging the emotions of saying goodbye could appear part of organisational culture. Professional conversations around endings often focused on practicalities or young people's experiences, leaving little room for discussions around impact on professionals. Consequently, it could feel difficult to "*make the switch*" to thinking about personal impacts of endings because this "*doesn't matter*" (Laura). The structure of the system could reinforce avoidance of emotions, with a "*conveyor belt*" (Julie) of children reducing space to reflect on loss and, instead, focus attention on what was next.

Compartmentalising the Practical and Emotional Demands of Ending

Some participants referred to "*two sides*" (Dan) of ending: the practical and administrative versus the emotional and relational. Administrative tasks often took up space which prevented participants from attending to emotions.

> "*the second I leave a kid, I'm thinking about the next 100 things on my To Do List....That I just don't have the capacity to also be emotional about it*" – Gina.

In fact, Gina referred to herself as "*just a tick box*" which may suggest that administrative demands can take over to such an extent that they become the main purpose of the role.

For others, focusing on administrative tasks eased anxieties around uncertainty and "*messiness*" (Ali). For Ali, focusing on completing paperwork provided reassurance that he had done a good enough job and discussion around administrative tasks was a major theme across his interview.

Other participants enjoyed temporarily letting go of practical duties to say goodbye and connect with young people on a personal level during ending, thus coming across as less "*robotic or, like, social worker-y*" (Dan)

> "*good to like exit out of....all the, the tasks and the transactional stuff that you do with the kids*" (Dan).

For Dan, exiting out of formal tasks enabled genuine interactions with young people while implying, through use of words like "*robotic*" and "*transactional*", that overemphasis on procedural tasks erased humanity within the relationship.

Easing Anxiety by Holding On

Most participants grappled with the decision of keeping the ending open, although a variety of perspectives were expressed. Many participants discussed maintaining contact after the ending, thereby lessening feelings of loss.

> "*there's some people I've worked with and it's sad that they have moved on. But I'm also happy to say that it's mostly those young people that have stayed in touch.*" – Jacob.

Keeping the ending open eased anxieties as participants were able to look out for young people and step in if there were issues. For example, providing containment following placement breakdown.

> "*it's important to keep those links see even after they turn 18. If something goes awry...like that and you can chase up the relevant people at, at whichever Council you are to to to sort stuff out*" – Ali.

However, Laura questioned whether the decision to stay in touch was more to benefit the SW than young person. Most participants approached keeping the ending open on a case-by-case basis, but some recognised that holding on could become "*unhealthy*" (Ali) and that it was often best to "*put them* [young people] *behind you*" (Rachel). It seemed ongoing involvement could raise additional anxieties or limit young people's ability to build new relationships. This reflects a tension in knowing keeping in touch can be unhelpful but can soothe the pain of letting go.

Participants described checking electronic note systems, talking to new workers or family members to ease concerns about young people after ending. This appeared more likely where there were high levels of concern or complexity.

> "*if it's a really complicated case, you always want to know what, where they're living and what's happened or how they're doing*" – Rachel.

Receiving updates reassured participants they had made the right decisions and done a good job.

> "*I guess, umm, knowing whether someone's doing well just reaffirms that you're doing your job alright and that you're on the right path.*" – Ali

Acceptance and Letting Go

Acceptance was commonly discussed as necessary to manage emotions and move on. Some participants found it helpful to accept the sadness of endings, which created space to process these emotions without judgement as "*it's an ending and and every ending is, is difficult*" (Jacob).

For some participants, accepting the limits of their role reduced feelings of guilt or anxiety over what was not achieved and facilitated acceptance that they had done the best they could in the circumstances.

> "*you sort of just have to hold the fact that, you know, you've, you've tried everything, you, you've done everything and this is where we're at.*" - Ali

Julie described reminding herself of the bigger picture, that she was only one "*part of the jigsaw puzzle*" or "*chapter of the book*" and "*there for the season, not the lifetime.*" The use of these metaphors demonstrates how Julie recognised the significance of her role within a young person's story while accepting that her role within this was over.

An Opportunity to Repair Past Trauma

The Influence of Young People's Previous Experiences

Participants acknowledged young people frequently had poor experiences of endings both in and out of the care system. Frequent changes in SWs and professionals meant change and loss had become the norm for many young people. To compound this, participants mentioned examples where young people were not informed their SW had changed.

"*people leaving and disappearing and so on, kind of is just life for them.*" – Gina.

Consequently, this presented challenges for building relationships as young people were tired of investing in new people when they perceived they would end up being left again.

"*I've been the 13th social worker […]So there I am. I'm number X in line and they think: "What's, what should I invest in you?""* – Jacob.

This could result in reluctance from young people to engage with ending or becoming desensitised as it is just "*another ending with another social worker*" (Ali).

"*if they've had lots of changes of workers, um, yeah, it's just another, like, shrug of the shoulders, fine, like, this is what happens, social workers come and go. Um, yeah, it pulls the rug under it, it being an important thing that they should invest in*" – Dan.

Participants described feeling "*left in the dark*" (Dan) regarding the significance of endings for young people as they did not want to make themselves vulnerable to further rejection by discussing their feelings.

"[young people] *don't want to open themselves up vulnerably, you know, show more vulnerability for rejection and loss. Um, they've got to protect themselves from all of that because they've been so traumatized by it already*" – Gina.

Nevertheless, some participants shared how young people could express feelings through behaviour or attempted to "*manufacture*" (Gina) endings that felt more familiar. For example,

by avoiding final visits. This invited difficult emotions for participants, such as frustration, guilt or disappointment, and may reflect young people's wish to reject others before they are rejected themselves.

> "*the worst ones are when you think you're gonna have this nice ending and you turn up and they don't wanna come out with you.* [Laughs] *And you're like, "oh, okay... Bye*"*"* – Dan.

Hopes to Give Young People a Different Experience of Endings

Many participants discussed attempting to reduce feelings of rejection for young people by reinforcing the rationale for ending and it was not their choice.

> "*I'm very clear about the fact that I've enjoyed, I want to be their social worker. I've loved being their social worker*" – Gina.

Participants described disclosing their feelings about ending, which could be normalising for young people who may have been struggling to name their own feelings.

> "*...it's normal. Everyone is gonna be a little bit anxious and sad about an ending. I, I feel that as well and I know that they probably feel that. Umm. So there is a, a shared feeling*" – Rachel.

Participants emphasised the importance of allowing young people to prepare and process endings to avoid replicating previous experiences where adults disappeared. Participants did this by giving reminders that the end was approaching and opportunities to discuss this.

Participants often tried to make the final visit special by going out for a meal or completing activities together. This provided opportunities to share memories and reflect on the relationship. Participants appeared to cherish these activities, often smiling and using words like "*nice*", "*sweet*" and "*lovely*" when describing them.

> "*we drew around each other's hands. I told her I wanted to take a picture of her hand away with me and I wrote, you know, we wrote words that described her. Um,*

and, and on the hand the picture we made for her, we, we wrote, um, you know,

stories about, you know, we wrote little memories of, of our time together" – Gina.

In telling the young person that she wanted a picture of her hand to take away, Gina communicated she would not forget her. Likewise, participants demonstrated continuing to hold the young person in mind by sending messages at key times after the ending (such as birthdays) or letting them know they would continue thinking about and asking after them.

Cards, letters and gifts were often used to give young people a keepsake of the relationship.

"*I think it's important to give them a keepsake* […] *something that the child can hold or put somewhere....that says that was that person in my life*" – Julie.

For some, it appeared these gestures were easier for young people engage with.

"*maybe he wouldn't have been able to do that if I was just speaking to him in the room. But, being able to draw that out and give him something to take away* [a letter]*, and then he was able to engage in that and come back and, kind of, tie it off himself*"- Dan.

Here, ending in a way this young person could engage with was empowering as it enabled them to round off the ending on their own terms. In encouraging young people to engage with the ending, participants hoped they could "*model*" (Dan) good experiences of endings that young people could take forward to future relationships.

Confidence and Trust in the Transition

The Importance of Confidence in the Ending

Several participants described positive experiences of endings when things were stable and settled for the young person, which facilitated greater confidence.

"things have gone smoothly and they've got to the age of 16 and it's been a very

natural transition where they've been aware of it, um, and then saying goodbye is

a lot easier" – Julie.

The use of the word "*natural*" suggests an organic progression, perhaps reflecting Julie's ability to accept this ending. Stability also gave participants capacity to attend to the ending rather than focusing on crisis management. Dan described this as "*being able to stand still, which doesn't happen very often*". This analogy highlights the rarity of opportunities to pause and reflect within this busy environment.

However, some participants felt integral for stability of certain cases, creating worries that ending would cause things to "*unravel*" (Dan). In her interview, Rachel grappled with whether an ending contributed to placement breakdown.

"And I do sometimes think maybe that [ending] *contributed to the, the placement*

breakdown? But...probably not really. Umm. Well, probably a bit, to be honest"

The back and forth in Rachel's mind regarding the consequences of the ending is clear, perhaps reflecting her uncertainty or attempts to ease guilt.

As endings usually occurred at predetermined transition points, the timing could be problematic. Endings during periods of crisis for the young person often resulted in guilt and anxiety, which continued after ending.

Confidence and satisfaction were linked with readiness and preparedness for ending. Participants felt reassured when progress had been made and important things had been addressed prior to ending so "*there's no loose ends*" (Jacob). Several participants described sometimes feeling young people were ready to move on.

"And I also felt, I felt ready... I mean, to be honest, he was, he, he needed the 16

plus team. He needed a new social worker" – Rachel.

This confidence enabled them to reassure young people and remind them of the opportunities associated with moving on. Rachel's inadvertent use of "I" suggests the importance of her own feeling of readiness in accepting the ending.

Conversely, many young people were not ready for the transition, which mostly represented a tapering of support. Unsurprisingly, this reduced confidence and caused guilt and frustration that young people were being set up to fail.

> "*none of the kids are ready for it, because they are still kids. Just because you've turned 18, you've not turned into a fully functioning adult*" – Debbie.

Worries often persisted after ending, reflected in ongoing doubts about whether enough had been done and future outcomes for the young person.

> "*it was hard to gauge how things will turn out, whether there'll be, you know, another family who are known to children social services again…so there is a worry about that that cycle happening again with this young person*" – Ali.

Handing over to the new worker, which was viewed best practice, further increased feelings of confidence. Participants used words like "*neat*", "*clean*", "*clear*" or "*book-ends*" to describe endings where handovers were possible, implying completeness. Endings without handovers could lack clarity or feel "*loose*" and "*open-ended*".

Trusting the Safety Net

As mentioned above, handovers created containment but required developing trust in the care and competence of the next worker. Several participants described examples of joint visits with the new worker and witnessing them building a relationship with the young person, which increased trust and confidence. This was supported by being able to share information with new workers.

> "*I did tell her* [the new worker] *a lot, but I feel like she even knew more than, more bits than I'd told her and she could just mention a few things to, um, my girl*

that definitely made sure that she, you know, it sounded like she cared, that she

knew about her, that she understood what was important to her" – Gina.

Laura also spoke about developing trust in adoptive parents, which enabled her to feel confident in their ability to care and look after the young person.

"*I think it's just confidence in the match and confidence in the adopter's ability*

and confidence in the connection." – Laura.

Unsurprisingly, it seemed easier for participants to let go once trust in the new worker or carers was established.

Where handover was not possible, questions arose around how young people would respond to the new worker and whether the new worker would be able to build a relationship, care enough and understand their needs.

"*she's* [young person] *really, really difficult to build a relationship with because*

she is very, sort of, violent and aggressive. Urm. And it would be really easy to

just, just see this violent and aggressive person and just be like "f*** off" and just

don't.. do the bare minimum..." - Debbie

Here, Debbie shares concerns that another worker could not understand and support this young person in the same way she had, which was exacerbated by her lack of control over choosing the next worker.

Similarly, support networks could provide a safety net after ending. Trusting the support network reassured participants young people would be sufficiently held, even when the next worker had not been identified.

"*I felt more secure that he was at a place where there was lots of key workers*

there, lots of people who could support him" – Ali.

Here, Ali described his sense of security in knowing the young person would be looked after. However, it was noted that many young people did not have a supportive network. This

amplified feelings of guilt, worry or sadness and concerns that young people would perceive the ending as abandonment.

The Role of the Organisation

Working in a Flawed System

Many participants expressed feeling powerlessness within the system, leading to feelings of frustration, resignation and demotivation which also arose within interviews. Dan shared his frustration at the system being "*unable to get our ducks in a row quick enough*" and not allocating the next worker despite knowing the end was approaching. This could undermine the relationship building and preparation for ending with young people. His frustration was captured in shrugs, sighs and eye rolls whilst describing these challenges.

Gina spoke of the "*luxury*" of joint visits with new workers, demonstrating this is rare and special despite being best practice. Nevertheless, some participants described striving to give young people good enough experiences in the context of a flawed system.

> "*protecting the interpersonal stuff as much as possible, I guess...'cause there's nothing you can do about the institutional stuff*" – Dan.

Many participants shared there was not enough attention or awareness around endings within the wider system. The lack of oversight on endings meant individuals were "*left to their own devices*" (Dan), which could feel uncontaining. Several participants felt emphasis on endings should be embedded across the service through training, supervision and reflective practice.

> "*we do need to.. build it into our training. We need to build it into our thinking...So that there is a way of saying goodbye.*" – Julie.

Gina explained training around trauma influenced her practice around endings thereby demonstrating the impact this could have.

One participant expressed greater attention to endings at management level may contribute to wider culture, making instances of poor practice less acceptable.

> *"if there was more scrutiny about it* [endings]*[…] I think people would do it better and there would be less, um, it would be less acceptable for these, kind of, dodgy transitions to happen"* – Dan.

A Collective Experience with Colleagues

Participants described colleagues providing support and validation with challenges of endings. There was a sense of being able to come together and "*vent*" (Dan) with others who could understand frustrations with the system. Although this could leave everyone feeling "*depressed*", this shared experience was validating and enabled people to feel "*not on my own*" (Debbie). There was a uniqueness to this comradery, which was shared "*in-house*" and involved "*finding your people*" (Dan) who shared similar values. Conversely, outsiders "*just don't get it at all*" (Debbie).

Colleagues enabled participants to take a wider perspective on the work and ending by witnessing the journey. Within this, they were able to celebrate achievements and highlight positives of ending.

> "*…then it's those reminders from my colleagues, who remind me about some of the challenges that I've had or some of the good pieces of work that I might have done*"
> – Julie.

For some this was validating, while Dan felt that knowing the ending would be "*seen*" by his colleagues meant he paid more attention to it.

> "*they're* [colleagues] *the ones that you talk about and share the, kind of, trials and tribulations with your colleagues about. It's another way of knowing that that relationship's kind of important*" – Dan.

Discussion

Findings will be discussed in the context of research aims, existing theory and literature. This will include the researcher's interpretation of the meaning of participants' experiences, in line with the 'double hermeneutic' of IPA (Smith et al., 2022). This interpretation will be informed by the researcher's position as a trainee clinical psychologist, with their own academic, personal and professional experiences of endings. Therefore, it is recognised there may be other ways of interpreting these findings.

The aims of this research were to explore SWs' understanding and experiences of endings with CLA and consider what factors impacted experiences. The five GETs that were developed from the data addressed these questions and will be considered further here.

It was clear participants understood the importance of their relationships with CLA, which were inextricably linked with the ending. Participants strived to form the types of relationships CLA have reported to value which included care, consistency, responsiveness and a personal connection (Ridley et al., 2016). Participants drew on principles from relationship-based practice by developing a holding relationship with young people through providing consistency and involvement with CLA's lives (Ferguson et al., 2022). This is consistent with research around building positive relationships and fostering trust with CLA amongst foster carers (Sprecher et al., 2022). This also fits with research suggesting that positive relationships are integral to achieving positive outcomes in social care settings (Rollins, 2020).

In line with theories around development and attachment, participants recognised the significance of CLA's previous relational experiences and how this impacted relationships and responses to ending. For example, it was understood that CLA may minimise the ending or reject the SW before they are rejected to protect themselves from further trauma (Solomon,

2010). Participants' hopes to model good experiences of endings demonstrated awareness of the reparative nature of endings and implications for future relationships (Many, 2009).

Within this, participants expressed aiming for best practice in accordance with the evidence base for endings. For example, participants recognised the role of ceremonial goodbyes in providing opportunities to process and celebrate ending together (McMahon, 2010). Participants used ending to reflect on the journey with CLA and review progress (Solomon, 2010). Participants aimed to continue providing a secure base for CLA, where they are still held in mind after ending (McMahon, 2010; Ferguson et al., 2022). Ending in this way demonstrated attempts to repair previous attachment relationships and provide a sense of security and 'holding' that can lead to change (Holmes, 1997). Research with CLA in therapy contexts highlighted continuing to be held in mind was valued and allowed young people to develop an internalised representation of the worker (Baron, 2012).

Nevertheless, hopes of repair and best practice could be hindered by circumstances and organisational challenges, which generated frustration, disappointment and anxiety alongside loss. In response, participants found ways to defend against this pain, which could inhibit their ability to attend to the ending. For example, focusing on administrative duties may have distanced SWs from the emotional significance of their role and endings (Solomon, 2010). In times of instability, participants may have focused on the procedural task of handover rather than reflecting more deeply on feelings surrounding ending (Ruch, 2007).

There was contradiction between avoiding replicating difficult endings while using the frequency of difficult endings for CLA to minimise their significance, perhaps illustrating the tension of striving for reparative endings within a flawed system. This may reflect how genuine care and concern from participants can generate feelings of inadequacy and hopelessness when working with traumatised children (Mawson, 2019).

It appeared denial of or detachment from strong emotions in relation to endings may have related to concerns surrounding being viewed as unprofessional. This may reflect participants' attempts to adhere to organisational "feeling rules" (pp. 484) by suppressing or inducing emotions they perceived were expected (Leeson, 2010). However, this may result in burnout or disengagement, particularly where there is incongruence between "feeling rules" and personal values (Leeson, 2010). This was evident in some participants' shame at having to detach from emotions to cope, outlining how this may not fit with how they saw themselves or wished to practice.

Abrupt endings significantly impacted participants' experiences of endings. Unplanned endings in therapy have consistently been found to be associated with dissatisfaction, anxiety and sadness for both parties (Baum, 2007; Levin, 1998). Similar findings have also been replicated in unplanned foster care endings (Riggs & Willsmore, 2012). It is acknowledged abrupt endings can be particularly problematic for CLA as they may mirror previous traumatic endings (Solomon, 2010).

Organisational contexts including the role of colleagues and management also influenced ending experiences. Informal discussions with colleagues provided validation and support although there was desire for more opportunities to reflect on the personal impact of endings. Research has demonstrated the role of the organisation in providing a container for emotional demands of the work, which can better enable staff to contain the emotions of those they are supporting (McMahon 2010; Ferguson, 2018; Biggart et al., 2017).

Participants reported a lack of emphasis on endings within the wider system, with some feeling their work had been undermined by management. This may illustrate how, when faced with significant pressures, management become distanced from direct work and consequences of decisions for CLA (Obholzer, 2019). However, this may reflect participants' painful emotions being deflected on to the organisation or other staff members (Mawson,

2019). For example, participants expressed frustration at the system's inability to get their 'ducks in a row' or other workers for 'not caring enough' to attend a joint visit. This highlights the importance of reflective practice to consider emotions of endings and potential defences to minimise the impact these have on work with CLA (Solomon, 2010; Ruch, 2007).

Strengths and Limitations

This research provides new insights into how SWs understand and experience endings. Although perspectives of CLA were not the focus of this research, incorporating their ideas from consultation ensured their voices were not lost.

While the qualitative approach offered depth to the accounts it limited generalisability of the findings, particularly as all participants were based in London. Furthermore, several participants differentiated themselves from SWs who they perceived were less attentive to endings, including those who did not inform CLA of the ending. This may indicate that those more cognisant of the significance of endings were more likely to participate in this research, thus, creating a skewed sample.

It is possible that being interviewed by a trainee clinical psychologist may have influenced what participants shared or perceived as relevant. For example, participants may have discussed emotive endings or their reflective capacity to fit with a psychological perspective. Although approaching this research from an 'outsider' perspective allowed for certain understandings to emerge, the research will have yielded different findings if conducted by a SW or professional within CSC.

Clinical Implications

Findings emphasised the significance of opportunities for building positive relationships with CLA, aligning with recommendations from the MacAlister (2022) review. Supporting

long term relationships would be particularly beneficial although it is acknowledged this may be challenging in the current climate of CSC.

Participants highlighted the importance of preparing for ending with young people, in accordance with NICE guidelines (NICE, 2021). Therefore, ensuring SWs have adequate time and resources to achieve this is key. Furthermore, allocating time and funding for SWs to mark endings with CLA may better enable processing of ending and increase satisfaction (McMahon, 2010). Further policy or guidance regarding best practice for endings is welcomed.

Many participants wanted more opportunities to reflect on the personal impact of the work. Spaces to come together as a team to reflect on challenges of the role can provide emotional containment which may better enable SWs to provide this for CLA and families (McMahon, 2010).

Embedding an understanding of trauma and endings within professional training was suggested by several participants. Training programmes may benefit from including topics around trauma, loss, attachment and interactions between personal and professional experiences.

Clinical psychologists could contribute by using skills and knowledge of psychological theory and organisational dynamics to create effective reflective spaces, assist management with developing a supportive culture and/or contribute to training and supervision.

Implications for Future Research

Future research may consider CLA perspectives of endings with SWs or compare CLA and SWs' experiences to provide insight into relational elements of ending.

Participants used various strategies to cope with emotional demands of their role. To build on this, it may be useful to further consider the impact of these strategies on wellbeing and capacity to support such a complex group. Investigating how similar strategies or defences

apply to SWs working with other client groups, particularly in the context of endings may be beneficial.

Findings highlighted the significance of organisational context, which may suggest exploring perspectives of managers and service leads on endings could be helpful. Future research may consider the impact of interventions such as reflective practice, training or supervision surrounding endings. This could employ quantitative approaches to compare attitudes, experience, wellbeing and practice pre- and post-intervention.

Conclusion

The current study explored SWs' experiences of endings with CLA. Participants stressed the importance of relationships with CLA, which impacted their ability to let go and accept endings. Strong bonds formed through being alongside CLA throughout their journey and raised mixed feelings about the ending. There was an awareness of the potential impact of endings for CLA, particularly given previous experiences of loss and trauma and participants hoped to give CLA better experiences of endings. However, organisational and contextual challenges could prevent this and resulted in reduced confidence in the ending and future outcomes for CLA. Participants often expressed continual worry after the ending. Endings evoked painful emotions which participants attempted to manage through use of strategies and defences that both aided and inhibited positive experiences. Implications for clinical practice include prioritising opportunities to build positive relationships with CLA, increasing emphasis on reflective practice and embedding understanding of endings across supervision and training for SWs. Future research can build on findings by comparing CLA and SWs experiences, exploring management perspectives and the impact of reflective practice and supervision on ending experiences.

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Section C: Appendix of Supporting Material

Appendix 1: *CASP Table*

Study	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Qualitative Appraisal Tool – Critical Appraisal Skills Programme (CASP) Checklist – Qualitative										
1. Bamford & Akhurst (2014)	Y	Y	P	Y	Y	P	Y	P	Y	Y
2. Bear et al (2022)	Y	Y	Y	Y	Y	N	Y	P	P	P
3. Ehrenfeld (1995)	Y	Y	Y	Y	Y	P	Y	Y	P	Y
4. Fragkiadaki & Strauss (2012)	Y	Y	P	Y	Y	Y	P	P	Y	Y
5. Gepp (2017)	Y	Y	Y	Y	Y	N	Y	N	Y	Y
6. Helpard (2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
7. Ling & Stathopoulou (2021)	Y	Y	Y	Y	P	P	P	N	P	Y
8. Piselli et al. (2011)	Y	Y	P	Y	Y	N	P	P	Y	Y
9. Rabu et al. (2013)	Y	Y	P	Y	Y	P	P	P	Y	Y

10. Salomon & Levinger (2020)	Y	Y	P	P	Y	P	Y	Y	Y	Y
11. Turtle (2019)	Y	Y	P	P	Y	Y	P	Y	P	Y
12. Walsh (1997)	P	Y	N	N	P	N	N	N	P	N

Appendix 2: *Extract of coded data*

This has been removed from the electronic copy

Appendix 3: *Extract of NVivo Codebook – Learning and reflection theme*

Name	Description	Files	References
growth		3	9
learning from what went wrong		0	0
inexperienced therapist		1	4
more can be done		7	14
nothing changed		4	7
therapist mistakes		3	20
therapist mistakes contributing to dropout		2	5
what could have been different		5	20
what was missed		5	6
learning through experience		3	32
becoming familiar with process of ending		2	7

Name	Description	Files	References
developing experience		1	13
ending providing opportunities for learning		4	26
getting better at tolerating endings		1	1
improving practice		3	18
taking learning forward to beyond therapy		2	9
questioning and doubt		0	0
questioning self at ending		8	50
questioning therapy		2	2
questioning whether anything changed		3	5
regrets		3	9
reflective practice		0	0

Name	Description	Files	References
importance of reflective practice		4	22
reflecting on how the ending was for client		3	5
reflecting on importance of therapy		3	4
reflecting on positives		6	11
reflecting on therapy process		5	11
reflecting on what has been overcome		4	7
reflecting on what went well		4	10
reflecting on what went wrong		4	13
use of personal therapy to process		1	5
use of supervision to process		8	46

Name	Description	Files	References
valuing opportunities to talk about endings		7	22
reviewing with clients		4	35
acknowledging progress		7	32
feedback		1	5
support from colleagues		4	17
lack of support for profs		2	8
unanswered questions		0	0
not knowing what happened		7	35
not knowing what went wrong		4	11
not seeing outcomes		2	6

Appendix 4: *Research flyer*

RESEARCH PROJECT

How do social workers experience endings when working with children that are looked after?

Who am I?

My name is Claire (that's my picture on the right!) I am a Trainee Clinical Psychologist at Salomons Institute of Applied Psychology at Canterbury Christ Church University. As part of my university research project, **I would like to hear from social workers about their experiences of endings when working with children that are looked after.**

Why?

Existing research suggests that endings can be significant in professional settings for both the clinician and service user. Most research looks at therapy relationships and there is little research exploring social workers' experiences. We know that social workers play a vital role in supporting children looked after, so I think it is important to get better understanding of their experiences. Overall, I hope that this can inform how social workers are supported in their roles.

What will taking part involve?

If you want to take part, we will arrange an interview slot at a convenient time for you. You will be able to choose whether you would prefer to attend the interview face to face or via a video call.

The interview will last for no more than 1 hour. I aim for the interview to be a non-judgemental and open space. I will ask some questions about your experiences but would also like for the conversation to be guided by what feels important and relevant to you. You do not have to answer any questions you do not want to. **You will receive a £20 high street voucher as a thank you for your participation.**

What will happen to my information?

Your personal information will be anonymised and stored securely. Please contact me on the email address below if you have any questions or concerns about this. I will provide more details about how I plan to protect your information if you decide to take part.

This project has been approved by the Research Ethics Committee at Salomons Institute of Applied Psychology, 1 Meadow Road, Tunbridge Wells, Kent TN1 2YG
**www.canterbury.ac.uk/appliedpsychology**

Canterbury Christ Church University

If you would like to sign up or more information, please contact me:

Appendix 5: *Participant information sheet*

Canterbury
Christ Church
University

Salomons Institute for Applied Psychology
1 Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Information about the research
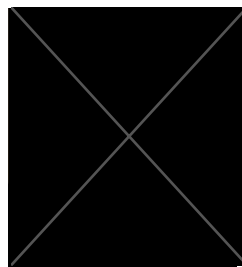
How do social workers experience endings when working with children that are looked after?
Hello. My name is Claire and I am a Trainee Clinical Psychologist at Canterbury Christchurch University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you. This sheet should provide you with information about the study, but you are welcome to talk to me if you have any other questions or concerns. My contact details are provided at the bottom of this information sheet.

What is the purpose of the study?
The aim of this study is to listen to social workers' experiences of their relationship endings with the children looked after that they are working/have worked with. Research has suggested that relationship endings can be significant in professional settings for both the clinician and the service user. However, the majority of this research is looking at relationships in a therapy setting and there is little research exploring social workers' experiences of this. For this reason, we have decided that it would be helpful to interview social workers to get a better understanding of their experiences of relationship endings when working with children looked after. Overall, we hope that this can inform how social workers are supported in their roles.

The research findings will be fed back and discussed with the whole team. This will provide an opportunity to think about how they may relate to clinical practice and how ideas could be implemented practically. It is anticipated that findings will also be shared with managers/supervisors and used to consider how to promote wellbeing of social workers and ways that social workers can be supported while navigating endings with young people.

Do I have to take part?
Your participation in this research is completely voluntary so it is up to you whether you want to take part. If you agree to take part, I will ask you to sign a consent form. You can withdraw at any time, without giving a reason. This means that you are able to stop the

interview at any time. If you decide after the interview is over that you do not want your information to be used you can ask for this to be withdrawn from the study. However, this will only be possible before the data analysis has started. Further detail about withdrawing from the study is provided below.

What would taking part involve?
If you decide that you would like to take part, I will contact you to arrange an interview slot. The interview will take place at a time that works for you. You will be able to choose whether you would prefer to attend the interview face to face at your work base or remotely via a video call. I will also ask you to provide some basic demographic information about yourself (e.g. how long you have been working as a social worker).

If you decide to take part, you will be given £20 worth of vouchers that can be used at a variety of high street stores. This is to thank you for your participation.

What will the interview be like?
At the beginning of the interview, I will ask if you agree to the interview being audio recorded and to sign the consent form.
The interview itself will be very much like a conversation. I will ask some questions about your experiences of endings when working with children that are looked after but I would also like for the conversation to be guided by what feels most important and relevant to you. I might ask about your thoughts and feelings in relation to your experiences.

I would like to emphasise that the interview will be a non-judgemental and open space. The aim is to hear about your experiences and what these mean to you in your own words, not to assess or critique your practice. You do not have to answer any questions if you do not feel comfortable doing so.

How long will the interview last?
The length of interview may vary depending on how much you want to say but we expect the interview to last no longer than one hour.

What are the possible disadvantages and risks of taking part?
We know that endings of relationships can be emotive and we have all experienced endings at some point in our lives, either at work or personally. This means that some feelings and memories could be activated by having discussions about this topic. If you are feeling upset or distressed during the interview, please let me know so we can discuss how we might be able to support you. If you do decide to take part, it might be also helpful to think about the best time to arrange your interview within your day. As previously mentioned, you do not have to discuss anything that you don't feel comfortable talking about and you are also able to end the interview at any time without giving a reason. I will save some time at the end of the interview for a debrief, which can give you the opportunity to talk about any issues or concerns that may have arisen for you.

What are the possible benefits of taking part?
Although this is not the purpose of the study and the interview is not the same as supervision or counselling, it is possible that you might find having the space and opportunity to talk about your experiences helpful. Participating in the project also provides an opportunity to contribute to the development of a better understanding of the experiences of social workers.

What will happen if I decide to withdraw?
You can stop the interview at any time, without having to provide a reason. If you want to stop the interview, any audio recording will be deleted unless you opt for the information you did share to be included. This will be discussed with you. If you decide to withdraw after the interview has taken place, please let one of the researchers know by using the contact details at the bottom of this sheet. Following this, any audio recording, transcripts and demographic information will be deleted and destroyed. It is important to note that, due to the data analysis process, it may not be feasible to remove your data once the analysis has begun. For this reason, you will need to notify me within **7 days** of your interview if you would like your data to be removed. Please note that if I have not heard from you within this time frame I will proceed with using your data.

What will happen to my information?
Interview recordings and demographic information will be stored on secure and encrypted devices and labelled with a participant ID number. Recordings will only be accessible to the researchers. Interviews will be transcribed verbatim. Following transcription, recordings will be deleted and destroyed. Interview transcripts will also be anonymised using participant ID numbers. Any other personally identifiable information (identifying yourself or others) discussed within the interview will also be changed to protect anonymity. However, I ask that you avoid sharing any personal details of service users where possible (e.g. names).

Interview transcripts may be accessed by all researchers and, again, will be stored on secure and encrypted devices. Full transcripts will be deleted after 10 years, in line with recommendations of the Medical Research Council.

In line with all NHS and social care practice, in the highly unlikely event that you disclose concerns about safety or the possibility of harm coming to you or others (including children), I will need to discuss this with my supervisors. In certain circumstances, we may have to inform relevant third parties or management. However, I will make sure I discuss this with you first where possible.

What will happen to the findings of the research study?
The findings of the study will be written up for the university research project but may also be shared within reports, academic journals/publications or presentations. As part of this, we may wish to share anonymous direct quotes from your interview as illustrations, and other anonymous information. You will not be identifiable from this and a pseudonym will be used. If you are interested in the findings of the study, we will be happy to discuss this with you once the project is complete and/or share a summary report.

Who is sponsoring and funding the research?
This project is supported and funded by Canterbury Christ Church University as part of the Clinical Psychology Doctoral Programme.

Who has reviewed the study?
Research in social care is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. The Research Ethics Committee within the Salomons Institute of Applied Psychology at Canterbury Christ Church University has reviewed this project and provided their full approval (Ref no: V:\075\Ethics\2020-21).

Concerns and complaints
If you have a concern about any aspect of this study, please speak to me and I will do my best to address this. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and clearly say that the message is for me (Claire Cowper) and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology (XXXXXXXXXXXXXXX

Further information and contact details
If you would like further information about the study, feel free to contact me. My contact details are included below.

Claire Cowper – XXXXXXXXXXXXXX

Appendix 6: *Participant consent form*

**Canterbury
Christ Church
University**

**Salomons Institute for Applied Psychology
1 Meadow Road, Tunbridge Wells, Kent
TN1 2YG**

CONSENT FORM

Social workers' experience of endings when working with children looked after

		Initial
1.	I confirm that I have read and understood the information sheet for the project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that I can ask for the interview to be stopped at any point without having to provide a reason and this will not impact me in any way.	
3.	I understand that my participation in this project is voluntary and that I am free to withdraw my data or information at any time up to one week after my interview without having to provide a reason and this will not impact me in any way.	
4.	I agree to the audio recording of the interview and for this to be transcribed by the lead researcher or by a professional transcriber. (Please note if a professional transcriber is used they will not be given your name or place of work and they will be asked to sign a confidentiality agreement).	
5.	I agree that anonymised direct quotes from my interview and other anonymous data may be used in published reports of the study findings.	
6.	I agree to take part in the above study.	

_____   _____   _____

Name of participant   Signature   Date

_____   _____   _____

Researcher   Signature   Date

Appendix 7: *Interview schedule*

Demographic questions:
Gender, age, ethnicity

Initial 'warm up' questions:
How long have you been practicing as a social worker?
How long have you been in your present post?
Approximately, how many children do you have on your caseload currently?

Now I wanted to ask bit more about endings, can be planned or unplanned. Please could you tell me in general how you experience endings with the children you work with?
Possible prompts: *How do endings usually come about in your role? Can you describe the feelings you have experienced in relation to these endings? What impact does this have on you at work and in other areas of your life?*

Now, as a more detailed example of your experiences, can you tell me in more detail about your experience of one ending you have had with a young person you were working with that you feel went well.
Possible prompts: *How did that ending come about? Can you describe your feelings at this time? What do you think the young person thought about how this ending went? What made you experience it as positive do you think? In your experience, what helped this ending be a positive one? How typical is this example of your overall experience of endings?*

Now we are going to think about another example: Can you talk me through an experience of an ending with a young person that you felt was more challenging or that went less well.
Possible prompts: *How did that ending come about? Can you describe your feelings at this time? How did you manage/cope with this? What do you think the young person thought about how this ending went? From your point of view, what made this ending a challenging experience? How typical is this example of your overall experience of endings? What did this mean to you?*

What is your experience of young people's responses to endings? What is your experience of navigating endings when the relationship with a young person may have been particularly challenging? **Possible prompts:** *Have you had experiences where you felt young people were struggling to engage with the ending process? Can you describe how this made you feel? How did you manage/cope with this? Can you describe about what this means for you?*

From your own experience, do you think or feel that your approach to endings has changed over time?
Possible prompts: *What do you think are the experiences that resulted in that change (if there was a change)?*

What is your experience of talking or thinking with others about endings (either inside or outside of work)?
Possible prompts: *How does that make you feel? What difference do you think this makes for you? Did it feel helpful or not?*

How would you like for the young people you work with to remember you after your work is complete?
What are your thoughts about what an ideal ending would look like?

Appendix 8: *Salomons Ethical Approval*

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Appendix 9: *Email confirmation from service lead at Local Authority 1*

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Appendix 10: *Email confirmation from service lead at Local Authority 2*

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Appendix 11: *Abridged notes from bracketing interview*

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Appendix 12: *Abridged reflective diary*

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Appendix 13: *Julie's coded transcript*

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Appendix 14: *Julie's PETS, subthemes and experiential statements*

Personal Experiential Theme	Subtheme	Experiential Statements
The significance of the relationship	The importance of a personal connection	• A wish for YP to recognise and value Julie's personal qualities as well as her professional skills • Greater value placed in the relationship than experience and expertise by YP • YP valuing a worker that they can personally relate to • It's significant and special for YP to find a professional that they can trust, connect with and open up to
	Feeling like a parent	• Julie identifies as a professional parent which involves a balance of providing support and enforcing boundaries • Identifying as a professional parent while aware of professional boundaries • Acknowledgement that YP are moving on is difficult because Julie is so involved and feels like their parent • Going through traumatic experience together increase feeling like YP was her daughter
	The journey travelled together has strengthened the bond and made it harder to let go	• Sharing in the emotional journey of YP and being alongside them through their relationships • Journeying through a traumatic experience just the two of them strengthened their bond • Feelings of loss due to end of attachment that has built over time • Hard to say goodbye when built a significant relationship with a YP • Struggling to let go and sever connections when invested and built a positive relationship • Difficult to say goodbye when been a constant throughout lots of other changes for YP • A long, intense journey and making significance decisions for this YP allowed a strong connection to form • Being alongside YP through experiences of their trauma increases strength of the relationship and makes it harder to let go
	The significance of the SW role for YP and their life story	• The significance of SWs in the life story of YP meaning it is important for YP to acknowledge this • Care and empathy is essential for doing the job and building relationships • Recognising and emphasising the significance of the SW role is important part of endings
The challenges of holding on and letting go	The comfort that comes with holding on	• Holding onto people physically and mentally to reduce further pain • Struggling to mentally let go of YP so continuing to look them up and see how they're doing

		• Not Julie's choice to end as there is a sense of comfort and reassurance in knowing they're still with her
	Continuing to hold the relationship in mind after the ending	• YP feeling reassured and contained by being held in mind • Sending a card after the ending to let them know they are still held in mind • The significance of YP knowing that they're still held in mind • Providing YP with a keepsake to enable them to remember the relationship • Giving a keepsake that enables YP to remember Julie and the relationship • A hope for YP to hold the relationship in mind after the ending in a way that enables them feel complete • Holding on to and remembering the memories of the journey shared with YP helps to cope • Knowing that YP is safe and happy reduces need for ongoing contact but will still hold them in mind and check how they're doing
	When it feels easier to let go	• Endings are easier and more natural when the journey has gone smoothly • Lack of chaos makes it easier to plan and collaborate on the natural transition to slowly letting go • Only letting go once confident YP is settled and comfortable with new worker • Feeling a sense of completeness once confident child is settled which enables Julie to let go • Acknowledgement of the finality of ending and a wish for closure
	Managing when YP are struggling to let go	• Hard to manage when YP are expressing a wish to stay • YP trying to take control of the ending by finding ways to prevent it from happening • YP wanting to cling on demonstrates that they care and view Julie as an influence • YP have not chosen or want to end so will try to cling on for as long as possible • Hard for Julie to witness YP's dislike of the ending and wish to stay
	The decision to stay in touch	• Important to have a mechanism to check back in and see they're OK • Keeping in touch if a YP wants to and has limited support elsewhere • Knowing that YP is safe and happy reduces need for ongoing contact but will still hold them in mind and check how they're doing • Following up after ending provides containment for both Julie and YP • Creating opportunities to say hello again after the ending • Staying in contact to support and encourage YP to build a relationship with the new worker
The timing of the ending	Timing the ending in a way that enables processing	• The timing of an ending is significant and should be carefully considered • Timing conversations to work for YP and enable them to prepare • Scheduling the ending at a good time for the YP that ensures they have time to process

		• Incorporating creating space to personally reflect and process into preparation for endings
	Not wanting to add further stress amidst chaos and instability	• Deciding to hang on to prevent ending during a horrible and chaotic time for the YP • Delaying the ending due to not wanting to create further chaos and instability for a YP who has experienced this lots • Wanting to protect YP from an additional stressor while they're in thick of it with other demands • The stress of ending compounding other stresses for YP
	The significance of the adolescent period	• The formative nature of adolescence requires additional holding and containment • Significance of adolescence in identity formation and shaping the future
Putting the ending in perspective	"I'm there for the season, not the lifetime"	• Supporting a child to adulthood is like a jigsaw puzzle which Julie is only a part of • The helpfulness of keeping the bigger picture in mind • Acknowledgement of personal role within a bigger picture • Awareness of the bigger picture and her role within this better enables Julie to let go and disconnect
	Accepting that can't do everything	• Can be challenging to allow self to close the chapter while knowing the book is not finished • Sadness that had not been able to complete important work that needed to be done • Reminding YP of the bigger journey and that the next step is down to someone else
	Colleagues offering a wider perspective	• Colleagues able to validate and celebrate the work and the journey from an outsider perspective • Colleagues able to put Julie's thoughts and feelings around ending into perspective • Colleagues able to remind Julie of the wider perspective and the positives of ending
	Reflecting on the work done and whether done a good enough job	• Questioning the decision and the significance of this after the ending • Checking back in with YP's files to ease doubts about whether made the right decision • Holding on to doing trying to do a good enough job in circumstances
Planning and processing the ending	The importance of preparation for the ending	• Allowing sufficient time to prepare for ending • Advance warning allows both parties to prepare for the ending • The challenging endings are usually unplanned and sudden • Not having time to prepare for letting go led to shared sense of shock and unhappiness
	Ensuring support is available for the YP	• Recruiting the wider network to support the YP through the ending • Trying to make the ending easier for the YP by co-ordinating the ending with availability of support and fun
	Marking the ending together	• Marking the ending with gifts or meals out • Valuing being able to mark the ending at the last visit

		• Awareness that not being able to say goodbye in person is a problem and lead to complaints
	Allowing time for reflection	• Protecting time and mental space for the ending to enable Julie to be emotionally present • Reflecting on the positive and negative elements of the relationship • Sharing and reflecting on the shared journey in the ending card
	Adapting the ending according to the YP	• Learning from experience about what works and how to adapt depending on each person • An ideal ending involves everyone keeping the best interests of the child in mind • Try to manage endings according to individual need but sometimes the decisions are down to the manager • The ideal ending is not always possible but will adapt to make this a good enough experience
Handing over to the next worker	The expertise of the next worker to support YP to take the next step	• Reassuring YP by increasing familiarity and knowledge of new worker – they're no longer a stranger • Aiming to increase YP's confidence in the ending by amplifying the experience and expertise of next worker • Using honesty to explain what new worker can offer that Julie can't
	Mixed feelings around handing over	• Mixed feelings around handing over to new worker due to happiness that YP liked her but also a sense of competition and jealousy • Bittersweet nature of accepting that YP are growing up and need support from someone else with different expertise
The challenges presented by the organisation	A conveyor belt of children	• Lack of time and pressure to take on new YP affects approach to endings • Each ending marked by a new beginning with a new YP
	The control over endings	• Control and decisions around ending often in the hands of management • A realisation that can push management for ending to be at better time for YP
	The way in which YP respond to their lack of control and agency	• YP's anger and resentment at the pointlessness of the ending • YP usually passive with little control over the ending • No choice but to accept the ending despite feeling sad and unhappy about it • YP struggling with the lack of control or choice over the ending • Goodbyes come with mixed feelings for both parties as neither wants to end • YP's feelings of confusion and unfairness when sibling able to maintain relationship • YP angry and responding negatively to decisions around safeguarding, which affected the relationship

	The wish for a greater emphasis on endings	- A need for making the process of ending more embedded within practice - Not enough emphasis on the significance or potential consequences of endings within social work - Managers should take responsibility for ensuring endings and create structures for this
The influence of previous experiences on the ending	Julie's personal experiences increasing sensitivity to YP	- Personally challenging experience during adolescence increasing sensitivity to that period for YP - Experiences of own child increasing Julie's empathy with YP of a similar age, going through similar experiences - Personal experiences increasing salience and empathy of not feeling supported - Personal experiences of ending increasing empathy the pain of ending and making it harder to let go
	YP's difficult experiences of endings	- Important to avoid repeating previous patterns of difficult endings for YP - Previous experiences of abandonment, loss and inconsistency making all endings feel difficult
The mixed feelings that come with ending	Pain	- Endings marked by fear and worry about the future for the YP and whether done enough to prepare them for this - Greater pain of ending when YP do not have anyone else
	Relief	- Ending a difficult relationship can come with feelings of gladness and relief - Acknowledging the relief and excitement of losing a long journey can make the loss of a positive relationship easier to bear
	Mixed	- Mixed feelings as proud that YP value the relationship but sadness that have to let go - Holding on to the joy in the small, silver linings amongst the pain - Easing feelings of sadness and loss by reminding self of silver lining of less travel

Appendix 15: *GETS, subthemes and related PETs*

Group Experiential Theme	Sub-theme	Personal Experiential Themes
The importance of the relationship	"What we've journeyed together": A strong and close bond built over time	• The strength of some relationships - Debbie • The significance of the relationship - Julie • The context of the relationship - Ali • Acknowledging the personal connection within the relationship - Dan • The role of the relationship in the ending - Dan • Relationships that have been challenging or distant - Debbie • The emotional journey of the relationship – Gina • The role of family – Gina • What makes the ending feel more significant – Laura • *The journey travelled together has strengthened the bond and made it harder to let go (subtheme for Julie)* • *Having a parental role (subtheme for Gina)* • *Reflecting on the relationship and the journey (subtheme for Dan)*
	Acknowledging the loss of a relationship	• Thinking about losing the relationship - Rachel • Coping with the losses of ending - Debbie • The mixed feelings that come with ending - Julie • The ending in the context of the relationship – Jacob • Conflicting feelings associated with adoption – Laura • The experiences that stay with you - Laura • *Feeling sad and missing the relationship (subtheme for Rachel)* • *Talking about emotions can be normalising - a shared experience (subtheme for Rachel)* • *Uncertainty and anxiety (subtheme for Dan)* • *Accepting the pain of endings (subtheme for Jacob)* • *Balancing celebration with loss (subtheme for Laura)*
Managing the pain of the ending	"You have to become a bit dead inside": Avoidance and detachment	• Avoidance of the ending - Debbie • Avoidance of the ending and the associated emotions - Jacob • An avoidance of talking about emotions - Laura • Self-protection from the pain of ending - Gina • Putting the child's needs first - Rachel • *Minimising the emotional nature of the role (subtheme for Gina)*

		• *Minimising the significance of endings (subtheme for Rachel)* • *The feelings of the family come first (subtheme for Laura)* • *Are opportunities to talk about endings always valued or needed? (subtheme for Rachel)*
	Compartmentalising the practical and emotional demands of the ending	• The administrative vs the relational - Dan • The administrative side of endings - Ali • The role of the social worker - Gina • *A focus on the professional and practical rather than the emotional (subtheme for Laura)* • *Conversations around endings are not always reflective (subtheme for Rachel)*
	Easing anxiety by holding on	• When endings are left open - Ali • Decisions around keeping the ending open - Dan • Navigating ongoing contact after the ending – Jacob • Tolerating uncertainty after ending by deciding whether to check in - Rachel • *The relationship continuing after the ending in some form (subtheme for Rachel)* • *The comfort that comes with holding on (subtheme for Julie)* • *The decision to stay in touch (subtheme for Julie)*
	Acceptance and letting go	• Reaching acceptance that you can't do everything - Ali • Acceptance of endings - Jacob • Moving on after ending - Laura • Putting the ending in perspective - Julie • *Accepting that can't do everything (subtheme for Julie)* • *Managing when YP are struggling to let go (subtheme for Julie)* • *When it feels easier to let go (subtheme for Julie)* • *"I'm there for the season, not the lifetime" (subtheme for Julie)*
An opportunity to repair past trauma	The influence of young people's previous experiences	• Ways in which young people relate endings - Dan • Endings from the young person's perspective - Gina • Endings can be influenced by previous experiences - Rachel • The influence of previous experiences on the ending – Julie • Significance of endings for young people - Rachel • *YP's experiences and feelings about the system (subtheme for Jacob)* • *YP are reluctant to talk about the ending (subtheme for Rachel)*

	Hopes to give young people a different experience of endings	• Limiting possible feelings of rejection - Gina • The process of saying goodbye – Gina • Changing the narrative - Dan • The way in which endings are done - Dan • Providing a positive experience of endings - Debbie • Managing the emotional responses of young people - Gina • The way that endings can be marked – Rachel • The process of saying goodbye - Gina • Use of life story books to mark the ending - Laura • The experiences that stay with you – Laura • The process of preparing for the ending – Rachel • Planning and processing the ending - Julie • Putting the child's needs first - Rachel • *Timing the ending in a way that enables processing (subtheme for Julie)* • *Continuing to hold the relationship in mind after the ending (subtheme for Julie)* • *Letting young people know they will be held in mind subtheme for Gina)* • *Wanting to give YP better experiences (subtheme for Jacob)* • *Prioritising YP over management priorities (subtheme for Jacob)* • *Hopes for the ending (subtheme for Gina)* • *Marking the ending together (subtheme for Julie)* • *Adapting the ending according to the YP (subtheme for Julie)* • *Regrets after ending (subtheme for Gina)*
Trust and confidence in the transition	The importance of confidence in the ending	• The confidence within the ending - Laura • Containment in stability at the end - Ali • Clarity within the ending - Jacob • An agreement and readiness to end - Laura • A sense of cynicism and hopelessness about the future - Ali • Endings can amplify the weight of responsibility – Ali • Have I done a good job? - Ali • The challenges of tolerating uncertainty – Ali • Endings not happening as they should - Jacob • Barriers and blocks to a good ending - Dan • The sense of feeling like more could be done – Debbie • The timing of endings – Debbie • The timing of endings - Rachel

		• The difficulty of abrupt, unexpected endings - Laura • *Lack of time and stability impacting the ending (subtheme for Dan)* • *Ending amidst difficulty and chaos causing challenges (subtheme for Debbie about timing)* • *Not wanting to end when other stuff happening for the child - need for containment (subtheme for Rachel about timing)* • *Not wanting to add further stress amidst chaos and instability (subtheme for Julie about timing)* • *Valuing when there has been agreement to end due to improvement (subtheme for Debbie about timing)* • *A readiness to end (subtheme for Rachel about timing)*
	Trusting the safety net	• The containment of handing over - Dan • Handing over to the next worker - Jacob • Handing over to the next worker - Julie • Handing over to somebody - Gina • Handing the young person over - Rachel • Availability of ongoing support after ending - Jacob • Availability of a safety net after ending - Debbie • *Confidence in the adoptive family that had been chosen (subtheme for Laura)* • *Uncertainty around YP's ability to build a positive relationship with new worker (subtheme for Debbie)* • *Trusting others to step in (subtheme for Laura)*
The role of the organisation	Working in a flawed system	• A desire for more reflective practice – Dan • Coming to terms with challenges of the system - Rachel • Space to reflect on endings in supervision - Ali • Frustrations with the wider system – Jacob • Endings not happening as they should - Jacob • Working with the challenges of the system - Ali • The challenges presented by the organisation - Julie • Doing what you can in a flawed system – Dan • *Lack of control over the arbitrary cut off (subtheme for Debbie)*
	A collective experience with colleagues	• What one gets from talking about endings - Debbie • The role of colleagues within endings - Dan • *Colleagues offering a wider perspective (subtheme for Julie)*

Appendix 16: *Feedback report for ethics panel*

Feedback Report

Research Summary

Title: "I'm there for the season, not the lifetime": Social workers' experiences of endings when working with children that are looked after (CLA).

Background: Relationships between caring professionals and users of their services can be viewed as unusual because a trusting relationship is essential, but both parties are aware from the outset that there will be an end point.
Existing literature and theory relating to endings within professional/service user relationships mostly comes from therapy contexts and argues that endings can be influenced by previous experiences of loss and relationships. CLA have often experienced difficult relationships, loss and trauma which may influence their relationships and responses to endings. Research exploring endings within social work is limited, despite the unique experiences of this professional group. Social workers in child and family social care settings face pressures and challenges which may influence their experience of endings.

Aims: This study explored social workers' experiences of endings when working with CLA and aimed to answer the following research questions:
1. From social workers' experience of working with CLA, how do they understand endings?
2. What are social workers' experiences of endings with CLA?
3. What do social workers experience as impacting on their endings with CLA?

Method: Semi- structured interviews were conducted with eight qualified social workers from two local authorities who work with CLA and analysed using Interpretative Phenomenological Analysis (IPA). This qualitative methodology aims to understand how individuals attribute experiential significance and find meaning in certain events.

Analysis: From data analysis, five group experiential themes were generated in relation to endings. These were: the importance of the relationship, managing the pain of endings, an opportunity to repair past trauma, confidence and trust in the transition and the role of the organisation. Findings demonstrated social workers' awareness of best practice and the potential significance of endings, while also recognising the challenges that could get in the way.

Conclusions: Participants stressed the importance of relationships with CLA, which impacted their ability to let go and accept endings. Strong bonds formed through being alongside CLA throughout their journey and raised mixed feelings about the ending. There was an awareness of the potential impact of endings for CLA, particularly given previous experiences of loss and trauma and participants hoped to give CLA better experiences of endings. However, organisational and contextual challenges could prevent this and resulted in reduced confidence in the ending and future outcomes for CLA. Participants often expressed continual worry about CLA after the ending. Endings could evoke painful emotions which participants attempted to manage through use of various strategies and defences which could both aid and inhibit positive experiences. Implications for clinical practice include prioritising opportunities to build positive relationships with CLA, increasing emphasis on reflective practice and embedding understanding of endings across supervision and training for social workers. Future research can build on findings by comparing CLA and social workers' experiences, exploring management perspectives and the impact of reflective practice and supervision on ending experiences.

Appendix 17: *Feedback report for participants and local authorities*

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Feedback Report

Research Summary for Participants and Local Authorities

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Title: "I'm there for the season, not the lifetime": Social workers' experiences of endings when working with children that are looked after (CLA).

Background: Relationships between caring professionals and users of their services can be viewed as unusual because a trusting relationship is essential, but both parties are aware from the outset that there will be an end point.

Existing literature and theory relating to endings within professional/service user relationships has mostly come from therapy contexts and argues and endings can be influenced by previous experiences of loss and relationships. CLA have often had experiences of difficult relationships, loss and trauma which may influence their relationships and responses to endings. Nevertheless, research exploring endings within social work is limited, despite the unique experiences of this professional group. Social workers in child and family social care settings face pressures and challenges which may influence their experience of endings.

Aims: This study explored social workers' experiences of endings when working with CLA and aimed to answer the following research questions:

- From social workers' experience of working with CLA, how do they understand endings?
- What are social workers' experiences of endings with CLA?
- What do social workers experience as impacting on their endings with CLA?

Method: Semi- structured interviews were conducted with eight qualified social workers from two local authorities who work with CLA. Interviews were analysed using Interpretative Phenomenological Analysis (IPA). This is a qualitative methodology that aims to understand how individuals understand and find meaning in certain events. Interviews were conducted both in person and via video calls. Participants were given information about the study and asked to complete consent forms prior to interview.

Analysis: From data analysis, five group experiential themes were generated in relation to endings. These were: the importance of the relationship, managing the pain of endings, an opportunity to repair past trauma, confidence and trust in the transition and the role of the organisation. These themes and associated sub-themes are presented in the table below. Findings demonstrated social workers' awareness of best practice and the potential significance of endings, while also recognising the challenges that could get in the way.

Group Experiential Theme	Sub-Theme
The importance of the relationship	"What we've journeyed together": A strong and close bond built over time
	Acknowledging the loss of a relationship
Managing the pain of endings	"You have to become a bit dead inside": Avoidance and detachment
	Compartmentalising the practical and emotional demands of the ending
	Easing anxiety by holding on
	Acceptance and letting go
An opportunity to repair past trauma	The influence of young people's previous experiences

	Hopes to give young people a different experience of endings
Confidence and trust in the transition	The importance of confidence in the ending
	Trusting the safety net
The role of the organisation	Working in a flawed system
	A collective experience with colleagues

Conclusions: Participants stressed the importance of relationships with CLA, which impacted their ability to let go and accept endings. Strong bonds formed through being alongside CLA throughout their journey and raised mixed feelings about the ending. It was acknowledged that endings could be painful and generate feelings of sadness, loss, guilt and worry. Endings could also be associated with pride, satisfaction and relief.

There was an awareness of the potential impact of endings for CLA, particularly given previous experiences of loss and trauma and participants hoped to give CLA better experiences of endings. However, organisational and contextual challenges could prevent this and resulted in reduced confidence in the ending and future outcomes for CLA. Endings where there was instability or limited opportunities to prepare and process were associated with greater worry, guilt and frustration. Participants often expressed continual worry about CLA after the ending. Availability of a handover, wider support networks and ongoing contact with young people could serve to reduce worry. To manage difficult emotions, participants described using various strategies and defences which could both aid and inhibit positive experiences. Opportunities for reflective practice and discussion with colleagues was emphasised as important to support management of these challenges.

Practice Implications:
- Opportunities for social workers to build positive relationships with CLA should be maximised.
- Ensuring time and resources are available to enable social workers to prepare, plan and process the ending with CLA.
- Allocating time and resources for social workers to mark the ending with CLA is likely to increase satisfaction and processing of the ending for both parties.
- Increased opportunities for reflective practice, including in relation to endings may help social workers to process and manage the complex pressures they face and better enable them to support CLA and families.
- Embedding significance of endings within training, supervision and policies.

Thank you for your participation and involvement with this research project. If you would like to discuss the findings further or a copy of the full report please do not hesitate to contact me.

Appendix 18: *Author guidelines for British Journal of Social Work*

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