Professional judgement in social work: making sense of the initial home visit

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Abstract

The professional judgements made by child and family social workers are crucially important for the welfare and protection of vulnerable children. Social workers make assessments of need and risk in relation to children, often in the context of suspected abuse or neglect. A key part of assessment involves visiting the child and their parents in the family home.

This qualitative study investigated UK child and family social workers' experiences of undertaking initial home visits. Through a psychosocial analysis of narrative interviews (n=18) and focus groups (n=2), this study captures how social workers use their observations and experiences within the family home in order to arrive at a professional judgement.

This research fills a significant gap in the literature in relation to home visiting, which has been identified as an integral, although 'hidden', aspect of social work practice. Specifically, this study identifies the initial visit as involving a delicate balance between three interconnected domains of activity: sense-making (generating hypotheses about need, risk and parenting capacity), self-regulation (managing emotional responses during the visit) and managing the encounter (directing the discussion and use of professional role).

This thesis extends our current understanding of decision-making in social work, advancing a conceptualisation of the role of emotion in professional judgement. The analysis describes how social worker's emotions during the home visit can act as a resource informing assessment, alerting them to salient information. The social worker's emotional responses can also potentially act as a risk for professional judgement, through the creation of bias. The thesis suggests that the extent to which emotions act as a resource or as a risk, depends on individual, situational and organisational factors. Drawing on these findings, this research offers a series of recommendations for practice, including how organisations can facilitate effective professional judgement through the provision of emotionally intelligent support.

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List of abbreviations

CIN Child in Need

BME Black and Minority Ethnic

EI Emotional Intelligence

LA Local authority

KSS Knowledge and Skills Statement for Social Work (DfE, 2014)

PCF Professional Capabilities Framework (TCSW, 2013)

PN Parental Narrative

NFA No further action

SCR Serious Case Review

SW Social worker

Introduction to the thesis

The professional judgements of child and family social workers can make the difference between, for example, a child being left safely at home or remaining at risk of neglect or abuse. The quality of social work assessment is therefore a major source of concern not only to society as a whole, but also for social workers themselves for whom these judgements represent a great professional, personal and moral responsibility (Howe and Hollis, 1987). Social work with some families involves long-term assessment and intervention. Crucially, however, many key social work judgements are made on the basis of an initial home visit. Decisions made as a result of this first encounter with the family carry the case forward in particular directions; for example, the provision of support or the involvement of the police. Decisions made on the basis of this single encounter with the family may therefore have far-reaching consequences for the welfare of the child – particularly if the worker judges that no further action (NFA) is required and the case is closed.

This thesis reports a qualitative study investigating child and family social workers' experiences of undertaking initial home visits in the UK. The thesis identifies how social workers draw on their experiences within the home in order to arrive at a professional judgement.

The findings demonstrate that undertaking the initial home visit is a complex activity, involving three key tasks on the part of the social worker: sense-making (thinking), self-regulation (feeling) and management of the encounter (doing). The thesis demonstrates that these domains are necessarily interconnected. A common thread running through each of these tasks is the role of emotion, which can serve to inform, or may impede, professional judgement and practice. The thesis therefore advances a conceptualisation of professional judgement in relation to home visiting as an *affective-rational* process, contrasting with what has been identified as a tendency towards an 'instrumental-rational' (Houston, 2015: 383) 'techno-rational' (Cornish, 2016) or 'rational-cognitive' (Taylor and White, 2001: 48) conceptualisation of judgement in social work.

Context: child and family social work in the UK

The present study began in late 2012, in the context of a government-commissioned review of child protection practice in England. This evaluation, led by Eileen Munro, consisted of four linked reports (see Munro, 2011) which examined child and family social work through the lens

of systemic theory. The reports identified a culture of procedural compliance within Children's Services which tended to stifle professional autonomy and foster poor decision-making in relation to vulnerable children and their families. The subsequent recommendations (Munro, 2011) for social work reform sought to resituate professional judgement at the heart of social work practice.

Munro's (2010) depiction of child and family social work echoed concerns raised by other commentators of the time. Research drew attention to the dominance of a defensive, managerialist culture characterised by 'performance management' (Lees *et al,* 2013: 549) and the surveillance of risk via audit and bureaucratic IT systems (Broadhurst *et al,* 2010a). Such 'technical-rational' (Platt and Turney, 2013: 1) approaches towards the organisation of social work were identified as problematic in their 'privileging [of] cognition, rationality and predictability' at the expense of considering the 'emotional, irrational and unpredictable dimension' (Ruch, 2011: 3) of work carried out by, and for, people. Commentators drew attention to the way in which systems designed to regulate and standardise social work decision-making failed to acknowledge the complexities of the 'lived experience' of practice (Horwath, 2011: 1070), including work undertaken in the private space of the family home (Ferguson, 2010a) and in the context of challenging relationships with parents (Ferguson, 2005b). These 'emotional dimensions' of practice together with the 'intellectual nuances of reasoning' involved in everyday social work decision-making were acknowledged within the Munro report (2011: 20). Emphasis was placed on the need to support effective professional judgement at an organisational level. The 'Reclaiming Social Work' or 'Hackney Model' (Goodman and Trowler, 2012) was one such example of systemic reorganisation aimed to improve professional judgement. This small team, or 'unit' based, model of social care provision emphasised reflective practice and shared accountability in relation to decision-making and was demonstrated to have some success in improving the quality of social work assessment (Forrester *et al,* 2013). Other commentators identified social work supervision as the key site for the improvement of professional judgement (Community Care, 2011), emphasising the role of reflective (Morrison and Wonnacott, 2010) and emotionally-intelligent (Ingram, 2013b) supervision in challenging 'individual bias' (Wonnacott, 2012: 103) within social work reasoning.

Since the publication of the Munro Report, and as this research project has progressed, interest in the concept of 'professional judgement' has intensified, driven by the continued need to improve the quality of judgements made by social workers in relation to child welfare. Recently, the Serious Case Review (SCR) of the case of Daniel Pelka (Coventry LCSB, 2013) raised familiar questions about the quality of social work assessment, echoing those that were raised by SCRs of the deaths of both Peter Connelly in 2007 (Haringey LCSB, 2008) and

Victoria Climbié in 2000 (Laming, 2003). Daniel Pelka was murdered by his mother and her partner, following months of abuse and neglect. Prior to Daniel's murder, his mother was observed to present as a 'loving mum' who 'asked the appropriate questions and was not resistant to the idea of a referral to the paediatrician' (Wonnacott and Watts, 2014: 14). Thus the Daniel Pelka case, like those of Peter Connelly and Victoria Climbié, emphasised how professionals' relationships with parents (whether positive and apparently cooperative, or hostile and intimidating) could serve to 'derail' the effective assessment of risk (Brandon *et al,* 2008), preventing workers from asking apparently 'obvious' questions (Cooper, 2005: 4) and 'doing the basic things well' (Laming, 2003: 69). How to manage, and make sense of interactions with parents in the context of suspected child abuse and neglect remains a pressing question for child and family social workers.

As Cooper and Whittaker (2014: 251) observe, England has a 'long cultural narrative of child protection' involving high-profile child deaths followed by the perceived imperative to increase regulation in order to reduce the risk of professional error. Thus there is a tendency for policy in relation to child and family social work to seesaw between the 'impulse to give social workers more professional autonomy' as suggested by Munro and the 'impulse to introduce further inflexible and centrally mandated timescales and performance indicators' to improve practice (Wilkins, 2015: 396). While the increase in regulation, audit and other 'technocratic solutions' (Houston, 2015: 379) are aimed at improving decision-making, they in fact tend towards the opposite effect. The information and administrative systems intended to increase accountability in fact 'decrease social workers' opportunities to exercise professional discretion' (Moriarty *et al,* 2015: 14) resulting in 'compliance rather than professional judgement' (Brandon *et al,* 2012: 111) further compounding the likelihood of error.

A central question for policy-makers, organisations, educators and social workers is therefore how to increase the effectiveness and accuracy of professional judgement in a way that both acknowledges the complexity of the social work role and avoids a defensive reliance on increased regulation and procedural compliance. In attempting to address this question, a small, although bourgeoning, body of empirical research (of which this thesis is a part) has begun to examine professional judgement in child and family social work. The main concerns of this research can be broadly grouped into five themes:

1. How social workers exercise their professional judgement in practice

Empirical research has recently been concerned with how social workers reason about their cases, particularly in relation to situated judgements undertaken in 'unpredictable' physical spaces such as the home (Ferguson, 2016) and in face-to-face encounters with children (Ruch, 2014). Such 'practice near' research aims to identify how social workers make decisions within 'emotional and relational' (Froggett and Briggs, 2012: 1) contexts. In examining decision-making and judgement in the naturalistic setting of practice, research has begun to consider social workers' use of intuition, and the role of heuristics, or 'cognitive shortcuts' in everyday social work reasoning (e.g. Helm, 2011, Kirkman and Melrose, 2014, Saltiel, 2015).

2. The role of emotion in professional judgement

Counter to managerialistic and 'techno-rational' understandings of social work, there have been recent calls to 'reclaim' the role of 'emotional reasoning' (Trevithick, 2014: 287) and to acknowledge the value of 'affective-rationality' (Houston, 2015: 379) in social work. Re-visiting psychodynamic conceptualisations of anxiety, recent research has investigated the way in which the emotional demands of the work can negatively impact on professional practice (Hunt *et al*, 2016), particularly where these difficulties are compounded by a 'toxic' emotional climate within the social worker's organisation (Horwath, 2015: 2). As Ingram (2013a, 2015) observes, however, there remains a significant gap in the empirical research in terms of how social workers *use* their emotions in order to inform and enhance their professional judgement.

3. The impact of organisational contexts on professional judgement

Empirical research has begun to address the effects of organisational dynamics on professional judgement – revisiting a theme from the psychodynamic 'casework' of the 1960s and 70s (see Mattinson, 1979, Menzies-Lyth, 1959). Recent studies have included the impact of the 'neglectful organisation' (Horwath, 2015:1), 'blame cultures' (Fleming, 2015) and the dynamics of 'scapegoating' (Ruch, Lees and Prichard, 2014) on social work practice. Other studies have examined the way in which team cultures, particularly case talk in social work offices (Helm, 2013; Saltiel, 2015) and everyday 'vocabularies of practice' (Doherty, 2016: 1) shape and inform social work judgements.

4. Models of professional judgement

Research on social work reasoning has sought to develop models and tools to aid professional judgement which take into account the complexities of practice and support social workers to avoid some of the more common identified biases in assessment practice (see Kirkman and Melrose, 2014). Drawing from fields such as cognitive psychology (Taylor, 2012) and cognitive interviewing (Turney and Ruch, 2016), attempts have been made to improve professional judgement via appropriate decision-making 'aids' compatible with the types of decisions made by social workers and the modes of reasoning already employed (e.g. de Bortoli and Dolan, 2015). Other studies have suggested that certain decision-making 'tools' represent a reductive approach to social work decision-making undermining social worker expertise (Gillingham and Humphreys, 2010) and tend to 'replace' thoughtful practice (Wilkins, 2015). Thus the question of what may help social workers to 'think about their thinking' (Turney and Ruch, 2016: 669) remains a pressing question for social work research.

5. Professional judgement in the context of initial assessment

Within research on professional judgement, early or 'initial' assessment has been a focus of enquiry. Recent studies have focused on the 'front door' (Kirkman and Melrose, 2014) or entry point of children and families into social care services, identifying the use of heuristics in the processing of referrals (Saltiel, 2015) as well as the potential for bias (Broadhurst *et al,* 2010a, Wilkins, 2015) in the way that referrals are assessed. Existing empirical research identifies the tendency towards confirmation bias (Kirkman and Melrose, 2014). Hypotheses reached early-on in the life of a case are unduly influential (Munro, 1999), suggesting that in terms of initial assessment, 'first impressions' tend to stick. Despite the home visit acting as a key site for initial assessment, it is an area which has received relatively little attention in terms of empirical research (Winter and Cree, 2015). The small body of extant research suggests that initial impressions of the parent, such as whether they are 'cooperative', may act as 'shortcut' (Platt and Turney, 2013: 13) when thinking about the case, with perceived engagement on the part of the parent reducing both social workers' perception of risk and need (Buckley, 1999; Brandon *et al,* 2008). Ferguson's (2014, 2016) work suggests that the sensory and emotional impacts of encounters with families within the context of the home may have profound impact on social workers' assessment of risk. However, there remains a significant gap in our understanding of how social workers' emotional experiences inform or impede judgement, specifically in terms of early assessment.

This study examines how social workers make sense of their encounters with families in the context of initial assessment. As such, the thesis makes a contribution to our understanding of professional judgement, including the affective and intuitive aspects of social work reasoning.

Personal Background

My interest in home visiting grew from my professional experiences working with children and families as a qualified social worker. My role involved undertaking therapeutic assessment and intervention with children aged 0-4 and their parents and/or carers where there were attachment difficulties or concerns around abuse and neglect. The majority of my day-to-day work was carried out in the living rooms of the families on my caseload. I found that building relationships with children and their parents in the private space of their home required a very delicate and thoughtful kind of negotiation which was played out in dozens of ways - my choice of seat, whether to accept a drink, how to approach the child, and the consideration of how and when, as a visitor in someone's home, it was appropriate to adopt an authoritative stance. It seemed to me that home visiting presented a set of unique emotional and practical demands. In relation to some particularly memorable home visits, I came away feeling overwhelmed. On these occasions I needed time and space to reflect in order to think about the family with any clarity. Later, as a researcher, I therefore became interested in the impact of emotional processes on professional judgement. Prior to qualifying as a social worker I had undertaken an MA in Philosophy and Psychoanalysis. I was therefore familiar with the anxiety-defence model proposed by psychodynamic theory (see Hinshelwood and Skogstadt, 2000: 4). This provided me with a framework for thinking about how the 'lived experience' of the work might inform and/or distort the capacity for accurate assessment. My prior educational and professional experiences, together with the review of the existing literature, shaped the topic and focus of this thesis. The study sought to answer the following questions:

Q1: What are social workers' experiences of undertaking an initial home visit?

Q2: How do social workers make a professional judgement about a family?

Q3: How do social workers use and manage their emotional responses during an initial assessment?

The structure of the thesis

The thesis is comprised of four parts. Part one reviews the existing literature, part two outlines the methodology employed by the study. Part three reports the findings of the research project and part four consists of a discussion of these findings and their implications for policy and practice.

Part one: literature review

The literature review consists of three chapters. Chapter one explores assessment in child and family social work in the UK, locating the home visit as a key site for the assessment of risk and need. Social work assessment is identified as a narrative process, in which the social worker collects 'stories' from various sources (such as other professionals) and pieces together their own observations in order to generate a narrative about family life. Drawing on Pithouse's (1987: 2) influential description of social work as an 'invisible trade', the chapter identifies the home visit as a particularly 'hidden' aspect of social work practice.

Throughout its history in the UK, social work has been characterised as either a predominantly rational or a predominantly emotional and relational endeavour. This debate has been framed in various terms, including the dichotomy between 'head' and 'heart' (see Sheppard and Charles, 2015: 1837), analysis versus intuition (see Munro, 2008), the 'analytic' versus the 'experiential' (see Hackett and Taylor, 2014: 2182) and emotion versus reason (see Howe and Hinings, 1995). Chapters two and three of the literature review consider the role of reason and emotion in professional judgement respectively. Chapter two identifies sources of knowledge and processes that have been proposed to inform professional judgement, as well as empirical research examining how social workers reason about their cases in practice. Chapter three makes use of material from the fields of cognitive psychology, Emotional Intelligence (EI) theory and psychodynamic theory as 'lenses' through which to view the role of emotion in both informing and impeding professional judgement.

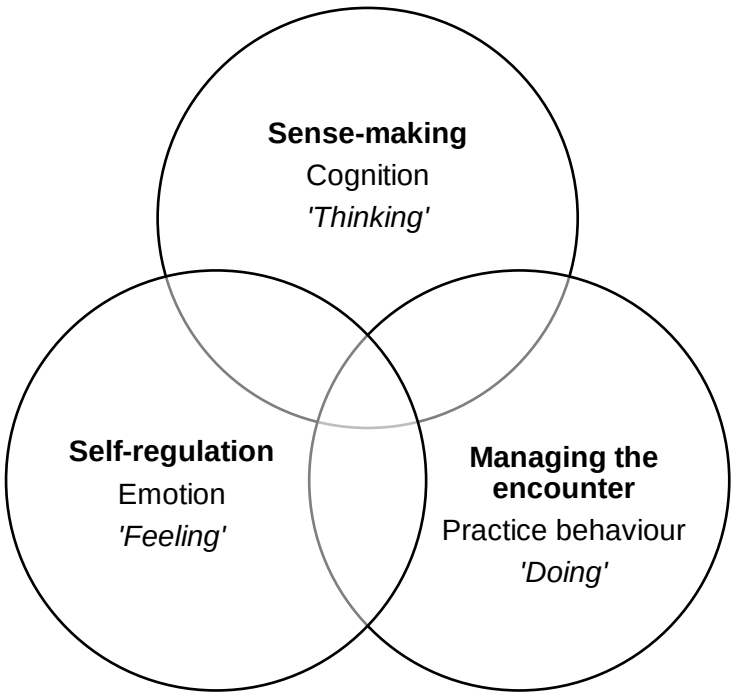
Part two: methodology

Part two of the thesis describes the psychosocial approach used to investigate social workers' experiences of home visiting. The term 'psychosocial' is used to designate a particular form of narrative interviewing and analysis informed by psychodynamic theory (Clarke and Hoggett,

2009; Woodward, 2015). The chapter provides a detailed account of how a psychosocial approach was used in relation to both data collection and analysis, including the ethical and practical dilemmas involved in the process. In describing the novel use of a psychosocial approach to investigate social work, this chapter offers a methodological contribution to social work research. Similarly, in employing a psychosocial approach to investigate professional (rather than personal) narratives, this chapter makes a contribution towards broadening the field of psychosocial studies.

Part three: findings

Part three of the thesis reports the findings from the study. The study identifies three key domains of activity in relation to the home visit: sense-making; self-regulation and managing the encounter (see fig. 1). The three findings chapters discuss each of these domains in turn, offering a series of models which attempt to capture the way in which social workers experience, understand, and manage their initial encounter with the family in the home.



(Figure 1. The three domains of the initial home visit)

Part four: discussion and implications for practice

Part four of the thesis offers a discussion of the interconnections between the three identified domains of home visiting. A common thread running through each of these domains is the role of emotion, which serves to inform, as well as potentially impede, the way in which social workers make sense of, and manage the encounter with the family. Drawing together the material from the findings chapters, chapter eight of the thesis therefore advances a conceptualisation of professional judgement as an affective-rational process. Chapter nine concludes the thesis, offering a series of recommendations for practice.

Part one: Literature review

Chapter one: The home visit in child and family social work

Introduction

This chapter explores assessment in child and family social work in the UK, locating the home visit as a key site for the assessment of risk and need. The chapter comprises four sections. The first section outlines the context of child and family assessment in the UK, identifying current debates regarding the nature of effective assessment. Drawing on relevant theoretical frameworks and existing empirical research, section two identifies assessment in social work as socially-constructed 'narrative' process. Section three identifies the social work home visit as a 'hidden', although integral, aspect of assessment. Section four of the chapter introduces key concepts relevant to initial assessment that will form the basis of the subsequent literature review chapters, namely professional judgement, cognition and emotion.

Section one: assessment in child and family social work

Since the death of Peter Connely in 2007 (see Haringey LCSB, 2008) referrals to children's social care services have increased (Hood *et al,* 2016). A recent study found that of children born between 2009-2010, '22.5 per cent were referred to children's social care before their fifth birthday' with 17 percent going on to be assessed by children services, a total of some 83, 713 children (Bilson and Martin, 2016: 1). In the context of increased demand, the need to make effective and accurate assessments (particularly in the context of limited resources and time constraints) remains pressing.

Assessments are used to inform decisions made in relation to vulnerable children and families and as such 'may have profound consequences' (Holland, 2011: 50) for their welfare. High quality assessment is associated with the effective targeting of interventions (Turney *et al,* 2011) and provision of appropriate support, while poor quality assessments compound the risks to children, exposing them to further abuse or neglect (Reder and Duncan, 1993, Ward *et al*, 2006, Brandon *et al,* 2008). The imperative to 'get it right' in terms of decision-making in relation to vulnerable children is reflected in the ongoing and continuous debate in terms of what constitutes safe, reliable and effective social work assessment.

Assessment quality

Research suggests the quality of assessments in child and family social work is variable. At best, workers' assessments are 'reflective and analytical' (Wilkins, 2015; 395) evidencing strong professional judgement, development of multiple hypotheses and clear identification of potential concerns. At worst, assessments have been described as 'only slightly better than guessing' (Dorsey *et al,* 2008: 378). Concerns have centred around professional inattention to the needs (Reder and Duncan, 1999), identity (Thomas and Holland, 2010), and views (Kähkönen, 1999) of children and, more generally, the child's 'story' within assessment (Munro, 2011). Concerns around the quality of professional judgement have centred around poor risk assessments (Ofsted, 2008), descriptive rather than sufficiently analytical assessments (Sinclair and Bullock, 2002, Collins and Daly, 2011) and 'fixed thinking' on the part of professionals (Brandon *et al,* 2009). The 'organisational climate' in which judgements are reached (Brandon *et al,* 2009) has also been identified as a source of concern, particularly the deleterious effect of 'blame cultures' (Ruch, Lees and Prichard*,* 2014) and the unintended, negative impact of IT-based procedural systems on judgement (Broadhurst *et al,* 2010a). Local thresholds for intervention (Brandon *et al,* 2008; Platt and Turney, 2013, Saltiel, 2015, Doherty, 2016) particularly in relation to neglect (Daniel, 2013) and the decision-making culture of specific teams (Scourfield and Pithouse, 2006; Helm, 2013) have also been identified as impacting the quality of social workers' professional judgement. The impact of these factors on professional judgement will be explored in more detail in chapters two and three.

Assessment models

The Framework for Assessment of Children and their Families (2000) provides a foundation for social workers undertaking assessment. The Framework offers a 'structured ecological approach' (Daniel, 2013: 88)*,* inviting social workers to consider evidence under three key headings: child development, parenting capacity and family and environmental factors. The framework includes a series of questionnaires and tools, such as the Strengths and Difficulties Questionnaire (SDQ), the Parenting Daily Hassles Scale, The Family Activity Scale and the Home Conditions Assessment (HCA) (see Cox and Bentovim 2000). The HCA provides workers with a 'mental checklist to provide a framework for observation' during the home visit. The HCA consists of a list of 11 items (with binary scoring). These items include smell (such as 'stale cigarette smoke, rotting food'), soiling of floors (covered in 'bits or crumbs'), general decorative order of the home and garden, cleanliness of kitchen, lavatory, furniture and

clothing (Cox and Bentovim, 2000: 24). Like the other tools provided as part of The Framework, the use of the HCA is not mandatory – its use is dependent on practitioners' discretion. The Framework therefore provides a 'conceptual map' for social workers undertaking assessment, rather than a 'how-to-do-it-guide' (Crisp *et al,* 2007: 1065). In this sense The Framework represents what de Bortoli and Dolan (2015: 7) define as a consensus-based decision-aid, which involves 'the practitioner collecting information over a specified period' and 'weighing up large amounts of data gathered from various sources' using their own discretion and expertise. In addition to the tools provided by The Framework, Horwath and Morrison's (2001) model provides a framework for the assessment of parents' motivation for change, while Prochaska and DiClemente's (1982) model of behavioural change has been recommended for use in the assessment of parental capacity for change in child and family social work (see Ward *et al,* 2014).

As Holland (2011:2) suggests, 'one of the key concerns' around assessment has 'been the tension between searching for assessments of measurable scientific validity and those that reflect the individually situated nature of each family circumstance and concern'. Concerns about the quality of social work assessment have led to calls for the development of more robust 'scientific' tools in the assessment of children and families. This 'quest for certainty' (Lymberg, 2003: 104) is reflected in the interest in the use of actuarial decision-making tools, which are based on empirically-tested relationships between variables and outcomes (usually established through experimental science). As de Bortoli and Dolan (2015) observe, actuarial tools tend to focus on a 'limited number of primarily static factors' and as such, are characterised by 'large numbers of closed questions and the use of scoring' (Holland, 2011: 22). Such instruments have been demonstrated as reducing individual bias (Baird *et al,* 1999) and form the basis of child protective social work assessment in the US. However, actuarial tools have been criticised as failing to capture the complexity and highly individualised nature of family circumstances. It has been demonstrated that the use of actuarial tools restricts practice, causing social workers to deviate from their prescribed usage (Gillingham and Humphreys, 2010) 'manipulating' the scoring in order to support an existing hypothesis. Recently a cautious use of actuarial tools has been proposed (e.g. Wilkins, 2015) along with calls for the development of semi-structured tools which represent better fit for the realities of assessment practice (e.g. de Bortoli and Dolan, 2015) to be used in addition to, rather than as a replacement for, professional judgement (Barlow *et al,* 2012).

Early assessment

Where referrals meet the particular thresholds of a LA for assessment they are passed to workers for an initial visit. Within the existing literature, these early or initial assessments have been identified as of particular concern. Recent studies have focused on the 'front door' (Kirkman and Melrose, 2014) or entry point of children and families into social care services, identifying the use of heuristics in the processing of referrals (Saltiel, 2015) as well as the potential for bias in the way that referrals are assessed (Broadhurst *et al,* 2010a, Wilkins, 2015). Existing empirical research (explored in more detail in chapter two) identifies the tendency towards confirmation bias (Kirkman and Melrose, 2014). Hypotheses reached early-on in the life of a case are unduly influential (Munro, 1999), suggesting that in terms of initial assessment, first impressions tend to persist. The home visit is a key site for this initial assessment. Social workers visit the family in their home in order to investigate reported concerns, to assess risk as well as to determine which, if any, intervention might be appropriate to support the family. In order to do this, social workers need to be able to question, observe and to process this information in order to arrive at an initial judgement in relation to the case.

Section two: assessment as narrative

In his auto-ethnography of social work practice, de Montigny (1995: 111) states that:

> Day-to-day encounters with clients rarely provide answers to social workers' questions. Even when clients do not lie, withhold information … making sense the everyday world of people's lives remains a daunting task. Social workers must transform the equivocal, indeterminate, and mysterious bases of day-to-day life into manageable and managed accounts.

This description of practice emphasises the experiential, local and particular nature of social work assessment. Social workers need to translate their experiences of children and families, as well as accounts provided by others, into the language of professional discourse (such as need, risk, parenting capacity) in order to inform a defensible course of action. The 'mysterious bases' of family life include what goes on in the private spaces of the family home (e.g. in bedrooms, bathrooms) but might also involve the social worker using concepts such as attachment in order to provide an account which makes the observed behaviours, routines and actions of family life understandable. The process of assessment translates the worker's impressions and observations into a coherent account,

or ‘narrative’. As Pithouse (1987: 108) observes, such ‘telling of the case is work’ – a practice requiring ‘skill and experience’ on the part of the worker.

A number of studies have examined social work through the lens of constructionism, regarding cases as discursively ‘constructed’ by workers through talk with others and the process of written recording (Pithouse, 1987, Pithouse and Atkinson, 1998, de Montingy, 1995, Holland, 1999, White and Stancombe, 2003, Hall *et al,* 2009, Scourfield and Pithouse, 2006, van Luitgaarden, 2011, Holland, 2011). Within a constructionist view of assessment, judgements are regarded as involving a ‘process of classification by characterization’ (Taylor, 2006: 943). Social workers engage in conversations about families with colleagues in social work offices and in meetings, the spaces referred to by Helm (2011) as representing the ‘ecology’ of judgement. Such ecologies, including team and organisational culture, have been demonstrated to shape the way in which cases are constructed (Scourfield and Pithouse, 2006). The types of narratives that social workers generate about families in the course of assessment are likely to be shaped by local practice, organisational demands and team culture as well as wider discourses, such as the ‘changing and conflicting constructions of childhood’ (Holland, 2011: 3) and abuse in society. As Reder *et al* (1993: 6) suggest, social workers’ assessment of children and families draw on ‘prevailing social beliefs… contemporary theories and knowledge’ about ‘children and their welfare and expectations of parents’. In support of this constructionist view, Luitgaarden (2011: 26-27) observes that ‘behaviour that could be labelled as ‘child abuse’ is ‘seldom directly observed by child protection workers’ and as such it is ‘constructed on the basis of narrative accounts provided by service users and involved professionals’. Rather than finding out the ‘facts’, the assessing social worker can instead be regarded as tasked with collecting, recording and integrating a range of often ‘incomplete, ambiguous or contradictory’ (van Luitgaarden, 2011: 27) ‘stories’ from a range of professionals. In order to make sense of such incomplete, ambiguous information, it has been demonstrated that social workers draw on a range of ‘unofficial sense-making strategies’ (Saltiel, 2015: 4) that may not be captured in case notes and formal reports.

Section three: the home visit as a ‘hidden’ aspect of assessment

Pithouse (1987: 2) identified three ways in which social work could be regarded as an ‘invisible trade’:

> First, social workers who visit people in the privacy in their own homes or see them in the office usually do so free from observation… Secondly, social work is invisible to the

> extent that the outcomes of intervention are uncertain and ambiguous… Thirdly, social work is invisible insofar as practitioners do not typically retrieve and analyse the occupational processes that surround their endeavours. Like most of us they rely upon rarely stated motives and taken for granted assumptions in order to accomplish day-to-day routines.

This section will examine the way in which the social work home visit can be regarded as a particularly 'invisible' or 'hidden' aspect of assessment. Firstly, it is 'hidden' as Pithouse suggests, in terms of its location and practice. Secondly, it is largely invisible or 'hidden' in terms of existing literature and research on social work practice. Thirdly, home visiting is a 'hidden' activity in the sense that that the sense-making processes used by social workers in relation to the assessment visit are not always visible or articulated – as Pithouse suggests, practitioners do not 'typically retrieve' and analyse their sense-making processes in relation to particular visits. Home visiting can also be regarded as involving 'hidden' processes in a fourth sense in that it is shaped by unconscious processes outside of the worker's awareness. Each of these aspects will be explored in turn.

Home visiting and the private space of the family home

Despite concerns around the increasingly office-based nature of social work practice (Broadhurst and Mason, 2014) the home visit remains an integral part of assessment in child and family social work (Ferguson, 2010a, Winter and Cree, 2015). Social workers visit families on the basis of a referral from another agency – the necessity for a visit having usually been determined by a screening or 'front door' triage service (see Broadhurst *et al,* 2010a). As a result of the statutory duties placed upon them to conduct an initial assessment or investigation, social workers are tasked with negotiating admittance to the private space of the family home. In this sense, the home visit acts as a key space through which the social worker mediates between the State and the usually private institution of the family. As well as entering the home, the social work visit requires social workers to enter into 'families' most intimate spaces' (Ferguson, 2016) such as bedrooms, bathrooms and cupboards – spaces which would normally remain invisible to the general public, and even trusted friends. As Winter and Cree (2015: 1) suggest, the home visit involves entering the most 'secret and intimate spaces of family life'. This can be taken literally (i.e. bedrooms and bathrooms) but also figuratively – social workers have to ask difficult, often intrusive questions about the private lives of parents and children. Social work assessment is

achieved through ‘intimate practice’ with the family, at times involving touch (such as inspecting the child for injuries) as well as talk and play (Ferguson, 2016).

The home visit may require the social worker to authoritatively gain access to aspects of family life which are intentionally withheld or deliberately hidden. As Ferguson (2009: 475) suggests, the home visit is a space that may provide opportunities for parents to ‘stage manage what the social worker gets to see and know’. A series of high-profile inquiries into child deaths and SCRs (see Haringey LSCB, 2008 and Laming, 2003) have identified a number of concealment strategies used by parents in order to hide evidence of abuse. Similarly, people themselves can be ‘hidden’ during the home visit. Ferguson (2009: 475), for instance, gives the example of abusive male figures, who ‘might be kept ‘secret’ by the mother, discreetly leaving ‘through the back door as the social worker walks in the front’.

The home visit as ‘hidden’ within the literature

As observed by Winter and Cree (2015: 2) there is an ‘absence of a general literature regarding the social work home visit’. In the UK, the work of Ferguson (2014, 2016) and Winter *et al* (2016) has begun to address this gap. Ferguson’s ethnographic research (2014, 2016) has demonstrated how the experiential and emotional experience of undertaking a home visit can shape decisions made by social workers. ‘Intense emotional experiences’ during the visit could serve to ‘immobilise’ social workers (Ferguson, 2014: 10). Feelings of disgust, or fears around contamination, could lead to professional withdrawal and neglect of vulnerable children (Ferguson, 2005b), while fears for one’s own physical safety could serve to impact on the depth and breadth of the worker’s investigation. It can be argued that the paucity of research into the home visit is reflective of the more general lack of empirical research into the ‘mobile, lived experience of practice’ (Ferguson, 2010a: 1100).

A small number of studies have focused on the management of the relationship between social worker and service user during the assessment interview. Forrester *et al* (2008) for instance, used a simulated scenario to investigate the way in which social workers talked to parents about child protection concerns. Similarly, Le Blanc *et al* (2012) used simulated encounters with hostile and aggressive parents to investigate social workers’ assessment of risk in stressful situations. The outcomes of these studies will be discussed in the next chapter. It could be argued, however, that such simulations, while useful, may not accurately capture the complexity and lived experience of conducting an assessment as a (potentially unwelcome) visitor in the unfamiliar environment of the family home. The (few) other studies on home visiting have examined parental perspectives on initial assessment (Platt, 2008:313) and the

way that roles are negotiated through language during the home visit (Hall *et al,* 2006). Platt (2008) identified that parents valued sensitivity, honesty, straightforwardness, provision of adequate information and engaged listening on the part of social workers during the initial encounter. In his study, Pithouse (1987: 98-99) similarly refers to the 'skilled presentation of self' on the part of the social worker, including the use of 'adroit use of body posture and control of conversation' to manage encounters with parents in a sensitive yet purposeful way. However, little is known of these 'skills' and 'secrets of the trade' (Pithouse, 1987: 99) apart from the fact that social workers are highly variable in their individual capacity to sensitively manage encounters with the family (Ferguson, 2014).

The 'hidden' role of the home visit in assessment

As Pithouse (1987: 2) observed, social work is 'invisible' insofar as 'practitioners do not typically retrieve and analyse the processes that surround their endeavours'. Assessment documents typically reflect the *outcome* of the deliberations, couched in acceptable professional vocabulary, leaving out the uncertainty, rejected hypotheses and unfolding situations in which social workers found themselves while they were trying to make sense of the case. Such 'unofficial sense-making strategies' Saltiel (2015: 2) are potentially vital to understand the ways in which social workers arrive at judgements in relation to the real-world, naturalistic setting of social work assessment. The rules of thumb, or the ways in which social workers 'get a feel' for the case may include a 'range of sensory and conceptual information that individuals use to understand any situation but which is normally hidden from scrutiny' (D'Cruz *et al,* 2007: 86). As Atkinson and Delamont (1990: 95) suggest such 'tacit' knowledge may form part of the 'hidden curriculum' of 'job performance' as opposed to the 'explicit rule-governed, codified part of a job'. However, within the existing literature there is little research on how social workers draw on their experiential, emotional aspects of home visit and the 'tacit' knowledge on which they draw to arrive at an assessment. What little research exists on this topic tends to be embedded in larger studies (e.g. Buckley, 1999). For instance, it has been suggested that the social workers' impression of the parent, particularly in relation to their perceived cooperation or hostility has a profound impact on social workers' assessment of risk (Buckley, 1999; Hackett and Taylor, 2014; Regehr *et al,* 2010). Collins and Daly (2011) also make reference to the way in which subtle clues such as 'body language' could influence the social worker's assessment. These studies provide a tantalising hint of the ways in which such personal, relationship-based ways of knowing might influence assessment.

De Montingy (1995: 111) observed that the role of the social worker involved following what he termed as the 'tracks of day-to-day life':

> I had to learn how to read the signs … to tell stories about neglect and abuse. I and other social workers collected the signs to make cases. Our collection of signs from daily life became the basis for legitimising our interventions into clients' lives.

Most of these 'signs' were seen within the family homes, the contents of bedroom and the kitchens in flats and houses. The social worker's task is to ascertain the significance, for example, of the empty food cupboards, dirty bed linen or a spotless house – signs which might be indicative of a wide range of possible scenarios. These signs then need to be translated into a coherent narrative of family life in order to generate an accurate assessment. As de Montingy (1995: 111) suggests, learning to 'read the signs' is a learnt skill – forming, we might suggest, the 'hidden curriculum' of the job role. However, despite the centrality of the home visit to assessment, little is known about the way in which social workers make sense of their observations and experiences. How do they identify which of their observations are salient? What 'signs' do they tacitly regard as indicators of risk? These are questions which are not readily answered with reference to existing empirical literature. As Peräkylä and Vehvilfen (2003: 728) observe 'practices are not accomplished merely by following theories models or concepts. Theories and models are generalizations whereas practices are carried out in situ'. Research into the home visit is scarce, and so it is difficult to apprehend the role of these situated practices in assessment.

The hidden dynamics of the home visit

As Trevithick (2011: 402) suggests 'non-verbal, unspoken or 'hidden aspects' are 'almost always present in a particular situation or personal encounter'. This can be regarded as particularly pertinent to the encounter between social worker and service user during the initial home visit. Both service user and social worker bring to the relationship a personal history likely to shape the encounter (see Mattinson, 1975). These emotional dynamics are likely to be heightened within the emotionally-charged scenario of the social work visit. Psychodynamic theory posits that 'hidden, unconscious motive-forces lie behind the surface of social life' (Billig, 1997: 140). Impulses which violate taboo or threaten the individual with intolerable levels of anxiety will be defended against. Social workers frequently enter into situations which we would expect to provoke such responses, experiencing hostility and aggression, as well as having to consider the 'unbearable and unthinkable' (Turney and Ruch, 2015: 680) such as the abuse of children by their parents. Workers may experience frustration or disgust

(Ferguson, 2005b) and feelings of sadness or helplessness that threaten to overwhelm them. The ways in which social workers defend themselves against such experiences has been demonstrated to have an impact on their professional behaviour (e.g. Ferguson, 2011, Emanuel, 2002). The avoidance of pain or disgust might serve to 'derail' a home visit for instance, if the social worker cannot bear to consider and address the parent's potential abuse of the child. *What* social workers see, as well as how they interpret it is therefore likely to be shaped by unconscious emotional processes (Mattinson, 1975). The nature of these processes will be examined in chapter three.

Section four: the 'head' and the 'heart' of professional judgement

Following their initial encounter with the family, social workers need to arrive at a professional judgement, whether this be to close the case, to escalate concerns, to engage in a programme of intervention or to seek further information. As de Bortoli and Dolan (2015: 10) observe 'whilst it is important to determine which decisions are made, it is similarly important to understand *how* decisions are made' if we are to develop tools to assist social work assessment. Within the existing literature, accounts of *how* social workers exercise their professional judgement in relation to the home visit are scarce. Little is known, for instance, about the way in which workers use their observations to draw a conclusion, or how they decide whether an observed behaviour is salient or insignificant.

The broader literature on professional judgement can be regarded as being characterised by a series of binaries, such 'head' and 'heart' (Sheppard and Charles, 2015: 1837), thought and feeling (Howe, 2008), analysis and intuition (Munro, 2008) and the 'analytic' and the 'experiential' (Hackett and Taylor, 2014: 2182). Whether professional judgement is conceived as predominantly rational or emotional, intuitive or analytical has depended on the prevailing intellectual and political climate within which it has been conceived.

The psychoanalytically-informed casework of the 1950s-70s, for instance, privileged emotion as a source of knowledge and an essential part of the work (see Mattinson, 1975). However, criticisms about the validity of psychoanalytic theory for social work practice (see Pearson *et al*, 1988), the influence of behaviourism, prevailing 'risk discourses' (Littlechild, 2008: 663) and managerialism (Trevithick, 2014) coupled with a long 'social history' (Cooper, 2014a: 282) of high profile child deaths led to a quest for more rationally-defensible decision-making processes. Within such a rationalistic paradigm emotions came to be considered as 'a problem to be managed' (Myers, 2008: 205) rather than a resource for professional judgement. In terms of assessment, there was a wariness of emotion with 'exhortations [for practitioners] to be on

their guard against the intrusion of the emotional into the rational decision-making process' (Myers, 2008: 205).

More recently, there has been a renewed, more positive, discussion of emotion (see Ingram, 2013a, 2015, Trevithick, 2014) in relation to social work reasoning, with the recognition of professional judgement as 'both a head and heart activity' (Horwath, 2007: 1285). This is reflected in the identification of emotional intelligence as an important theory for social work (Morrison, 2007; Howe, 2008) and current guidance (DfE, 2015) to supervisors to provide 'emotionally intelligent practice supervision' for workers. A number of writers on relationship-based practice (Ruch *et al,* 2010, Trevithick, 2014, Ingram, 2015, Turney and Ruch, 2015) have identified a positive role for emotion in the work, emphasising the need to acknowledge the 'cognitive and affective' aspects of decision-making (Turney and Ruch, 2015: 1) and to recognise assessment practice as both a 'practice–moral' and a 'technical-rational' endeavour (Horwath, 2007: 1285). Other writers have begun to consider the related role of intuitive and experiential processes in social work reasoning (Munro, 2011; Helm, 2011). Home visiting has been identified as a particularly emotionally-challenging (e.g. Ferguson, 2005a) and intuitive (Helm, 2011) activity, rather than a purely analytical process. The next two chapters will examine professional judgement in terms of these different aspects; chapter two discusses the role of reason in professional judgement, while chapter three examines the role of emotion in professional judgement.

Chapter two: the role of reason in professional judgement

Introduction

Chapter one of the literature review focused on assessment in child and family social work. This chapter examines the role of reason in professional judgement; the ways in which child and family social workers employ reasoning, reflection and knowledge in their assessment of families. The next chapter (three) will examine the role of emotion in professional judgement; how social workers' emotions may enhance and/or impede professional judgement.

The chapter is divided into four sections. The chapter opens with the definitions of professional judgement. Section one examines the knowledge *sources* that have been identified as important for professional judgement including: evidence-based knowledge, practice wisdom and systemic theory. Section two examines the *processes* of professional judgement, including critical reflection and hypothesis-generation and testing. Thirdly, the chapter turns to examine the relatively scant empirical research concerning how social workers 'make sense' of their cases in practice. This section focuses on social workers' use of theory in assessment, the role of intuition and heuristics in decision-making and identified biases in professional judgement. Fourthly, the chapter turns to examine the impact of organisational cultures on professional judgement.

Section one: Professional judgement

Despite the recognised centrality of 'professional judgement' to social work practice (e.g. Munro, 2011), few definitions are offered in the existing literature. The term 'judgement' is used in a variety of ways, often interchangeably with 'decision-making' (Taylor, 2013) and 'analysis'. One of the few definitions of professional judgement is provided by Taylor (2013: 165):

> … the considered evaluation of evidence by an individual using their cognitive faculties so as to reach an opinion on a preferred course of action based on available information, knowledge and values.

Professional judgement can therefore be regarded as both a *process* involving thinking and cognition, as well as an *outcome*, i.e. the decision to take a specific action in relation to the case. However, there is some evidence that, in practice, social workers themselves view a distinction between decisions and judgements. Collins and Daly (2011) found that social

workers regarded judgements as the province of individual workers, while 'decisions' were perceived as directly related to action, to be made collectively, higher-up the organisational hierarchy within formalised arenas such as case conferences and interagency meetings.

Eraut (1994: 49) suggests that professional judgement is an 'interpretative' activity. Information gained from other professionals, or the social workers own observations, is interpreted and made sense of 'in the light of professional knowledge' and values (Taylor, 2013: 180). Professional judgement therefore involves not just the collation of information, but also the active processing of this information in order to reach a conclusion. Studies examining the quality of social worker's assessments have identified a tendency towards 'description' rather than analysis (e.g. Sinclair and Bullock, 2002; Collins and Daly, 2011). In other words, a failure to assimilate and interpret the gathered information in order to arrive at a professional judgement. Turney *et al* (2011: 5) emphasise that:

> …good assessment is a complex activity. It involves the systematic and purposeful gathering of information but is more than simply a process of collecting 'facts'… [Workers need to] process a mass of multifaceted and sometimes contradictory material to come to a view about its meaning. This requires a range of knowledge and skills, including the capacity to think analytically, critically and reflectively.

Similarly, Rutter (2013) distinguishes the *process* of judgement from its *source*s, identifying two key aspects of professional judgement: practical reasoning and use of knowledge. Practical reasoning refers to the thinking and reasoning which underpins the 'doing' of social work (reasoning directed towards action) while use of knowledge refers to the sources of knowledge on which the social worker might draw in order to reach a professional judgement (e.g. theory, observations of the family, existing research).

Sources of 'knowledge' for professional judgement

The current Knowledge and Skills Statement (KSS) (DfE, 2014) states that social workers should:

> Demonstrate a critical understanding of the difference between theory, research, evidence and expertise and the role of professional judgment within that; how to utilise research skills in assessment and analysis; how to identify which methods will be of help for a specific child or family and the limitations of different approaches; and how to make effective use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children.

Thus within the KSS, as within the Professional Capabilities Framework (PCF) before it (TCSW, 2013), there is a continued emphasis on 'evidence based research'. Social workers are directed to select approaches to assessment and intervention which are defensible both in terms of the rigour of their evidence-base and their relevance to the particular child and/or family in question.

Sources of knowledge for professional judgement: Evidence-based practice (EBP)

The Framework for the Assessment of Children in Need and their Families (DoH, 2000) advocated 'evidence-based practice grounded in knowledge with finely balanced professional judgement…' (DoH, 2000: 16). More recently, The Allen Report (Allen, 2011), which was commissioned to make recommendations for early intervention for children aged 0-18, drew on an explicitly evidence-based framework. The list of nineteen programmes to be adopted (such as the *Incredible Years* (Webster-Stratton, 2011) parenting programme) were recommended on the basis that they had been 'evaluated to a very high standard using the most robust evaluation tools' (Allen, 2011: 69), requiring at least one Randomised-Control Trial (RCT) or two Quasi-Experimental Design Studies (QEDs) (Allen, 2011). Thus the Allen report reflected what had come to be an increasingly popular notion in some quarters (Macdonald *et al,* 1992, Sheldon and Macdonald, 1999) – that interventions for children and families should be selected on the basis of their being subject to robust scientific testing. Given it has been shown that social workers do not tend to utilise formal theory in practice (Fook, 2002, Sheppard, 1995, Pithouse & Atkinson, 1988), the quantitatively focused strand of the evidence-based approach was presented as offering a salutary alternative to 'opinion-based' judgements or the use of 'lay' knowledge (Taylor & White, 2001: 39) in relation to assessment and intervention.

A number of commentators, however, have suggested that the early, more positivistic strands of the EBP approach place an undue emphasis on evidence from quantitative research (Taylor and White, 2005). Fook (2002: 78), for instance, identified as problematic the assumption that 'hypothesis testing, sampling techniques and validated instruments are the only pathway to legitimate understanding'. Other commentators have therefore emphasised the need for a nuanced understanding of what constitutes 'evidence'. Hollway (2001) argued for the inclusion of qualitative research and evaluation in determining 'what works' for children, while Beresford (1999) drew attention to service user-generated knowledge and experience as an important source of knowledge for practice. 'Evidence' can also be regarded as including 'what happens,

and is understood, between social worker and service user' (Cornish, 2016: 9), emphasising the experiential and relational generation of knowledge in social work practice. For instance, Daniel (2013: 88) draws attention to the importance of 'common-sense empathy with the unhappiness of hungry, tired, unkempt and distressed children' which helps social workers to notice neglect. Current government policy in relation to social work remains underpinned by a continued commitment to evidence-based practice. In May 2016, the Department for Education announced the establishment of a new 'What Works Centre' (WWC) for Children's Social Care (see DfE, 2016). The proposal for the WWC identifies one of its key functions as the 'synthesis of existing evidence, including learning from the Innovation Programme and SCRs, and other research'. However, it remains to be seen whether the WWC will privilege certain kinds evidence in a similar way to the Allen Report (2011).

Sources of knowledge for professional judgement: Practice wisdom

The notion of practice wisdom suggests that social work practice itself can be regarded a source of knowledge, rather than as something that has particular theories and concepts applied to it (D'Cruz *et al,* 2007). In what might be described as a bottom-up approach, proponents of this approach argue that the knowledge-base for social work must also include 'research of the 'tacit' knowledge of practitioners' (Fook, 2002: 79). Thus, while social workers may draw on what might be described as formal knowledge (e.g. attachment theory) they may also draw on their 'experiential knowledge from prior cases' (Scott, 1998: 74). Thus in addition to an evidence-based notion of what may be an effective intervention, the social worker may also have their own idea of 'what works' based on their previous work with children and families. It is this valuable, local knowledge, Fook (2002) argues, that needs to be captured in terms of research.

Practice wisdom has also been proposed as an 'integrating vehicle' (Klein and Bloom, 1995) through which the strengths of evidence-based and experiential knowledge are combined in order to minimise the limitations of both (Collins and Daly, 2011; O'Sullivan, 2011). However, while practice wisdom might be a valuable resource, there is also the danger that local knowledge and its transmission might slip into 'adhocery' rather than representing genuinely reflective and informed professional judgement. For instance, a recent DfE-commissioned study (Kirkman and Melrose, 2014: 5) was highly critical of social workers' practice, arguing that they 'have a poor grasp of the evidence base relating to effective practices' finding an undue emphasis on the 'experience and expertise of an individual' worker rather than 'an understanding of which interventions are likely to have the most positive effect'.

Sources of knowledge for professional judgement: systems theory

As well as the more familiar sources of social work knowledge (e.g. the so-called 'grand theories' of social science and psychology), there has been an emphasis on 'systemic approaches' in social work assessment (e.g. Reder and Duncan, 1993, 1999). The PCF (2013) emphasised that social workers should be able to 'recognise how systemic approaches can be used to understand the person-in-the-environment'. The work of Munro (2011) and Reder and Duncan (1993) has also emphasised the importance of systemic theory in evaluating and understanding social work practice itself.

In terms of social work assessment practice, adopting a systemic approach would involve the social worker viewing the service user in the context of their environment. As Forrester *et al,* (2013: 4) state 'systemic approaches see families as systems rather than individuals, with the family system interacting with wider systems such as the broader family, the neighbourhood or professional systems.' During an assessment of a withdrawn child, for instance, the social worker would not solely focus on parenting capacity, but also on the systems of which the child and caregiver are a part, such as their wider family and engagement with educational or health services, etc. The current KSS for child and family social work emphasises the importance of 'genograms' and 'ecomaps' in social work assessment (DfE, 2014) making reference to the 'social dimensions of parental abuse and neglect'. However, as Daniel (2000: 92) cautions, 'practice occurs within a system that is preoccupied with events, rather than ongoing parental climate or atmosphere' which may militate against a consideration of contextual factors. For instance, Buckley (2000b) found that assessments in social work tended to focus on discrete, single events within the life of the child, rather than acknowledging the wider, systemic factors that might impact on the child's experience. More recently, however, Wilkins's (2015) study indicated that even in relation to scenarios skewed towards single issues i.e. a single act of physical abuse, social workers *did* consider information from other sources (such as schools and educational institutions) and explored the wider networks impacting on the functioning of the family.

Systemic theory has increasingly been recognised as a tool to understand, and reflect on social work practice itself. The 'Reclaiming Social Work' or 'Hackney Model' (Goodman and Trowler, 2012), for instance, draws on systemic theory. Crucially, this model conceptualises effective judgement in social work as the shared responsibility of a clearly-defined and cooperative group of professionals, rather than the responsibility of an individual worker.

The principles of a systems approach have been utilised to examine professional collaboration and interagency working in cases of child death (see Reder & Duncan, 1993, 1999). Part of

the appeal of a systemic approach is that it views outcomes as the product of a particular network or system, thus avoiding unhelpful scapegoating in the form of apportioning blame to a single individual (Reder & Duncan, 1993). The current KSS (DfE, 2014) makes reference to the need for social workers to work with the 'understanding that the success or failure of the social worker depends on the operation of organisations, and also in spite of it' (DfE, 2014).

Section two: reasoning processes in professional judgement

The previous section outlined the knowledge-bases which have recently been proposed for social work – *what* social workers should draw on in order to arrive at a professional judgement. This section examines reasoning processes in social work assessment – *how* it is proposed social workers should process information in order to arrive at a professional judgement. It will cover two key concepts: critical reflection and analysis and hypothesis generation.

Critical reflection and analysis

The notion that social workers should 'reflect' on their cases in order to arrive at a professional judgement (Taylor, 2013) is familiar to social workers and those involved in social work education. The concept of reflection, together with the principles of reflective practice, routinely form part of social work education. 'Being reflective' is generally extolled as a hallmark of good practice (Taylor, 2013). The PCF (2013) stated that social workers should 'apply the theories of and techniques of reflective practice' in their work. The current KSS (DfE, 2014) contains only one reference to reflection, but it is arguably implicit in the each of the 11 statements. Schön's (1983) 'reflection-in-action' thesis represents a familiar conceptualisation of reflective practice.

Schön's (1983) concept of reflection-in-action is relevant for social work – an applied subject involving practical as well as intellectual endeavour. Schön (1983) emphasised the importance of simultaneous reflection and action, as opposed to thinking *on* action (after the event). Thinking-in-action, or the ability to modify one's thinking and actions in response to a situation is a key skill in social work practice. The home visit, for instance, is likely to be a fast-moving and interactive experience involving multiple social cues and sensory information. The capacity for 'reflection-in-action' (Schön, 1983) is therefore crucial, since the worker must consider the meaning of their observations during the visit while simultaneously managing the interaction with the family.

Despite its widespread adoption in practice and social work education, the notion of reflection (and reflective practice) is problematic (Ixer, 1999). 'Reflection' tends to be framed as a homogenous concept when in fact, there is little consensus in the academic literature as to what constitutes reflection, or indeed reflective practice, critical reflection, reflexivity and critical thinking (Ixer, 1999). Within the literature on critical reflection there are a number of different definitions and models. D'Cruz *et al* (2007: 37) identify that the term 'critical reflection' is often used 'interchangeably' with the term 'reflexivity'. D'Cruz *et al* (2007) identify three key meanings of reflexivity and critical reflection in the existing literature. Firstly, reflexivity is used to describe 'the individual's considered response to an immediate context'. This notion of reflexivity relates to the way in which individuals 'process information and create knowledge' (D'Cruz, *et al,* 2007: 75). The second use of the term reflexivity, or critical reflection, is related to an 'individual's self-critical approach that questions how knowledge is generated and, further, how relations of power operate in this process' (D'Cruz *et al,* 2007: 75). The third variation of reflexivity or critical reflection is 'concerned with the part that emotion plays in social work practice' (D'Cruz *et al,* 2007: 75). This third variation, and the role of emotions in 'making sense' of the home visit, will be discussed more fully in chapter three.

The second variation of reflexivity – relating to issues of power and knowledge – appears to cohere with other commentators' accounts of critical reflection. For instance, Ruch (2007: 661) describes critical reflection as 'seeking to transform practice by challenging the existing social, political and cultural conditions' that underpin it. Similarly, Fook & Askeland (2007: 521) suggest that 'critical reflection involves the identification of deep-seated assumptions, but with the primary purpose of bringing about some improvements in professional practice'. Thus critical reflection involves not only thinking about one's practice and identifying relevant sources of knowledge that may be helpful in the understanding of a case, but also being conscious of the legitimacy of that knowledge base and the values and assumptions that may be a part of it. As Taylor & White (2001: 55) summarise:

> …acting reflexively means that practitioners will subject their own and others' knowledge claims and practices to analysis. Knowledge, in particular, becomes not simply a resource to be deployed in practice but a topic which is worthy of scrutiny. We need to examine, for example, how attachment theory and biological psychiatry shape our thinking about users' lives and practice situations.

Fook and Gardner's (2007) model of critical reflection encourages professionals to deconstruct the elements of a professional judgement in order to render explicit the underpinning assumptions on their part, and to consider how their decision-making may be influenced by the social context. As Sheppard (1998: 767) concludes, a reflexive, or critically

reflective professional is one '… who is aware of the assumptions underlying the ways they 'make sense' of practice situations…' (Sheppard, 1998: 767).

Hypothesis generation

The PCF (2013) stated that social workers should 'know how to formulate, test, evaluate and review hypotheses in response to information available at the time' and 'question[ing] and evaluat[ing] the reliability and validity of information from different sources'. Similarly, the current KSS (DfE, 2014) for child and family social work suggests that social workers should be able to 'explain the essential use of multiple hypotheses' (DfE, 2014) and 'reflect upon and test hypotheses about what is happening within families, for children.'

In order to 'test hypotheses' (DfE, 2014) social workers must seek disconfirming evidence rather than succumbing to perils of what Sheppard (1995: 278) refers to as 'verificationism' for, as section three of this chapter will outline, empirical research has identified a tendency for workers to seek only confirming evidence for their hypotheses (e.g. Munro, 1999; Taylor and White, 2006; Reder and Duncan, 1993, Sheppard *et al,* 2001).

The iterative process of multiple hypothesis generation in social work assessment has been likened to the process of qualitative, rather than experimental, research. A number of authors have suggested that qualitative research strategies might be relevant to social work assessment (e.g. Holland, 1999; Clifford and Cropper, 1997; White, 1997). Riemann (2005, 427), for instance, argues that students of social work should become 'ethnographic researchers' in their practice, formulating multiple hypotheses and generating knowledge about families using an inductive analytical method. Similarly, Scott (1998: 74) identifies a 'strong parallel between social work practice and ethnographic research'. This similarity between ethnography and social work assessment 'can be seen at several levels: in their common orientation to meaning construction; in the methods of observation and in- depth interviewing; in their inductive analytical processes' (Scott, 1998: 74). Similarly, Sheppard (1995: 265) suggests that 'the methods used by social researchers are, in many respects, simply refinements of the methodology of everyday life, and that social workers, when conducting assessments operate rather like practical qualitative researchers.' That is, the worker gathers information form an initial hypothesis, before modifying their hypothesis in an iterative process as new data becomes available. Like a qualitative researcher, the social worker may also employ triangulation techniques (Sheppard *et al*, 2001, van Luitgaarden 2011) – checking whether other sources of data confirm or challenge their initial hypothesis or case formulation.

The next section will review empirical research concerning how social workers 'make sense' of their cases in practice, and the ways in which this both coheres with, and departs from, the theoretical processes described above.

Section three: Professional judgement in practice

There is a paucity of empirical research into how practitioners identify neglect and abuse, the day-to-day work of child protection, as well as how social workers apply what Buckley (2000a: 13) describes as their 'sense-making skills'. As such, the following analysis draws not only on the scant UK-based research, but also international research into child and family social work and relevant material from allied professions such as nursing. This section identifies three key themes in the empirical research with regard to the way in which social workers reason about, reflect on and arrive at professional judgements: use of theory, intuition and bias and the role of the organisation. Firstly, I will turn to examine social workers' use of theory in practice.

Social workers' use of theory

The previous section outlined the types of formal theories and reflective approaches that have been advanced for use in social work practice. It described the emphasis on evidence-based knowledge as a preferable alternative to the use of 'opinion-based' judgements or 'lay' knowledge (Taylor & White, 2001: 39) in social work. Existing research, however, indicates that rather than involving a straightforward application of formal theory to practice, social work practice 'is very often a mix of social workers' overt 'common sense' alongside a more implicit application of models and theories (Roscoe *et al,* 2011: 47).

Macdonald and Williamson's (2002) study of child and family support services within one local authority found that case recordings rarely 'contained any reference to a theoretical framework or an empirical basis for the approach taken' and did not make 'explicit the assumptions that workers brought to the assessment task'. Similarly, an analysis of 60 case files within one social services department found that 'the files did not contain much direct or explicit evidence of theory informed or research informed practice in terms of assessment' (Preston-Shoot: 2003: 43). However, as Preston-Shoot (2003:43) observes 'that does not necessarily indicate that social workers were not aware of the latest research or cognisant of the theory base surrounding 'what works'. Similarly, Turney *et al's* (2011: 5) scoping review of assessment suggested that while knowledge of child development was central for assessment the 'presentation of information regarding children's developmental needs in assessment records

was variable'. Ward *et al's* (2010: 4) interview-based study of social workers' theoretical knowledge raised similar concerns in relation to social workers use of theory, finding that 'some professionals showed little understanding of infant attachments; the impact of maltreatment on long-term well-being or; of how delayed decisions can undermine children's life chances'. Collins and Daly's (2011: 15) study found a tendency for participants referring to 'evidence coming *after* action' in order to justify a decision that the social workers had already made.

In an ethnographic study of a statutory child and family social work team, Scourfield and Pithouse (2006: 323) found that social workers used a combination of 'lay and professional knowledge' to make sense of their cases. The term 'lay knowledge' in this sense was used to designate what social workers 'might claim to know as ordinary people with some life experience' (Scourfield & Pithouse, 2006: 323). As Taylor & White (2006: 943) observe, the 'trickle down' effect of social and psychological theories means that no easy distinction can be drawn between what is scientific and what is not.' Accordingly, Scourfield & Pithouse (2006: 330-331) noted that social workers drew on local community values, life experience and team values as well as theory in such a way that 'professional and lay knowledge became interwoven as part of practical reasoning…'. They concluded that:

> …identifying discrete sources of knowledge - such as evidence-informed materials - may be less important for explaining how social workers guide their practice than recognising the effect of the discursive interaction of lay and professional knowledge within organisational culture (Scourfield and Pithouse 2006: 323).

Pithouse and Atkinson (1988) explored how social workers' judgements were constructed through discursive interaction, particularly conversation with colleagues. Like Scourfield & Pithouse (2006) they observed that while social workers made little reference to formal theory, they invoked moral assumptions and drew on themes from social science research. Thus, rather than drawing on theory to inform practice in a linear fashion, social workers appear to weave insights from theory together with experiential and practical knowledge. The way that social workers use theory in practice has been identified as representing a departure from its original, intended purpose. For instance, in describing an ethnographic study of childcare social work, Taylor and White (2005) noted the 'malleability' of formal theory, which was often used by workers in order to substantiate a judgement that they had already settled upon. Attachment theory in particular was regarded as providing 'a supple lubricant which can appear both to rationalize and inject caring narratives into decisions which may be driven by quite different imperatives' (Taylor and White, 2005: 941).

In a qualitative interview-based study of Italian social workers, Fargion (2006) found that social workers' use of theory depended on their own personal thinking style. Fargion found that workers tended to fall into one of two thinking styles: 'enlightenment' and 'romantic.' Workers in the 'romantic' category tended to view formal theory as a stimulus for reflection, enabling them to think differently about their cases, as opposed to providing concrete guidelines for action. By contrast, workers in the 'enlightenment' category viewed their practice as 'organized by abstract rules' (Fargion, 2006: 269). Despite this, however, they tended only to use 'bits of theories' (Fargion, 2006: 267) in a highly selective way (thus supporting the findings of the studies outlined above), and tended to prefer theories drawn from generalizations of their own experience, which seems to echo the notion of 'practice wisdom' discussed earlier in the chapter. Fook *et al's* (1997: 405) qualitative interview-based study of thirty social workers yielded similar findings. Practitioners' use of theory was 'confined to particular concepts or assumptions' rather than involving the use of overarching theoretical frameworks, models or systems.

Drury-Hudson's (1999) study used vignettes, interviews and a memory task in order to explore decision-making in social work. Supporting Taylor and White's (2005) assertion, Drury-Hudson (1999) found that theory tended to be used as a kind of post-hoc rationalisation – especially among novices. As one participant in the study commented:

> You sort of did something and you looked at it afterwards and you realised that yes, this fits the theory. Like I can justify what I've done by using theory but I'm not sure what I'm doing is theory based (Drury-Hudson, 1999: 163).

However, the study also found that more experienced workers tended to have a 'deeper understanding of theory' and its relation to practice (Drury Hudson 1999: 152). Contrasting this, a recent study by Wilkins (2015: 404) found that, during assessment, social workers identified risk factors which have been empirically demonstrated to be linked with child abuse and neglect. Wilkins' findings therefore contrast other studies which have been less positive about social workers' grasp of the evidence-base for practice (e.g. Kirkman and Melrose, 2015) and their use of theory in assessment (e.g. Collins and Daly, 2011).

The lack of a consistent approach to using theory might be seen as a weakness of social work practice. Indeed, as stated previously, Taylor & White (2005) described how theory could be used selectively in order to justify a potentially erroneous judgement. However contrary to this, Kondrat (1992) suggests that a linear approach towards the application of knowledge to practice might be the hallmark of a novice practitioner, and that selectivity may instead be associated with expertise and experience. In summary, the existing research appears to

indicate that social workers use: a) a combination of lay and professional knowledge in social work and b) that formal theory is used relatively infrequently and selectively.

Intuition and heuristics in social work assessment

A heuristic is a psychological term to describe a cognitive 'shortcut' employed by humans in circumstances where information is limited or where time pressures necessitate a quick decision (Marewski *et al,* 2010). Heuristic strategies are allied to intuitive thinking (Helm, 2011) which is automatic, unconscious, seeking broad 'patterns in the data' (Munro, 2008) rather than detail. This contrasts analytic modes of thinking which involve 'deliberate, conscious' (Helm, 2011: 897) processes of reasoning. Intuition is a quasi-rational process, characterised as 'unconscious' and 'emotion-laden' (Munro, 2008: 04). In situations where time is limited and where there is uncertainty, the use of heuristic or intuitive strategies represent an adaptive strategy (Marewski *et al,* 2010), for as Gigerenzer (2007: 228) suggests, intuitive thinking often 'enables us to act fast and with outstanding accuracy'. van Luitgaarden (2009, 248) argues that many social work tasks are placed 'closer to the intuitive pole of the cognitive continuum than to the analytical pole. Similarly, Saltiel (2015:3) suggests that 'the nature of social work practice favours quick heuristic, or intuitive, forms of decision-making rather than more deliberative, analytical processes'. For instance, during an initial home visit, the worker is effectively bombarded with information of different types, including 'verbal, emotional and sensory data' (Helm, 2011: 898). The 'data' may include facial expressions, body language or the behaviours of the child or parent during the visit. Sensory data for the worker may include the smell, sight and visceral experience of being within the home environment. In this type of situation, the slow deliberate and logical process of analytic thinking would not help the social worker to think quickly and respond effectively. As Helm (2011) suggests, the situation would favour an intuitive mode of reasoning (Helm, 2011) with the worker making sense of broad patterns, and getting a 'feel' for the case.

Intuitive reasoning may be associated with proficiency on the part of the social worker. Taylor (2013: 66) suggests 'as knowledge and skills become increasingly internalised with experience, decisions may become less conscious and might be described as more intuitive'. For instance, the ability to recognise patterns is an important skill for the professional social worker, particularly in identifying abuse (Taylor, 2013). Workers' sensitivity to such patterns may become proficient given repeated experiences of working with families over the course of their career. Intuitive reasoning may therefore have much in common with the concept of

practice wisdom, which 'involves an inductive process whereby practitioners draw usually implicit generalizations from their practice (Scott, 1998: 74).

Fagan's (1998: 34) study of child safeguarding work among accident and emergency nurses found that nurses with more than five years' experience perceived 'experience, instinct and intuition' as the most important skills enabling them to identify the signs of abuse. Experienced practitioners felt that 'gut feeling' was an important way in which they were alerted to abuse. Rather than viewing intuition as 'woolly' thinking, we might suggest that repeated experience of situations possessed by the experienced practitioner may allow them to have developed efficient heuristic devices, enabling them to become better at recognising patterns. In support of this idea, Regehr *et al* (2010: 626) found that workers themselves attributed their confidence in terms of risk assessment to 'training, past supervisions and experience'.

However, while the use of heuristics and intuitive reasoning may represent an adaptive and useful mode of thinking in certain situations, it can lead to cognitive bias or error (Marewski, 2010, Helm, 2011) and even when apparently accurate, intuitive reasoning is notoriously difficult to articulate. Regehr *et al* (2010: 626) found that while social workers might have a strong intuition or sense of risk in relation to a case, they often felt that they didn't have 'sufficient information' to support their intuition. Similarly, Collins and Daly (2014: 15) note that workers in their study 'found it very difficult to articulate the decision-making process and seem to have limited explicit awareness of how they arrived at a judgement or conclusion.' However, rather than evidence of poor or flawed reasoning, this might be regarded as a result of the difficulties inherent in fully articulating how one's prior practice experience, personal background, observation of body-language and tone of voice etc. have led one to a particular opinion. As Munro observes (2008) 'intuitions' require cognitive effort and dialogue with others to be translated into defensible analytic judgements.

Workers' reliance on intuitive thinking is likely to predominate in situations which are fast-paced, characterised by multiple social cues and uncertainty. Collins and Daly (2011: 22) found that where social workers' 'observational evidence was limited for any reason' they tended to fill the gaps with reference to previously observed patterns of behaviour from other cases. Given time-constraints for reaching a professional judgement and incomplete evidence, social workers were identified as being 'more likely' to use intuitive reasoning and 'less tangible evidence types such as body language' in their decision-making processes about families (Collins and Daly, 2011: 25). Similarly, Kirkman and Melrose (2014: 4) found that 'time and workload pressures increased the reliance upon social workers' intuition to make decisions.' Contrasting this, Hackett and Taylor (2014: 2196) found that social workers tended to use intuitive reasoning where there was 'no uncertain dynamic environment' and where

there were no ‘high stakes’ or ‘need for strong evidence’, suggesting perhaps that cases that are perceived to be ‘low level’ are less likely to be subject to a more deliberate analytic reasoning strategy.

While intuition and the use of heuristics may result in accurate judgement (Marewski, 2010) and be appropriate for certain situations (Helm, 2011), this mode of reasoning also carries with it the risk of bias, with potentially negative implications for professional judgement. Perhaps for this reason, the KSS (DfE, 2014) suggests that social workers need to be aware of the distinction between:

> …intuition and logic in decision-making, the difference between opinion and fact, the role of evidence, how to address common bias in situations of uncertainty and the reasoning of any conclusions reached and recommendations made.

Bias in social work assessment

A number of common cognitive biases have been identified in psychological research (Rutter & Brown, 2012). Examples include optimism bias - the human tendency to view situations in a positive light and to desire a positive outcome (Taylor, 2013) and confirmation bias (Taylor, 2013) – the tendency to seek confirming evidence for an initial hypothesis. Munro’s (1999, 2008, 2011) work has used concepts from cognitive psychological theory in order to critically evaluate professional judgement in social work, and to identify the particular types of error to which child and family social workers might be prone. Aside from Munro’s work, existing research on judgement in social work has identified specific variants of cognitive bias in social work assessment. For instance, Dingwall *et al’s* (1983) study of child protection practice found that social workers’ reasoning was underpinned by three main assumptions.

Firstly, Dingwall *et al* used the term ‘rule of optimism’ to describe the tendency of social workers to favour the most positive interpretation of client behaviour. Thus, reports of aggressive behaviour on the part of a parent towards their child were most likely to be attributed to stress or frustration on the part of the parent, rather than to malice or hostility. Similarly, research conducted by Keddel (2011) found social workers tended to view clients as lacking culpability, being capable of change and as trustworthy. Explanations such as ‘mental health’ were invoked to keep parents out of the blameworthy category where there was a question of abuse (Keddel, 2011). Reder and Duncan’s (1999) research identified a problematic tendency towards optimism on the part of social workers regarding the physical risks posed to children by mothers. Specific biases included the idea that ‘mothers will not

murder their children' and that the birth family is always the best place for children (Reder & Duncan, 1993). Thus the effects of optimism bias may be relatively benign (involving a belief in the human capacity for change, or the value of family preservation), or potentially disastrous where such bias leads to misplaced trust in parents. In his review of the Victoria Climbié case, Lord Laming recognised such a predilection, advising social workers to instead adopt an attitude of 'healthy scepticism' (Laming, 2003: 322) and 'respectful uncertainty' (Laming, 2003: 205) towards parents.

Secondly, Dingwall *et al* (1983) identified the assumption of 'natural love' – the tendency on the part of workers to assume that all parents necessarily love their children. Reder & Duncan (1993) observed a similar bias in their analysis of child death inquiries, observing that workers tended to assume that parents wanted their children returned to them 'on trial' for benign reasons. The result of this was that professionals failed to consider the other, potentially risky, meanings that the child may have for the parent.

Thirdly, Dingwall *et al* (1983) used the term 'cultural relativism' to describe the tendency of social workers to accept that different standards of care are acceptable in different contexts. This finding is supported by Buckley's (2000a) study of child protection practice in Ireland. Buckley (2000a) found that practitioners tended to believe that there were different 'standards' of care to be expected from different cultures, and these highly variable standards were deemed acceptable by social workers (particularly in relation to traveller families). Similarly, Scourfield & Pithouse's (2006: 329) ethnographic study of a child protection team observed that workers tended to use normative assumptions of 'good enough parenting' drawn from the typical standards of the parents with whom they worked. These assumptions were often at variance with the worker's own, personal standards of parenting. More recently, Kirkman and Melrose (2014: 25) found that social workers tended to employ 'relative judgement of cases' in their reasoning about risk - where a 'bad' case came through in the morning, staff tended to use it as 'a reference point for other cases throughout the day'. Such problematic relativism was also identified by Hackett and Taylor (2014: 2188) in a study of 98 completed core assessments. In two-fifths of cases, workers used 'comparison to other cases' as a basis for decision-making.

Credibility bias

Credibility bias describes the human tendency to believe statements to be true if they come from a source perceived by the individual to be trustworthy (Taylor, 2013). Buckley's (2000a) qualitative case-study design study of child protection processes in Ireland examined 72

referrals to an intake-team over a six-month period. The study found that the perceived reliability of the referrer was highly influential in determining the social worker's next steps in gathering information. For example, Buckley (2000a) describes an instance of a team decision not to proceed on a referral. The rationale for this was that the referrer (in this case a school principal) was regarded by social workers in the team as being 'impetuous' and unreliable (Buckley, 2000a: 16). Additionally, the 'reputation' and history of the family were found to be important in determining the way in which (or if) the referral would proceed. A reputation for 'over-dramatizing' or providing a 'personalised 'moral' interpretation of events' meant that the referrers tend to be treated with scepticism (Buckley, 1999: 27). Similarly, Regehr *et al* (2010) found that the source of the report affected the social worker's confidence in their assessment of risk - some sources were viewed as more trustworthy than others. For instance, as one participant said 'day cares [sic] do not lie about bruising' (Regehr *et al,* 2010: 625).

Recall bias

Recall bias describes the tendency for individuals to recall information that they have recently been exposed to, particularly where the information was experienced as emotionally arousing. This tendency to recall recent and emotive information can result in 'inaccurate' judgements in relation to 'probability' (Kirkman and Melrose, 2014: 22). Taylor (2013: 70) states that in relation to social work 'recent and dramatic cases in the team or media can have an undue effect' on workers' judgement, leading them to 'overestimate the likelihood of types of event' that they have seen in the media. Following the death of Peter Connelly in 2007, and the subsequent media coverage, the number of children removed from families increased as the system became 'increasingly geared towards protective interventions' (Hood *et al,* 2016: 1). This suggests that the recollection of high profile and emotive cases may bias workers towards defensive or risk averse practice. Indeed, a key theme in the empirical studies on reasoning in social work is the tendency for practitioners to focus on a single 'event of abuse' to the 'exclusion of other aspects of the child and his or her context' (Scott, 1998: 85). While an increased sensitivity to the signs and symptoms of abuse may prove useful, it may also mean that that risk detection becomes the focus of the work, to the exclusion of an assessment of the child's needs. Scott (1998: 79) found that 'social workers were far more concerned about making an error of the 'false negative' type than of the 'false positive' type' when it came to identifying abuse. Similarly, in their study of twenty-one social workers given hypothetical case vignettes, Sheppard *et al* (2001: 871) found that workers may be 'may be predisposed to define the case in terms of abuse, seeking out evidence to confirm this hypothesis' (Sheppard *et al,* 2001: 871) – a trait they viewed as concerning.

Overconfidence bias

Errors in judgement may be compounded by 'over-confidence' bias (Taylor, 2013: 70) – simply put, humans exhibit a tendency to over-estimate the validity 'extent and accuracy of our personal knowledge'. Munro's (1999) analysis of forty-five child abuse inquiry reports identified that an over-reliance on evidence known to one particular worker was a common source of error. A recognition that this type of error occurs frequently has led to an emphasis on professional information-sharing and has underpinned the revision of guidance such as *Working Together to Safeguard Children* (DfE, 2010).

Confirmation bias

It has been emphasised that assessment in social work is an ongoing process (Coulshed & Orme, 2006) during which the social worker collects information about the family from varied sources, tests their hypotheses about the family situation, and re-evaluates their formulation in the light of new information. However, psychological theory suggests that there is a human tendency towards 'confirmation bias' – the tendency to 'search or interpret information in a way that confirms one's preconceptions' (Rutter, 2012: 6). Bias occurs when 'new information is selectively processed by the worker to support judgements already made' (Taylor, 2013: 70).

A key theme in the existing research on reasoning and judgement in social work is a tendency towards confirmation bias in assessment. Workers tend to rapidly arrive at a conclusion early-on in the life of the case, as well as to seek 'confirmation' of an initial hypothesis rather than evidence that would serve to challenge the hypothesis. As Taylor & White (2006: 939) observe, the message from research 'is that social workers tend to rush to judgement and stick with that view of a case regardless of any contra-indications'. This 'fixed picture' often persists in the face of contradictory information; initial hypotheses are not challenged and this can lead to poor decision-making, and ultimately, poor outcomes for children. Munro's (1996: 799) analysis of forty five child death inquiry reports suggested the following:

> … the most striking lesson to be learned from inquiry reports, whether critical or not, is how resistant people are to altering their beliefs. Inquiry reports repeatedly comment on the workers' reluctance to alter their views

Employing a similar, systemic approach to Munro (1996), Reder and Duncan (1993) examined SCRs. They found evidence of confirmation bias in social workers' thinking, noting that 'pervasive belief systems' such as the parent being 'good enough' tended to persist in the face of contradictory evidence. This was compounded by workers treating information discretely, so that a more holistic picture of the family and history (which would often have indicated higher risks to the child) was not constructed.

The identified tendency towards confirmation bias in social workers' reasoning is supported by Scott's (1998) study of social work assessment across two Australian teams: a specialised hospital setting, and a statutory, community-based child protection team. The study followed a number of cases from referral to intervention, noting that social workers did not tend to test out their hypotheses. Of the hospital social workers, Scott observed that most were 'verificationisty' in their thinking; that is they 'tended to seek data which confirmed hypotheses rather than seeking disconfirming ones' (1998: 81). Similarly, in the community-based team, Scott (1998: 85) observed 'little hypothesis development and exploration'. In relation to both teams, Scott (1998) also observed that 'it was unusual for the social workers to develop multiple hypotheses.'

Sheppard *et al's* (2001) study presented case vignettes to social workers and asked them to talk about them in order to investigate the extent to which workers develop hypotheses and triangulate sources in gathering evidence. They found that by developing hypotheses in relation to different facets of cases, social workers were developing a kind of 'propositional jigsaw' (Sheppard *et al,* 2001: 867) or partial case hypothesis, rather than arriving an overall formulation of hypothesis of a case, such as 'this is abuse or neglect'. They found that social workers' hypotheses divided into three main areas – descriptors (adjectives), and needs (or wants) of the individuals depicted in the scenarios. Sheppard *et al* (2001: 871) sought to determine whether social workers used 'comparative hypothesis assessment' – that is, whether they formulated two potential contradictory hypotheses (e.g. 'this physical injury indicates abuse' weighed against and 'this physical injury does *not* indicate abuse – i.e. was accidental'). Their study found that comparative hypothesis case assessment on the part of social workers was 'the exception rather than the rule' (Sheppard *et al,* 2001: 871). This led them to conclude that 'social workers were generally starting out with one idea about how the situation was to be understood, or no particular idea at all' (Sheppard *et al,* 2001: 871). However, while social workers did not compare one or more hypotheses, the study found that they did engage in a process Sheppard *et al* (2001) refer to as 'quasi-triangulation' – that is, they did not directly compare two contradictory hypotheses, but created a range of evidence for each hypothesis which tended to overlap with each other. Thus the findings of Sheppard *et al*'s (2001) study supports that of Munro (1996), Reder and Duncan (1993) and Scott (1998)

in suggesting that initial case formulations tend to persist irrespective of their validity, and there is a tendency for social workers not to seek potentially disconfirming evidence for their initial hypothesis. Given this tendency, there is a need for further empirical research examining how social workers arrive at their initial hypothesis, and the 'heuristics' or cognitive shortcuts that they use to do so.

Biases relevant to the home visit

A small, although significant, body of studies suggest that the context in which the assessment takes place (specifically the family home and type of interactions with parents) significantly influences social workers' reasoning in relation to their cases. As Wilkins (2015: 397) suggests 'undertaking accurate risk assessments is more complicated than simply gathering the 'right' information and analysing it correctly… It can also involve difficult issues such as negotiating 'access' to the child and undertaking home visits in often difficult… circumstances'.

Social workers' initial impressions and judgements about parents are often made in the context of difficult discussions undertaken in the family home. During these encounters, the way that the parent responds to the social worker appears to influence the social worker's perception of risk. For instance, Thorpe (1994) found that hostility and suspicion on the part of the parent toward the social worker increased the likelihood that a child protection intervention would be initiated in relation to the family. Platt (2007) found that social workers used 'a degree of intuition' based on the parents' presentation, identifying that 'congruence' (the degree to which the parent shared the worker's concern) and 'cooperation' (the parents' willingness to be involved with supportive agencies) were 'significant pieces of information within the overall assessment' (Platt, 2007: 330). This is echoed by Regehr *et al*'s (2010: 625) finding that the 'perception that the mother denied or minimised the abuse increased the worker's confidence that the child was at risk.' Regehr *et al* (2010) concluded that 'workers felt swayed by the mother's emotional and psychological state' during the encounter.

Buckley (1999: 32) notes how the perceived 'misdemeanour committed by the mother in leaving her children unattended' was 'measured against the appropriateness of her reaction to the social worker.' Buckley found that the general impression of mother, mother's appearance, mother's attitude to social worker all lessened the 'gravity of the alleged incident' (Buckley, 1999: 33). This is supported by Hackett and Taylor's (2014) observation that the 'mother's engagement during the assessment' was highly influential in shaping decisions made. The studies generally suggest that in terms of assessing risk, social workers were reassured by cooperative and positive interactions with parents. Interestingly however,

parents being confrontational was sometimes regarded as a good sign. For instance, one participant in Regehr *et al*'s (2010: 626) study stated that they 'wished the mother was more confrontational, as this would demonstrate that she loved her daughter'. Although empirical data is limited, it appears that the interpersonal encounter between parent (particularly the mother) and social worker may be used as an intuitive gauge of risk. As Collins and Daly (2014: 25) observe, social workers used 'body language' on the part of the parent as part of their decision-making process. These studies also suggest that there is a focus on mothers (rather than fathers) when investigating parenting concerns, supporting Mulkeen's (2012) identification of gender bias in social work assessment. This suggests that factors unlikely to appear in official accounts of decision-making (e.g. reports and case notes) may be significant influences in professional judgement.

The degree to which parents are able to express themselves and articulate their point of view may be a significant factor shaping the social worker's professional judgement. Turney et al (2011: 5) note that since the 'assessment of parents generally relies on verbal communication' parents who are 'inarticulate, passive, have learning disabilities, communication impairments' or where 'there are cultural misunderstandings' the parent's apparent 'cooperation and engagement might be misinterpreted, and they and their children risk being disadvantaged'. 'Cultural misunderstandings' may be particularly significant in the assessment of risk. For instance, Selwyn *et al* (2010) identified poor quality assessment in relation to BME children. Similarly, Enosh and Bayer-Topilsky (2015: 1771) found that 'minority and low socio-economic groups were more likely to be assessed as being at risk.' Bradt *et al's* (2015) Belgium-based study examined child welfare and protection interventions, finding a bias towards intervention in poorer families and certain types of family structures (e.g. single parent families). Buckley's (1999: 33) study found that social worker's perception of risk tended to reduce when the family was regarded as having 'good material circumstances'.

Section four: Organisational influences on professional judgement

As mentioned previously, the use of systemic theory in order to understand social work practice has led to a renewed interest in the impact of organisational systems on social work reasoning (Reder and Duncan, 1999, Munro, 2011). Organisational cultures and structures have been identified as both facilitating, and hindering, professional judgement.

It has been suggested that judgement in social work is a collective, rather than individual process. For instance, O'Sullivan (2011) noted the tendency for social workers to make decisions with others rather than alone. Interpersonal spaces have been identified as allowing

workers to move productively from intuition to analytic reasoning (Munro, 2008). The social worker's team, manager and office culture provide the worker with spaces to reflect, process information and to analyse. The team space therefore represents what Helm (2011: 905) has described as the 'ecology of judgement'. Reflection in social work has been described as 'a dialogic process' (Tsang, 2005: 692) which 'facilitates a shift among different perspectives' (Tsang, 2005: 681) enabling workers to become conscious of their own processes of reasoning. Similarly, Munro (2008: 6) has emphasised the importance of social workers discussing their cases, describing supervision as 'the context in which explicit attention needs to be given to checking for the predictable biases'. The Munro Report (2011) sought to create a system facilitating a culture of discussion and shared reasoning, thus minimising the scope for error. The assumption is that professional dialogue may reduce the risk of bias by opening up the individual workers' reasoning to scrutiny. However, while discussions with peers may assist analysis and enhance judgement, interpersonal reasoning may also create the potential for bias.

Where there is shared reasoning there may also be shared bias. Rutter (2012: 6) alludes to the 'bandwagon effect' (Rutter, 2012: 6) as an undesirable function of collaborative working, which parallels Janis's (1972) concept of 'group think' – the tendency towards a 'deterioration of mental efficiency, reality testing, and moral judgment that results from ingroup pressures'. Thus a social worker might be hesitant to raise objections in order to retain the unity of the group. Buckley's (2000a: 15) study found that team meetings applied a type of 'normative blueprint' which was at variance with official policies and procedures. In specific cases, this meant that workers validated each other's perceptions of a referrer as 'untrustworthy' meaning that there would be no further action in relation to referral. Thus there is a danger for 'collegial consensus' (Pithouse, 1987) to be permeated by shared bias. Similarly, Riemann's (2005: 424) study of case discussions between staff in a therapeutic centre observed a 'sliding of argumentation into rituals of downgrading' in which professionals identified certain client groups as 'worthy' of help, or undeserving. These rituals often served to bolster, unify and define the professional group's sense of identity, and to provide a psychological distance from difficult clients. Thus, it appears that the group spaces for reflection, while potentially facilitating non-biased professional judgement (Munro, 2011) may also present risks for the quality and accuracy of professional judgement.

Buckley's study of child protection work (2000a) found that 'while initial categorizations were carried out by the social workers who received the reports on 'duty', their judgements could later be modified with reference to the views of colleagues and social work management' (2010: 15). Similarly, Keddel's (2011: 1253) New Zealand-based study found that 'the production of what comes to 'count as knowledge' in child protection social work is the result

of negotiated understandings gleaned from the inter-subjective realm between social workers… their clients and the national and organisational context', supporting Scourfield and Pithouse's (2006) finding that 'organisational culture' was important in the generation of social work knowledge. The qualitative studies examining social work decision-making suggest that professional judgement may be viewed as constructed through talk. A number of studies have examined the discursive construction of cases in social work offices (e.g. Pithouse and Atkinson, 1988, Saltiel, 2015, Helm, 2013). As O'Connor and Leonard (2014: 1807) suggest, 'the interactional and discursive processes by which practitioners categorise and construct their clients and their circumstances in order to negotiate and justify decision making'. For instance, Wilkins (2015: 397) found that 'assessing that a child is 'at risk' may be one way in which social workers can ensure their managers make the 'correct' decisions regarding the allocation of resources'. Similarly, Lyle and Elliot (2000) found that workers would manipulate risk assessment in order to demonstrate children to be at higher risk, therefore entitling them to meet the threshold for supportive services. Such processes may be 'hidden from official accounts of the work' (Saltiel, 2015: 4).

As well as the culture of teams and interactions between workers, existing research points to organisational systems – namely bureaucratic structures such as procedures, timescales for assessment and IT systems as influencing professional judgement.

Pressure on social workers to carry out assessments within rigid timescales was identified by Munro (2011) as resulting in assessments that contained little analysis. Similar findings were reported in Broadhurst *et al*'s (2010a) study of initial intake procedures over five local authorities in the UK. They noted that bureaucratic constraints and tight timescales limited workers' professional judgement and created the 'latent conditions for error' (2010: 352). The Initial Assessment system which incorporated use of information technology and involved a high volume of calls encouraged workers to prematurely close cases without further investigation. In an environment where information is limited, and quick decisions are needed, individuals are more likely to employ various cognitive shortcuts or heuristics in their decision-making, increasing the risk of bias. As Helm (2011: 905) suggests:

> Attempts to move practitioners to more analytical modes of reasoning are likely to be unsuccessful and even dangerous if the worker finds their mode of thinking at odds with the features of the ecology for judgement. In particular, environments that are rich in contested cues and short on time for thinking are not compatible with more analytical forms of thinking.

In situations characterised by multiples variables, individuals may employ a 'tallying heuristic' (Marewski, Gaissmaier, Gigerenzer (2010: 113) in order to reach a judgement. In the process

of tallying, all cues are weighted equally allowing the individual to assess information quickly. However, the inattention to relative weights in tallying also creates the potential for bias. For instance, a quick tally of risk and protective factors in relation to a referral to Children's Services may ignore the relative seriousness of one or more of the risk factors, viewing them as 'balanced' by a high number of, potentially less significant, protective factors. The current KSS (DfE, 2014) identifies that social workers should be able to critically 'understand' the:

> levels of seriousness that different risks present, actual and likelihood of significant harm, balanced with family strengths and potential solutions.

However, a recent study found that that social workers 'tended to have some difficulty in analysing how the relationship between risk and protective or resilience factors should influence their overall conclusion as to the level of risk to the subject child' (Wilkins, 2015: 404). The organisational context has a clear role to play in assisting workers in the thoughtful weighing-up of risk and resilience factors. As the literature suggests, organisational climates characterised by tight timescales, bureaucracy (Munro, 2011, Kirkman and Melrose, 2014) and unwieldy IT systems (Broadhurst *et al,* 2010a) may not be conducive to thoughtful, effective professional judgement.

Conclusion

This chapter has examined the existing literature and empirical research on reasoning, reflection and judgement in social work with children and families. In doing so, it has identified a tendency for the judgements made by social workers early-on in the life of a case to be unduly influential in shaping the assessment process as a whole. Given the influence that the initial hypothesis or case formulation exerts on the course of the case, there is a need to understand more clearly the processes through which social workers reach an initial hypothesis. The initial judgement made by workers is likely to be arrived at in a situation characterised by time pressures, limited information and uncertainty necessitating the use intuitive reasoning (Helm, 2011); a process characterised by pattern recognition and unconscious, emotional processes (Munro, 2008). For intuitive reasoning to be useful, social workers require time, space and a suitable environment in order to critically reflect on, and analyse, their intuitions. Such reflective practice is predicated on an organisational environment which facilitates reflection (Helm, 2011), providing social workers with supportive spaces in which to identify and discuss the 'predictable biases' (Munro, 2008: 6) in their reasoning. A supportive organisational environment is also one which provides emotional

containment (Ruch, 2007, Toasland, 2007) and support for its workers (Horwath, 2015). The next chapter will explore the role of emotion in professional judgement.

Chapter three: the role of emotion in professional judgement

Introduction

The previous chapter reviewed the existing literature on reasoning processes in professional judgement, establishing social workers' processes of sense-making, particularly in relation to initial assessment, as a necessary focus for further empirical research. This chapter turns to examine the role of emotion in social work practice. There has been renewed interest in the relevance of emotion to social work practice (e.g. Howe, 2008, Munro, 2011, Ingram 2013a, 2015, Trevithick, 2014). Emotion has been identified as integral to the establishment of relationships (e.g. Ruch *et al,* 2010), acting as a potential source of information (Morrison, 2007) and as influential in the assessment of risk (Fleming *et al,* 2015). With particular reference to assessment in child and family social work, this chapter reviews the literature on the role of emotion in professional judgement. The chapter is divided into three sections. Section one provides a picture of the emotional experience of child and family social work, identifying the emotional rewards and demands associated with the role. Section two reviews existing literature in order to examine how emotion may facilitate and inform professional judgement. Section three examines the literature suggesting that emotions can impede effective professional judgement. This chapter makes use of material from the fields of cognitive psychology, Emotional Intelligence (EI) theory and psychodynamic theory as 'lenses' through which to view the role of emotion in professional judgement.

Section one: The emotional rewards and demands of child and family social work

Within the literature, a distinction is drawn between 'basic' emotions (Ekman, 1992: 169) (happiness, sadness, fear, anger and disgust) and 'complex' or 'self-conscious emotions' (such as guilt and pride) (Averill, 1980, Lewis, 1995). From an evolutionary perspective, basic emotions have been identified as ensuring survival, providing individuals with important information in terms of whether to approach or avoid particular events, objects or people (Darwin, 1890, Ekman, 1992). More complex, self-conscious emotions have been regarded as forming the foundations of social life, enabling the formation of cooperative relationships (Keltner and Ekman, 2000) and empathy (Howe, 2013).

Social work can be viewed as an endeavour characterised by the establishment and maintenance of relationships (Hennessey, 2011). As such, social work practice involves the

worker in experiencing complex, social emotions (e.g. pride and shame) as well as basic emotions such as happiness and fear. This section examines the range of emotional rewards and demands involved in social work with children and families, including the role of pride, satisfaction, fear and shame.

Emotional rewards

Collins (2008: 1174) observes that empirical research and theory in relation to social work tends to focus on negative emotions (e.g. sadness, frustration) rather than emotional rewards, a tendency that he attributes to the 'stress industry and its discourses'. Given the relative lack of research into the rewarding aspects of the profession, it is important to acknowledge that social work with children and families offers positive emotional experiences for workers. Collins (2007) notes that the positive emotions engendered by the work are particularly important, since they may promote worker resilience in the face of stress.

A survey of job satisfaction (Rose, 2003) placed social work within the top twenty professions. Collins (2007: 259) suggests that emotional rewards in social work are a result of the 'positive feelings' engendered by 'making a difference to people's lives and their communities, being valued, enjoying good colleague relationships, challenging work and a wide variety of tasks'. Similarly, in one of the few qualitative studies examining the emotional rewards of social work, Campos Francozo and Cassorla (2004: 215) found that social work offered 'feelings of reward for contributing to change' in 'problematic or unfair' situations. This would suggest that the ability to effect social justice provides the social worker a sense of satisfaction and pride, consistent with O'Brien's (2011: 152) finding that social workers identified social justice and 'fairness' as a key professional value. A qualitative study of workers' responses to perceived 'moral injustices' suggested that workers' anger in relation to social injustice could be productively channelled as a motivating force within the work (Fine and Teram, 2012). Smith and Nursten's (1998: 351) study of social workers' experiences of distress emphasised the way that stress and frustration could actually act as a 'positive and motivating force in the working lives of those employed in social services departments '(Smith and Nursten, 1998: 351). Similarly, O'Connor and Leonard's (2014: 1811) comparative qualitative study of social workers' and student's decision-making noted that workers' emotions could be motivating, encouraging the worker (as one participant described it) to 'go that extra mile'.

Social work with children and families also offers rewards to workers in the form of personal growth. Winnicott (1964: 230) noted a mutually beneficial relationship between client and worker in social work practice. Reflection upon one's experiences of helping clients could act

as a transformative experience for the worker themselves; the 'gains' in 'self-knowledge' could then make 'the worker more useful to more people'. Thus Winnicott (1964: 230) argued that, when sufficiently reflective, social work practice could be a socially 'constructive' way of finding out about self and 'solving one's own problems'. Campos Francozo and Cassorla's (2004) study supports this, finding that social workers 'valued professional experiences related to personal growth' since these compelled them to 'think about themselves, understand more accurately their own way of living and learn with the experiences'.

Emotional demands

As well as being potentially richly rewarding, social work is undoubtedly an emotionally challenging profession. Developing relationships and assessing the needs of vulnerable children and families requires social workers to enter into their emotional or 'inner worlds' (Schofield, 1998: 57). This involves sharing and absorbing the often painful experiences of service users' lives (Howe, 2008) and confronting the 'emotionally indigestible' (Cooper, 2014a: 271) facts of child abuse, neglect and emotional pain. In responding to children and families in distress 'the social worker must both contain the pain expressed by their clients, and simultaneously maintain enough emotional distance to view their client's situation clearly' (Davies, 2008: 148). Thus managing emotion, both in relation to service users and their own responses, is a defining aspect of social work practice with children and families. As Howe (2008: 1) suggests, social work is 'emotional work of a high order'.

The notion of 'emotion work' has parallels with Hochschild's (1983) concept of 'emotional labour'. In her observation of flight attendants, Hochschild noted that face-to-face work with the public involved managing one's display of emotions, and that this management of feelings, or 'emotional labour' was a key aspect of the paid work. Emotional labour involves both 'surface' and 'deep' acting on the part of the worker. At the 'surface' level, workers assume a 'character', managing their facial expressions and tone of voice in a way that is congruent with the 'feeling rules' of any given context; that is the social norms around type, intensity and duration of acceptable emotional display (Hochschild, 1983: 56). At the 'deep' acting level, workers seek to *induce* the appropriate emotion in themselves, with the result that they *become* the character they are portraying. When hearing a parent talk about their own traumatic experiences it would be inappropriate (and unhelpful) for instance, for a social worker to break down sobbing along with the parent. It is also important for the social worker to assist the parent in processing these emotions in a way that is helpful. It is therefore likely

that the worker will be involved in both deep and surface acting in order to manage their emotions.

Emotional demands: fear

As well as the general 'emotional work' involved in social work practice, specific emotions have been identified as relevant to child and family social work. Smith et al (2003: 660) observe that 'fear forms a backdrop to the difficulties of child protection work' yet has received little attention in the literature. Smith *et al's* (2003) study of 60 social workers identified that social workers feared being assaulted, death, losing control, being overwhelmed and management disapproval. Fear in relation to physical harm may be particularly relevant to child and family social work since it has been identified that this type of social work may place social workers at a greater risk of physical harm (Shin, 2011). A recent survey of 590 social workers, conducted via Community Care, found that 18 % of respondents had been physically assaulted during their career and that over 50% 'worked with hostile and intimidating parents at least once a week', while over a third of participants had been threatened over three times in the previous six months (Hunt *et al,* 2016: 11). However, this may over-represent the level of violence and threat experienced by social workers, since the study consisted of a self-selected sample of workers. As Robson *et al* (2014) observe, it is difficult to fully identify levels of threat or of violence experienced by social workers due to methodological difficulties of studies and the use of different measures.

Horwitz's (2006) survey of 282 workers identified that social workers experienced emotional distress as a result of threats to self, or to their property (such as their car), and that verbal aggression was the most common form of threat experienced by social workers. This mirrors the findings from a qualitative interview-based study conducted by Smith and Nursten (1998) which suggested that social workers' emotional distress was related to a fear of physical assault and fears for the safety of others. As Le Blanc *et al* (2012: 405) suggest:

> Risk assessments made by child protection workers often occur during high stress encounters. Protection workers enter family homes in response to a report alleging suspected abuse or neglect. They must confront parents with the allegations, while simultaneously assessing their validity.

Thus social workers' experiences of fear can be understood in the context of entering the private space of the family home in order to ask difficult, potentially intrusive questions about aspects of private family life. Indeed, Smith and Nursten's (1998) study suggested that some

of the most distressing events experienced by social workers occur in the context of the client's home.

Emotional demands: shame and moral distress

Whittaker (2011: 481) states that 'British social work is haunted by the memories of children known to social services who have died'. For child and family social workers there is the ever-present and anxiety-provoking possibility that their decisions (or inaction) could result in the worst-case scenario – the death of a child under their care (Davoren, 1975). As Stanford (2010: 1073) identifies, social workers must live with anxiety that they may potentially 'cause harm to clients or others by not being effective helpers' (Stanford, 2010: 1073). Woodhouse and Pengelly's (1991: 175-161) study of various helping professions found that child and family social work placed a particularly heavy responsibility on workers as a result of the 'expectation that they would be able not only to protect children, but somehow make up the deficit(s)' within their lives. In a scoping review, Gibson (2016: 556) identifies the experience of shame as relevant to child and family social work. It was common for workers to experience feelings of inadequacy in the face of the overwhelming imperative to 'get it right' in terms of their work with vulnerable children and families.

Existing research identifies that specific time points, tasks, and aspects of the work may be anxiety provoking and/or distressing. For instance, Mills (2012) identified removing children from their parents as a particularly painful aspect of social work practice, while Regehr *et al* (2002) found that investigations of social workers' practice as a result of complaints lodged by families were intensely shame-inducing, causing social workers to feel devalued on a personal and professional level. As a result, the threat of complaints represented an ongoing anxiety for social workers.

Writing from within a Norwegian context, Mänttari-van der Kuip (2016: 86) found that social workers experience 'moral distress', defined as:

> A work-related malaise that develops when a social worker cannot practice in a morally appropriate way because of internal (personal) or external (institutional, organisational and other context related) obstacles.

Financial austerity within the UK and the consequent 'severe limitations of resources' (Collins, 2008: 1173) may also regarded as placing emotional demands on social workers. The concept of 'moral distress' may particularly relevant for social workers conducting assessments, where the threshold for the family to receive supportive intervention may be particularly high.

Emotional demands: the social context of child and family social work

The existing literature points to the social context and function of child and family social work as a compounding factor in the emotional demands experienced by workers. Hoggett (2006: 181) suggests that social services organisations act as a receptacle for our collective anxieties, containing 'much of what is disowned by the society in which they are situated'.

'Facts of life' (Hoggett, 2006: 181) such as degeneration, ageing and the abuse of children by their parents are facts that as a society, we understandably struggle to acknowledge. Hoggett (2006) theorises that this accounts for the deeply ambivalent feelings towards social services from other organisations and rest of society. In fact, as Cooper (2014a: 273) suggests, the 'unconscious primary task' of social services organisations might be regarded as protecting society from the 'emotional impact' of the existence of child abuse and neglect. In terms of individual workers, Valentine (1994) has noted the way in which the social worker frequently becomes the 'bad object', subject to projected feelings from other professionals as well as society at large.

'Dirty work' was a term originally coined by Hughes (1962) to describe professions necessary to society that were perceived as either physically, morally or socially 'tainted'. The idea of social workers somehow doing the 'dirty work' for society is a thread that runs through a number qualitative studies. For instance, Woodhouse and Pengelly's seminal study of inter-agency collaboration (1991: 8) noted the propensity of social services departments to 'do the dirty work on behalf of others in the service network'. The study alluded to a 'dustbin feeling' among social work agencies who would have to contain the anxieties in the professional network and 'like the dustbin' they tended to be 'despised and kicked when things go wrong' (Woodhouse and Pengelly, 1991: 174). Similarly, Downes (1998: 119) described how social services acted as a 'dustbin agency' for other professionals. Recently, Flaherty's (2015) qualitative study of 30 Australian child protection workers identified a perception among workers that they were perceived negatively and 'used' by other agencies. Similarly, in a qualitative study of 16 social workers, Legood *et al* (2016) identified that the public perception and 'stigma' of social work had emotional impacts on social workers, who would manage these impacts by seeking to hide their professional identity.

Section two: Emotions as informing professional judgement

Emotions are recognised as integral to social work, allowing workers to effectively manage encounters with service users (Ferguson, 2005) and to develop relationships (Howe, 2008).

However, what has received less attention in the literature is the way in which emotions have the potential to inform assessment and aid professional judgement. This section uses cognitive psychology and neuroscience, the concept of Emotional Intelligence (EI) and psychodynamic theory as lenses through which to view the facilitative role of emotions for professional judgement.

Emotion and cognition

As stated in chapter one, emotions have generally been regarded as the enemy of reason, evident in the old adage that 'good decisions are made with a cool head'. However, there is a growing body of neuroscientific and cognitive psychological research suggesting that emotions aid effective judgements, particularly in relation to personal, social and moral decision-making in conditions of uncertainty. Emotion may therefore play an integral role in precisely types of decision-making that characterises child and family social work.

The emotional nature of cognition: neuropsychological perspectives

The work of Damasio (2004) has demonstrated that affect has an important role to play in cognition. Put simply, our emotions can help us to make effective decisions. Damasio (2004) observed that patients who had suffered traumatic brain injury in the frontal areas of the brain had difficulties in decision-making, particularly in relation to personal and social decision-making despite there being no reduction in their IQ. This unexpected finding led to the development of the 'somatic marker hypothesis' (SMH) (Bechara and Damasio, 2004: 336) which states that:

> Decision-making is a process that is influenced by marker signals that arise in bioregulatory processes, including those that express themselves in emotions and feelings.

This hypothesis suggests that reasoning alone is not sufficient for making effective decisions, and that the role of emotion in decision-making has been underestimated. Bechara and Damasio (2004: 337) found that 'the implementations of decisions under certainty or uncertainty engage different neural circuitry' (Bechara and Damasio, 2004: 337). Decisions involving a high number of variables e.g. multiple actors, numerous possible outcomes etc., required the activation of areas of the brain associated with emotional processing. Further studies have supported the SMH. For instance, Isen (1993: 261) found that positive affect served 'to promote creativity and problem-solving and negotiation, and both efficiency and thoroughness in decision-making' promoting thoroughness and efficiency in surveying the

data. Similarly, in experimental stock investment stimulations Myeong-Gu and Barrett (2007: 923) found that 'individuals who experience more intense feelings achieved higher decision-making performance'. Crucially, the study identified that:

> Individuals who are better able to identify and distinguish among their current feelings achieved higher decision-making performance by their enhanced ability to control the possible biases induced by those feelings.

This suggests that rather than clouding judgement, strong emotions can in fact enhance reasoning processes, particularly if the individual is able to reflect upon their emotions and consider the effect that these might have on their judgement. There are parallels here with the notion of reflective practice in social work (see chapter two) and the idea that reflecting on emotions and experiences may help workers to self-correct their judgements.

As Naqvi *et al* (2006: 263) summarises, recent studies suggest that:

> Moral decisions, compared to non-moral decisions, engage emotions, especially when one is required to consider the consequences of one's actions for another's well-being.

Social work has been identified as a 'practical-moral' activity (Taylor and White, 2001: 37) placing the worker in a position of intense moral responsibility (Howe and Hollis, 1987). We might therefore expect social work assessment of risk in relation to children's wellbeing to involve emotionally-informed reasoning. As Naqvi *et al* (2006: 260) suggests, moral decision-making involves:

> …not only the cold-hearted calculation of expected utility based upon explicit knowledge of outcomes, but also more subtle and sometimes covert processes that depend critically upon emotion.

In fact, psychological researchers are beginning to hypothesise that there is 'no such thing as a 'non-affective thought' and that 'affect plays a role in perception and cognition, even when people cannot feel its influence' (Duncan and Feldman Barrett, 2008: 1185). Gillingham and Humphrey's (2010) study of social workers' use of actuarial, numerical decision-making tools appears to lend some support to this hypothesis. The study found that workers' judgement was actually restricted by the use of decision-making tools which considered only cognitive, rather than experiential or emotional data gained in relationship with the family.

The cognitive cost of emotional suppression

The previous section described the way in which, from a neuroscientific perspective, emotion can be regarded as enhancing judgement and decision-making. Further than this, the literature suggests that the active suppression of emotions in decision-making may actually be detrimental. This section outlines the growing body of evidence suggesting that the suppression of emotions, and the attempt to make 'dispassionate' decisions solely based on reason or the 'objective' evidence may, in certain circumstances, be counterproductive.

Richards and Gross (2000: 411) examined the effects of two different types of self-regulation on cognitive functioning: reappraisal and expressive suppression. Reappraisal is a form of self-regulation which involves 'constructing a potentially emotional situation in a way that decreases its emotional relevance'. An example relevant to social work practice might be a particularly anxiety-provoking home visit. In order to manage their anxiety (self-regulate) the social worker might reframe the dreaded visit as a 'challenge' or an opportunity for learning. Reappraisal contrasts the strategy of 'expressive suppression'. Expressive suppression involves 'inhibiting the urge to act on emotional impulses that continually press for expression' (Richards and Gross: 411). An example of this might be a social worker biting their lip, trying not to become visibly upset when listening to a parent describe their own traumatic childhood. In this sense 'expressive suppression' has parallels with Hochschild's (1983) notion of 'surface acting' – trying to control one's expression of emotion by actively controlling one's outward behaviour. Reappraisal, on the other hand, appears to parallel the notion of 'deep acting' (Hochschild, 1983) - reframing the situation so to *induce* one's emotional responses change.

Richards and Gross (2000) found that that the *type* of self-regulatory strategy used (reappraisal or suppression) had implications for cognitive performance, particularly in relation to memory. Using reappraisal as a strategy had no effects on memory, while individuals employing expressive suppression had poorer memory recall, both in terms of their own perception and on objective memory tests. Richards and Gross (2000: 422) therefore tentatively suggest that 'overreliance on expressive suppression during an argument could reduce memory for who said what and when they said it'. In relation to the emotionally-charged experience of the home visit, social workers embroiled in a confrontational encounter (in which they are actively striving to not display their anger) may find it more difficult to accurately recall observations made in the home that were significant to the assessment of risk. It could be, therefore, that the specific ways in which social workers regulate their own emotional responses has implications for their professional judgements – a hypothesis that has not been empirically tested.

Emotional Intelligence as facilitating professional judgement

The last decade has seen a renewed interest in emotions as facilitative in all aspects of the work, including assessment (Ingram, 2013a, Trevithick, 2014). The interest in the facilitative role of emotions reasoning is evident in the emergence and development of the concept of emotional intelligence (EI) since the 1990s. The concept of Emotional Intelligence (EI) has been identified as relevant to social work (e.g. Morrison, 2007; Howe, 2008).

Goleman (1996: xii) defines EI as the ability to 'motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one's moods and keep distress from swamping the ability to think; to empathize and to hope'. Salovey and Meyer (1990) posit five key aspects of EI: self-awareness, managing emotions, motivation, empathy, and relationships. EI therefore has clear links to the notion of reflective (Ingram, 2015) and relationship-based practice (Howe, 2008) in social work. Supporting the findings of Richard and Gross (2000) discussed earlier, EI theorists suggest that attempting to suppress one's emotional responses is likely to be detrimental to decision-making. Instead, proponents of EI theory distinguish 'being emotional' from *using* emotion (Morrison, 2007: 225). EI allows individuals to make sense of their own responses, as well as to anticipate and manage the emotional responses of others. Those who are proficient in EI are likely to have more success in managing relationships and in the context of employment, to collaborate well with colleagues (Goleman, 1996). EI therefore been identified as of crucial importance for social workers (Morrison, 2007).

Emotional intelligence and assessment

A small number of authors have implicitly alluded to the importance of EI for assessment in social work. Morrison (2007: 225), for instance, suggests that while 'limited attention has been paid to the role of emotion in assessment' the emotions experienced by the social worker may act as 'deep level signals about information that demands attention' potentially alerting the worker to salient information. There are parallels here with the notion of intuition as described in the previous chapter - the idea that one may get a 'feeling' about a situation before being able to rationally articulate the reasons for one's view. As Munro (2011: 37) states:

> When a social worker visits a home and the father behaves in a threatening manner, his or her body reacts automatically, generating stress hormones in response to the perceived threat. Similarly, when an experienced social worker meets a family, he or she can quickly pick up an intuitive awareness of the state of the dynamics in the family, the warmth of the relationship between members, or the level of fear felt by a child.

Possessing EI may therefore allow workers to readily identify important information during assessment, as well as respond to and interpret the unfolding encounter with the family.

In order to make an assessment of need and risk, workers need to make sense of the 'inner worlds' of service users. Being able to identify, label and respond appropriately to the emotions of another are key aspects of EI and also form the basis of empathy, defined as 'the ability to imaginatively feel the world from the other's point of view and to successfully communicate that understanding' (Trevithick, 2014: 294). The capacity for empathy has been identified as important for social work (Gerdes and Segal, 2009, Howe, 2013) allowing workers to build relationships, as well as representing a quality of workers that is highly valued by service users (Platt, 2008). Forrester at al's (2008: 41) research used actors to simulate social work interviews with parents, finding that 'empathic social workers created less resistance and increased the amount of information disclosed by clients.' This suggests that attention to emotions in encounters is important for the development of effective relationships with service users, as well as facilitating access to information crucial to judgement.

In relation to professional judgement, the ability to understand a parent's 'inner world', to recognise the parent's experiences and general patterns of emotional response, may assist the worker in the task of predicting future caregiving - a key aspect of social work decision-making. As Howe and Hinings (1995) suggest, without an understanding of people as emotional beings, it becomes very difficult to conceptualise why humans might behave in ways that on the surface appear 'irrational'. Thus assessment which is not 'emotionally intelligent' in is likely to be flawed. A study by Hunt *et al* (2016: 19) suggested that the social workers' emotional responses to their cases might act as a window onto the experiences of the child. One participant in the study commented that 'If I feel like this how does the child feel?' It appears therefore that recognising and using emotion might assist in the assessment of risk to the child. There are, however, relatively few empirical studies examining the lived experience of practice encounters from the perspective of the social worker, and none of these specifically identify how the emotions experienced by the worker are used to inform their professional judgement.

A key assessment task faced by social workers is the assessment of the veracity of parent's accounts. Analyses of SCRs (Brandon *et al,* 2008, Reder and Duncan, 1999) have examined the ways in which parents may withhold information from professionals in order to conceal child abuse. Determining whether parents are telling the truth, remaining alert to the possibility of disguised compliance in the form of 'apparent cooperation' (Brandon *et al,* 2008: 10) by parents involves the worker cross-checking information gleaned from the parents against information from other sources. In this sense, assessing the veracity of the parent's account

could be regarded as a cognitive, fact-checking task. However, EI involves the ability to make sense of one's own emotions as well as to identify emotions in others with a reasonable degree of accuracy. Being emotionally intelligent, as Morrison notes (2007: 225) may allow the individual to 'spot false emotions'. Attention to emotions may therefore provide the worker with important clues to establish the veracity, or otherwise, of the parent's account.

Emotions as information: perspectives from psychodynamic theory

As discussed in chapter one, the psychodynamically-informed social work (or 'casework') of the 50s to 70s regarded workers' emotional responses as an important source of information (e.g. Mattinson, 1975). More recently, strands of relationship -based practice theory which revisit psychodynamic ideas (e.g. Ruch *et al*, 2010) have emphasised the way in which emotions can inform professional judgement.

Transference is defined as the process through which a 'present relationship' is made to 'fit into the psychodynamic structure of a previous one' (Mattinson, 1975: 35). For instance, aspects of an unresolved, painful historical relationship involving someone in authority (e.g. a parent) might come to be transferred onto a new relationship (such as the relationship with the social worker). Counter-transference describes 'the reactions that are elicited in practitioners from being open and receptive to the transferred feelings of others' (Trevithick, 2011: 403). As such, counter-transference, when carefully explored in a 'controlled fashion' (LaPlanche and Pontalis, 2006: 92) can act as an important source of information about the case. As Trevithick (2011: 403-404) observes, the countertransference reactions of the worker can be:

> … an enormously valuable aid to understanding, particularly when they relate to unexpressed feelings. For example, we may end a meeting with a colleague or an interview with a service user feeling angry or despairing. In this situation, it is worth asking 'what have I picked up from this individual that was not evident before? What does this person make me feel like and what does this tell me about this individual?'

Casework supervision of the 50s-70s therefore focused on the emotional dynamics of the worker's relationship with the client. In her observation of work discussion groups at the Tavistock Institute of Marital Relations, Mattinson (1975) found that social workers unconsciously brought with them aspects of their relationship with their client to the discussion. Mattinson (1975:11) theorised that 'the processes at work currently in the relationship between client and worker are often reflected in the relationship between worker and supervisor.'

Similarly, Bacon (1998) observed that the unconscious responses of the professional group towards a particular family could be a rich source of information. Even when the case felt to some degree like an emotional 'mess', Bacon (1998: 185) emphasised that:

> The form of the mess, its content, the emotional experience of it, is the way that the family enters into the professional group and becomes real to it.

The extent to which workers are able to make use of their emotional responses in order to *aid* judgement (to make sense of the 'mess') rather than *impede* professional judgement depends on a number of factors, which will be discussed in the section three of this chapter, but as Agass (2002: 126) observes 'the crucial factor' is:

> whether or not the worker can become aware of what is going on and use this knowledge to good effect, rather than simply getting caught up.

This section has viewed emotion through the theoretical lenses of neuroscience and cognition, emotional intelligence and psychodynamic theory, identifying that emotionally-informed reasoning has an important role to play in professional judgement.

Section three: emotions as impeding professional judgement

The previous section suggested that emotions may facilitate professional judgement in social work. This section examines the larger body of existing literature examining the way in which emotions might impact negatively on the quality of judgements made by social workers in child and family social work. As stated in chapter one, emotions have been historically viewed as the enemy of reason, clouding judgement or creating bias. Drawing on psychological literature in relation affect and cognition, and psychodynamic literature on defences, this section examines the 'risks' that emotion might pose for effective professional judgement.

The impact of fear on professional judgement

The first section of this chapter identified that social work often involves the experience of fear. Existing empirical research suggests that fear can have negative effects on professional judgement in social work. For instance, a recent study by Fleming *et al* (2015: 2312) found that social workers' assessment of risk was not only based on risk to the child, but importantly also to the perceived 'reputational risks to the worker' and the fear about being 'blamed' should things go wrong. Fleming *et al* (2015) argue that these findings can be understood in the context of a 'blame culture' within social work and the ever present fear that one will be held

publically accountable for a poor decision. There is therefore the possibility that workers may be risk-averse in their decision-making in order to avoid the risk of being held accountable for a poor outcome.

Le Blanc *et al* (2012) found that parental hostility had an impact on social workers' assessment of risk. Where parents were particularly challenging social workers tended to overestimate risk on some measures. Similarly, Horwitz (2006: 3) found that negative work place events involving 'violence or threat' towards social workers led to 'cognitive distortions' and loss of functioning weeks and months after the event. Smith (2006: 66) interviewed 24 social workers about times they had felt fearful in their work, finding that a 'number of participants' described 'themselves as knowingly going against their 'better judgment' when deciding on a course of action' as a result of fear induced by the family. Similarly, Littlechild (2005: 13) noted the tendency towards defensive practice among social workers in relation to cases where they felt at risk of violence from service users. One participant, for instance, stated 'I watch every word I say or write, everything'. Littlechild (2008: 671) notes the 'depth of evidence' from child death enquiries fatal child abuse cases that 'decision-making in child protection influenced by workers concerns about client aggression'. This is supported by Brandon *et al's (*2008:90) analysis of serious case reviews, which found that:

> In situations where there was parental hostility, there was evidence that workers often became frozen and this hampered their ability to reflect, make judgments and act clearly, and to follow through with referrals, assessments or plans.

Fear on the part of professionals can lead to avoidance, inaction or a minimisation of risk on the part of the professional group as a whole. For instance, in their analysis of 35 reports published between 1973 and 1989, Reder, Duncan and Gray (1993: 96) note the propensity of 'emotional and relational components of each case' to progressively skew effective professional judgement. Ferguson (2005b: 788) has identified a comparable process in the phenomenon of the 'quiet knock' when 'not getting to see the child becomes not a source of concern, but a relief'. In a study of non-social work professionals referring in to Children's Services, Horwath (2007: 1299) found that the decision to refer to social services about neglect was influenced in 23% of cases by the fear of aggression from the family and 'feelings and anxieties about the case'. This suggests that fear may lead to overestimation of risk, as well as supporting the idea put forward earlier in this chapter, that social workers may experience additional emotional demands as a result of acting as a receptacle for anxieties that other agencies may not be able to contain. Importantly, respondents to Horwath's (2007: 1293) 'noted that the presence of a physically aggressive carer could lead to standards of care being tolerated that would not normally be accepted where there were less aggressive carers'.

This suggests that fear may in fact motivate professionals to underestimate risk as a way of minimising the risk of retaliatory violence from parents. The environment of the family home may itself also present an additional inducement for social workers to minimise risk and avoid confrontation, since it is here that the worker's fears about risk to themselves and aggression are likely to be magnified. As Hunt *et al* (2016: 8) suggest parents are able to manipulate 'the space and children in such a way as to intimidate and conceal truths from workers'. Similarly, Regehr *et al* (2010: 627) identified a tendency for confrontational encounters with parents to cause workers to 'freeze or fragment' preventing workers from asking the 'appropriate questions'. These emotional states led them to comment that they 'could not stay focused or ask the appropriate questions nor could they engage the mother.'

Psychodynamic theory: anxiety and professional judgement

Psychodynamic theory provides a lens through which to view the emotional impact of the work on the worker and the resulting risks for professional judgement. As levels of emotional arousal increase, the individual's capacity to mentalize – to understand the intentions, thoughts and motivations of self and others– may reduce (Allen and Fonagy, 2006). Howe (2010: 330) identifies that 'heightened stress reduces the capacity of parents and workers to keep at-risk children in-mind and in focus'. As previously stated, as well as being at times richly rewarding, social work with children and families is an intensely anxiety-provoking task, which necessitates workers confronting the 'unthinkable' (Cooper, 2009: 2) such as the abuse of children by their parents. Bearing witness to child abuse and neglect can evoke primitive anxieties and trigger the worker's own experiences of unmet needs (O'Rourke, 2011). As Fook *et al* (1997: 412) observes, social work practice is characterised by 'uncertainty and unpredictability'. The experience of uncertainty is itself anxiety-provoking and where children are at risk, the stakes are high. As Ruch (2011: 18) suggests:

> Professional activities, such as child protection work, are located in a context of heightened anxiety for all involved—service users and professionals alike—which has meant the capacity to think clearly and act rationally can be seriously impaired.

Psychodynamic theory posits an 'anxiety-defence model' (Hinshelwood and Skogstadt, 2000: 4), theorising that when confronted by certain experiences, events or situations that represent a psychic 'threat', individuals employ unconscious defence mechanisms in order to protect themselves from anxiety. Thoughts, feelings or wishes that are anxiety-provoking or unacceptable may be repressed, or blocked from conscious awareness, or they may be

projected out into the world, onto others. Unconscious defences against the anxiety of the work have been identified as operating at both an individual and organisational level.

Individual defences against anxiety: implications for professional judgement

Unconscious processes protect the individual by blocking intolerable feelings of emotion through expulsion or repression (Hinshelwood and Skogstadt, 2000: 4). In relation to social work, such defences might be regarded allowing the worker to *survive* in their role, helping them to manage the painful emotions and anxieties evoked by the work. However, while defences serve to protect the individual in the face of intolerable emotions, defences also 'harbour the ability to distort our perception of reality' (Trevithick, 2011: 391) and can therefore be regarded as having a negative impact on our capacity to think clearly.

A number of analyses of the Victoria Climbié case have theorised that the avoidance of painful experiences and emotions resulted in professional inaction (e.g. Rustin, 2005, Ferguson, 2005b, Cooper, 2005). In order to defend themselves against the anxiety provoked by Victoria's intimidating Aunt, as well as disgust and 'contamination fears' (Ferguson 2005: 782), workers withdrew from the case and failed to recall important details. With parallels to the psychoanalytic concept of disavowal, Cooper (2005: 8) noted that workers 'both saw and did not see what was in front of their eyes'. Similarly, Ferguson (2005b: 785) drew attention to the fact that one nurse simply could 'not account' for why she had failed to record and acknowledge observations of Victoria's injuries. Such instances of professional inertia and poor decision-making are inexplicable unless understood within a framework which acknowledges the unconscious dynamics of practice, and the ways in which professionals defend themselves against the anxieties engendered by the work. If events memories or thoughts threaten to overwhelm the individual, then they are 'recalled in a modified, more acceptable fashion' (Hollway and Jefferson, 2008: 299). This type of defensive 'restorying' therefore has the potential not only to distort perception, but can also account for otherwise inexplicable 'forgetting' of important observations relevant to risk (such as the sight of Victoria's injuries).

A number of studies have examined the role and effect of defences in child and family social work. The individual worker can become defended as a result of fear, anxiety or threats to their personal or professional identity (Mattinson, 1975). For instance, Woodhouse and Pengelly (1991: 180) noted that thoughts or feelings that were viewed as incompatible with the notion of the caring, although dispassionate, worker tended to be 'disowned or discounted' arguing that it was not viewed as 'permissible for a professional to have good and bad feelings'

towards parents. As a result of there being no outlet through which to express these difficult feelings, they observed that social workers tended towards what could be termed a defensive 'othering' of service users, characterised insidious 'expressions of cynical mistrust' towards parents or the description of them as 'these people'. Alternatively, workers might defend themselves against the anxiety engendered by working with challenging or hostile parents by becoming unduly permissive, or optimistic, in their assessment of risk. Stanley and Goddard (1993), for instance, noted that behaviour on the part of the parents which provoked anxiety and fear could lead to the social worker becoming a psychological 'hostage' – engaging in self-blame when interactions didn't go to plan, and minimising the severity of both the risk to themselves and to the child. Similarly, Pollak and Levy (1989: 515) identified that professionals' countertransference responses – particularly 'fear, guilt shame and sympathy' affected their resolve to act on concerns about child protection. These studies suggest that the unacknowledged emotional dynamics of the work can have a direct effect on decision-making in social work.

In order to manage the inherently anxiety-provoking 'uncertainty and unpredictability' (Fook, 1997: 412) of social work practice with children and families, it has been suggested that workers may operate defensively. This type of defensive practice might manifest as a rigid adherence to procedures, rules and a preoccupation with bureaucracy. As Munro (2010: 6) observes 'following rules… can appear less risky than carrying the personal responsibility for exercising judgement'. For instance, Smith and Nursten (1998: 359) identified a tendency for workers to switch in to 'professional mode' in response to anxiety or distress, while Taylor *et al*'s (2008) study identified 'ritual task performance' within care proceedings, defined as following of prescriptive rules and procedures in order to reduce the perceived need for decision-making (see Menzies-Lyth, 1959). The management of anxiety via a ritualistic adherence to procedure may have profound effects on the quality of work. As Woodhouse and Pengelly (1991: 229) argue:

> The more threatening the anxiety, the greater and more rigid the practitioners' reliance on socially structured institutional defences and the more fraught it becomes to enter imaginatively into each other's working worlds for fear of losing hold of one's own. Practitioners may fall back on the 'bedrock' of a narrowly defined primary task.

Individual defences employed by workers to manage anxiety may be self-perpetuating, and ultimately, self-defeating. Menzies Lyth's study (1959) seminal study of nurses identified that defences that initially protected workers from the emotional realities of the work (such as frequent movement of staff, upward delegation of decisions) also denied them the emotional rewards and satisfactions of relationships with patients. Whittaker's (2011) study of defensive

processes in child protection social work drew a similar conclusion. Workers managed anxieties around uncertainty and decision-making via the defence of upward-delegation; rather than advancing a viewpoint, workers would instead defer to their manager, even in relation to the most apparently trivial aspects of the work. Social workers were observed to 'withhold' their judgements in meetings as well deferring action until specifically instructed by their manager. Whittaker (2011: 487) suggested that, as a defence, upward delegation ultimately proved 'ineffective' as workers became increasingly less confident 'following their own judgement' which in turn made them more reliant on the defence.

Organisational defences against anxiety: implications for professional judgement

In addition to individual defences, anxiety may also be defended against at a collective level within social services organisations, for as Hoggett (2006: 180) observes, 'besides performing their ostensible functions' such as child protection, public organisations 'deal constantly with fundamental human anxieties'.

Menzies Lyth (1959) suggested that social systems might function as a defence against anxiety engendered by the primary task of the organisation. In her seminal hospital-based observational study, Menzies Lyth theorised that nurses' workflow, procedures and tasks functioned to reduce anxieties associated with death, dying and decision-making. Defences included detachment and denial of feelings, ritualised task performance, the reduction of responsibility through checks and counter-checks in addition to the defence of upward delegation, described in the previous section. The cumulative result of these practices served to 'depersonalise' patients, compromising their care as well as dangerously inhibiting the capacity of nurses to make effective judgements in relation to their care.

Lees *et al* (2011:542) suggested that Menzies Lyth's ideas are particularly relevant to social work practice within a managerialist paradigm, where 'tightly defined risk and performance management techniques have developed within the child protection system in an attempt to defend against the uncertainties of cases, fears of making the wrong decision and of public criticism.' While procedures are undoubtedly necessary, and may indeed provide emotional containment, there is a danger that in an unreflective and high-pressure environment they can come to assume the place of professional judgement. Whittaker's (2011) ethnographic study of four London-based assessment and referral teams identified the relevance of Menzies Lyth's theoretical framework for contemporary social work practice. Ritual task performance was observed in the form of rigid procedural adherence; social workers reported requiring

written confirmation of their conversations with other professionals as a way to 'make sure you have covered your back' (Whittaker, 2011: 489).

Woodhouse and Pengelly (1991) found that such defences may have a profound impact on the capacity of the organisation to work collaboratively with other agencies. Their observational study identified a 'siege mentality' among some social services departments, as a result of what they perceived to be other agencies 'passing the buck'. The agency responded by defending their boundaries; referrals were closely scrutinised to ensure that they 'conformed to an acceptable standard' (Woodhouse and Pengelly, 1991: 231). As a collective, the agency was described as analogous to a 'citadel under siege whose occupants kept an ever watchful eye on the portal'. This 'embattled stance' therefore reduced effective inter-agency collaboration, the latter of which has been repeatedly demonstrated to place children at risk (e.g. Reder and Duncan, 1993).

Emanuel (2002: 164) argues that defences against anxiety engendered by the case can impact the professional network around the child, interfering with professionals' 'capacity to think clearly or make use of outside help with their caseloads'. Overwhelmed with the conflicting needs of parents and children, and subject to 'powerful projections' from the family, Emanuel (2002: 164) describes how the professional network itself can become split and acrimonious with 'serious implications for the safety and emotional wellbeing of children'. In the most severe cases, the professional network may 're-enact' difficult emotional dynamics within the family, replicating the 'children's original experience of neglect, allowing them to fall through a hole in the 'network' – a process identified by Emanuel (2002) as 'triple deprivation'. Similarly, Britton (2005: 165) observed how the dynamics within the family could be unconsciously 'expressed in action' by the professional network. Symptoms of unconscious defensive processes are identified as 'inappropriate concern; surprising ignorance; undue complacency; uncharacteristic insensitivity or professional inertia' on the part of professionals (Britton, 2005: 165). Psychodynamic approaches therefore suggest that defences against anxiety at both an individual and collective level may serve to compromise effective professional judgement, placing vulnerable children at increased risk.

Emotionally containing organisations and professional judgement

Morrison (1990) identified that the negative emotional impact of the work could be compounded by the 'secondary effects' of an unreflective and unsupportive environment. In such environments, workers may become subject to what is identified as 'professional accommodation syndrome' - a denial or minimisation of their own distress resulting in burnout

or problematic working relationships (persecution or overdependence) in relation to families. Horwath (2015: 3) posits the idea of a 'neglectful organisation' which fails to meet the physical, safety, educational and emotional needs of social workers, creating a 'toxic' environment for practice. By contrast, containing organisations help social workers to manage their emotions and maintain their capacity to think (Ruch, 2007). As the second section of this chapter suggests, the emotional dynamics of the work can act as information facilitative of effective professional judgement. However, this is only possible if workers are given the support to identify emotional processes and reflect upon their work. Drawing on Bion's (1957) notion of containment, Ruch (2007) suggests that when workers experience emotional containment they are able to think, reflect and subject their own reasoning to scrutiny. As Andersen (2000: 846) states 'workers need opportunities to discharge the emotions that can build up in a day (sometimes an hour) of child protective services work'. Emmanuel (2002: 163) identifies the need for social workers to have a 'secure base' within their organisation, the absence of which renders them unable to act as a secure base for families. An organisation that acknowledges and supports workers to reflect on, and manage the emotional demands of the work is therefore likely to be one in which practitioners exhibit sound professional judgement. This is supported by Hair's (2012) finding that in order to carry out their work effectively, social workers' supervision needs to include 'emotional support' and Carpenter *et al's* (2012) finding that emotionally-informed supervision is associated with organisational commitment and increased levels of self-efficacy among workers.

Conclusion

This chapter has suggested that child and family social work presents both emotional rewards and challenges for practitioners. Despite this, there has been relatively little research into the 'lived experience' of social workers, particularly the way that they manage the emotional challenges of the role. Emotions have been identified as potentially informing professional judgement, providing information for assessment as well as helping the worker to sensitively navigate the relationship with the family. However, there is a relative lack of empirical research examining how social workers use their emotions in practice. Emotions have also been shown to present risks for professional judgement. Defences against fear and anxiety may distort judgement both at an individual and organisational level. For instance, experiences of aggression and hostility, and fear of failure and blame, have implications for workers' judgement and practice (Stanley and Goddard, 1993). The encounter within the family home has been identified as a particularly anxiety-provoking aspect of the work (Smith and Nursten, 1998, Ferguson, 2005). However, as this chapter (and chapter one) have identified, there has

been little empirical research examining social worker's emotional experiences of home visiting.

Part two: methodology

Chapter four: methodology

Introduction

This chapter describes the methodology employed to investigate social workers' experiences of the initial home visit. The chapter is divided into five sections. The chapter opens with the background to the study. This background includes the literature review, my identity as a researcher (shaped by my prior practice experience) and the adoption of a constructionist, qualitative approach towards research. The second section of the chapter presents a rationale for the use of a psychosocial approach, offering a defence of its use in relation to the research questions. The third section of the chapter outlines the design of the research, including the use of narrative interviews and additional data collection in the form of two focus groups. The fourth section of the chapter describes the process of data collection. Finally, part five provides a detailed account of how a psychosocial approach was used in relation to data analysis, offering a consideration of the relative strengths and challenges of this approach for researching professional judgement in social work. Each of the sections includes a discussion of the ethical issues encountered at each stage of the project.

In describing the use of a psychosocial approach to investigate social work, this chapter offers a methodological contribution to social work research. Similarly, in employing a psychosocial approach to investigate professional (rather than personal) narratives, this chapter makes a contribution towards broadening the field of psychosocial studies.

Section one: Background

The direction and research questions for this study have been shaped by two factors: my positioning and identity as a researcher and a review of the existing literature. This section discusses these factors alongside my positioning as a constructionist, qualitative researcher.

Personal and professional experience

My educational background has been an important influence on my identity as a researcher and my choice of methodology for this project. I am a qualified social worker with an MA in Social Work. I also have an MA in Philosophy and Psychoanalysis and a BA in Philosophy and Literature. These educational experiences have had a direct bearing on my research interests. Studying philosophy, for instance, led me towards an interest in the reasoning processes that are involved in our claims to knowledge about the world. My study of literature led me towards an interest in narrative. Combined with this, the study of psychoanalytic theory during my MA led an interest in the relationship between emotion and reasoning. As will be evident in this chapter, my theoretical interests are clearly reflected in my research design and approach towards data analysis.

My interest in home visiting arose from my own professional experiences. Prior to joining the University of East Anglia as a PhD researcher, I had been working in a Children's Centre. My role at the centre was to work with families where there were concerns about the child's development or well-being as a result of the caregiving environment. During this time, the majority of my work involved interacting with parents and young children in the homes of over forty different families. My role included assessment, education, practical support and therapeutic intervention, all of which required me to develop meaningful relationships with parents and children. I undertook home visits which left me feeling puzzled, hopeful, curious and, on occasion, unsafe. Later, as a researcher, these experiences guided my interest in thinking more deeply about the emotional experience of home visiting.

Consistent with the constructionist position I later came to adopt as a researcher, it seemed to me that assessment involved the selection, construction and evaluation of narrative. As a practitioner, I found that generating an assessment was more complex than identifying, collating and recording the facts of the case. During home visits I found that it was rare to witness a single event that revealed an irrefutable truth about the family. Indeed, behaviour that could be definitively identified as 'child abuse' is 'seldom directly observed' by workers (van Luitgaarden, 2011: 26-27). Instead, consistent with the principles of constructionism (Guba and Lincoln, 1985), making sense of families' lives in practice seemed to be a highly interpretative process, involving experiential and emotional knowledge obtained in the context of relationships with children, parents and other professionals. As a researcher, I became interested in the stories that practitioners tell about their work, and the role of experience and emotion in professional judgement.

The research questions

Drawing on Pithouse's (1987: 2) description of social work as an 'invisible trade', chapter one identified the home visit as a particularly 'hidden' aspect of social work practice both in terms of its role in assessment and its absence within empirical research. Chapter one described assessment as a narrative process, involving the construction of stories about everyday family life (de Montingy, 1995). Chapter two identified the concepts of intuition, heuristics and bias as significant for understanding professional judgement. Given the tendency towards confirmation bias (Munro, 1999, Kirkman and Melrose, 2014), initial assessment was identified as a particularly important aspect of social work activity. Chapter three identified the relevance of emotion for professional judgement, establishing social work as an affect-laden practice, involving 'emotional labour' (Hochschild, 1983) on the part of the worker. This chapter highlighted a gap in the existing research in terms of how social workers use their emotions in practice. The review of the literature, together with my prior professional experience led me to an interest in the role of reason and emotion in professional judgement, specifically in relation to the home visit. The study therefore sought to answer the following questions:

Q1: What are social workers' experiences of undertaking an initial home visit?

Q2: How do social workers make a professional judgement about a family?

Q3: How do social workers use and manage their emotional responses during an initial assessment?

The constructionist paradigm

In order to make defensible contributions to knowledge, it is important for researchers to identify both their ontological and epistemological position. Ontology is term used to denote the study of the 'nature of being' (The Oxford Dictionary, 2016b). A researcher's ontological position determines what they view as constituting reality or a 'fact'. Epistemology refers to the study of knowledge and its validity. A researcher's epistemological position determines what they view as the most appropriate *means* of obtaining knowledge. Social constructionism, the paradigm adopted by this study, represents a particular position in relation to both ontology and epistemology which is neatly summarised by Berger and Luckman (1966: 13):

> … Reality is socially constructed and the sociology of knowledge must analyse the process in which this occurs.

The constructionist's ontological position is that reality is not pre-given, rather it is continually 'produced' and 'revised through social interaction' (Bryman, 2012: 33) and language (Burr, 2007). The consequence of a constructionist ontological position is that 'truth' is regarded as always partial and dependent as opposed to independently existing outside of the social world (objectivism). Within a constructionist paradigm, such as Berger and Luckman's (1966), the epistemological question (how we come to know things) is answered with reference to the social world – knowledge is *constructed* through our interactions with the social world, particularly through talk and interaction. In this sense, as Berger and Luckman (1966: 13) observe, knowledge is 'sociological' – generated by social institutions, relationships and the experiences of the individual within them.

As a social worker, my assessment work had involved generating knowledge and negotiating understandings of the family within the context of relationships with children, parents and other professionals. A key part of my work was trying to make sense of how families themselves understood their world and constructed meaning within their social relationships. As a social worker, I also attempted to generate narratives about the family in order to understand and represent them in professional meetings and reports. These stories, or constructions were, as Bryman (2012: 33) suggests, subject to 'constant revision'. For instance, an interaction with the health visitor or school could cause me to revise my narrative, to conceive of the family in an entirely different light. What struck me during my professional practice was the power of stories. I observed how young children's identities could be shaped by the stories their families told about them. The stories I told about families as a professional were also powerful, with the potential to determine interventions in their lives. Taylor and Ussher (2001: 295) define constructionism as:

> A paradigm concerned with the way in which individuals are constituted by the social world; the way in which the world of language and symbols come to dwell within us; the way in which we use them to construct our sense of self and our sense of the world around us.

Constructionism, with its emphasis on 'local, small narratives' (Hair, 2012: 19) therefore seemed a natural choice for me as a social worker whose professional life could be regarded as involving both hearing and telling (constructing) stories.

The constructionist paradigm has implications for the way in which research is conceived and conducted. There is a need for what has been termed 'reflexivity' (Burr, 2007: 156) on the part of the researcher with the recognition that the researcher's account of the data itself represents one among a number of possible constructions. The researcher must consider their role in the construction of both the research data and findings, adopting a reflexive stance towards their practice. Fortune *et al* (2013: *xx*) suggest that 'social work values and ethics may influence selection of epistemology or paradigm' for social work research. The emphasis on reflexivity in social work practice can be regarded as paralleling the role of reflection in relation to social work practice (D'Cruz *et al,* 2007). Reflection on use of self was a key professional value for me as a social worker and one that I found well-represented in the reflexive nature of constructivist research (see Burr, 2007).

Qualitative research and social work practice

It is crucial for researchers to select a methodology that is consistent with the focus of enquiry (Guba and Lincoln, 1985). The research questions for this study are concerned with the experience of home visiting, the processes of thinking and the way in which social workers construct a professional judgement. Qualitative research is similarly concerned with social meanings, experiences (Bryman, 2012), and how processes occur (Silverman, 2006). As such, the identified research questions above lent themselves to a qualitative, rather than quantitative, research design.

Qualitative methods have been identified as particularly appropriate for social work research (Shaw and Gould, 2001). A number of parallels have been identified between the concerns of qualitative research and social work (Scourfield, 2001). For instance, qualitative researchers and social workers share an interest in understanding people's experiences and how they construct and make sense of their social world. A further parallel can be found between the methods of qualitative research and social work. For instance, when 'conducting assessments' social workers themselves 'operate rather like practical qualitative researchers' (Sheppard, 1995: 265) gathering data, deciphering meaning and refining their hypotheses in the light of further information. Perhaps for this reason, qualitative methods have been identified as particularly useful for examining the 'process' of assessment, including tacit knowledge and informal practices of social workers (Holland, 2011: 12). Given the compatibility between qualitative research and social work, I determined that the latter was preferable to a quantitative approach for investigating social workers' experiences of the initial home visit.

Within qualitative methods there were a number of options from which to choose, including grounded theory, discourse analysis and thematic analysis. After a consideration of these options, however, I settled upon a relatively new, 'psychosocial' approach to qualitative research. Section two will explain the rationale for this choice.

Section two: Choice of a Psychosocial approach

My original research proposal set out a rationale for a grounded theory design (e.g. Charmaz, 2006). However, I found that when thinking about the topic in more detail, I was drawing heavily on my own experience as both a social worker and my knowledge of psychoanalytic theory. With its emphasis on 'ground up' knowledge-generation, I determined that grounded theory would not allow me to make best use of the theoretical knowledge (namely psychodynamic theory) I could bring to the project.

As described above, my study of literature had led me to develop an interest in the role of storytelling and narrative in structuring experience. This led me to an interest in professional narrative - or the stories that social workers tell about their working life. Narrative Analysis (e.g. Reissman, 2008) therefore offered possible framework for the project. However, further thinking (and reading) led me towards the field of psychosocial studies. I found that this approach to social research, which combines psychoanalytic theory *and* a concern with narrative, dovetailed with my research questions as well as my theoretical interests. I therefore settled on the psychosocial approach as particularly suited to the investigation of professional judgement in social work.

This section outlines the key facets of the psychosocial approach, offering a rationale for its adoption in relation to the research questions. As Clarke and Hoggett (2009: 1) observe, the psychosocial approach 'can be seen as a cluster of methodologies' which share an orientation rather than a definitive method. In this section of the chapter I will locate my specific theoretical and methodological positioning *within* the psychosocial field.

The 'psychosocial' approach: origins and orientation

The concept of the 'psychosocial' (and by extension, the emerging field of 'psychosocial studies') has, as Hoggett and Clarke (2009: 1) suggest 'emerged… as a new paradigm in the human sciences in the UK'. The term 'psychosocial' or 'psycho-social' (depending on one's theoretical orientation) attempts to bridge the traditional divide between the individual and

society, as well as other 'binaries' such as the notion of inner/outer, self/other, nature/nurture. As Saville-Young and Frosh (2010: 511) suggest, psychosocial theorists are:

> concerned with how we might begin to conceptualize and research a subject that is psychosocial without falling into the familiar psychological/social dichotomy.

As such, the psychosocial approach maintains a critical position towards what it views as the 'essentializing' tendency of disciplines such as psychology, in which the 'social is 'bracketed off' in discussions of the individual, or vice versa' (Frosh, 2003: 1547). Instead, consistent with a constructionist perspective, proponents of this approach have sought to reconfigure the notion of the 'subject', not as a discrete, isolated entity standing outside or above the 'social', but as *always already* embedded in the social world. As Frosh (2003: 1549) suggests:

> The important point is that the subject is not a pre-given entity, or something to be found through searching; it is rather a site, in which there are criss-crossing lines of force, and out of which that precious feature of human existence, subjectivity, emerge.

As Woodward (2015: 5) suggests '… the psychosocial deals with what is in the middle, in the spaces that can be described as liminal'. The field of psychosocial studies therefore provides a particularly fertile ground for thinking about social work, which could itself be regarded as operating within the (often precarious and therefore contested) space between the individual and society, reason and emotion (Howe and Hinings, 1995) and science and art (Samson, 2014).

A second key aspect of the psychosocial approach is the use of psychoanalytic theory. Psychosocial researchers use 'psychoanalytic concepts and principles to illuminate core issues within the social sciences' (Clarke and Hoggett, 2009: 1). For instance, Hollway and Jefferson's (1997) psychosocial studies have utilised Kleinian psychodynamic theory in order to understand the sociology of crime. Walkerdine (2011) has used psychoanalytic theory in her study of the construction of femininity, while Phoenix and Frosh (2001) have used insights from psychoanalytic theory in their analysis of the construction of masculinity within the school environment.

In terms of its origins, the psychosocial approach can itself be regarded as a 'site' of 'criss-crossing' theoretical developments. Psychosocial studies can be linked to what has been termed the 'relational turn' (Mitchell, 2000: xiii) within psychoanalysis – that is, the use of psychodynamic ideas to illuminate social practices. It can also be viewed as a product of what has been termed as the 'emotional turn' (Clarke and Hoggett, 2009: 8) or the 'affective turn' (Woodward, 2015: 79) in the social sciences, motivated by the need to develop a method to

'research the emotions' (Clarke and Hoggett, 2009: 8). Similarly, it can be linked to critiques of the 'discursive turn' in psychological research, where it has been argued that the reduction 'of what is known to what can be said' (Frosh 2003: 1556) has necessitated a new way to conceive of the role of emotions in social research (Wetherell, 2013). The field of psychosocial research has emerged as a result, attempting to 'address serious social and political issues through a critical welding of sociological and psychoanalytic perspectives' (Clarke, 2002: 173). Psychosocial studies are concerned with the role of emotion in social life, the role of the social in the creation and working-through of anxiety, and the notion of identity as shaped through social practices and narrative. As such, 'the heart of psychosocial studies is invariably the idea of *relation'* (Thomas, 2013: 5). With its emphasis on emotion, the social and relationship, the psychosocial therefore presents a relevant framework within which to consider social work practice, which has itself been described itself as characterised by relationships and emotion (e.g. Howe, 2005).

Positioning myself within the psychosocial field

Clarke and Hogget's (2009) *Researching Beneath the Surface* and, more recently, Woodward's (2015) *Psychosocial Studies* represent attempts to map the relatively new terrain of psychosocial studies. Although the various methodologies associated with the psychosocial approach constitute a distinct orientation, there is debate around some of the key concepts. For instance, the precise relationship between the self and the social, the type (and use) of psychoanalytic theory and the use of the research process as data have each been subject to theoretical debate.

In the following account, I outline what I take to be three key guiding principles of psychosocial research: 1. the role of narrative in understanding and managing experience. 2. The notion of the discursive unconscious, and 3. the use of process as data. In doing so, I defend the relevance of these concepts for my research questions while at the same time identifying my position within the theoretical debates that currently characterise the psychosocial field.

Position one: the role of narrative in understanding and managing experience

Psychosocial research can be regarded as a constructionist narrative approach, although it differs in some important respects from other forms of narrative analysis (as well as traditional psychoanalytic theory). Key to psychosocial research is the role of narrative in understanding and managing experience. Four key principles can be distilled:

- People tell stories in order to make sense of their lives, identity and experiences
- Areas of narrative incoherence can act as important information
- The construction of narrative helps us to manage anxiety
- The form of the story is important, as well as its content

I will now outline each of these principles in turn. Firstly, a key tenet of this approach is the idea that people tell stories, both to themselves and to others, in order to manage and make sense of their experiences. Typically, narrative analysis is concerned with the stories that people tell in order to structure and to make sense of their experiences. It is assumed that since 'people perceive their lives in terms of continuity and process' (Bryman, 2012: 582) that the stories that individuals tell about their lives can be analysed to provide us with important information about how people understand and construct their identities, their experiences and their social world. Sarbin (2004: 6) for instance, emphasises that stories serve to organise experience and that they must have a 'beginning, a middle and an ending'. Psychosocial approaches to data analysis are similarly interested in the role of narrative in the construction of identity. For instance, the approaches of Wengraf (2001) and Hollway and Jefferson (2011) both involve the elicitation and analysis of participant's stories in order to understand the formation of identity over time.

Secondly, however, psychosocial researchers reject what they regard as a 'preoccupation with coherence' (Hollway and Jefferson, 2008: 310) and rationality within existing narrative approaches. Psychosocial research is concerned with instances where stories do not follow a predictable structure or do not end with a resolution. The 'contradictions, elisions', 'avoidances' and absences (Hollway and Jefferson, 2008: 310) that appear when people attempt to narrate their experiences are significant. For psychosocial researchers, areas of incoherence or narrative censorship in people's stories can act as an important source of information about anxiety.

Thirdly, constructing narratives about one's life and experiences is understood as performing an important self-regulatory function, namely the management of anxiety. As Hollway and Jefferson (2008: 305) suggest, telling stories is 'a way of 'managing' painfully confusing emotional experiences through words which offer (apparently) the comfort of comprehension and the prospect of control.' Drawing on psychodynamic ideas, Hollway and Jefferson (2008: 299) argue that stories can sometimes act as a kind of defence where 'memories of events [that] are too anxiety-provoking, will be either forgotten or recalled in a modified, more acceptable fashion'. Psychosocial researchers are therefore *also* interested in what is *not* said,

or what is apparently excluded, from people's stories, as well as what it might mean for an individual to struggle to put together an account of their experiences.

Fourthly, for psychosocial researchers the *form* of the story is important as well as its content. Where methods such as grounded theory or thematic analysis might serve to fragment the data, re-organising it in terms of a certain theme, psychosocial researchers are interested in the changes *between* apparently disparate topics within the same interview and the way that, in telling their story, people tend to jump from one line of thought to another. These narrative 'disruptions' are foregrounded in psychosocial analysis. As Hollway and Jefferson (2008: 308) state:

> The particular story told, the manner and detail of its telling, the points emphasised, the morals drawn, all represent choices made by the storyteller. Such choices are revealing, often more so than the teller suspects. This characteristic of storytelling, to contain significances beyond the teller's intentions, is what it shares with the psychoanalytic method of free associations.

In this sense, the psychosocial approach is underpinned by a rejection of a unitary, all-knowing self in favour of the notion of the 'defended subject' (Hollway and Jefferson, 2008: 299). The implication for research is that stories that respondents tell us are not straightforward windows into their world, but are constructed so as to manage (or exclude) anxiety.

Position one: relevance to the research questions

As chapter one of the literature review suggested, assessment in social work can be regarded as a narrative process. Arriving at a professional judgement can be regarded as involving the construction of a coherent narrative in relation to the case. As White and Stancombe (2003: 20) observe:

> The processes of … judgement are 'storied'. Professionals 'take the history', then retell it in a form consistent with their specialist knowledge. However, professional narratives contain more than specialist knowledge. They attribute cause and effect and often construct blameworthiness and creditworthiness. Professional stories even humorous anecdotes, are often moral tales.

Analysing social workers' stories is therefore an appropriate way to examine the construction of professional judgement. With its focus on the construction of narrative, the psychosocial approach therefore represents a particularly appropriate choice to analyse the data.

As indicated above, psychosocial researchers are interested in the way that narratives are shaped by anxiety. Child welfare social work can be regarded as a profession characterised by the need to make judgements in emotive situations (such as the home visit) in relation to emotive topics (e.g. child abuse and neglect) and is characterised by complexity and uncertainty. As discussed in chapter three, child and social work is a particularly emotionally demanding profession, requiring workers to manage high levels of anxiety. The psychosocial focus on 'rational intention' as well as 'emotional motivation' (Hollway and Jefferson, 2012: 34) in narrative is therefore particularly relevant to the study of the relationship between reason and emotion in professional judgement.

The psychosocial emphasis on narrative as a way to manage anxiety appealed to me as a result of my prior professional experiences. I noticed in professionals (including myself) a need to 'tell stories' to colleagues when they returned to the office from a home visit. After a particularly challenging visit, telling a colleague the story of my visit functioned not only as an opportunity to 'offload' but also as a way to organise my thoughts and impressions. I also noticed in myself, and in colleagues, a tendency to use 'professional speak' to describe cases which made us feel uncertain or vulnerable. As a researcher, it therefore seemed to me that social workers' narratives – the stories they told to make sense of their professional experiences – might tell us a great deal about their professional identity as well as how they managed their anxieties in relation to the work.

Position two: the 'discursive' unconscious

Psychosocial research is underpinned by the psychoanalytic concept of the unconscious. Freud proposed the concept to refer to 'mental processes of which the subject is not aware' (Rycroft, 1995: 191) and as something 'other than conscious, rational thought' (Frosh, 2012: 45). Freud conceptualised the contents of the unconscious as forbidden or intolerable ideas (often related to repressed instinctual urges, sexuality) which, through the operation of various defence mechanisms, were denied conscious expression. At the same time as these 'repressed contents' (La Planche and Pontalis 2006: 474) are pushed out of awareness they are also 'pushing for expression' (Frosh, 2012: 45). The result of this process is the expression of unconscious wishes and impulses in a modified form, for instance, as symptoms, compulsions or as 'slips of the tongue'.

Defining the nature of the unconscious is critical for the psychosocial researcher. This version of psychoanalytic theory is incompatible with the constructionist paradigm since it posits a reality existing beyond or underneath the social. An 'objectivist' conceptualisation of the

unconscious has implications for the legitimacy of findings and has ethical implications for research. As Price and Cooper (2012: 57) suggest, there is a central methodological problem in 'attributing unconscious states and states of mind' to others, creating a 'a central difficulty in confirming or disconfirming the validity of what has been observed'. This is a distinct difficulty for psychosocial researchers such as Hollway and Jefferson (2011) whose work draws on a Kleinian notion of the unconscious, which although advancing a social view of the unconscious, tends to view it as a 'container full of contents' (Mitchell, 1986: 24) which are expelled or enacted onto others. The data analysis process for Hollway and Jefferson (2011) involves a 'tracing back' towards hidden, and somewhat mysterious, unconscious processes within the research participant. This approach is subject to a criticism commonly levelled at psychodynamic theory – that is, that the psychoanalyst and by extension, the researcher, appear in the guise of 'expert', able to decipher the 'real' meaning of the participant's narratives (Parker, 1997). This has led to criticism from Wetherell (2005: 169) that Hollway and Jefferson's research puts 'words' in the 'mouths' of research participants.

However, within the psychosocial field there is another conceptualisation of the unconscious expressed by writers such as Frosh (2003) and Billig (1997) which draws on language-focused psychoanalytic theory, as well as the importance of the 'social'. It is this constructionist conceptualisation that I draw on. Three key principles of this conceptualisation can be distilled:

- Repression is a discursive process, effected through the exclusion of socially unacceptable narratives
- The unconscious is reflected in absences in dialogue
- What is unacceptable, unthinkable or prohibited can be regarded as historically-specific and socially-generated

For proponents of this approach (e.g. Frosh, 2003) the self is not conceived as a discrete entity through which the external world is interpreted (traditional Freud) nor is the unconscious conceived as a 'vessel' below consciousness consisting of split off wishes, impulses or instinctual drives (Klein). Reflected in the absence of the hyphen, Frosh and Baraitser's (2008) notion of the 'psychosocial' attempts to circumvent some of the theoretical difficulties involved in a 'depth' view of the unconscious. The psychosocial is instead conceived as 'intertwined entity' (Frosh, 2003: 1547) 'with the idea that what is taken to be 'internal' to the subject is premised on, and in constant tension with, what is outside or 'other' (Frosh, 2003: 1554). Given this constructionist rendering of the subject, the unconscious is resituated within the social world, but further than this, is itself regarded as a product of the social, specifically constructed as a result of talk.

Billig (1997) combines discursive and psychoanalytic theory in his concept of the 'dialogic unconscious.' Billig's (1997: 139) central thesis is that 'processes of repression can be studied discursively' and that 'repression is itself a dialogic, or discursive, process'. The process of repression is accomplished through the omissions of certain elements in discourse, reflected in changes of topic, avoiding the use of certain words etc. Thus as Saville-Young and Frosh suggest (2010: 514) 'conversational devices have repressive functions'. Repression is therefore conceived:

> Not as a universally static process, but something which is part of ideological and socio-historical currents… codes of politeness differ culturally and historically … so do the topics on which people are expected to converse and remain silent. (Billing, 1997:152)

What is unacceptable, unthinkable or prohibited can be regarded as historically and socially-specific (rather than universal). The construction of narrative is likely to exclude those potential elements which are unacceptable to the speaker, their intended audience and wider organisational or societal context. As Wetherell (2012: 135) suggests, repression conceived in this way is therefore 'social psychological in the fullest sense… infused with culturally-specific techniques for self-regulation as distinct from the private machine Freud proposed'. Our anxieties, concerns and what is 'forbidden' or 'off limits' are the product of the socio-historical context in which we find ourselves.

Relevance to the research questions

While social workers' personal biographies and early experiences may well be important in understanding the ways they defend themselves against anxiety, it is also important to consider the specific social context in which they are using and/or needing to manage their emotions (i.e. as a professional in the home of a client) within a particular team/organisation and in a specific historical and social context in relation to child protection work. Considering what is acceptable within these specific contexts (and how social workers' narratives might be shaped by them) avoids some of the ethical and logical difficulties involved in positing hidden individual unconscious processes within the research participant.

The notion of repression as effected through language also appealed as a result of my practice experiences. The use of the term 'challenging' or 'chaotic' appeared to be an acceptable way for social workers to describe a family who evoked strong feelings of frustration or helplessness. Similarly, the use of the term 'resistant' often acted as a way to describe families in relation to whom workers felt rejected or angry. I wondered whether professional language

and jargon served a repressive function, perhaps as a way to manage anxieties relating to the work.

Position three: process as data

A distinctive position adopted by the psychosocial approach is that the process of the research encounter can itself act as an important source of data. I have termed this as the idea of 'process as data' drawing on the psychodynamic notion of process reflection. Process reflection emphasises 'the unconscious as well as the conscious aspects of practice…the mirroring processes that operate in practice and… the unavoidable impact on practitioners of the emotional content of interactions' (Ruch, 2007: 661). Psychosocial researchers are concerned with the 'dynamics of the research encounter' (Clarke and Hoggett, 2009: 11), attending to what Mintz (2014: 73) refers to as the 'emotional register' of the research, using an 'approach sensitized to picking up on the 'in the moment' emotional states of actors in the research field'. Researchers are encouraged to pay attention to the feelings evoked in their interaction with the research participant, noting different kinds of affect, such as anxiety, boredom, excitement, etc. It is viewed that these emotional processes, as they unfold throughout the research, can assist the researcher in data analysis, alerting them to significant aspects of the data. Particular attention has been paid to the notion of transference and countertransference within the research encounter (Clarke and Hoggett, 2009) with the interplay of feeling states between researcher and participant forming part of the analysis. As Frosh (2003) emphasises, this approach involves a reflexive approach - the researcher cannot simply use their own emotional experiences in order to pronounce a truth about the subject being studied, since they themselves are also a kind of 'defended subject'. There is a need for researchers to operate as what Clarke and Hoggett (2009:7) describe as a 'reflexive practitioner' acknowledging the co-construction of the research encounter and their own role and influence within it.

Relevance to the research questions

Professional judgement in social work involves more than 'intellectualised rationality' (Sudbery, 2002: 151). As described in the literature review, it has been suggested that social workers draw on emotional, intuitive and sensory knowledge in order to arrive at a professional judgement. As Houston (2015: 389) suggests:

> in child protection, practitioners must rely not only on a considered rational analysis of facts but, equally, they must be sensitive to inner visceral stirrings that may signal unmet needs or indeed dangers.

There are parallels between the social work interview and the research encounter. The social worker generates knowledge about the case in the experiential context of their relationship with the family, attending, as Houston suggests, to the feelings evoked in them by the encounter, rather than the rational 'facts' alone. Similarly, the researcher interviewing the social worker generates data in the form of an interview transcript at the same time as forming a relationship which generates emotional and experiential data. In this sense, the 'process' of the research interview, including the relationship with the participant, with its accompanying thoughts, feelings and dynamics can be regarded as a source of information. The psychosocial emphasis on relationship process within the research encounter therefore paralleled my experiences in practice, and seemed congruent with the value that I placed on relationship-based practice as a social worker.

Section three: study design

Having identified the psychosocial approach as my theoretical framework, my next task was to design the study. In doing so, I needed to consider the type of data I would collect and how I would obtain it. This section of the chapter describes the design of the study, the decisions made within this process and the ethical considerations involved at this stage.

Sample

In order to gain a picture of home visiting in child and family social work, I needed to access qualified social workers employed in a range of front line children's teams, including both assessment and intervention services. I stipulated that social workers should be at least one-year post-qualification as I hoped to capture the experience of workers embedded in an organisation, rather than 'student' experiences. I intended to sample social workers across two local authorities in order to a preserve likelihood of confidentiality for participants and in recognition of the differences that might emerge as a result of local organisational culture.

Interviews

As identified in the earlier section, psychosocial studies have made use of a range of data collection methods such as ethnography (e.g. Ruch, 2007, Ferguson, 2016, Winter *et al,* 2016) and modified child observation methods (e.g. Mintz, 2014). Given the focus on narrative, there has been tendency towards interview-based studies in psychosocial research (e.g. Jervis, 2011, Hollway and Jefferson, 2011, Wengraf, 2001). Given my interest in narrative, and my goal to elicit stories of social workers' professional lives, I settled on an interview-based study.

My research questions concerned how social workers made sense of the home visit and the role of emotion in this process. I therefore decided to undertake interviews with qualified social workers *immediately* after they had undertaken a home visit, and where they were visiting a 'new' family for the first time. In this way I hoped to capture something of the immediacy of social workers' reactions to the initial home visit. I regarded the timing of interviews as crucial, since I anticipated that the moments immediately after the visit would be the point when workers would be actively engaged in organising and processing their thoughts and feelings in relation to the visit.

A key criterion for the research interview was that it should be related to a visit where the social worker was visiting a family they had not previously met before. The reasons behind this were twofold: firstly, I was interested in how social workers made sense of the home visit. Interviewing social workers directly after the home visit would therefore allow me to capture reasoning processes in relation to the visit itself as opposed to, for example, the conclusions drawn from collated sources as the case progressed or neared resolution. Secondly, the literature review (chapter two) suggested that social workers' initial hypotheses were extremely influential and tended to persist despite evidence to the contrary. Interviewing social workers immediately after the initial home visit would therefore allow me to capture something of this initial, critical stage of reasoning.

At this point in the design of the study, I considered whether it would be beneficial for me to accompany the social worker into the initial home visit, using an ethnographic approach similar to that of Ferguson (2013). However, my research questions were focused on experiences, emotions and reasoning processes involved in professional judgement. As such, I concluded that accompanying the social worker into the home visit might mean that I was *less* able to gain social workers' narratives in relation to the visit, since any subsequent interviews would presuppose a shared knowledge of the visit. Instead, I wanted social workers to construct their own story of the visit, recalling what *they* viewed as significant allowing me to gain a rich picture of their thinking and experiences. In my review of the literature I found little empirical

research examining practice from the perspective of the social worker. By eliciting stories of practice from social workers, I aimed to address this gap.

Within psychosocial research, there are two formalised methods of interviewing: Hollway and Jefferson's (2008) Free Association Narrative Interview (FANI) and Wengraf's (2001) Biographical Narrative Interview Method. Both of these approaches seek to elicit narratives shaped and structured by the respondents themselves. When interviewing, I largely adhered to four key principles of the FANI (Hollway & Jefferson, 2010: 32-33): the avoidance of 'why' questions, the elicitation of narrative, use of open-ended questions, and 'follow-up' using the participant's 'ordering and phrasing'. In the research interviews I asked social workers the following narrative-inducing question:

> Tell me the story of the home visit you have just been on today in as much detail as you can remember.

A copy of the participant interview information sheet, together with the interview schedule can be found in appendices *b* and *d.*

Telephone interviewing

As I wanted to capture the immediacy of social workers' initial impressions, timing was crucial. I needed to access social workers to interview as soon as practicable after they had undertaken the home visit. I had initially intended to base myself within a social work office in order to capture social workers as they returned from their visits. However, I rejected this as impractical since I knew from my own experience that social workers tend to do a lot of their thinking when returning from the visit in the car.

As a solution, my supervisor suggested undertaking interviews via telephone. I was initially unsure about this. Social work with children and families is a sensitive and emotive task, so I wondered whether workers would want to share their feelings with an unseen stranger. It seems that other researchers have had the same concern about telephone interviewing. As Novick (2008) points out, there is a bias against telephone interviews in qualitative research, largely due to similar assumptions about the importance of the face-to-face encounter. However, as she goes on to note, there is nothing to suggest that telephone interviews yield lower-quality data. In fact, it may be that participants feel more comfortable discussing sensitive issues when not directly faced with a researcher. The other advantage is that, as Sturges and Hanrahan (2004: 107) suggest, the 'contingencies of fieldwork' can often make

telephone interviewing a more practical solution to accessing participants. As a compromise, I offered participants a choice: they could have a face-to-face interview *or* speak to me on the phone. Without exception, social workers chose the telephone interview. The process of undertaking the interviews will be discussed in section four of this chapter.

Ethical considerations during study design

The first stage of the project was to apply for ethical clearance from both the SWK Ethics committee and each of the two local authorities (LAs). This process included a consideration of consent, confidentiality and possible impacts of the interviews. In relation to consent, I felt that while it may be possible for local authorities to consent on *behalf* of social workers where a project is explicitly seeking to gain information about a particular service-user group (e.g. children), this type of consent may be unsuitable for my project which was more explicitly about the worker's *own* responses, thinking and practice. As such, I sought informed consent from participants individually, as well as their local authority and team managers. A sample consent form and information leaflet for the project can be found in appendices *a* and *b*.

I wanted social workers to feel able to speak freely about practice experiences. I felt that they would be less likely to do so if they felt that interview data would be accessible to their managers or colleagues. I was therefore clear that interview data would not be passed to their employing organisation except in very specific circumstances e.g. the disclosure of professional misconduct, indication of harm to children as a result of malpractice, or in cases where the social worker had indicated that they were themselves at imminent risk of harm. The possible impacts for the organisations and individuals were considered, both in terms of workload and the emotional effects of participating in the study. I anticipated that for some workers it might be distressing to discuss their emotional experiences in relation to the work, as well as to identify the personal impact of their cases. For each LA I obtained information about where social workers could obtain additional support should they wish to. However, I also balanced these risks against a consideration of the benefits that participation in the study might have for workers. Psychosocial approaches have been identified as offering a reflective space for participants (Clarke and Hoggett, 2009). As identified in section two of this chapter, the psychosocial researcher aims to adopt a sensitive, emotionally-attuned stance, focusing on the process of the relationship with the participant. When sensitively undertaken, psychosocial research can be regarded as potentially beneficent as it can provide participants with an emotionally-containing space in which to consider sensitive issues (Ruch, 2014).

In terms of the dissemination of findings, I recognised that social workers may be vulnerable should their data to be identifiable by their organisation. I was therefore careful to be clear

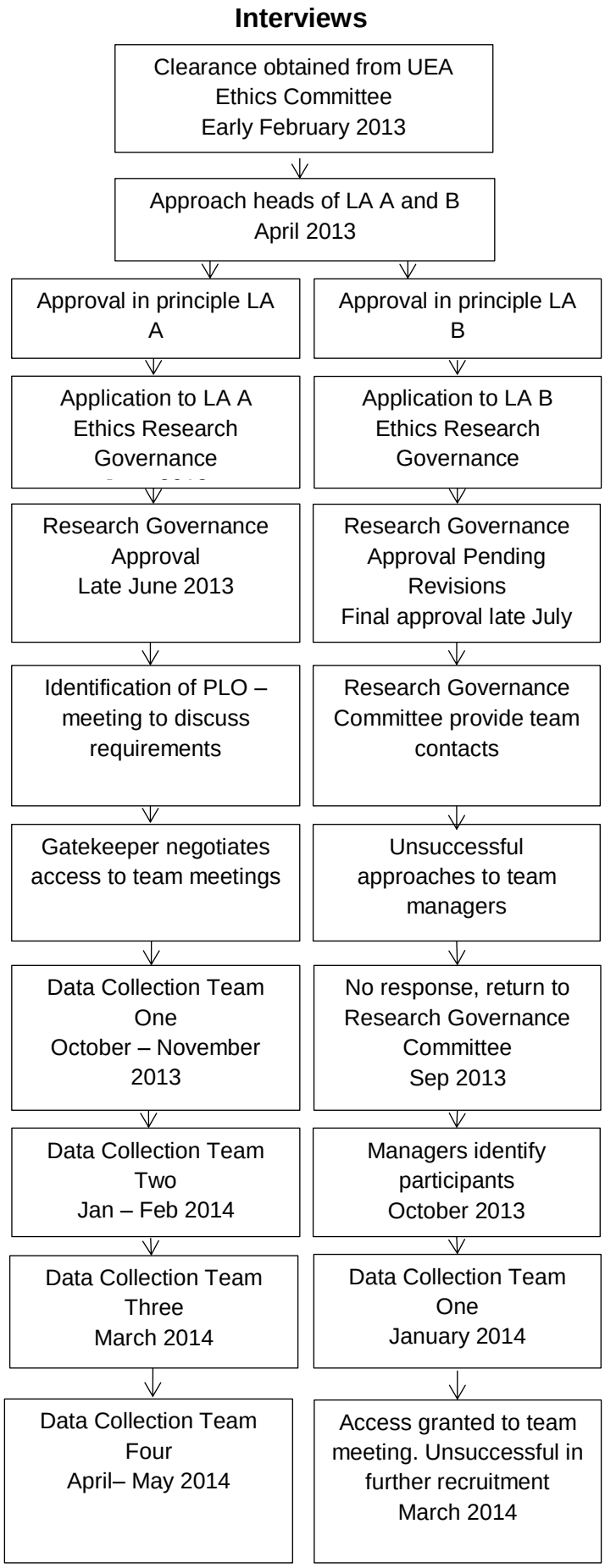
about the fact that when reporting back material to local authorities, I would not differentiate between data obtained between the two local authorities, individual teams and social workers. After being granted ethical approval from both local authorities, I was able to begin data collection.

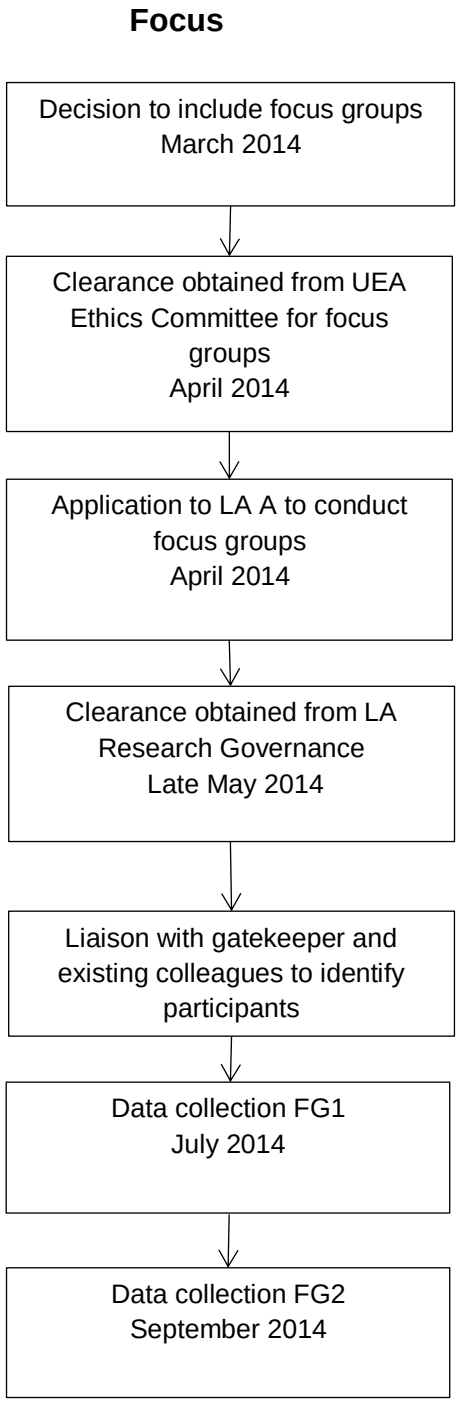
Section four: recruitment and data collection

This section outlines the process of recruiting and accessing my sample. It describes the decision to revise the design of the study to include two focus groups and an overview of the characteristics of the final sample.

Recruitment and access

Data collection ran from October 2013 – May 2014. 18 social workers from various Children's Services teams were interviewed and two focus groups were undertaken. Figure 2 illustrates the process of data collection within the two LAs, labelled 'A' and 'B' respectively.





(Figure 2. Recruitment and data collection)

Data collection: Local authority 'A'

As can be seen in the diagram above, local authority A identified a Project Liaison Officer (PLO) to assist in recruitment. This person acted as a gatekeeper to the teams from within which I sampled social workers, using her personal connections with team managers in order to arrange access.

As part of the recruitment process I was invited to attend a series of team meetings. In each of these meetings I was given approximately 15 minutes in order to introduce myself, explain the purpose and remit of the project and to secure consent from some of the social workers within the team. Following each team meeting I contacted social workers individually by email to arrange an interview slot. Once interviews have been completed within each team, I moved onto the next. In terms of my contact with social workers, the decision to offer telephone interviews was extremely beneficial. I was able to be flexible with social workers and available to undertake an interview with very little notice, particularly if they had just undertaken an opportunistic visit to see a family.

Data collection: local authority 'B'

In local authority B access and recruitment proved more challenging (see figure 2). The lack of a project liaison, or gatekeeper, meant that it was far harder to access participants. It was not initially possible for me to be fitted into the existing team meeting schedule. In order to hasten the progress, I liaised with the team managers who had agreed to participate, provided them with information about the project and they confirmed that they would provide me a list of those of workers who would be happy to participate. This, however, was unsuccessful as the social workers who 'volunteered' to take part were repeatedly unavailable. I eventually secured a slot in the team meeting. At this point I was able to begin data collection in local authority B. Due to difficulties in recruiting in this local authority, my data was primarily drawn from local authority A.

Additional data collection: focus groups

As indicated in the diagram above, after undertaking the majority of my interviews I decided that it would be useful to undertake additional data collection in the form of two focus groups. From my own practice, I recalled 'offloading' to colleagues after I had undertaken a home visit. I was initially surprised that social workers' narratives did not seem particularly emotionally-charged. However, as the interviews progressed I found that I became much more confident

and capable in terms of encouraging social workers to share their experiences. Nevertheless, I wondered whether additional insights could be gained from observing social workers talking *together* about home visiting. As well as allowing me to observe interactions between workers, asking social workers about their experiences of home visiting more generally (in the focus groups) allowed me to set the 'snapshots' of specific home visits (obtained through the interviews) in the context of social workers' broader practice. The full schedule for the focus groups can be found in appendix *e*.

Conducting the research interviews

The research interviews were conducted over the phone and captured via a digital recording device. The interviews provided a detailed picture of the experience of the initial home visit from the perspective of the social worker. Despite my initial reservations, telephone interviewing was particularly effective. I found that allowing social workers to contact me in the course of their travels allowed me to get a snapshot of their decision-making and reflection as it happened. I spoke to social workers on the phone while they were in lay-bys, on housing estates and parked in supermarket car parks. I feel that this has helped me to capture something of the reality, or as Ferguson (2010a: 1100) suggests, the 'mobilities' of social work practice. Often workers were parked around the corner from the household they had just visited, and the interview with me acted as a debrief during which they organised their thoughts, impressions and emotions. This, in turn, allowed me to gain extremely detailed pictures of social workers' emotional experiences and reflective processes in relation to the home visit.

In relation to concerns around quality of telephone interview data, I found that when not distracted by visual cues, participants often entered a sort of stream of consciousness, or reverie in their narration of events. This was particularly effective in helping me to capture the processes of thinking and reasoning in relation to the home visit. However, I found it initially more difficult than I had anticipated to elicit narratives which included the references to the social workers' own emotions. Narrative interviewing is usually associated with the elicitation of personal, life history narratives. I found that I needed to introduce additional prompts in order for social workers to share their story in a way that touched on their personal emotions and thoughts. I overcame this difficulty in two ways. Firstly, I added more detail to the narrative-inducing question:

> Tell me the story of the home visit you have just been on today in as much detail as you can remember, including what you knew beforehand, getting to the visit, what happened in the visit, leaving the visit, up until the point that you called me. No detail is too small.

I also found that social workers needed encouragement and permission to share their emotional responses during the interview. I therefore used more prompts such as 'what did you think about that' and 'how did that feel?' as workers described the home visit.

Varied levels of disclosure and ease in discussing emotions and experiences could be attributed to individual differences among workers, as well as what I might have represented to participants in terms of my position as an 'expert' from the university. I considered that probing questions could be perceived as a challenge to workers' judgement so I endeavoured to pay very careful attention to my tone and phrasing. For instance, in the absence of visual cues (such as facial expression) asking 'what did you make of that?' rather than 'what made you think that?' could make the difference between my words being perceived as an attempt to probe rather than as a challenge to the worker's judgement. Towards the end of the interview, I asked social workers to comment on their experience of the interview. Most were positive about their experience, commenting that it had been "useful" and like "critical reflection". Another social work expressed an eagerness to undertake a second interview (which I politely declined) as they found it useful for their thinking and to be given the opportunity to talk about their work.

While I became increasingly confident and able to elicit social workers' thoughts and feelings as the project progressed, I was struck by the fact that social workers needed more permission to begin discussing their feelings than I had anticipated. I considered whether this meant the home visit was less emotionally demanding that I had expected, or that social workers were inured to the demands of the work, or whether it was something about the way that I was asking the questions. However, I found that when sufficiently encouraged and given specific (often repeated) invitations to discuss their emotional responses, workers opened up to a surprising degree. In a few cases, it felt like the flood-gates had opened. Some workers in the study used the space afforded by the research interview to explore the emotional demands of the work in a way that they were unable to do in the daily course of their work. I wondered whether some workers' initial reticence to talk about their personal experiences was related to a specific set of ideas about what constitutes being 'professional'. Sometimes the 'good social worker' was constructed as one who kept their emotions in check and did not allow their personal views to sway their judgement. This was an idea that I returned to think about more deeply in the course of the data analysis (see section five of this chapter).

Characteristics of the interview sample

In the course of the study, I interviewed a total of 18 social workers in relation to 18 specific home visits. At the time of undertaking the study, both local authority A and local authority B divided Children's Services into separate Duty, Child in Need and safeguarding teams. Before being handed to social workers, referrals had passed through the 'front door' screening service within each local authority and had been deemed to meet the criteria for a social work home visit. In respect of safeguarding and child in need teams, the case had often also passed through a 'duty' team before being allocated to a social worker for a visit.

As the table below indicates, the majority of interviews were conducted with social workers placed in duty teams. This was a result of the interview criteria - duty teams tended to have a higher throughput of initial visits. Child in Need and safeguarding teams, although also undertaking initial visits, tended to have a slower throughput of new cases, tending towards longer- term involvement with families. Figure 3 provides a breakdown of participants in terms of the type of service in which they worked:

Type of team	Duty	Child in Need	Safeguarding
Number of participants	10	6	2

(Figure 3. Participants identified by team type)

As indicated in the interview schedule (see appendix *d*), social workers were asked about the length of their professional experience to date. This acted as a 'warm up' question, as well as providing information which became useful during analysis.

Years in SW practice	Under 2 years	2-5 years	5-6 years	6-11 years	20+ years
Number of participants	5	2	5	3	3

(Figure 4. Practice experience of participants)

The sample ranged from a social worker who had just finished her ASYE and was going out on her very first self-initiated assessment, to a social worker who had worked in different types of setting for over twenty years. In terms of gender, three of the social workers were male and 15 were female.

Social workers described receiving information in the form of a 'referral'. Referrals originated from variety of sources, including schools, police and midwifery services as well as other social care professionals. The presenting concern in the referral (necessitating a social work visit) for each of the home visits is described in figure 5.

Presenting concern at referral	**Interviews**
Children witness to domestic abuse and/or domestic dispute	7
Future parenting of an unborn child	5
Allegation of physical chastisement, abuse or assault	4
Child/Young Person's behaviour at school	2
Child Sexual Exploitation	2
Young person at risk from community	1
Transfer-in from another LA	1
Unclear	2

(Figure 5. Presenting concern at point of referral)

Social workers visited families for a wide range of reasons, often involving multiple presenting concerns (thus the presenting concerns total > 18).

Domestic abuse concerns featured heavily, even when not the main reason for referral. Other presenting concerns including child sexual exploitation, for instance a social worker visited a family to inform them that that their teenage daughter was staying with a known offender. Emotional abuse was not cited as a primary reason to undertake the home visit, however emotional harm was generally considered by social workers as related to, or a product of, the presenting concern. In two instances the presenting issue was unclear - either as a result of the social worker not providing this information during the interview, or as a result of the referral information being unclear to the worker. The length of the interviews varied from approximately

35minutes (the shortest) to 1 hour 23 minutes (the longest). The average was just under one hour.

Focus group sample

For reasons specified earlier, I decided to collect additional data in form of two focus groups. The composition and characteristics of the focus groups are listed below:

Focus group number	Team type	Participants	Duration	Composition
1	Safeguarding team	5	1 hour 57 minutes	2 (m) (SW) 2 (f) (SW) 1 (m) (student SW)
2	Duty team	4	1 hour 30 minutes	1 (m) SW 3 (f) SW

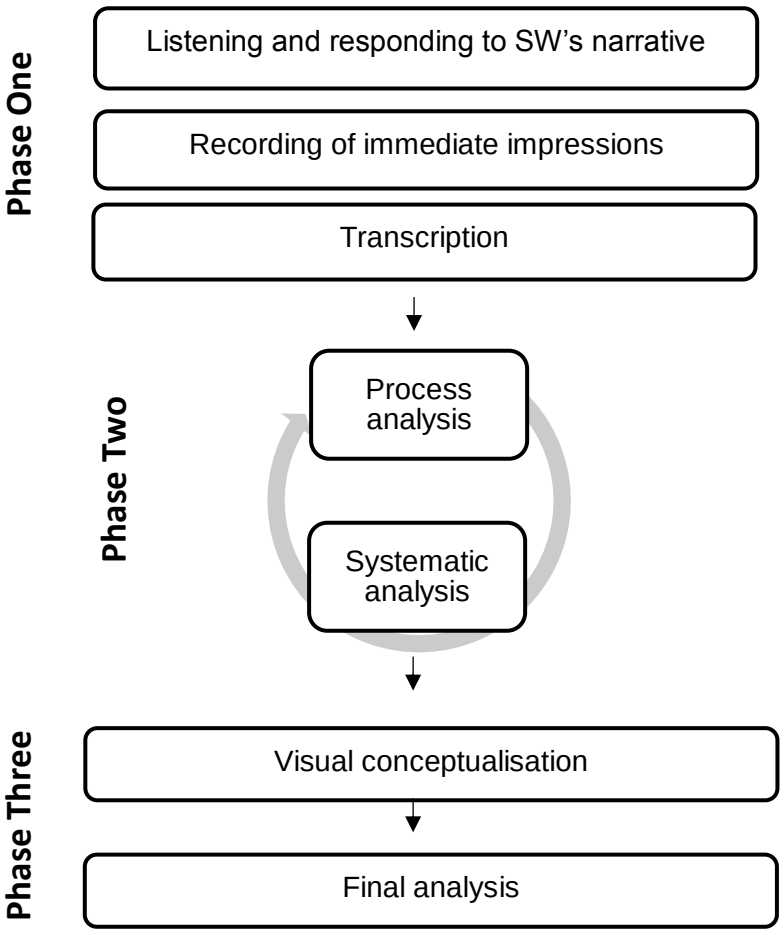
(Figure 6. Focus group sample)

Conducting the focus groups

Workers were asked about their experiences of home visiting in general, contrasting the research interviews which focused on a single, specific home visit. Questions posed to the focus groups included: How do you prepare for a home visit? Are there certain types of visit that are more difficult or emotionally challenging? How do you assess risk during the home visit? What do you look for? Where and how do you make sense of the visit? The focus group schedule can be found in appendix *e*. The focus groups were lively and characterised by debate and humour. Once the discussion gained momentum, the group required minimal facilitation. Workers told stories about memorable visits and experiences in the homes of children and families that changed them personally as well as professionally. The data from the focus group was particularly rich and the functioning of the groups themselves provided useful material for data analysis (as described in section five of this chapter).

Section five: data analysis

This section will detail the process of data analysis, which spanned approximately one year. The process of data analysis can be divided into three phases, as indicated in the figure 7. The following account will describe each of these phases in turn.



(Figure 7. Stages of data analysis)

Phase one: interviewing, recording and transcribing

Consistent with the psychosocial approach, the first phase of analysis began during the process of data collection itself. While conducting the phone interviews ideas and pictures came into my head. I found that I was left with a 'residue' of feelings after I had finished the call with the social worker. On completion of the interview, I recorded these responses, noting

down my initial impressions, thoughts and feelings as they presented themselves to me. In a journal I kept throughout the project I recorded where my interest had been piqued, as well instances where I had felt an emotional 'pull' to do something during the interview e.g. to ask a particular question, to offer reassurance, or wish to intervene in some way in relation to the social worker's narrative.

Clarke emphasises the importance for psychosocial researchers to undertake transcription themselves in order to 'familiarize and immerse themselves in a particular transcript' (Clarke, 2002: 179). I transcribed the interviews and focus groups myself (which created approximately 200,000 words of data). During the process of transcription, I revisited the experience of undertaking interviews and reflected further on what Mintz (2014:73) refers to as the 'emotional register' of each of the interviews, adding reflections to my project journal. At this stage, my analytic approach was case-based, focusing on process in the individual interviews. As a result, I developed a series of 'pen pictures' of each of the interviews charting the structure of the story as it was told. During this phase I could see that social workers' narratives of the home visit seemed to have key stages.

Phase two: process and systematic analysis

Phase two consisted of two strands of data analysis which were mutually informative. The first strand, which I have termed 'process analysis' treated each interview as an individual 'case'. Consistent with the goals of psychosocial research, this strand of the analysis looked at process within each of the interviews: the process of the research encounter itself, including the dynamics between the researcher and interviewee, as well the unfolding narrative. This case-based approach allowed me to analyse social workers' individual stories of the home visit in-depth. The second strand, which I have termed 'systematic analysis', focused on the commonalities between the interviews. As Clarke (2002:178) suggests 'one of the key problems' for psychosocial researchers 'is organising the data in such a way that they facilitate systematic analysis'. I resolved this difficulty by the addition of what I have termed a 'systematic' strand to the analysis. While the 'process' analysis utilised a case-based approach, the systematic analysis focused on the data as a whole. Much later in the process, I found that Hollway and Jefferson (2000) proposed a similar two-stranded process: a) the use of a pro forma containing key themes, and factual information about the interview and b) 'a written portrait which is largely descriptive and enables the respondent to 'come alive' for the reader' (Clarke, 2002: 179). I found, as Clarke (2002: 179) observes, that such a dual-

stranded approach 'allows the researcher to identify similar experiences and feelings across a sample group, whilst not forgetting the very individual experience of each respondent.'

I will outline each strand of the analysis in turn, before providing an account of how I combined the analysis in order to generate the findings.

Process analysis

As described at the beginning of this chapter, it is a central principle of the psychosocial approach that the research process itself provides data. The process of the interviewee telling their story, as well as process between interviewer and interviewee are regarded as providing important analytic material. Within existing psychosocial research, it is often difficult to discern *how* process was used as data. During this part of the analysis I therefore sought the expertise of Prof Andrew Cooper (University of East London, Tavistock Centre) in order to think about the use of 'process' as 'data'. As Price and Cooper (2012: 64) note, researchers:

> will need the help of others who are not so emotionally identified with the material in order to rediscover reflective thinking capacity in relation to the unprocessed, unconscious aspects of the material and to link together their registration of conscious and unconscious data.

I attended two data analysis discussion groups at the Tavistock Centre, which helped me to develop this aspect of my analysis. As will be outlined later in this section, my individual research supervision sessions also played a crucial role in helping me adopt a reflexive position towards the data.

Within the psychosocial approaches towards data analysis, there is no one single formula for process analysis. Instead it involves the process of reflection on the part of the researcher in relation to the data itself as well as their experience of the relationship with the research participant. I will therefore provide three illustrative examples of process analysis before turning to outline the second, systematic, strand of the analysis.

Process analysis example one: bombardment and containment

One interview was undertaken with a social worker employed in an extremely busy duty team. The worker's narrative of the home visit was frequently disrupted, interspersed with angry rants about 'the system' and digressions into scenes from his personal life. During the

interview, I began to feel concerned for the social worker. 'A' described working until the early hours each night, being preoccupied with work and forgetting important case details. Following this interview, I recorded the following remarks in my reflective journal:

> Interview felt v. long. Didn't think it would end… Kept thinking when will it stop? Tired. Can't think and [my] head is full. A bit stressed for some reason (?) Felt like 'A' didn't want me to hang up. Don't know what it was all about… jumping all over the place…

While I didn't feel distressed during the conversation, I did struggle to settle and be productive in the afternoon following the interview. Unusually, I phoned my mother for a chat during the working day and complained to her about my teaching and research commitments.

Later, it struck me that my experience of the interview process, in which I felt 'bombarded' by the social worker seemed to parallel his own experiences of emotional bombardment in the duty team. A relentless throughput of emotive cases had led to him struggling to 'hold it all in' – his sleep, and family and personal life were all disrupted by the emotional 'overspill' of the work. He described being given little opportunity to speak to others or to reflect on his work. The disruptions and digressions within the interview itself seemed to reflect how work overspilled into other areas of his life. My own responses to the interview also appeared to provide some insight into his need to 'offload' – I felt compelled to offer reassurance, allow these digressions and to extend the usual length of the interview. Speaking of the interview process itself, the social worker remarked:

> You've asked me how I feel about things a few times and that doesn't usually happen… it's not normally about how *I'm* feeling about it, it's just what's the next step, what's the next procedure, what's the next priority. It's nothing about me, it's not me – it's very professional, whereas this has felt a bit more personal.

As Ruch (2014: 522) has noted, research relationships can provide emotional 'containment' for participants. The experience of being emotionally contained by another serves to modify unpleasant or intolerable emotions. It requires an atmosphere of trust and the adoption of a thoughtful and emotionally receptive stance' (Bower 2005: 11). As such, the research process (as the social worker observes above) which is not procedural and offers the promise of confidentiality, can provide workers with the opportunity to experience emotional containment - an opportunity to move away from 'doing' into a more reflective mode. My own feelings of being 'full' and subsequently seeking to 'offload' after the interview (phoning my mother) was a useful 'clue' in terms of conceptualising what might be going on for the worker. As a container for some of his experiences, I too sought containment. As Price and Cooper (2012: 61-62) suggest, the experience of a 'countertransference pressure to act, an emotional nudge, or

pressure or invasion…' can provide useful analytic information. Discussing the research interview with my supervisor and in a discussion group at the Tavistock Centre helped me to unpick my experiences. Rather than using my experiences as a categorical window into the workers' experience, I instead used this as what I would describe as 'sensitising' information – that is, I began to search the rest of the data for similar processes at work (using a systematic approach) thinking about the role of emotional containment in relation to the other interviews and later, in relation to social work practice itself.

Process analysis example two: professional language and the exclusion of anxiety

The degree to which I was able to elicit social workers' descriptions of thoughts and feelings varied greatly between interviews. Some social workers were extremely free with, as one participants called it, their "thinking behind the scenes". Other social workers hedged their personal reflections with softeners such as "dare I say" before offering their personal reflections. At the other end of the spectrum, some social workers were much more reticent when I asked 'what did you feel about that?' In response to the question they might reply with a generalisation, enumerate procedural aspects of the task or use professional jargon. In a small number of interviews, I felt that I was struggling to 'get in' to workers' experiences. During one interview in particular, I felt that the conversation seemed stilted and awkward. I recorded the following impressions in my reflective journal:

> This interview felt uncomfortable. Didn't feel I established rapport. Her tone was very clipped at points. Long pauses seemed to go on forever. Did I make her feel criticised?

During this interview, I was struck by the social worker's use of professional jargon when describing her experiences. At the end of the interview, the social worker described how during the interview itself she had felt:

> A little bit under the spotlight… I think it's that worry – am I going to say something to make me sound a really rubbish social worker?

Much to my concern, the social worker felt under pressure during our interview to "say the right thing" in order to maintain an impression of her in my mind as a competent, seasoned professional. I wondered whether the use of professional jargon throughout the interview was in fact a way to manage the feelings of vulnerability and anxiety provoked by the interview process, which I had compounded with my awkward attempts to probe. I began to wonder if, for some social workers, being a 'good' as opposed to a "rubbish" social worker and having to defend one's decisions in the face of challenge might involve using professional discourse

(including jargon) and not talking about the personal and experiential aspects of the work. I then began to consider instances in the other interviews where social workers described their experiences in terms of their professional role, rather than their thoughts and feelings. This in turn formed the basis of my concept of 'professional skin' which will be described in chapter six.

Process analysis example three: intuition and thinking on the periphery

The literature review indicated that intuition might play a role in making sense of the home visit. The structure and process of social workers' narratives within the research interviews helped me to conceptualise the role of intuition.

During one of the interviews, a worker appeared puzzled and halting in her attempts to narrate her experiences during the home visit. She observed that in contrast to her usual experience, this visit didn't seem to have any "flow" and that it jumped about "all over the place". Listening to her account, I felt similarly puzzled. She described how her attention seemed pulled in a number of directions during the home visit, citing various "interruptions" from people coming and going in the room where she was talking with the parent. She also mentioned that one of these people could not "walk properly". She described how she had tended to repeatedly "lose focus" on her task of getting the "basic information" from the parent. The social worker's narrative during the research interview itself was similarly disrupted, and lacking 'flow'. Her thoughts seemed to circle round, refocusing on things that simply "didn't feel right" to her during the home visit, although she wasn't initially able to pinpoint why. It was as if, throughout the narrative, something was tugging at the periphery of her consciousness - she kept returning to the idea that what she was seeing and hearing somehow did not "fit". She then identified that "in the back of" her "mind" she had a suspicion that there might be drug use in the home. This led her to make the connection between the person "who couldn't walk properly" and her prior practice experience of a service user who had been similarly unable to walk, having developed a groin abscess as a result of intravenous drug use.

What I could see in the social worker's narrative was the process by which she was trying to make sense of her confusing, fragmented experience of the home visit. During the research interview, I shared her sense of confusion. However, the reflective space provided by the research interview also allowed the worker to consider her intuitive impressions and make sense of her experiences within the home. Other social workers described getting a "bad vibe" or experiencing a "feeling" before they were able to rationally explain what it meant. The idea that that relevant information might present as *emotionally salient* before it is rationally

explainable linked to the concept of intuition. I was therefore able to begin to conceptualise the role of intuition in relation to the home visit. The research encounter allowed the processing of intuitions and emotions on the part of the social worker. This led me to think about the role of discussion and interpersonal aspects of sense-making in professional judgement – a theme which I followed-up in my analysis of the focus group discussions.

Integration of focus group and interview data

In order to make sense of the data from the two focus groups, I considered whether I would need an additional or alternative form of analysis. However, the focus group data lent itself very well to psychosocial analysis. During the focus groups, social workers told stories about their practice. They described home visits which had been memorable, particularly challenging or that had, in some way been personally or professionally transformative. The psychosocial focus on narrative was particularly well-suited to analyse the stories that social workers told individually and the stories they developed as a group. In terms of process analysis, the interactions *between* focus group members (providing emotional containment for each other as well as critical challenge) was a rich source of data, helping me to consider the role of team support in both emotional processing and decision-making.

Since the focus groups asked social workers to consider their home visiting experiences in general, this provided a useful contrast to, but also complemented the research interviews which focused on specific home visits. Comparing social workers' everyday experiences of home visiting (interviews) alongside their experiences of memorable or particularly challenging ones (focus groups) allowed me to gain a broader picture of home visiting and represented what Patton (1999: 1193) describes as 'triangulation' – the use of 'multiple data sources' in order to develop a more comprehensive understanding of a particular phenomenon.

Systematic analysis

The process analysis provided me with a series of detailed case-based analyses. I then needed to consider cross-case comparison which would allow me to move from individual cases to generate findings in relation to the data set as a whole.

Following Cooper's (2014b: 3) suggestion, I 'translated' my ideas about individual interviews (generated by the process analysis) into 'a series of questions' to be 'put to the data in a more systematic form'. These questions included 'What areas do social workers tend to intuitively

hone in on during the interview as indicators of risk?' 'What sort of things do social workers do to prepare emotionally for the visit?' 'How do social workers use their role to manage their feelings?' which linked well to the research questions. Importantly, re-casting observations generated by the process analysis to questions to pose to the data (as opposed to themes to be confirmed) enabled me to generate 'new' data in relation to the dataset, as *well as* to systematically verify some of the hypotheses that I was beginning to develop. In this way, I aimed to overcome the difficulties associated with an overly-inductive approach.

A key part of managing the systematic analysis was the generation of 'case summaries'. Each case summary collated information from a single interview under a series of thematic headings. These headings were generated by: the research questions, questions that had arisen from the process analysis, and, at the bottom of the case summary, there was a box entitled 'other'. In this box I placed significant themes within the interview which were not captured by the other headers or had not been identified in the process analysis. This box was then used as a new header for the next case summary, and so on. In this sense, this part of the systematic analysis proceeded in a way not dissimilar to the 'bottom-up' approach to data analysis in Grounded Theory or Thematic analysis. A sample case summary can be found in appendix *f*.

The completion of the case summaries allowed me to overview the data as a whole. This process of 'zooming out' allowed me to identify three key domains of the home visit:

- sense-making (how social workers processed and understood the home visit)
- self-regulation (how social workers experienced and managed the emotional demands of the home visit)
- managing the encounter (how social workers described the 'doing' of the home visit)

I then began to enter the data into the computer software program NVIVO10. Using the software, I grouped existing findings (recorded in the case summaries) under the three headings. I initially identified 65 components of sense-making, 87 components of self-regulation, and 34 components of managing the encounter. My next analytic task was to begin to group together, consolidate and conceptualise the relationships between these different domains.

Phase three: conceptualisation

Phase three was the most time-consuming and enjoyable part of the data analysis. This phase involved 'zooming out' again, in order to begin to conceptualise the main aspects of each of

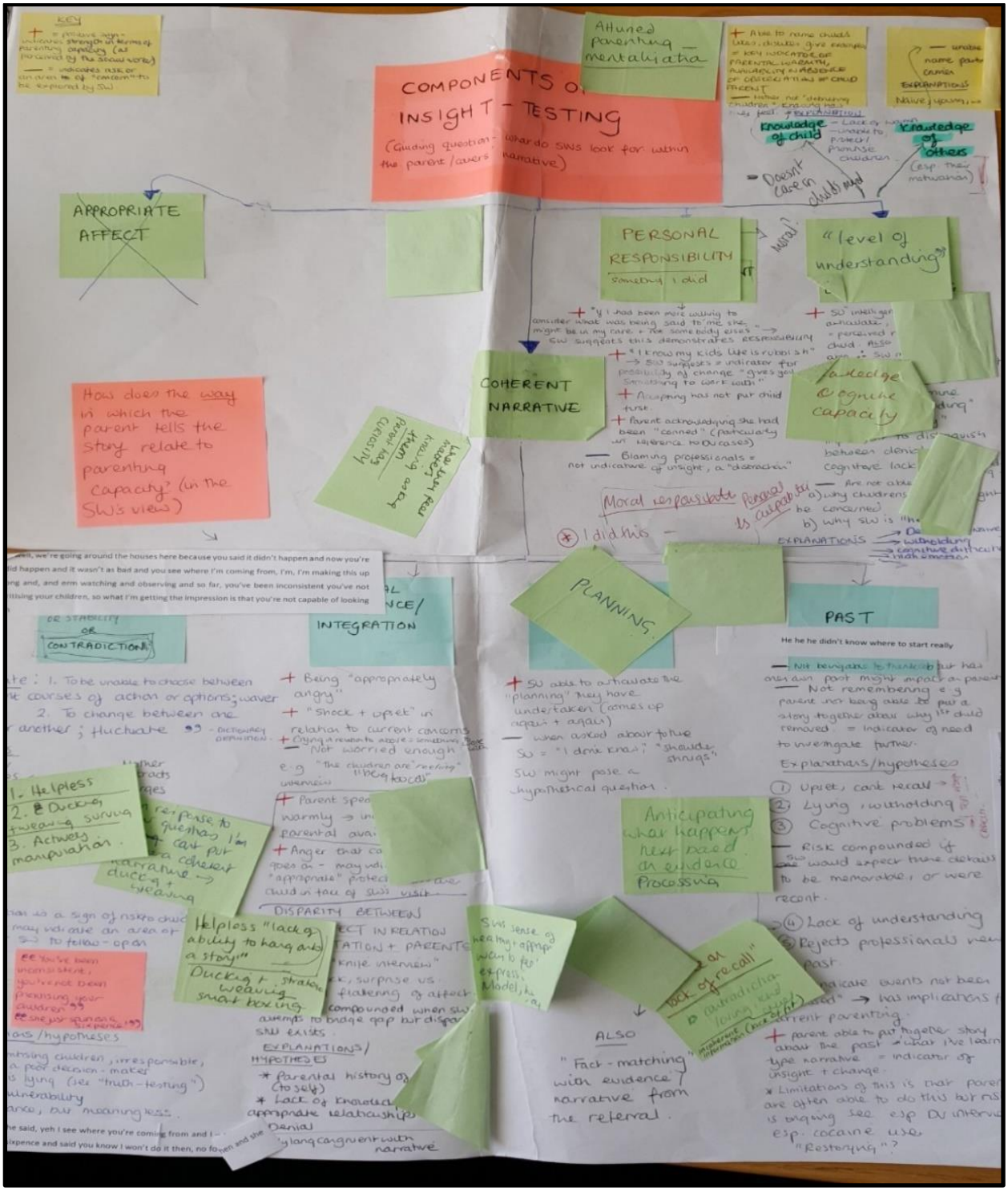
the three headings. Concepts are defined as the 'labels that we give to aspects of the social world that seem to have common features that strike us as significant' (Bryman, 2012: 8). During this phase, my key task was to find ways to conceptualise the 186 components that I had identified under the three headings. I found that visual representations of key ideas and concepts helped to further my analysis. After a number of frustrating attempts to undertake this visual conceptualisation using NVIVO10, I found that paper diagrams offered more flexibility and could be more readily shared with my supervisor. Later in the process I found that my approach shared many similarities with Novak's (2008: 1) 'concept maps' defined as 'graphical tools for organizing and representing knowledge'.

(Figure 8. A working analysis example)

As can be seen in the photograph above, large sheets of paper could be populated with printouts from my NVIVO codes, while moveable post-it notes and annotations helped my supervisor and I to visualise the relationship between different concepts during our discussion.

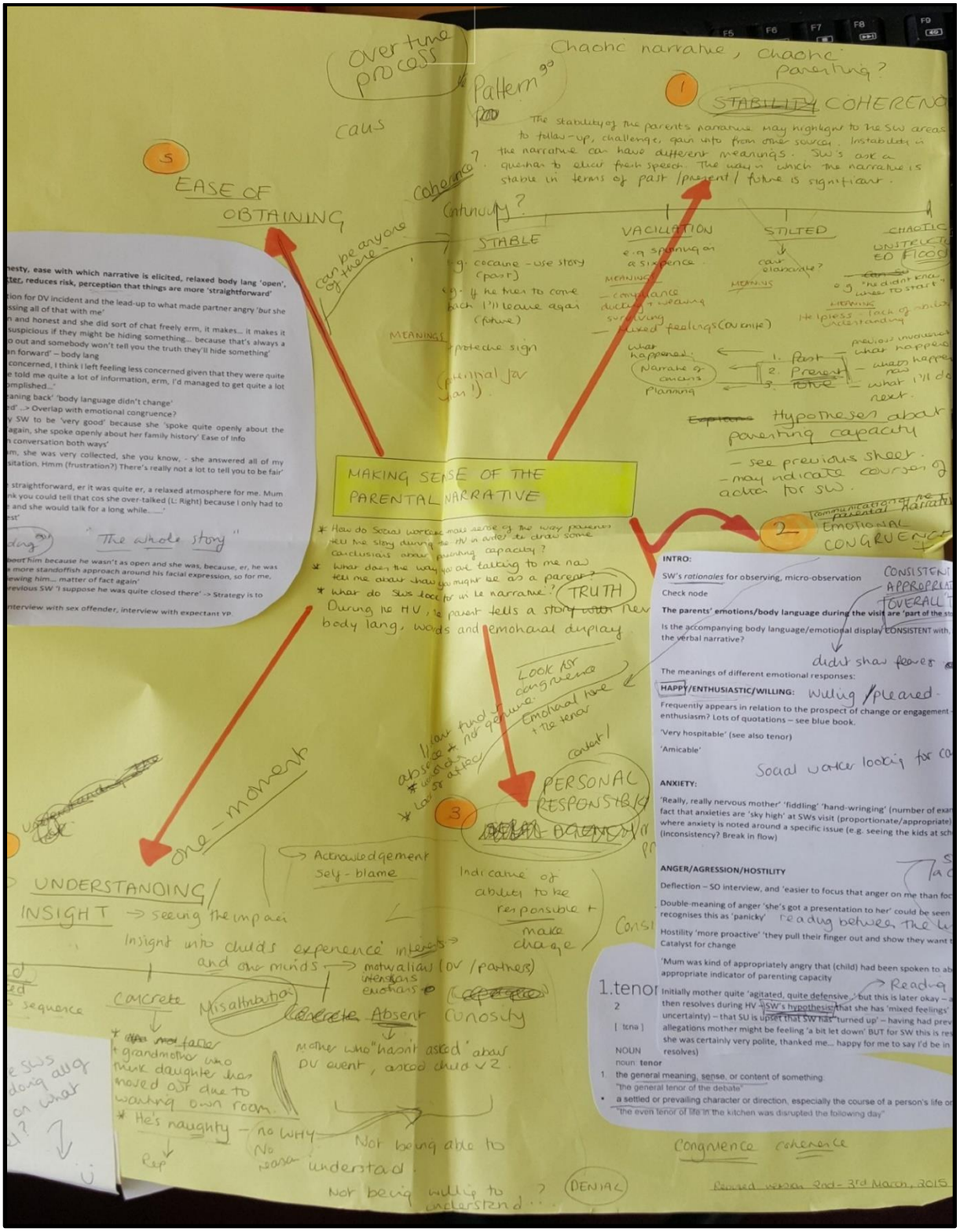
As the analysis progressed, the drawing and redrawing of diagrams allowed concepts to be refined. The supervisory process was a crucial aspect of this iterative process. To each weekly supervision I brought a work-in-progress, usually a particular aspect of the analysis which I had attempted to conceptualise in the form of a diagram. My supervisor and I then discussed the extent to which the data had been effectively reflected in my conceptualisation. Our discussions often involved an intense focus on language e.g. what did social workers mean when they said the house was “welcoming”, what was the meaning of a social worker having a “gut feeling” or getting a “bad vibe” during the home visit. Consistent with the adoption of a narrative approach, the discussions also focused on the types of ‘characters’ that could be seen in social workers’ accounts of their thinking and behaviour during the home visit. We considered, for instance, what it might mean for a social worker to describe themselves as a “detective”. Following each supervisory session, I would attempt to re-draw, and thus refine, the conceptual ‘picture’ I had developed.

The photographs below show the progression of my ideas in relation to one particular aspect of the analysis. In the first picture, I was trying to think about one aspect of sense-making: how social workers make sense of their discussion with the parent:



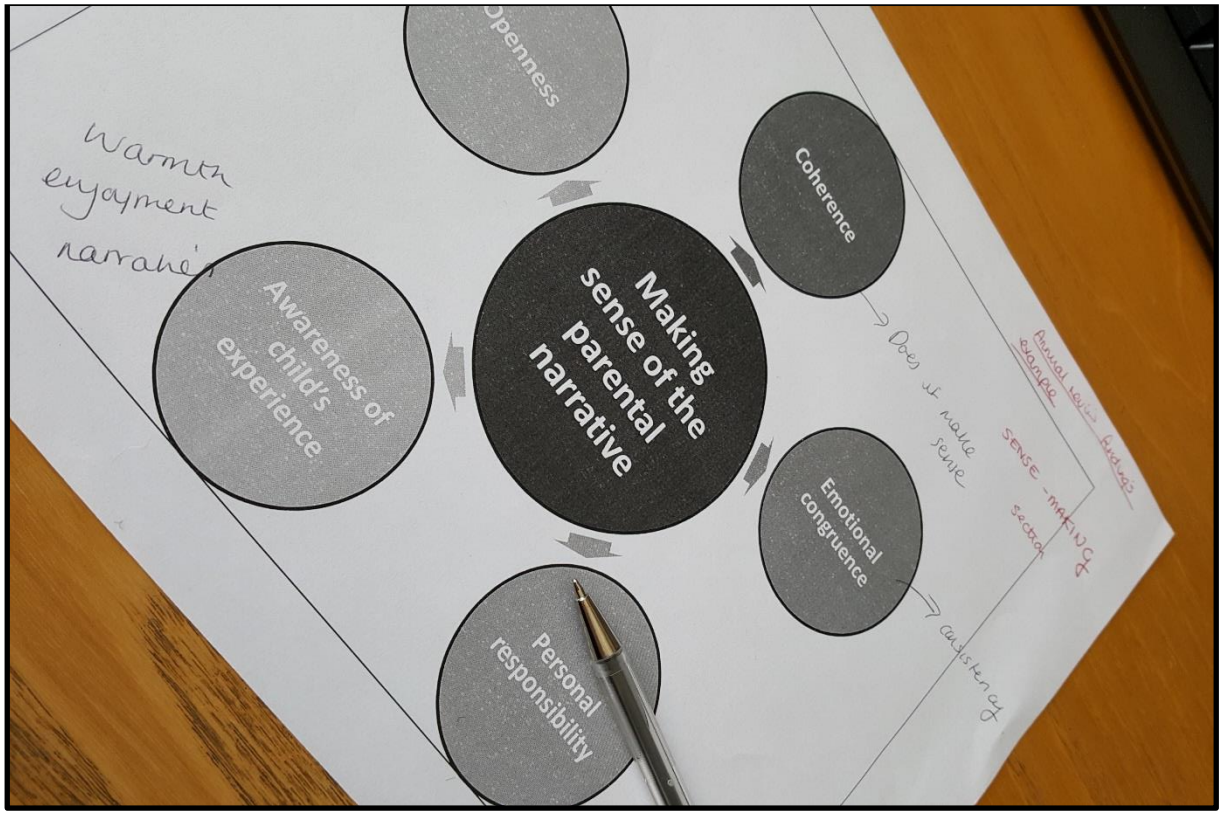
(Figure 9. An example of visual conceptualisation)

The post-it notes allowed my supervisor and I to add ideas and to reconfigure the concept. This led me to redraw the picture again, which was taken to a further supervision session and the process repeated:



(Figure 10. Refining the concept)

As the diagrams were re-drawn, the analysis became more conceptually defined. I developed a notion of the 'parental narrative' as a guiding concept, identifying five key areas of the parent's narrative that seemed to be important to social workers in their assessment of risk:



(Figure 11. Final conceptualisation)

Comparable processes of visual refinement were carried out in relation to fourteen key concepts. This allowed me to develop a complete picture of the process involved in each of the three aspects of the home visit. The diagrams, with their sub-categories, formed the basis of my findings chapters, the writing of which represented a final stage of conceptual refinement.

Ethical considerations in data analysis and reporting

From the outset of this research project it was my wish to paint a faithful picture of the emotional realities of everyday social work practice from the perspective of the social worker. I wanted to do justice to the complexity and demanding nature of the task as well as the skills, resilience and sensitivity of workers involved in supporting children and families. At the same time, I needed to be clear that these were social workers' perspectives on home visiting. The findings of this study are therefore not taken to reflect children and families' experiences of the social work home visit. In offering an account of home visiting from the perspective of the social worker, this research is therefore regarded as complementary to studies such as Thoburn *et al* (1995) and Platt (2007) which have explored service users' perceptions of social work assessment.

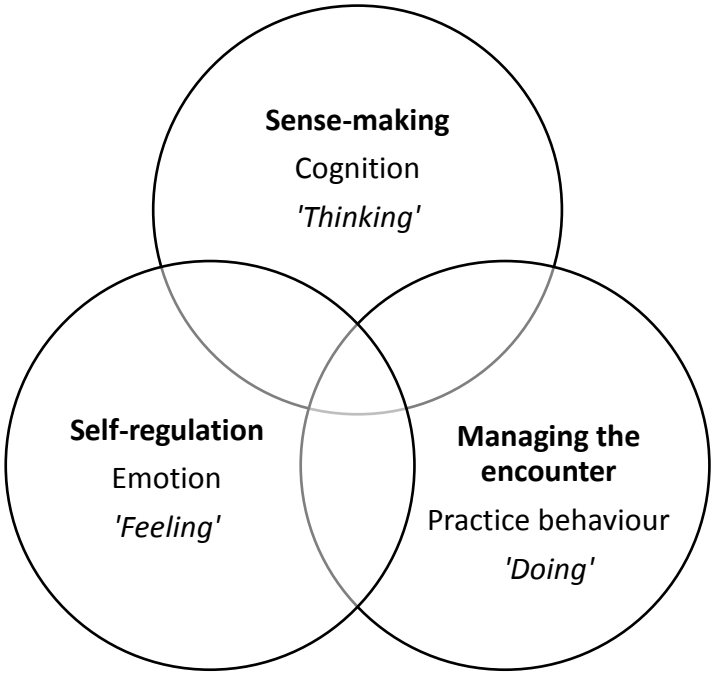
The research interviews successfully captured social workers' immediate thoughts and feelings in relation to the home visit. Catching social workers 'on the hoof' in this way meant that, in some instances, I was given a very frank reaction to the family and their home. In the focus group, some workers were similarly unguarded in discussion with their colleagues. Reporting and analysing social workers' thoughts and feelings therefore represented a significant ethical challenge. I needed to consider whether the, at times unguarded, remarks of workers in relation to their practice would be something that, given time and further reflection they would wish to disclaim. As eager as I was to capture the immediacy of the lived experience of practice, and the processing of sense-making as it unfolded, I also wanted to be clear that these thoughts did not necessarily represent the sort of measured, reflective professional judgements that social workers might draw as they became more familiar with the case or were given more time to reflect. I was aware of the danger of certain phrases and remarks, representing a private thought (or remark to a colleague during a focus group) being quoted out of context. For instance, chapter six of the findings suggests that some social workers constructed themselves as 'heroes' in relation to work with families whom they found to be intimidating. Taken out of context, the notion of social workers as heroes obviously does not sit comfortably with the value of partnership with families.

In order to manage these difficulties, while at the same time trying to present an honest picture of social workers' experiences, I aimed to contextualise social workers' remarks as much as possible. I viewed the way that social workers constructed service users, their professional role and managed their emotions as relating to a specific social context i.e. a particular conversation with a family, a particular case, in the context of a specific team and in the context of their role. In relation to the 'hero' discussion, I have emphasised that this was a construction employed by *some* workers privately in order to help them manage the demands of very specific situations and was not expressive of their view of their practice as a whole. Instead, I have attempted to present a range of strategies and thinking processes employed by a range of social workers to manage specific aspects of the work. In doing so, I have aimed to present an honest and balanced account of the rewards and challenges involved in child and family social work and the processes involved in professional judgement.

Part three: Findings

Introduction

When undertaking an initial home visit, social workers engage in a range of tasks, consisting of both mental processes and practice behaviours. This study has identified three key domains of activity in relation to the home visit: sense-making, self-regulation and directing the encounter (see fig. 11). The following three chapters will discuss each of these domains in turn, offering a series of models which attempt to capture the way in which social workers experience, understand, and manage their initial encounter with the family in the home.



(Figure. 12. The three domains of the initial home visit)

The three domains

I: Sense-making

The term ‘sense-making’ is used to refer to the processes by which social workers attempt to understand the meaning, and potential significance, of what they see, hear and experience during the home visit. Sense-making can be considered to be the primary purpose of

assessment; it is necessary for the social worker to draw on their observations to form hypotheses about need, risk, child development and parenting capacity.

II: Self-regulation

The term 'self-regulation' is used to refer to the social worker's management of their emotional responses during the initial home visit. Chapter six seeks to elucidate this aspect of home visiting, and identify how social workers manage their emotional experiences when visiting the family at home.

III: Managing the encounter

The phrase 'managing the encounter' is used to refer to the 'doing' of the home visit as understood by the social worker. That is, the repertoires described by social workers in order to successfully complete the key tasks associated with the home visit, for instance, gaining access to the bedrooms through negotiation, steering the conversation to ask the right questions in order to obtain relevant information and building a relationship with the parent.

Interconnectedness of the domains

As will be suggested in the following chapters, the three domains are necessarily interconnected. Throughout the findings chapters, the relationship between these areas will be explored. The discussion (chapter eight) will clarify the relationship between the three domains, with a focus on the role of emotion in professional judgement.

Note on presentation of data: Direct quotations from focus groups and interviews will be indicated by inverted commas (“”). Single inverted commas (‘) indicate a) my re-phrasing or b) direct quotations from relevant literature. Ellipsis (…) indicates material has been removed.

Chapter five: making sense of the home visit

Introduction

'Sense-making' is used to refer to the processes through which social workers attempt to understand the meaning, and potential significance of what they see, hear and feel during the initial home visit. Sense-making can be considered to be the primary purpose of assessment; it is necessary for the social worker to draw on their observations and experiences to form a judgement about need, risk, child development and parenting capacity. These considerations inform the next course of action, whether this be to close the case, offer supportive intervention or to escalate concerns.

This chapter conceptualises the way in which the social workers in the study approached and engaged in this process of sense-making. The chapter is divided into three sections, exploring sense-making before, during and after the initial home visit. Firstly, the chapter explores pre-visit sense-making; that is, the cognitive processes described by social workers as constituting their preparation for the visit. This includes the use of information from the referral paperwork, as well as the way in which social workers interpreted failed attempts to contact the family.

Secondly, the chapter examines processes of sense-making during the home visit. One of the key tasks of the home visit, and central to assessing need and risk, was making sense of the parent's account of the situation; the narrative or 'story' that they tell to the social worker during the home visit. This section offers a five-dimension model which conceptualises the way in which social workers in the study made sense of the parental narrative (PN). During the visit, social workers also engaged in a process of observation which included making sense of interactions (e.g. between parent and child, and between parents/caregivers) and attending to the mood of the encounter with the family. This section distils these findings into a set of heuristics used by social workers to make sense of the initial home visit, identifying factors that reassured workers (decreased their perception of risk) and factors which led them to feel more concerned (increased their perception of risk).

Thirdly, the chapter offers a model of post-visit sense-making. In other words, how social workers reflected upon and processed the information they had obtained after leaving the family home. This section identifies the practical and organisational barriers to effective judgement.

Section one: Pre-visit sense-making

Making sense of the 'referral'

The initial home visit was usually triggered by the receipt of a referral. The referral documentation contained a summary of the concerns which had been taken to necessitate a social work visit, and usually, background information about the child and family situation. Sources of referrals described in the study included midwifery services, schools, adult mental health services and other social care teams both within, and from outside of, the local authority. Social workers reported varying levels of detail in terms of the referral information; the quality ran from specific and detailed to "vague" and inaccurate. Making sense of the referral information was a key task for the social workers in the study as it enabled them to plan in advance the ways that they might approach the initial visit.

When asked about their preparatory thinking prior to the home visit, social workers in both the interviews and focus groups described a range of approaches towards making sense of the referral information and the rationale for their selected approach. Three key approaches can be identified. Firstly, the 'read nothing' approach, which I have termed the 'open mind theory'. Secondly, the 'read some' or 'get the headlines' approach, and thirdly, the 'read everything' - what I have named the 'to know is to be prepared' approach.

In the research interviews, social workers described the way in which they prepared for the home visit. In the focus groups, the analysis of referral information became the focus of lively discussion and debate. The following analysis draws on a series of positions suggested and explored by workers in dialogue with each other in one focus group.

Approach One: The 'read nothing', 'open mind' theory

In the focus groups, social workers discussed the relative merits of choosing *not* to read the referral information (that is, beyond obtaining the home address and identifying the immediate cause for concern) before undertaking the initial home visit. Reading the background information prior to the visit was taken to have potential costs to professional judgement; prior-reading was associated with the danger of making "assumptions" and being "biased". One social worker offered the following rationale for choosing *not* to read the background information:

> You don't always do that because it's like pre-judging.

The information in the referral was taken to potentially lead the social worker toward fixed view:

> If you read something you're more likely to believe that this is the case, is the scenario. And that's *one* point of view on the family.

The social workers appear to be alluding to something like confirmation bias (see literature review, chapter two); the human tendency to adopt a particular hypothesis which tends to persist despite evidence to the contrary. Choosing *not* to read the referral information was associated with the ability to maintain a curious, unbiased stance and was regarded as congruent with the value of listening and remaining open to the views of the family:

> Sometimes it's nice to go out with an open book, with an open mind ... to say I wonder what's going on with this family?

The idea that one is able to avoid 'pre-judging' in this way is perhaps linked to the fantasy of professional neutrality; the idea that a professional can remain an objective and dispassionate judge and collector of facts. Potter (cited in Wetherell, 2001: 21) refers to the concept of 'stake inoculation' where the speaker denies that he/she possesses any 'vested interests, desires, motives and allegiances' in order to present his/her position as 'authoritative and persuasive, factual, not interested or biased but the simple, plain, unvarnished truth'. For instance, one of the social workers positioned himself thus:

> I'm neutral. I'm here to collect evidence put that together and put an assessment together. I'm not taking sides on anything.

The professional is constructed as an objective observer, able to dispassionately consider the evidence without being swayed by the human tendency to 'take sides'. Professionals are referred to as "neutral people" by the same speaker, who presents himself as a blank canvas, defining assessment as "about being neutral".

In addition to the avoidance of potential bias, the selection of the 'read nothing' 'open mind' approach was described by social workers as a pragmatic choice. Social workers were subject to organisational demands in relation to the throughput of cases. In the quotation below, this is expressed in the somewhat mechanistic imperative to get "your Child Seens" completed within the timeframe specified by the organisation. In relation to high-risk, urgent cases and where the social worker was managing a high workload, it was not viewed as always practicable to read background information before the visit:

> (In relation to reading background information) [It] Depends how many cases you've got, whether it's an emergency to go and see the family or not, whether your Child Seens are on time… Sometimes you pick them up from duty. They've not been seen so you need rush out.

Thus, in cases where risk to the child was perceived to be at such a level as to constitute an "emergency", reading available background information might not be prioritised, or indeed take place at all. This contrasted cases where there was a perceived lower risk to the child, where (perhaps counterintuitively) there might be a greater likelihood of reading the available background information:

> Whereas other times you've got ages until you need to go see the family and it's a low-level case, you've got time to read stuff.

'Opportunistic' visiting (visiting without giving the family prior notice) was a strategy identified by social workers to assist them in managing their workload, as well as potentially helping them to obtain a more accurate picture of risk to the child. Undertaking opportunistic visiting often precluded reading the referral information:

> …You're time-managing and having to visit. You know you're going to be in the area, so reading beforehand, you don't always do that…

However, despite the concerns around bias and the pragmatic need to undertake visits before reading the background information, social workers were aware of the potential limitations of this approach. As one focus group participant observed, families don't necessarily "want to be retelling their story to everybody". Arriving without a sense of key concerns was recognised as a frustrating experience for a parent who may have already extensive contact with professionals. Another disadvantage of choosing not to read the background information was that it limited social workers' ability to prepare effectively for their visit. For instance, during an interview one social worker reflected:

> Maybe I could have challenged a little bit more if I'd been a little bit more prepared … but again I just prefer not to do too much challenging, I think, at this stage anyway, because you've got to let people tell their own story to start with I think.

Thus while the need for background knowledge was associated with the ability to confidently challenge, this also needed to be weighed up against the value of adopting a stance of openness and 'unknowing' in relation to the visit. It seemed that, for social workers in the study, the decision not to read the detailed information in advance of the home visit represented a convenient synergy between the professional value of open-mindedness

towards the family and the organisational imperative to complete visits rapidly after receipt of the referral.

Approach Two: 'Read something' or 'get the headlines'

Representing a middle-ground between 'reading nothing' (beyond the immediate concern) and 'reading everything' (all available information), social workers reported engaging in a process of strategic *selective* reading before the initial home visit. This involved "at least having a scan" of the available background information on the family. As one social worker observed "It's the headlines isn't it?" On a simple level, 'getting the headlines' gave the social worker a basic orientation prior to the visit, enabling them to at "least know people's names and who the kids are…" Beyond the details of the family and the immediate concern, social workers also scanned for what they took to be the salient facts, or standout details, within the background information. For workers, the 'headlines' generally concerned a) risk to the worker him or herself b) imminent physical risk to the child and c) a history of prior involvement with Children Services. As one social worker commented, getting the 'headlines':

> Helps you to understand the risks for the children and the risks for yourself.

In relation to risk to self, a prior history of, or current concerns around domestic abuse was regarded as key information. In one focus group, social workers unanimously offered domestic abuse as one of the first factors they would look for prior to visiting the family. This included carefully checking the identity of the perpetrator and ascertaining the likelihood of them being present during the social worker's visit:

> I probably was under the assumption that he would have some bail conditions to not be at the address but I wasn't sure that was what would have happened, so I think I was just cautious that we knew that we would explore that before actually going into the home.

In terms of risk to self, social workers also quickly 'scanned' the referral for mention of aggressive pets, such as dogs, and a prior history of violence or complaints against professionals. In relation to risk to the child, social workers scanned for the possibility of immediate physical risk, such as an allegation of recent physical assault. They also looked at whether it was likely that they would need to prepare for imminent action to remove the child (considering, for instance, whether children would be "safe" over "the weekend"). In relation to quickly gauging risk to the child, social workers also scanned the background information for evidence of prior social care involvement.

Similar to the 'read nothing' approach, the rationale for the getting the headlines was, in part, pragmatic. Organisational imperatives to conduct home visits rapidly meant that social workers felt that they lacked the time to fully read and absorb all available background information. One social worker described attempting to read as much as possible "while you're being chucked out of the door". Aside from time constraints, social workers also linked selective reading to the minimisation of potential bias, the idea being that reading *some* but not *all* of the available information would mean that they might avoid going into the visit with a "completely decided viewpoint." For instance, one social worker described deciding to read about the presenting concerns, but deliberately choosing not to read the available case chronology.

With the exception of this social worker, who chose not to read the chronology as a deliberate strategy, social workers in the study tended to regard an awareness of the previous family history as beneficial, allowing the them to prepare adequately for their discussion with the parent. For instance, one social worker suggested that knowing the prior history enabled her to determine the "level of challenge" that would be appropriate for the initial visit, with the implication that a prior history of social care involvement may warrant a more authoritative approach.

'Getting the headlines' was also used by social workers as a way to maintain a professional appearance during the home visit; selective reading equipped them with enough background on the family's circumstances to appear knowledgeable to parents, as one social worker stated, to "look like you know something" in front of the family.

One of the main drawbacks of 'getting the headlines was that this approach, when compared to a full reading of available background information, did not equip the social worker with enough background information to ask detailed questions at the first visit. Where the home visit was one of a series of planned visits (such as a full core assessment, longer-term family support or assessment) this was less of a concern, since the social worker could return again to ask relevant questions, so did not have to be "heavily challenging" during the initial visit. However, it would seem that in relation to duty work (where the first visit might be the *only* visit), not asking the right questions (as a result of not reading all available background information) may have higher stakes.

Approach three: 'Read everything or 'to know is to be prepared'

Reading all available information prior to attending the home visit was identified by some social workers in the study as the "ideal", despite the fact that this was not always perceived as possible due to time constraints. Having an in-depth understanding of the prior history was perceived as allowing them to gauge the level of risk to the child and gauge the level of intervention from the outset. As one social worker suggested, a full reading of the background information and chronology:

> …can impact on the direction of that home visit as well can't it? One I went out on recently, we'd be involved for years, so I knew that if the concerns were as the referral suggested, we were more likely to be looking at conference end rather than … sort of family support or CAF process, so it's quite useful in that respect isn't it?

Having a full picture of prior Children's Services intervention was also identified as "essential" in terms of worker safety. As one social worker suggested, this knowledge was key in allowing them to anticipate the level of "flack" they might expect from the family. Additionally, social workers identified that having an in-depth background knowledge of the concerns, and history of difficulties within the family, would allow them to more quickly assess the veracity of the parent's narrative during the home visit; they would be able to "immediately" start "cross-referencing" what they were being told by the parent with the information already known to them as a result of reading the background information. It appeared that reading "everything" as a strategy allowed social workers to prepare both emotionally for the home visit (readying oneself for potential conflict) and in terms of information-gathering.

Pre-visit sense-making: making sense of failed attempts to visit

It often proved difficult workers to contact parents via telephone to arrange the visit, or once arranged, the family were sometimes out when the worker called. In some instances, social workers regarded the reasons for these failed first visits as benign. For instance, one social worker suggested that her struggle to make contact with the parent was simply due to the fact that the parent had been "busy", and had therefore been unable to respond. However, for other social workers, the inability to undertake the initial home visit was regarded as an important piece of information in terms of risk assessment. This focus group exchange encapsulates the range of inferences that social workers drew when faced with an unsuccessful attempt to visit the family at home:

SW2: … Even if they have calendars and things like that … they can't actually prioritise you coming – they don't see it as a priority anyway … I've had families where I've been working with for ages and you still say to them I'm coming at ten, whatever, you're still not guaranteed they're going to be there.

Facilitator: And what do you make of that happening?

SW1: Well again, we see it as 'we don't necessarily want you to be involved in our life', but it's actually unpicking what is important to them, what they're prioritising because *you're* there for the children and actually some of them aren't putting the children first, so they can't manage, they can't do health appointments, let alone a social work appointment, which they don't see any benefit from … that does tell a lot about their perspective, their views and their opinions really.

Facilitator: So it might indicate something wider?

SW1: Yeah – hiding. Lots of things, yeah.

SW3: Or it could be about parents' health issues can't it, mental health, where they can't remember dates (SW2: Yeah!) you have to send them letters and they still –

SW2: Yeah that's what we try and unpick really.

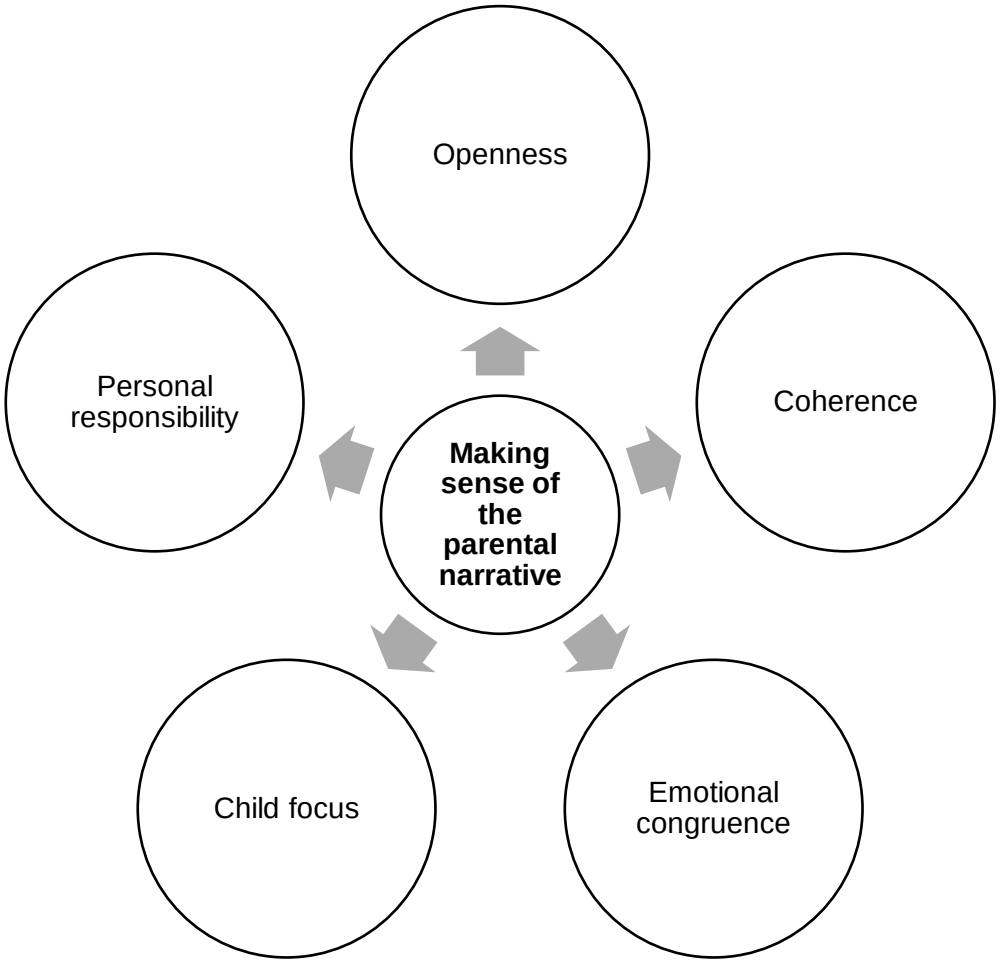
In this exchange, not being at home when the social worker called was taken to be potentially expressive of the parent's 'priorities'. Since the social worker was identified as being "there for the children" the parent's failure to prioritise the social worker's visit was therefore regarded as synonymous with failure to prioritise their child's welfare (not "putting the children first"). Failure to meet with the social worker was potentially indicative of the parent's "perspective" including their "views and their opinions" on social work intervention; perhaps indicative of their rejection of, or oppositional attitude towards, social care involvement. Not being present for the social work appointment was also associated with "hiding" – perhaps the deliberate withholding or concealment of information from social care agencies. As SW2's final remark suggests, an important part of pre-visit sense-making was to "unpick" the meanings of failed attempts to contact the family. Not being able to undertake the initial home visit was therefore itself an important piece of information in terms of the worker's attempts to make sense of the family's situation and their assessment of risk.

Section two: Sense-making during the visit

This section outlines three key aspects of social workers' sense-making during the initial home visit. Firstly, how social workers used the Parental Narrative as an indicator of risk (a 5-dimension model), secondly how they used their observations of interactions between parent/child or parent/parent during the visit to inform their judgement about the family, and thirdly, how attending to the 'mood' of the encounter with the family informed the worker's professional judgement.

Making sense of the parental narrative

For social workers in the study, one of the key tasks during the initial home visit was making sense of the information presented to them by parents. During the visit, parents were invited to "tell their story" or to give their "viewpoint". In the following analysis, the term 'Parental Narrative' (PN) is used to refer to the 'story' told by the parent to the social worker (as understood from the perspective of the worker). The PN, as reported by social workers in the study, generally consisted of the following elements; the parent's accounting for the present concerns; their description of their parenting experiences; their future plans and more broadly, their description of everyday family life. Social workers attended to both the verbal (what the parent said) and affective (parent's displayed emotions) aspects of the PN in order to form a judgement about parenting capacity and risk. Figure 13 identifies five key dimensions of the parental narrative which social workers focused on, and repeatedly returned to in their narratives of the home visit. These five dimensions will each be explored in turn.



(Figure. 13. Five dimensions of the Parental Narrative from the perspective the social worker)

The Parental Narrative: Dimension One: Openness

When making sense of the information presented to them by the parent, social workers in the study drew on the notion of "openness" as a key indicator of risk and parenting capacity. Where social workers perceived parents as "open" their perception of risk tended to reduce. Social workers were less reassured where they perceived the parent to be "closed".

The meaning of being "open"

A consideration of whether the parent was 'open' appeared in almost all of the social workers accounts of the initial home visit and was frequently alluded to within both focus groups. By the term 'openness', social workers appeared to be referring to the degree to which personal

information was free-flowing from the parent during the initial home visit. Social workers regarded an 'open' parent as one who gave them a full and detailed narrative with a minimum of prompting. As one social worker said of a parent:

> She was open, she did chat freely.

Parents who were perceived by the social worker as 'open' were perceived as initiating the telling of their story themselves. As one worker observed:

> It's always good when people do just start talking themselves.

Parents were perceived to be open where they readily shared private or more sensitive information with the social worker. For instance, one social worker commented that a parent "did appear to be quite open about some quite personal stuff" and another favourably emphasised "how open they were about their past". The perception of openness was also related to the parent's physical presentation during the discussion:

> Her body language was very open, she was very relaxed she was, you know, leaning back on the sofa.

Where parents were perceived to be open, social workers tended to form a favourable impression of them during the home visit. For instance, one social worker commented on the fact that they had had "a very nice, open conversation" with the parent. Another social worker directly linked his favourable impression of the mother to his perception of her 'openness' around sensitive issues:

> Researcher: And what did you make of mum?
>
> SW: Very good actually. She spoke quite openly about the allegation. Erm, and again she spoke openly about her family history.

Where the social worker experienced the parent as open, they tended to leave the visit with the sense that matters were more straightforward:

> SW: Pretty much it was a very open conversation, it was very erm – mum was very calm, she was very collected, she you know – she answered all of my questions without hesitation. There's not really an awful lot to tell you to be fair!

Where parents were perceived as open and information was perceived as free-flowing, social workers tended to come away from the initial home visit feeling more reassured, and their perception of risk tended to reduce as a result. For instance, one social worker attended a home visit where the referral had indicated high levels of risk in relation to the

child. The social worker explained how her perception had changed as a result of her appraisal of the parent's narrative:

> I was originally quite concerned, I think I left feeling less concerned given that they were quite open with me and told me quite a bit of information. I'd managed to get quite a lot out… it felt quite accomplished.

Openness, specifically in this case, the *amount* of information offered freely by the parents, led to the social worker perceiving the visit as productive. This in turn led to her feeling "less concerned" in terms of risk to the child. Where social workers perceived the parent to be open, they tended to draw the inference that the parent was honest, and that their narrative was truthful. As one social worker said of a parent:

> She was so sort of open and honest and she did chat freely. It makes it easier you're not so, suspicious they might be hiding something.

Similarly, in the following example, the social worker linked her perception of the parent's openness to her sense that the parent was not withholding information from her during the course of the visit:

> There was, there was nothing about her presentation that made me feel that she – she wasn't defensive, she wasn't withholding information, she was just very open.

The link between openness and honesty was a theme that ran through the majority of social workers' accounts of the initial home visit.

The meaning of being "closed"

Social workers' level of concern was heightened where they perceived the parent to be "closed." While openness was associated with matters being more straightforward, being 'closed' was taken by social workers as a sign that matters were more complex and concerning. For instance, when describing a father's narrative, the social worker expressed the view that:

> I was more hesitant about him because he wasn't as open.

While openness was associated with truthfulness, being closed led to social workers feeling that something might be being "hidden" by the parent. The perception that the parent was not being open was described by social workers as prompting them to probe using specific, focused questioning in order to elicit further information:

> So I felt a bit that he was quite closed there? So, I suppose what I tried to do was pin him down on facts.

Where parents appeared closed, it was difficult for social workers to gauge whether the parent was able to acknowledge the concerns, understand the seriousness of the situation or whether they were listening to the social worker's advice. For instance, one social worker said of a parent:

> He just kind of didn't say a lot really. He went hmm, hmm, and I said what our plans were about supporting her to find her own accommodation …and he just kind of agreed and grunted and that was it really.

Later in the interview the social worker concluded that as a result of his demeanour she didn't "know if he recognised – took anything on board of what I was saying".

The parental narrative: Dimension two: Coherence

A key indicator of risk to the child and, more broadly, parenting capacity, was the level of coherence that social workers perceived within the parent's narrative. Where social workers perceived that parents were able to maintain a logical story, in which past and present were linked in a logically-connected fashion, they tended to feel reassured. Where social workers perceived that there was incoherence in the parent's narrative, their concerns tended to be heightened. Social workers in the study appeared to draw an implicit connection between the ability to maintain a coherent narrative and the capacity for logical thinking on the part of the parent. This in turn had implications for the social worker's assessment of their parenting capacity.

Coherence: maintaining a logical story

When describing what they took to be the salient points of their conversation with the parent, social workers frequently made reference to the parent's ability to put together a story that "made sense" and appeared to follow a logical structure. As one social worker said of a parent:

> The things she said had flow – it wasn't as if she was jumping about all over the place, actually what she was saying, and talking about, made sense.

A key facet of coherence was the parent's ability to tell a story that linked past to present in a way which demonstrated a grasp of causation. Where parents were able to narrate an account

which included a sense of causation, especially where the parent was also able to identify their *own* role in past events (see 'dimension three: personal responsibility' for more detail) social workers were reassured. Summing up her view on a parent's narrative one social worker said:

> There wasn't any I don't knows, or shoulder shrugs… she would sit and think about it and think about, you know, what led her to things, and what, you know, how things have come about, which was quite good really.

In addition to a coherent account of the past, social workers also looked for coherence in relation to the parent's narrative of the future. Social workers were particularly interested in whether the parent was able to provide clear, detailed accounts of how they might manage hypothetical, future challenges. Social workers frequently commented favourably on instances where parents were able to show that they had made good "plans". In one interview, a social worker described how a mother who had fled domestic abuse freely came up with a lengthy, and extremely detailed, account of how she would put boundaries in place to keep her children safe. After describing this account, the social worker concluded that:

> She was very intelligent…she really was, she was very switched on, she knew what she was doing. Perhaps, going back to our discussion about whether or not the police should have pressed charges, perhaps that's what they took into account as well. You know, she seemed, she did seem very able, you know, to make her own decisions.

Throughout the research interview, the social worker seemed very struck with the mother's ability to narrate a coherent account of both her past, present and future plans. As can be seen in the quotation above, this was seen as a sign of her being capable (or knowing "what she was doing"), an indicator of capability in terms of decision-making and more broadly, that she was able to think things through in a logical manner. Indeed, where parents appeared to the social worker to be able to provide a coherent narrative, social workers' perception of risk tended to reduce. In such instances, social workers appeared reassured that the parent would be able to make good decisions in relation to their child. The social worker in the quotation above touches on this notion, suggesting that the decision of the police to drop charges (against the father) was attributable to their experience of the mother as coherent, articulate and thus able to protect her children from future harm.

Where social workers noticed incoherence in the parental narrative (where the parent was perceived as unable to maintain a logical narrative) social workers' perception of risk tended to increase. Social workers particularly attended to two forms of incoherence which I have termed omission and vacillation.

Incoherence in the PN: The meanings of omission

Social workers attended to instances where the parent's narrative appeared incoherent as a result of missing information. Incoherence in the form of omission served to pique the social worker's interest, alerting them to the potential withholding of information, or to a lack of understanding on the part of the parent.

In the following example, the social worker described inviting the child's father to tell her about his past parenting experiences. The social worker had learnt from her background reading that the father had previously lost a child to adoption. Part-way through listening to the father's account, the social worker described being suddenly struck by an area of incoherence:

> I asked if he had a social worker then and he was 'oh I can't remember' … so that that kind of pinged up a bit of, er, (four second pause) concern and for me – because if he'd had social worker involvement I would expect them usually to remember who the worker was, particularly as it was only nine months ago … I felt a bit that he was closed there. So I suppose what I tried to do was pin him down on facts, so when did he move – no, when did his daughter come to live with him, why - you know, that kind of general thing… to look at whether it was a general theme for him, or if it was just that he couldn't remember… or he was trying to – he didn't want me to know. When I obviously came back and then looked up that his daughter was on the child protection plan it makes it even more worrying that he doesn't remember … he would've had quite a lot of intensive work for three months.

Firstly, the social worker is struck by an omission in the father's narrative; in this case his failure to recall prior contact with a particular social worker. This omission piques the social worker's attention before she is initially able to articulate why; to use her term, this is experienced as something like a mental 'ping'. This perceived break in the flow of the father's narrative leads to a sort of mental pause, which is reflected in the research interview as four seconds of silence before the social worker articulates that this is a "concern". The social worker then begins to determine the significance of this omission. In order to do so, she compares the father's failure to remember with her own expectations about recall, what she considers that it be reasonable for someone to remember about an event that occurred nine months ago. As this doesn't match up with her expectation, she reflects that the father seems 'a bit closed'. The social worker then considers the meaning of this missing information. Is a 'general theme' for him – perhaps he is forgetful generally? Or perhaps he couldn't remember the specific incident? In the sentence "he was trying to – he didn't want me to know" there seems to be two nested possible explanatory hypotheses; the first is that he was trying to achieve something by deliberate omission (perhaps to mislead the social worker), the second

that he simply would rather that the social worker didn't have access to that information ("didn't want me to know"). In order to weigh-up these hypotheses, the social worker describes employing a strategy of trying to "pin him [the father] down on facts" to elicit more information (or perhaps to highlight other areas of contradiction). With these hypotheses in mind, the social worker then describes seeking further information from another source – she returns to the office and looks up the case file. This yields information that heightens her level of concern; that the father would have received 'intensive' input from Children's Services for a period of three months. This involvement presumably further decreases the likelihood of the hypothesis that the father 'just couldn't remember'. As a result, the social worker's concerns are heightened; she comments that the situation feels "even more worrying." Thus, in this example, the social worker's initial apprehension of incoherence (the mental 'ping') in the parent's narrative acts as a signal that there is something missing, gives rise to an intuition of concern and as such, acts as a trigger for further investigation.

Incoherence in the PN: the meanings of vacillation

In addition to omission, social workers also attended to incoherence in the form of vacillation. Definitions of vacillation include to 'be unable to choose between two course of action', to 'waver', to 'change between one state and another', or to 'keep changing one's mind*'* (The Free Dictionary, 2016). Social workers were concerned where there were abrupt, or frequent, changes of direction in the PN. In terms of the parent's narrative of their past, present and future, rapid changes of direction were associated by social workers with poor decision-making and inability to "prioritise" which, in turn, had implications for the social workers' assessment of their parenting capacity. For instance, one social worker described what he experienced as a very frustrating conversation with a parent, in which they discussed her plan to begin working at an adult entertainment venue. The parent was apparently quite invested in the plan, having made concrete arrangements to start work at a specific club. During the conversation, the social worker raised what he took to be the negative impact that the working hours and clientele might have on her parenting. In the research interview he described her response with incredulity:

> She said, she said, Yeah I see where you're coming from and I – alright I won't do it then! And she *just spun on a sixpence*! And said you know I won't do it then, nah, forget it!

Despite the fact that the parent changed her plan as a direct result of his suggestions, the rapidity with which she did so led the social worker to feel concerned. 'Spinning on a sixpence'

in relation to her future plans so readily had important implications for the way that the social worker began to think about this parent, conceiving her as “irresponsible” and unreliable. Later in the same interview, the social worker described another instance of vacillation in her narrative, where the parent rapidly switched between various explanations as to why she was unable to attend her initial appointment with the social worker. The social worker described his thinking in relation to this:

> SW: I thought oh! Is this your best friend’s birthday or your Nan being ill or what is it? Because I’m trying to sort out your children being at risk! (wry laugh) And you know, so I wasn’t getting good vibes.
>
> Researcher: So you weren’t getting good vibes about her reasons?
>
> SW: No, no and her decision-making and kind of her focus on her responsibilities of being a protective parent.

In this example, the frequent changes of direction in the PN compound the social worker’s ‘bad vibe’ about the mother in terms of her capacity to be responsible, protective towards her child and her ability to make good decisions in the interests of her child.

The Parental Narrative: Dimension three: Emotional congruence

For social workers in the study, a key dimension of the PN was what will be referred to as ‘emotional congruence.’ There were two strands to this: Firstly, social workers attended not only to the parent’s verbal narrative but also their affective narrative; the changing emotions expressed by the parent during the telling of their story. Social workers used the parent’s affective narrative (non-verbal responses which were suggestive of the parent’s emotions) as a gauge of truthfulness, attending to the level of consistency between what the parent *said* and accompanying expressed emotion. Secondly, social workers considered the appropriateness of the parent’s expression of emotion – whether the parent was worried *enough* (whether there was congruence between the situation and the parent’s response) in relation to the situation as an indicator of risk.

Observing the parent’s affective narrative

Social workers described attending to the parent’s affective narrative throughout the initial home visit. The affective narrative – the parallel story played out non-verbally in the

parent's expressions and body language – provided the social worker with an emotional 'story'. Workers described closely observing the parent's body language in order to ascertain how the parent might be feeling at various moments during the discussion. For instance, one social worker noted that during the home visit "Mum seemed really, really nervous" because she was:

> very fiddly, very fidgety, she… had things in her hands. She was fiddling with her bracelets and a couple of small kid's toys, like cars and so on. She seemed quite nervous about things.

Another social worker described attending carefully to instances where the parent's generally "quite relaxed" presentation shifted slightly as she told her story:

> There were times when – you could see her sort of tense up and things like that, sort of within her shoulders.

These subtle physical signs provided social workers with information about the parent's emotional state in relation to the topic under discussion. The affective narrative sometimes provided the worker with a story which contradicted the parent's verbal account. Attending to the subtle nuances of the affective narrative helped the social worker to a) respond sensitively to the parent's distress (discussed in detail in chapter seven) and b) to gauge the truthfulness of their words.

Consistency between the parent's verbal and affective narrative

When observing the parent tell their story social workers looked for consistency between the verbal narrative given by the parent and the emotions expressed in their body language. Where the parent's affective narrative appeared to 'match', or appeared *consistent,* with the verbal narrative, this was taken to be an indicator of truthfulness. As one social worker concluded:

> I think what she was saying matched with her facial expression.

In another interview, a social worker made a similar observation:

> I just got a feeling that actually she was telling the truth… She seemed quite, quite genuine with the emotions that she was portraying, it didn't sort of, didn't – the tearfulness didn't look put on at all.

In this example, the social worker acknowledges the possibility that a parent might deliberately feign ("put on") distress in order to influence the assessment. In this case, the social worker supports her judgement that the parent was telling the truth with the notion that the accompanying emotion, expressed in the parent's body language, appeared to her as "genuine." Similarly, in the following example, a social worker linked the perceived veracity of the parent's words to the accompanying emotional tone:

> Researcher: How did you feel about that when she [the mother] was saying those things?
>
> SW: I was inclined to believe that she meant them. She certainly seemed very genuine and very heartfelt.

An account which seemed 'heartfelt' contrasted other instances in the research interviews where social workers noted *inconsistency* between the parent's words and the accompanying expressed emotion. For instance, one social worker noted a theatrical aspect to a parent's distress during their conversation, describing her crying as "highly dramatised".

A potential pitfall of this gauge of truthfulness is the ever-present possibility that the parent may be particularly skilled in feigning emotions in order to appear to the social worker as "heartfelt" or "genuine." In fact, many social workers in the study were acutely aware of this possibility. Consistency *alone* was rarely treated as a categorical indicator of truthfulness. Where social workers described their 'feeling' (from observing and listening to the parent telling their story) that the parent was telling the truth, they were careful to balance this more intuitive impression with information from other sources:

> The tearfulness didn't look put on at all. It did seem to all match-up with the information that we had… There's always a bit of me that says you know, take it with a pinch of salt, and I was quite blunt with her about that and said you know, look, we *will* double-check everything you're saying, you know …the decision we're giving you here is based on what you're telling us, but if we… find out any different in our checks then you know, it may well be a very different decision.

In this example the social worker described her sense of consistency between verbal and affective information, leading her to conclude that the parent was telling the truth. However, she also emphasised the need to take "with a pinch of salt" this hypothesis, which remained open and subject to possible change in the light of further information. In this example, the social worker describes explaining this to the parent, adopting a stance similar to what Laming refers to as 'respectful uncertainty' (Laming, 2003: 205).

Dimension three: Proportionate/ appropriateness of parental affect

Social workers in the study also attended to whether, in their view, the emotions expressed by the parent were congruent in terms of being proportionate or appropriate, given the situation. Social workers became concerned where there was a disparity between the parent's emotional response and what *they* (the social worker) would expect to be a reasonable emotional response, given the situation.

Appropriate affect

A social worker described a case where a young child had been given information from a grandparent about her biological father. The social worker had reported that this information had been delivered in a particularly insensitive way, causing the child to become extremely distressed. In the research interview, the social worker described the mother's account of this situation, noting that:

> Mum was kind of *appropriately really angry* that (child's name) had been spoken to.

In this example, the social worker identified the parent's emotional response, in this case anger, as 'appropriate'. The inference here is that feeling angry (that one's child had been caused emotional distress) is an understandable response one might expect from a protective mother. Another social worker referred to a parent as being "*Understandably* upset" during their conversation. Again, the inference was drawn that the emotional response of the parent made sense, or was 'understandable' to the social worker, given the context. Where parent's affect appeared to the social worker to be understandable and proportionate, the social worker tended to be reassured.

The meaning of inappropriate/disproportionate affect

In contrast, social workers viewed with concern those instances where the parent's emotional response was not appropriate, or did not appear proportionate to the situation. In some instances, social workers described feeling concerned that the parent was not worried or angry *enough.* For instance, a social worker reported attending a home visit as a result of a police referral, which detailed that the children had witnessed their mother being assaulted by her partner and threatened with a knife. The mother had managed to disarm her partner and flee

to safety. The social worker described asking the mother to narrate her account of the incident. When recalling the mother telling this story during the research interview, the social worker described being struck by the incongruity of the mother's emotional response to the situation:

> But then her justification of pulling a knife out! She didn't seem to find that as concerning as I did! So I did feel like she was really minimising that.

As the home visit continued, the social worker described repeatedly returning to ask the parent again about her feelings towards the assault, describing how she became increasingly concerned as a result of the mother's responses:

> Every time we went back to the referral I – it was hard to (short pause) think *why*, *why* (said slowly) are you saying these things! Because she's clearly telling me that this man has pulled a knife out on her… and I clearly told her that that worries me, and she's still saying 'but I don't think it's bad'!

During the interview as a whole, the social worker's focus of concern appeared to be the disparity between what *she* would expect to be a reasonable emotional response to the situation, and the mother's apparent lack of alarm. In a separate interview, a social worker described attending a home visit where the two children had witnessed an act of violence within the home. Similarly, this social worker was struck by the disparity between what *his* emotions would be as a parent (if his children had been subjected to a similar experience) and the relative *lack* of emotional response in the parent he was assessing:

> I thought if that had been my kids, I wouldn't have any respite from them for a while! I would have kept them close and I would have seen if they were okay. And the way they described it to me, they definitely weren't okay! And it was a horrible event in their life, and they were quite scared so I was… formulating an opinion in my mind that the mum's perhaps not that protective.

Lack of emotion in relation to a concerning incident was regarded as an indicator of risk to the child – a sign that the parent might be 'minimising' what had happened, not 'prioritising' the needs of the child or that they may not be appropriately protective. More generally, flatness of affect in the parental narrative as a whole was associated by social workers with risk, lack of potential for change and a predictor of engagement difficulties. As one social worker identified:

> I think it's when the light's on but nobody's in! Where mum's quite vacant and you ask her and see says 'oh, it's *alright*'… In hostility I feel like they're actually more proactive… a bit more vocal, because suddenly they pull their finger out and they *show* they *want* to

> fight for their child. Okay, so if you want to fight for your child, make these changes! Whereas sometimes when it's kind of despondency, depression… yeah, that's hard.

Thus, the perceived lack of emotional response was seen as both indicative of parenting capacity as well as the likelihood of engagement with social care support/intervention. While anger could be channelled into making positive parenting changes, lack of affect was linked by some social workers to low energy/effort in terms of parenting. Similarly, another social worker spoke of parents actively expressing their distress as both a positive predictor of engagement with services and an increased probability of effecting positive change:

> But other people will get really upset and cry… and say… 'I know my kid's life's is rubbish but I want to do something about it' and *they* give you something to work with.

Parental Narrative: Dimension four: Child focus

For social workers in the study, a key dimension of the PN was the way in which the child was described by the parent. As one social worker summarised:

> It's what the parents are saying about the kids as well – the language they use.

The way that the child came alive in the parent's narrative had important implications for social workers' assessment of parenting capacity and their perception of risk. Social workers attended to the extent to which the parent was able to maintain a 'child focus' in their narrative, with particular reference to two key areas. Firstly, social workers were reassured where the parent's talk about their child was characterised by warmth and enjoyment, and less reassured where their description of the child focused on behaviour or problems. Secondly, social workers were concerned with the extent to which the parent was able to identify and appreciate the *emotional impact* of the current situation on their child.

Descriptions of the child: Warmth and enjoyment narratives

Social workers were reassured by parents who talked about their child(ren) "warmly". For instance, in recounting a parent's narrative, one social worker observed that:

> She [the mother] talked really warmly about the children… I asked about the children's likes, what are their favourite things to see what her view is of the children, and she

> talked warmly about the way they played, and baking together… She had a smile on her face and she was quite affectionate in the way that she spoke about them.

The “affectionate” way in which the parent spoke of her child, and the accompanying affect (the “smile on her face” indicating love and fondness) gave the social worker in this example a favourable impression of the parent as warm and responsive to her child. More generally, social workers appeared to draw the inference that an emotionally “warm” or “fond” description of the child was likely to be mirrored in the parent’s day-to-day responses to the child. Social workers were reassured where parents talked about their child in a way that registered pleasure and enjoyment in their child’s company. For instance, one social worker spoke favourably about how family pool games were “a source of fun” in the family. Another noted that it was “positive” that a father and his son enjoyed daily exercise sessions together.

Descriptions of the child: Problem-focused narratives

Conversely, social workers were concerned where the parent’s description of their child was heavily focused on ‘problems’. In such instances, the parent’s narrative tended to focus on the behavioural aspects of their child to the exclusion of the child’s mental states. For instance, in one interview, the social worker repeatedly articulated her sense of concern that the mother seemed to be “fixated” on the child’s behaviour and appeared unable to consider “anything around him that’s causing the behaviour”. The fixation on the child’s challenging behaviour was described by the social worker as being reflected in the parent’s description of the child as “the naughty one” among his siblings, a label that had then been adopted by the whole family. The social worker was concerned that the parent had not considered how it must feel for her son to “hear that [he’s the naughty one] all day every day” and to feel that no-one in the family thought he was “good”.

Understanding the emotional impact of the current situation on the child

For the parents described in the study, social care involvement had been prompted by the concern that the child was at risk of being negatively impacted in some way by their life circumstances. When assessing risk, social workers attended to the parent’s ability to demonstrate an understanding of the way that their (or the family’s) situation was having on their child, specifically in relation to the child’s emotional wellbeing. Social workers were reassured when the parent demonstrated an ability to keep their child’s emotions ‘in mind’. For instance, summing up her conversation with a parent, one social worker commented

favourably of a mother's understanding of how her child might be affected by the present situation in the home:

> She's verbalised you know, and it has expressed a good understanding of the impact that Dad's situation is having on her son.

Another social worker remarked positively on the fact that a parent was able not only to identify how the current situation might impact her child, but also able to give specific examples of the ways that the child might be affected:

> She was very clear that it did impact, she could identify the areas that it did. She was very, very aware.

Similarly, another social worker noted that a mother was able to appreciate the emotional impact on her son of witnessing domestic abuse. As a result of this awareness, the social worker drew the inference that that the mother would take steps in the future to protect her child:

> Obviously she'd call the police because she doesn't want her son to see that – those sorts of things – she understands the emotional impact that would have if he did see that.

Social workers were reassured where parents were able to identify particular events which may have affected the child, and to articulate specifically how the child may have been emotionally impacted:

> She could… talk about incidences and say actually, you know, this would have had the effects on the children this way - she was able to sort of say all of the emotional side that it may have had on the children which was, you know, not something that a lot of the parents we work with initially think of, without prompting on that, so she kind of recognised that.

The social worker was reassured by the parent's ability to consider her child's emotional experience *before* the worker had asked about it, and without the need for further prompting.

Lack of understanding of the emotional impact on the child

Social workers' level of concern greatly increased where parents were unable to provide an account demonstrating that they understood how the current situation might impact on their child's emotional wellbeing. In the following example, the social worker noted that the mother

was unable to give any account of what she thought her children may have experienced when they witnessed her being assaulted her partner. Noting this, the social worker repeatedly returned to her concern that the mother had not spoken to her children following the incident:

> I said have you asked the children about their view of the incident, because we've passed the weekend now, what do they think of it? She hasn't spoken to them about it! … I said have you asked them whether they would like to see him again and she hadn't, so she hadn't spoken to them about the incident and hadn't spoken to them about their feelings … She's going to talk to the children, obviously that *only* came after our prompt.

Noting the fact that the mother was unable to give any account of the child's experience in relation to this incident, the social worker then began to consider the meaning of this. In other words, to establish *why* the mother could not give an account of what her children felt or thought and *why* she may not have exhibited any curiosity in relation to this aspect of her children's experience:

> Researcher: So what did you make of that – why she might not have asked?
>
> SW: I think we (this was a joint-visit undertaken with another SW) both thought she may be worried that if they both tell her that they don't want to see him again she, maybe, doesn't want to hear that, because she's not ruling out the end of the relationship.

Thus when reflecting on this, the social worker concluded that there may be a link between the mother's inability to narrate this aspect of her children's experience and her reluctance to acknowledge the implications that this might have for her relationship with her partner; if she considered the children's feelings then she might need to end the relationship.

Listening to the way that the parent described the child was used by social workers as a way to judge the emotional care received by the child and, in turn what might be described as the emotional climate of the caregiving environment. This supports the findings of Daniel (2000) that social workers' judgements take into account the emotional wellbeing and experience of the child even where they have come to the attention of Children's Services in relation to other concerns.

Parental Narrative: Dimension five: Personal responsibility

Workers looked for indicators that the parent was willing and able to take responsibility for their child's welfare. In order to do so, social workers looked for a sense of *responsibility* in the

parental narrative; that is, an account of the past, present or future in which parents located themselves as a rational agent, able to make choices.

The parent acknowledging the "concerns" about their parenting (i.e. the risks that had been identified in the referral paperwork), and their role in bringing about these concerns was viewed by social workers as an important first step in bringing about positive change. In relation to the past, social workers were reassured where parents demonstrated a capacity for self-blame, a sense of culpability (or regret) in relation to events which may have directly, or indirectly affected their children.

Acknowledgement of concerns about parenting

In the first instance, social workers looked for parents to be able to *acknowledge* the concerns that professionals might have about their child's welfare. One of the first questions that social workers described asking parents was some variant of 'why do you think I'm here?' or 'why do you think we're worried?' (For more details, see chapter seven 'directing the discussion'). While acknowledgement at this level this did not necessarily mean that the parent *agreed* that the concerns were accurate, it was important for social workers that the parent was able to acknowledge that there *were* concerns, and to be able to consider *why* such concerns might exist. In response to this, social workers reported that parents were *usually* able to answer the question as to why the social worker was there, and thus demonstrate a degree of "insight" into the problem. As one social worker stated:

> Most people are able to talk about things and do demonstrate some insight into why you're there.

Where the parent was able to acknowledge concerns, social workers gained a positive first impression. For instance, one social worker commented favourably on a parent being "very acknowledging of Children's services' concerns". The initial acknowledgement provided a potential starting point for effective intervention, described by the worker as giving "you something to work with".

Lack of acknowledgement of concerns about their parenting

Conversely, where parents were unable to acknowledge difficulties, this was regarded by some workers as a potential indicator that it would be difficult to effect positive change:

> SW: What's the problem here, why are people concerned? Why might people be saying you need to go to court? You tell me! And they say 'I haven't got a clue' or a bunch of whatever. Like well, we've not got much to really work on have we? And you get to a point when you can't change things.

However, struggling to acknowledge the concerns, or a lack of "insight" was not taken by *all* social workers to indicate a poor prognosis quite so readily. Considering *why* the parent was unable to acknowledge the difficulties was a key task; cognitive ability, past experiences of social care involvement and media representations of social workers (causing parents to panic, and not want to admit to parenting difficulties) were all suggested by social workers as reasons why parents may not be able to acknowledge the concerns. As one social worker suggested:

> When you're in there, [you're] making a very quick assessment of their cognitive ability and their level of understanding.

Social workers also described proactively assisting parents to recognise and acknowledge concerns, rephrasing their questioning in order to generate insight on the part of the parent (see chapter seven for more detail).

Responsibility in relation to past events

In addition to the ability to acknowledge the concerns that professionals might have about their child's welfare in the present, social workers also looked for parents to acknowledge difficulties in relation to the past. As one social worker suggested, it was necessary for the parent to be able to look back at the past, despite her distress, and to acknowledge that aspects of it were unacceptable in terms of her children's welfare:

> Well, I did have empathy for her obviously, I did feel for her and how she felt at that moment but I also needed her to be able to acknowledge that things had happened that shouldn't have happened with the children.

Social workers looked for an awareness on the part of the parent of their own agency and role in the events of the past. Acknowledgement of concerns, coupled with the ability for self-blame was viewed as a positive by workers. For instance, in the following excerpt, a social worker identified a key moment in a father's narrative:

> SW: He said 'if I had been more willing to consider what was being said to me, she might be in my care and not someone else's' … He's obviously given it some thought and

> actually shows some responsibility for his actions back then and actually some understanding of the consequences.

The recognition and acknowledgement of the impact of their own past choices or decisions on their children was key for social workers in assessing the parent's ability to take responsibility in the *present*. It appeared that social workers were assessing whether parents had 'learnt from their mistakes'. In the following example, a social worker speaks positively about a parent's acknowledgement of past mistakes, linking this with her ability to show "perspective" and insight in the present:

> She spoke about how actually it was a big mistake taking him back, and for him to start living with them again… She… spoke a little bit about how she felt manipulated by him into allowing him to come back living with them and, erm, she kind of described herself as a bit foolish for agreeing to it. So I think yeah, she definitely seemed to have a little bit more perspective on the relationship now compared to looking on the system at past assessments that have been done [when] she didn't seem to have an awful lot of perspective on it.

Where parents were not able to make links between the past and the present situation, specifically in terms of their parenting, social workers attempted to assist them in making these links. In the following instance, a social worker described how she intended to provide the parent with a reflective space to consider how her own past experiences may be shaping her current parenting:

> SW: We talked about… how that might impact on her parenting, having that experience. And she wasn't really sure actually… she wasn't sure how that would impact on her, other than to say she was always very cautious with new partners. That was the only thing she could come up with. So at another point we might go over that again I think maybe on the next visit –
>
> Researcher: So you'd like to return to that with her?
>
> SW: Yeah. I'd like to give her as much opportunity as possible to think about that.

Denial of responsibility in relation to past events

Social workers regarded a denial of agency as evidence of a 'lack of responsibility' on the part of the parent. One way in which social workers took parents to show a lack of responsibility was in apportioning blame to others e.g. to professionals, or the child him/herself:

> …Then [he] discussed how cross he was at his probation worker… which was kind of deflecting from him, it's nothing *he's* done, it's that probation worker!

In this example, apportioning blame to a professional was seen by the social worker as a 'deflection' or a denial of his agency in relation to the situation. Where parents denied their agency, portraying themselves as the victim of circumstance, or forces beyond their control, this was regarded by some workers as indicative of a lack of ability on the part of the parent to take responsibility for their child's welfare in the present. Social workers' concerns were compounded where the parent held their child culpable for the situation. One social worker described specifically watching out for whether parents say "it's all *their* fault!" in relation to their children. Another social worker commented with concern that a parent blamed the child for the difficulties in their relationship, rather than looking at her parenting. Where there was a denial of agency, where the parent depicted themselves as entirely a victim of circumstance, or where they were actively engaged in blaming others, social workers came away from the initial home visit less reassured about the parent's capacity to take responsibility for the welfare of their child.

Summary: the significance of the parental narrative in the assessment of risk

The PN was used by social workers as a key indicator of risk during the home visit. In their accounts of the initial home visit, social workers repeatedly returned to particular aspects of the parental narrative which have been conceptualised as falling into five key domains. Degrees of openness, coherence, emotional congruence, child focus and personal responsibility in the PN were implicitly used by social workers as heuristics (shortcuts in reasoning) through which to gauge risk, need and parenting capacity during the initial visit. The analysis will now turn to examine two other aspects of sense-making during the home visit: making sense of relationships and the mood of the encounter.

Sense-making during the visit: Making sense of relationships

During the research interviews, social workers gave detailed descriptions of the interactions that took place between family members during the initial visit. The way in which family members interacted with each other during the visit was taken by social workers to provide important information about the "family dynamic" and was regarded by some workers as indicative of how familial relationships were managed in everyday life. Thus, the interactions

between those present in the home during the visit allowed social workers to draw wider inferences about the caregiving environment. Relationships observed by social workers during the home visit included the child and parent (in the relatively few cases where children were also present), and between parents/caregivers.

Making sense of caregiver/child interaction

Social workers attended to the way in which the parent managed the demands of discussion with them alongside the needs of their child during the home visit. During one of the research interviews, the social worker described visiting a mother with a daughter aged approximately two years. As the family's current 'home' was a hotel, there was a travel-sized kettle available. The social worker was particularly struck by the mother's actions directly after she made him a cup of coffee:

> …And then (two second pause), [she] very thoughtfully actually, emptied the kettle for the water because she had the two-year-old, so that when she grabbed a cup and wanted to play teacups and make me a coffee she could do safely, but obviously that was very thoughtful because there was, dare I say, many adults – I'm not just saying parents – would not have even thought of that two-year-old picking up a kettle full of water.

For the social worker, this behaviour on the part of the parent indicated that the parent was able to protect the child from a potential source of danger i.e. a kettle of boiling water. Importantly, this action was also taken by the social worker to demonstrate the parent's ability to anticipate her child's needs (i.e. that the child would want to play 'teacups') and more specifically, that the child might want also want to play at making a cup of tea for the social worker ("make me a coffee"). Later in the same interview, the social worker described a sequence where the child was "to-ing and fro-ing"' between her toys and her mother, bringing items (such as a toy hairdryer) to her mother, seeking a response, before returning again to her toys. When asked what he made of this interaction, the social worker concluded:

> I felt she was very comfortable in mum's care. Mum was giving her, you know, good care… Even though I was there, mum was allowing her to play with her, you know, to interact with her. Like I said, sort of doing her hair and drying her hair.

Thus the way in which the mother balanced the demands of the social worker's visit with the need to be responsive to her child was viewed by the social worker as indicative that,

more broadly, the child was receiving “good care”. Later in the interview, the social worker summed-up the inferences he had drawn from his observations of the interaction between child and parent:

> I was convinced quite early-on from that conversation, and what I saw physically, that – with the interactions with mum and the children –they were in a safe place.

While social workers in the study rarely made explicit reference to theory, there seemed to be an implicit link to the attachment concept of secure base here (Bowlby, 1988), in the social worker’s identification of the “circling” (and “to-ing and fro-ing”) of the child who returned to her mother for reassurance before recommencing exploration and play. The sense-making process of this particular worker is in line with Daniel’s (2000: 103) finding that in terms of social workers’ judgements, ‘attachment is accorded a high priority’.

Crucially, social workers’ emotional responses when observing children and parents together helped them to make sense of the meaning of these interactions. One social worker described his intense experience of sadness when watching a little girl being “rebuffed” in her attempts to get a cuddle:

> I thought *aww* you poor thing!... It is a bit heart-breaking this case really, because as I say, she’s a lovely little girl.

Thinking about his emotional response appeared to allow the social worker to consider the child’s experience and to adopt a child’s-eye-view of the situation within the family. His initial feelings, once unpicked, aided his sense-making enabling him to consider the child’s current caregiving environment as posing a risk to her emotional development and wellbeing.

Making sense of parent/parent (or other caregiver) interaction

Social workers attended to the way in which the child’s caregivers interacted with each other during the home visit, particularly the way that the parents took turns in responding to the worker’s questions. For instance, in one interview a social worker described visiting the home as a result of a referral concerning a prospective father who had a) previously had a child placed for adoption and b) had embarked on a new relationship where he was now expecting a new child with his partner and c) had rapidly assumed parenting responsibilities for the mother’s existing children. The social worker described her impressions of the mother and father during their conversation:

> When you actually observe the parents together mum was clearly –she answered a lot of the – she was helping him to answer a lot of the questions, erm, and on occasions dad struggled I think to understand the points I was getting at. So I was trying to explain myself, and mum would interrupt and explain it to him, and he would answer… So the dynamics between them were very interesting actually because she – I would say she was the more dominant partner… and she knows how she wants things … I think he's moved into their home, and I'd say looking at it, he's adjusted to fit in with them not the other way round…which is actually very positive!

In this example, the social worker used the way in which the parents managed the questions she posed in order to draw inferences about the functioning of their relationship. Specifically, the way in which the mother took the lead in the conversation and supported her partner to answer the questions was taken to be indicative of her being "dominant" in the relationship. This, in turn, served to allay the concern identified in the referral that the father had inappropriately assumed control of the mother and her existing children, reassuring the worker that he had "adjusted to fit in with them and not the other way round". Another social worker described attending to the way in which the parents responded to each other:

> SW: It was quite interesting to see how much, and how open they were about their pasts, because in a sense that demonstrates how open they are with each other … The fact that both of them could then say 'oh yeah, we've both been abusive, I've done this I've done that, whatever' without going into too much detail… I could then see that actually they've had these conversations already … so although they've not been together very long, there wasn't shock on each other's faces, if that makes sense, like 'Oh my god, I can't believe that happened!' They'd obviously talked about it beforehand.
>
> Researcher: So as well as asking those questions you were also –
>
> SW: Assessing their relationship, yeah.

In addition to gathering information about the parents' history individually, the social worker in the previous quotation was attending to the way in which each parent responded while listening to the other's narrative. The fact that neither parent registered "shock" while listening to their partner's account of distressing and sensitive information about the respective histories was taken by the social worker to indicate 'openness' in terms of their relationship with each other. The social worker was reassured by the fact that their responses to each other appeared to indicate that these were conversations that they had shared before. Later in the interview, the worker described writing in the formal assessment that the parents were "observed to be close".

Observations of how the parents managed the discussion with the social worker and the way they responded to each other provided social workers with the means of assessing their capacity to co-parent, and the caregiving environment more widely.

Sense-making during the visit: The mood of the encounter

When making sense of the home visit, the overall mood of the encounter with the parent had a direct bearing on social workers' views of the parent and implicitly influenced their perception of risk. The parent's emotions exercised a strong influence over the emotions of the social worker. For instance, one social worker observed:

> SW: Mum looked quite relaxed, she was sat on the floor with her legs out in front of her and everything.
>
> Researcher: And how did you feel during the assessment?
>
> SW: It made me feel a bit more relaxed… because obviously … you pick up on it… If the parent is relaxed then you feel more relaxed to talk to them, erm, whereas I think if it's the other way round, you're kind of worried about the next question you might ask, causing an argument or something.

Thus the parent appearing 'relaxed' and calm enabled the social worker to feel confident in managing the conversation and more able to probe in their questioning, due to the fact they were not fearing imminent conflict ("an argument or something"). More generally, social workers in the study were reassured by "amicable", "relaxed" encounters, and their perception of risk tended to reduce as a result:

> Mum was actually very relaxed there was, there was nothing about her presentation that made me feel that she – she wasn't defensive, she wasn't withholding information.

Social workers in the study also tended to perceive an encounter characterised by positive emotions (e.g. one that was "relaxed" or "amicable") as less complex:

> Yeah, I did feel it was quite straightforward, it was quite a relaxed atmosphere.

Similarly, another social worker stated:

> In general, the atmosphere … was quite relaxed and I suppose in a sense I picked up on that and it was quite a smiley atmosphere by the end of it.

A “smiley” and amicable atmosphere, where the initial visit was characterised by positive emotions, seemed to result in social workers coming away from the visit with a sense of positive resolution. However, negative emotions on the part of the parent (e.g. anger, frustration) were not entirely viewed in a negative light. What appeared important for social workers was the extent to which such emotions could be resolved throughout the course of the initial visit. The ability to effect ‘shifts’ from tension or anger, to calm or ‘relaxation’ was viewed as significant. For instance, one social worker noted that a mother who was initially “agitated” and “defensive” was:

> Just voicing her agitation and upset at my being there. But once I’d sort of taken a step back a bit and sort of gone onto the general stuff to pacify her a bit she calmed and did appear to engage in the conversation.

The social worker came away from this visit with the sense that:

> As long as mum engaged, that she could be supported to make changes, and make things better for the child and for the family.

Sense making during the visit: Use of heuristics

As this section has described, social workers used certain cognitive shortcuts or heuristics to get a “feel” for the family and to begin to assess risk in relation to the child. Drawing on the findings from this section, figure 13 offers a summary of the heuristics used by social workers which led them to feel more reassured (decreased perception of risk).

Social worker's perception	Intuition
Parent is open	Parent is honest
Parent's story makes sense, is coherent	Parent is competent and able to make decisions in the child's interests
Consistency between parent's verbal narrative and emotions/body language	Parent is telling the truth
Parent's emotions are appropriate/understandable given the situation	Parent is appropriately protective of their child
Parent talks about their child warmly and in terms of enjoyment	Parent is warm in their caregiving responses to their child
Parent is able to identify emotional impact on child	Parent appropriately protective Potential for positive change
Parent can acknowledge concerns	Parent understands concerns Potential for positive change
Parent able to identify where things went wrong in the past	Parent will, in the future, be able to take steps to protect child
Parent is available and warm towards the child during the home visit	Parent is a warm and responsive caregiver
Parents are open towards each other during the discussion	Potential for positive co-parenting/caregiving
Social worker's encounter with parent is relaxed and characterised by positive emotions	Potential for positive change and engagement with Children's Services

(Figure 13. Factors reducing social workers' perception of risk)

Figure 14 provides a summary of the heuristics used by social workers which led them to be more concerned (increased perception of risk).

Social worker's perception	**Intuition**
Parent is 'closed'	Parent may be withholding information/lying Parent may not understand seriousness of concerns
Parent's story does not make sense: contains omission	Parent may be withholding information/lying Parent lacks understanding of concerns More information needed
Parent's story does not make sense: exhibits vacillation	Parent may be unreliable /may be lying Parent may be irresponsible/unreliable in their parenting More information needed
Inconsistency between parent's verbal narrative and emotions/body language	Parent may be lying/withholding information
Parent's emotions are disproportionate/ not understandable given the situation	Parent is 'minimising' concerns Parent is unlikely to engage – poor prognosis for Children's Services intervention
Parent's description of the child is problem-focused	Parent may not understand the child's experiences
Parent unable to identify emotional impact on child	Parent may not be able to protect the child Parent may need more support to understand their child's needs
Parent unable to acknowledge concerns	Less potential for positive change Further investigation of parental understanding required Parent may be understandably anxious/distressed by social work visit
Parent unable to identify how and why things went wrong in the past	Parent may not, in the future, be able to protect child
Parent is unavailable/lack of warmth towards child during visit	Parent may be unresponsive in their parenting
Parents encounter is strained and/or one partner is dominant	Parents may be unable to co-parent effectively Possible sign of domestic abuse, dominance and control
Encounter with parent is tense or hostile	Potential for positive change *if* relationship can be built *or* Anger or frustration may be an appropriate, understandable response to a visit from a social worker

(Figure 14. Factors increasing social workers' perception of risk)

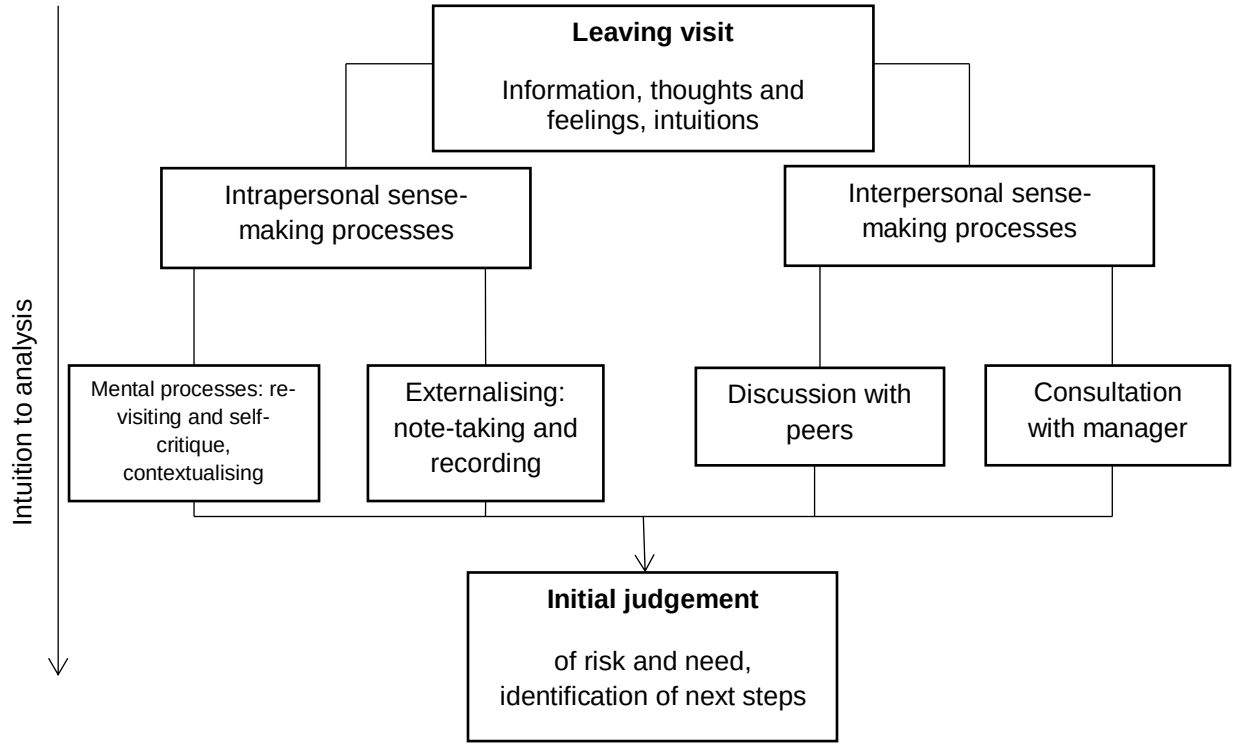
The implications of these heuristics for professional judgement, and the relationship of these findings to the existing literature will be outlined in chapter eight of the thesis.

Section three: Sense-making after the home visit

In the interviews and focus groups social workers described how they made sense of their cases, outlining the processes (e.g. discussion with others, reflecting in the car) that they regarded as helpful in organising their thoughts. Importantly, however, these process were also implicitly evident in social workers' narratives. For instance, the research interviews caught workers directly after the home visit, at a point where they were actively engaged in the process of reflecting on their initial impressions, thoughts and feelings about the family. The process of sense-making could therefore be seen in the structure of the interview itself. In the focus group, social workers developed their ideas in discussion with their colleagues. In this sense, the findings reported in this section are derived not only from social workers' views on sense-making, but also what I could see happening in the research encounter itself (see process analysis, methodology chapter four).

The process of post-visit sense-making

Social workers left the initial visit with a series of thoughts, feelings, intuitions and questions about the family which were then subject to further reflection in order to arrive at a judgement. In some instances, social workers described coming away from the visit with a hypothesis. In others, their thoughts were less organised, requiring further reflection. The following model captures the *post-visit* process through which social workers moved from their initial thoughts (and intuitions) towards analysis (figure16). As indicated in figure 15, these processes can be distilled into two main types: intrapersonal and interpersonal.



(Figure 15. The process of post-visit sense-making)

Post-visit intrapersonal sense-making processes

Immediately after leaving the home visit, social workers engaged in solitary mental processes (re-running and self-critique, contextualising) and externalising activities (note-taking, recording) in order to make sense of what they had observed in the home. These intrapersonal sense-making processes took place in 'transitional spaces'. Transitional spaces are defined as a) places inhabited by the social worker *between* the family home and the formal workspace and b) spaces where they were not allocated a specific work task. In relation to the initial home visit, the key transitional space was the worker's car. However, where workers spent part of their working day "at home" this was perceived as offering another space, outside of the formal work environment, in which "to reflect". Time spent in the car travelling to and from a home visit allowed workers to consider the *meaning* of what they had observed. As one worker identified:

> I *like* going to TOWN then driving back here [the office], cos you think then right, what's going on in that visit? What's that mean? … I think that really helps my assessment process because it allows me to really think about what that visit meant. I like having that half-hour drive, personally.

Similarly, another social worker commented that their thinking:

> … usually happens in the car. Because it's fresh in your mind and you can think.

For many workers in the study, reflection in the car directly after the visit marked the beginning of translating the intuitive impressions (e.g. a "gut feeling" that something "wasn't right") to analysis.

Post-visit intrapersonal sense-making processes: The mental processes of revisiting and self-critique

Social workers described engaging in a process of mentally rerunning or 'revisiting' their experiences during the home visit on their drive back to the office. As one social worker reflected:

> I think I probably just revisit the whole visit from beginning to end.

This mental replaying of the home visit involved social workers reflecting back on what they had just observed in order to consider how their observations had furthered their understanding of the family situation:

> …it's… watching, you know, kind of observing, how they come across and you can then … reflect back on what you see and you think *actually*… they did *that*, which gives you more evidence as to what's going on.

In particular, social workers revisited their impressions of the parent's verbal and affective narrative with a critical eye:

> I think about the verbal responses I've had. I think about the physical responses … because you can miss things… if the body language has changed and I haven't picked up on it at that point in time.

Thus, as well as creating space for the social worker to consider the meaning of what was observed, this mental revisiting of the encounter helped the worker to consider whether

their attention had been diverted away from potentially salient information. As one social worker commented:

> …it's to reaffirm in my own mind that there's nothing I've missed.

This reflection appeared to involve an aspect of self-critique or self-questioning, where the social worker replayed the 'evidence' in order to examine how they had come to their conclusion. One social worker described this as a standard way of reflecting on her hypotheses:

> That's how I work, I go over it in my own head, on the journey back usually… and then I will question how I've come to my conclusions.

Another social worker described engaging in a similar process of self-questioning in relation to the conclusions they had drawn after the visit:

> In my head I always go through a process where I will justify my view.

In this process of mental self-questioning, social workers began to anticipate objections, or counters to their hypotheses, in order to arrive at a potentially defensible judgement. This thinking process is reminiscent of Herman's (2010) concept of the 'dialogical self', where the person variously conceives and adopts the positions of imagined speakers in an internal dialogue. Imagining possible rebuttals to their hypotheses also allowed social workers to rehearse the defence of their judgement and synopsis of their thinking that they might give to their manager upon returning to the office.

Post-visit intrapersonal sense-making processes: The mental process of contextualising

After the home visit, social workers began to consider the new information they had obtained in the context of what was already known to them, e.g. information from the referral paperwork. This often took place in the office, where the worker had access to the case file. Returning to the office provided an opportunity to collate known facts and engage in a process of review:

> Once I'm back in the office I'll kind of re-look over the information.

During this process, social workers described considering information gleaned during the home visit alongside other sources of information:

> You think about it afterwards, when you can sit down and look at all the information you've got.

Post-visit intrapersonal sense-making processes: Externalising: Recording and note-taking

Post-visit, social workers described engaging in a process of externalising their initial impressions as a way to make sense of them. One social worker interviewed described using a Dictaphone for this purpose, although "jotting" down notes on paper was more common. One focus group participant described the pressure to remember "every little nuance" of the home visit, while another recalled their tendency to engage in a process of note-taking after the visit in order to capture the important facts:

> … So you store loads! And when you get in the car you go ssss! *(mimes frantic scribbling of notes)*

Note-taking in the car immediately after the visit helped social workers to manage the feeling of having to hold "a lot of information your head". The process of writing also helped to facilitate reflection and sense-making. As one social worker suggested, note-taking "helps me to draw my analysis further". Note-taking sometimes took the form of a kind of free-writing where the social worker might choose to "edit myself afterwards".

While the process of formal recording and report-writing is to generate a public document, this type of writing also represented an important *intra*personal sense-making process. The format of the assessment form facilitated further reflection on specific aspects of the case. As one social worker identified:

> It also does happen as you sit down and write up the full report … it's just notes during the session, then you sit down and you write it up fully… and you can be writing a certain section and think more about it.

Social workers also noted that the process of populating the boxes of an assessment form allowed them to review their initial impressions in relation to risk. Completing the form might, for instance, serve to foreground the cumulative nature of the concerns. As one social worker observed:

> Sometimes it's not until you write it… you think, actually, this is more serious than I thought.

Post-visit interpersonal sense-making processes

Interactions with others (*interp*ersonal processes) were crucial in helping social workers to make sense of their experiences during the home visit. These interpersonal processes included discussions with peers and consultations with managers following the home visit.

Post-visit interpersonal sense-making processes: Discussion with peers

Following the visit, social workers would frequently return to the office and engage in informal conversation with colleagues about what they had experienced. As one social worker suggested:

> It's a case of doing a lot of reflecting about the visit in the car, then coming back and having a chat with somebody back in the office.

This informal "chat" might involve one or more peers in the office. For instance, one social worker described having a "debate" with multiple colleagues in the office in relation to a particularly challenging case. On the rarer occasions where the initial home visit was undertaken as a joint-visit with a colleague, this "chat" might take the form of a "debrief" in the car. These conversations served two interrelated purposes – they facilitated social workers' sense-making in relation to the visit and were also an important component of emotional processing. Being able to let out, "vent" and process one's emotions with others immediately following the home visit was a necessary precursor to sense-making (these processes will be described in the next chapter). Discussions with peers also served an important function in terms of maintaining the social worker's frame of reference. Workers discussed the difficulty of maintaining a view of what constitutes an acceptable standard of parenting in the face of their day-to-day experiences of maltreating/neglectful parenting:

> We do have to be aware of …not becoming complacent either … because we do see a lot of very poor conditions … and I think sometimes that there's a bit of a danger when you see that day in, day out you become a little bit desensitised.

In one of the focus groups, participants identified discussion with colleagues as a salutary exercise in this regard, providing a 'check' to the danger of losing one's frame of reference:

> You just think am *I* the one who's got it all wrong? 'Cos for some people the most *absurd* situations they leave themselves and their children in. To them it's just … normal. And we do it so much, we're just like… am *I* the one whose threshold is really high? You

> have to kind of double-check yourself. There are a lot of people in our team and they've been doing it for years… they keep you grounded.

Thus discussion with colleagues could potentially counter a drift towards biased judgement, particularly towards what Dingwall *et al* (1983) describe as 'cultural relativism' (see literature review, chapter two). However, there is a danger here in terms of 'groupthink' (Janis, 1982) – the tendency for shared bias among groups – in relation to determining acceptable parenting standards.

Post-visit interpersonal sense-making processes: consultation with manager

Social workers consulted with managers as part of their post-visit sense-making process. These conversations were generally described as being more succinct and focused than those shared with colleagues. As one social worker noted:

> Given that we're under pressure for timescales …we don't have the time to sort of explore. It would be a case of the next time I'm in the office I'd seek out that allocating manager and just grab that five, ten minutes…

Organisational constraints in terms of workload and time pressures necessitated brief discussions. Social workers described preparatory reflection in the car to enable them to "present" their manager with a brief synopsis of their observations and a justification for their judgement:

> I think if you've done a lot of the thinking in the car … and I'm quite convinced about where I'm going with something, then it's quite a short discussion.

The consultation with the manager would often involve a synopsis of what the social worker took to be the "risk and protective factors". The role of the manager was then regarded as being to challenge or 'test' their hypothesis:

> I'd give them like a brief synopsis … and then I'd kind of talk through what's going on for the children… usually I'll say pretty quickly that I think it needs to go to Child in Need, and they'll be like okay, why do you think it needs to go to the child in need team? And I'll explain my reasons.

For some workers, critical challenge was an important aspect of the consultation with their manager, while for others consensus between the worker's judgement and that of their manager was the focus:

It's a case of having a conversation with a manager just to check that your viewpoint matches theirs [in terms] of what should happen next.

Barriers to post-visit sense-making: Cognitive and emotional 'bombardment'

The process of reflection (outlined in figure 15) allowed workers to move from impressions and intuitions about the home visit towards analysis and judgement. However, there were a number of factors which presented barriers for the social worker's attempts to make sense of the home visit. These are detailed in the table below:

Volume of home visits	Low Home visits spaced out, opportunities to return to office between visits for discussion	Mid Frequent visits, but with space to pause for reflection in between	High Back-to-back visits throughout working day, little opportunity to reflect
'Similarity' of visits	Low Highly varied caseload, home visits conducted for a range of reasons	Mid Some overlap between presenting concerns, age of children. Mixture of duty visits and longer-term work	High Similar presenting concerns and/or names of children, all ''duty visits"
Emotional intensity of home visits	Low Less stressful, more 'routine' visits	Mid Some visits emotionally intense	High Majority of visits characterised by conflict, hostility, distress

(Figure 16. Barriers to post-visit sense-making)

High caseloads and volume of visits presented difficulties for workers. As one social worker observed, in these instances:

…you'd go from visit to visit to visit and not be able to reflect.

Without space to reflect, either with colleagues or alone (e.g. in instances where the work involved "back-to-back" visiting) it could be difficult to retain information and to process the

information gleaned during the visit. Indeed, workers (particularly those in duty teams) were bombarded with information throughout their working day. Where a high volume of visits ("multiple visits to multiple families on one day") were combined with "similarish" presenting concerns, "multiple children" or the "same names" social workers suffered from cognitive overload, which could make it difficult to recall and reflect on their cases – the tendency as one worker put it, for cases to "just meld into one."

This, coupled with a pressure to push cases through the system led to workers forgetting essential information, such as names and family details:

> … [It's] *really* difficult, cos you start to muddle children, you start to muddle.

Importantly, the emotional intensity of the home visits was also crucial factor in social worker's capacity to exercise effective professional judgement. A high volume of visits coupled with frequent experiences of hostility and/or emotional pain presented significant challenges for workers in terms of self-regulation. Where social workers were bombarded with visits involving conflict or emotional intensity (sadness, frustration) this made it more difficult to think clearly about their cases. The next chapter will examine in detail the impact of the emotional demands posed by home visiting, arguing that sense-making (as it has been outlined in this chapter) is predicated on effective self-regulation.

Conclusion: sense-making as a rational, emotional and intuitive process

As suggested in the literature review, social work reasoning has been regarded as a complex cognitive activity, involving the thinking-through and weighing-up of information in order to arrive at a professional judgement. The findings of this chapter support this view, identifying sense-making in relation to the home visit as a complex, multi-faceted process which places great cognitive demands upon the worker. However, as this chapter has also demonstrated, sense-making in relation to the initial home visit can be regarded as an intuitive and affective, as well as rational, process. Social workers' intuitions (e.g. experiencing a mental "ping") during the initial home visit form an important starting point for assessment, which is then developed and refined after the visit through reflection. This chapter has identified a set of heuristics (an aspect of intuition) used by social workers in making sense of the home visit, which has captured some of what Saltiel (2015: 2) describes as the 'unofficial sense-making strategies' involved in social work reasoning. Social workers' emotions (e.g. feeling sadness when seeing a child in distress, the mood of the encounter) have been identified as an

important source of information for sense-making. The chapter concluded with the idea that emotional demands of the work may impact on sense-making and thus the quality of professional judgements made by social workers. The next chapter explores the role of emotion in relation to the home visit, identifying self-regulation as a key facet of effective professional judgement.

Chapter six: Self-Regulation and the home visit

Introduction

For many social workers in the study, visiting a family in the intimate and private space of the home was a particularly emotionally-intense situation, requiring the worker to undertake what has been described as 'emotional labour' (Hochschild, 1983). As such, it was necessary for social workers to engage in a process of 'self-regulation' involving the monitoring, managing and processing of emotions before, during and after the initial home visit.

This chapter analyses how social workers used both strategies (chosen, conscious) and defences (unconscious) in order to manage the emotional demands of home visiting. This chapter consists of three sections. The first describes how social workers managed their emotions *prior* to undertaking an initial home visit. The second describes how workers managed the demands of the home visit both during the home visit and in relation to home visiting in general. Thirdly, the chapter offers a stage-model of emotional processing *after* the home visit, identifying the intra and interpersonal processes involved in effective emotional processing.

Section one: Pre-visit self-regulation

Social workers described experiencing a sense of heightened emotional arousal prior to undertaking an initial home visit. There was a sense of "going into the unknown" with the accompanying thought of "what am I going into?" Social workers' pre-visit emotions varied from "adrenaline" infused as a result of "anxiety-provoking" referrals, to calm and purposeful where the ensuing home visit was perceived as more "routine". Pre-visit, workers engaged in a process of emotional preparation in which they attempted to assume the correct 'mood' for the visit. Social workers were aware of the importance of the initial home visit in terms of "setting up" for future work. They were conscious of the need to "get off on a good foot" in terms of "build[ing] that relationship" with the family. Pre-visit, social workers anticipated potential difficulties they might experience in successfully engaging the family. Crossing the threshold into the private space of the family home was a key point at which workers needed to 'rally' their emotions.

Emotional preparation or "psyching up"

Prior to undertaking the home visit, social workers were engaged in a process of emotional preparation. As a focus group participant commented:

> You almost psyche yourself up before you get to the door.

Pre-visit, the social worker's task was to place themselves in the appropriate mental state for the ensuing encounter. In some cases, as one worker suggested, this involved having to "psyche" themselves "up". A degree of heightened emotional arousal appeared necessary for the worker to maintain a stance of alertness and focus, allowing them to attend to the details and the finer nuances of the visit. As one worker said of the home visit:

> It's *intense* isn't it… You are looking at this with *intense eyes*.

Where the visit was perceived as likely to be "difficult", the worker's task might be to gain a sense of calm, or to down-regulate their affective state. Alternatively, where the social worker anticipated conflict, they might upregulate their emotions in order to enable them to deliver "difficult" information to the family and to prepare for hostility. These emotional transitions were usually effected in the car, on the way to the visit. As one social worker stated:

> I love having the radio on … to clear my mind a bit which sets me up for the next visit.

Similarly, another worker described how, before the visit, they would:

> …usually put the radio on for a little while …and kind of sing along.

Music in the car appeared to be used by social workers as a way to up or down-regulate their emotions. In the quotation above, for instance, listening to music allowed the worker to "clear" their mind where they had just undertaken another visit, in order to prepare for the next one.

Social workers also described parking "around the corner" from the home in order to gather their nerve, or to reconcile themselves to the task at hand. For instance, one social worker described her "sense of unfairness" that the parent whom she was about to visit had been given incorrect information from Children's Services. Her role during the initial visit was to provide the parent with information which appeared to be "backtracking" on previous advice. The worker described how she "parked in the street next to where the house was, so that I [she] could just walk round" prior to the visit. During this walk, the social worker sought to "prepare" herself. She was then sufficiently resolved to enter the home with a suitably calm and focused mental state.

Anxieties around engagement

When describing their thoughts and feelings before the initial home visit, social workers repeatedly identified an anxiety about their ability to engage and establish effective communication with service users. As one social worker stated:

> I always worry if they'll open up.

Workers' anxieties seemed to centre on their own ability to establish a sufficient relationship with the parent to facilitate an exchange of information. The worst case scenario was a "stilted" or "awkward" exchange, or an interrogative "question and answer session" rather than a "conversation" with the parent. Where there were additional considerations around communication in relation to specific service users, workers' pre-visit anxieties tended to be heightened. For instance, a worker described her experience of intense anxiety on the way to see a parent who had a disability affecting his speech:

> …that kind of increased my anxiety quite a lot, because I was like well what if I'm just talking to him and I can't understand what he's saying! He'll get frustrated with me, cos I can't hear what he's saying … My levels of anxiety were quite high… prior to the visit.

Gender and cultural concerns were also significant in this regard. For instance, one social worker described his apprehensions about being a White British male going to visit with an Indian female who was the victim of male-perpetrated violence. He later described his great sense of "relief" that she felt able to be "open" with him. Another social worker alluded to her sense of there being an unspoken professional imperative (particularly for experienced workers) to be able "engage" with all service users, even in the most challenging circumstances:

> I think that's something that we really struggle with, particularly as time goes on … we *should* be able to engage anyone, social workers are meant to do it … great perfectionists all of us, I think.

The same social worker later described a visit where she had left with a sense of personal and professional failure having not been able to achieve this ideal:

> That's *all my fault*, cos I couldn't calm them down and engage them … I came out of that visit thinking I'd failed.

The source of the anxiety around the ability to engage service users seemed twofold: firstly, there was an expectation that as a professional one should be able to engage service users as a matter of routine and, secondly, that a failure to do so might indirectly result in a negative

outcome for the child. For instance, the social worker above described how she herself felt painfully responsible for the outcome of her initial visit to the home, which was that relatives would now be discounted as carers for the child on the basis of their threatening and aggressive behaviour towards the social worker. The worker's sense of failure was further reinforced by her manager's remarks the next day:

> It's living with the failure when you can't [engage service users]. And even my boss the next morning said it was such a shame that happened cos they'd be ideal [carers] for mother and baby … Like I didn't feel enough like I'd failed!

Related to concerns around engagement, social workers also described an anxiety about "being late" or getting "lost" on the way to the home visit. As well as compromising the social worker's ability to arrive at the visit feeling composed (as opposed to feeling "flappy" or in a "panic"), being late was viewed as conveying a negative signal to the family:

> You kind of think argh! I'm going to be late if I don't find somewhere to park… You kind of worry about the impression you're going to give the family if you are late… You've arranged a time with them and… they've made the effort to be there for that time… you think I *should* be there at the correct time as well for them.

Thus being late was regarded as conveying an unspoken, negative message to the parent about the social worker's intentions and investment in their partnership with the family.

Managing anxieties around engagement

In order to manage anxieties around engagement, social workers employed psychological and practical strategies. In relation to signalling their investment in, and respect for, the family, social workers employed the practical strategy of arriving promptly:

> I hate the stereotype of social workers always being late to the visit … so I try where I can to always arrive five minutes early.

On the journey to the home visit, social workers described mentally rehearsing the conversation with the parent, which included mental "planning" of "how to manage them if they started becoming aggressive" and preparing an "opening gambit" to initiate the discussion. Alongside the mental rehearsal of the conversation with the parent, social workers also drew on their own practice experience as a means of reassurance:

> I go back to the fact that I did quite a lot of thought about the visit before I left and how I was going to contain my own fears… and I actually think I have done this before… I remembered a visit to a lady… that was the same kind of thing… that was quite difficult… I kind of thought yeah I *can* do this, I've done it before.

Thus drawing on a previous practice experience, where they had been successful was a strategy employed by some social workers to engender a sense of competence and confidence in respect of the impending visit.

Doorstep mantras – getting over the threshold

Social workers identified that in respect of the initial home visit, "getting through the door" and stepping over the threshold into "the unknown" was generally a moment of high emotional arousal. As one social worker described the experience:

> I'm thinking *oh my God!* Am I really doing this? … I wish I worked at Tesco!

Experiencing some apprehension in regard to this moment of the visit was regarded as inevitable by many of the social workers in the study. One worker for instance, was careful to distinguish that while she was not actively "worried" about the impending visit, it was normal to experience a degree of apprehension at the prospect of the first encounter, stating:

> I think you're always a bit nervous before you meet a new family.

Where it was anticipated the visit would in some way be "difficult", or where the worker was themselves relatively inexperienced, the moment before stepping over the threshold might be suffused with anxiety or dread. For instance, describing his early practice experience one worker stated:

> My first few unannounced visits - I was proper not happy about that, that was really rubbish.

Where workers had thoughts such as "I don't want to see this family", some acknowledged the temptation towards the "quiet" or "silent" knock as described by Ferguson (2005a) (knocking so quietly that the family wouldn't hear and answer, while at the same time enabling the worker to say that they had 'tried' to visit). Another worker admitted to standing outside a home thinking "Ooh it would be really easy just to walk away now!" to avoid a very "awkward" conversation. Accordingly, the moment at the doorstep, before crossing the threshold, was often a time where workers mustered their courage and marshalled their emotional resources.

Individual social workers described employing different strategies in order to achieve this. One worker said:

> You take on a character … that's professionalism isn't it?

Consciously taking on a character, and invoking a sense of oneself as a professional, was a way to distance oneself from one's anxiety and feel able to step into the home (the role of character in social workers' narratives will be examined in chapter seven). Taking this a stage further, another worker described a deliberate distancing of himself from his emotions. Speaking of the doorstep moment, he said:

> It's cold detachment isn't it! I've *got* to do this!

Reminding oneself of the necessity of what one needed to do also took the form of drawing on, and affirming, one's own values in respect of the child:

> One of my ex-managers said well, what's it like for that child? … If *you're* scared walking to that door… what is that child feeling? And as soon as you start putting yourself in that child's shoes you think I don't care, I'll knock on that door no matter what!

While the moment at the doorstep was characterised by heightened emotional arousal, this was not conceived by all workers in terms of negative emotions to be overcome. The excitement and challenge of going into the "unknown" was also acknowledged as a key motivator for undertaking this type of work:

> Your heart is beating sometimes because you don't know who's behind that door, how aggressive they're going to be, how rude… The one word that … resonated with me was the word adventure …because there *is* an adventure, because every single day you're doing something different, with different people, with different relationships, with different – they're just different emotions! … I think every day should be an adventure whether it be at work or whatever!

Thus the anxiety that might accompany stepping into the private space of the home was viewed as a positive, in which the possibility of an "aggressive" or "rude" response was reframed (paralleling the process of 'cognitive reappraisal' (Richards and Gross, 2000: 411 – see literature review chapter three) as simply part of the "adventure" of the job – a job which at the same time as involving potential conflict, offered the possibility of meaningful, rewarding relationships and variety.

Section two: Managing emotional demands of the home visit

From workers' descriptions of their experiences it was possible to distil five demands presented by the initial home visit. These emotional demands will be described in turn, identifying the ways in which social workers employed strategies and defences in order to manage them. As will be described, the way in which social workers managed these emotional demands had important implications for their practice in relation to the home visit.

Five key demands of the home visit and their management

1. The experience of being intrusive

When recounting their experiences of home visiting, social workers repeatedly alluded to the uncomfortable feeling of being "intrusive" while in the family's home. This experience varied from mild discomfort, such as feeling "a bit awkward", to feeling "massively intrusive" and extremely uncomfortable when conducting the visit. The task of home visiting was recognised by workers as being inherently "invasive" as it involved entering the usually private and personal space of the family home:

> I think it's their home, and I am being intrusive by being there… looking round and just being generally nosey.

Feelings of discomfort in relation to one's own intrusiveness were particularly heightened at the point of the visit where the worker needed to request, or negotiate, access to particularly private spaces such as bedrooms or cupboards. Social workers often experienced a sense of relief when the family acquiesced to their request:

> I think I do worry about asking to go and have a look round the house… because people can react very differently… obviously it's a personal thing for people, their house. But… once they've said yeah that's fine, I'll look round and it'll be okay.

The feelings of discomfort around being intrusive seemed, in part, to be a result of the perception that by entering the space belonging to the family, the social worker was necessarily intruding into a space where their presence was of questionable legitimacy. Looking in bedrooms and cupboards represented an incursion into the personal, which one social compared to "looking in someone's handbag". This was anxiety-provoking for both social worker and the family, since it carried the potential to directly challenge the selective, verbal picture that a family might wish to project of family life:

> They can't select what they want to tell you … cos we can see it, whereas when they're talking about something they can kind of… pick which bits they want you to know.

Managing the experience of being intrusive

In order to conduct the home visit effectively, it was necessary for workers to manage their discomfort around being intrusive. In order to do so, workers reassured themselves of the legitimacy and necessity of their presence in the home. For instance, one social worker emphasised the need to call to mind the fact that, as a worker, you are "here [in the home] to safeguard children". Another social worker described a similar process of self-reassurance:

> It is quite intrusive, but you've *got* to do it because it's the… welfare and safety of the children that's important.

Part of the discomfort around intrusiveness was not only the social worker's experience of feeling intrusive themselves, but also their anticipation that the family were likely to view them in a similar fashion – perhaps as "nosey" or "judgemental" when viewing their home. Social workers therefore sought to minimise the impact of their presence where possible, aware that this had a dual purpose, also aiding relationship-building by demonstrating their acknowledgement of, and respect for the family's private space. This was effected symbolically in the way social workers described their movement around the home and the removal of footwear. For instance, one worker described making a point of checking the family's "protocols" on "whether or not you wear shoes in the house". Another social worker noted that it was *asking* whether she should remove shoes that was important:

> I didn't take my shoes off because they said it's fine, but I think it's just that offer…

Thus asking and offering to remove one's shoes seemed to contain both an acknowledgement that they had entered into the personal space of the family and a way of demonstrating to the family their respect for the 'rules' that might apply to the space. Removing one's footwear was also another way in which social workers minimised the impact of their physical presence in the home. For instance, one social worker commented:

> Obviously you don't want to be bringing dirt into a nice clean house … so I always check that with the family.

On a literal level "dirt" may mean soil on the worker's shoes which might be transferred to the carpet, however, there is also a potential double-meaning here. The task of home visiting often involved social workers experiencing themselves as an unwanted visitor, instigating the

conversations about undesirable and uncomfortable aspects of family life. In this sense, “bringing” the “dirt” into the home is also a metaphor for the social worker’s experience of themselves as intrusively bringing unwelcome material to light. Social workers also sought to minimise the impact of their presence by considering their physical positioning as they moved around the home:

> I went into the children’s room first and … what I’m quite cautious, quite considerate of, is that I always let the children or the parents go in first to show me … round.

Again, allowing the parent and child to go first, to lead or ‘invite’ the social worker into the rooms helped the social worker to manage their own discomfort around intrusiveness, but also potentially provided an important signal to the family of the social worker’s respect for their personal space.

Where social workers experienced particularly strong discomfort around being intrusive, there was a tendency for some workers to defend against this in ways that could potentially compromise their effectiveness during the visit. For instance, one social worker described attempting to physically minimise her presence in the following way:

> When I go into someone’s house… I’ll make a point of sitting… on the floor just because I don’t want them to feel uncomfortable.

The fear that her presence might cause service users to feel uncomfortable apparently led the social worker to sit on the floor as matter of course during home visits, even where no children were present (which would seem a more legitimate reason for choosing to sit on the floor). She was, therefore, sitting on the floor looking up at service users who were themselves seated on the sofa – potentially negating her professional authority. Another social worker described a service user effectively ending a visit by simply walking into the kitchen:

> She went off into the kitchen and erm, and yeah, left us to let ourselves out really.

In this instance the social worker appeared to be hampered by doubts over her own legitimacy in following the service user into another room, so she and the other worker simply left the house as a result. Another worker stated how the parents rising from the sofa brought about the end of the visit:

> I kind of left because the family were getting up to, er, carry on with the rest of their day.

This suggests that where social workers have difficulties in managing discomfort around intrusiveness, this could result in the home visit being derailed, prematurely ended or result in a loss of authority on the social worker’s part during the encounter.

2. The experience of being disliked

One of the key emotional demands of the initial home visit was the experience of being disliked and rejected by service users. As one social worker stated “most of our service users don’t really want us involved”. Social workers described how parents’ initial reaction to their arrival was likely to involve “agitation” and “upset”. Sometimes, the social worker was received with outright hostility. As a result of repeated experiences of being disliked, social workers often felt, as one social worker termed it, “a bit like the bad guy”. This stood in contrast to the natural human desire to be liked, and the sense that one was providing a much-needed service:

> I think the first year was the hardest for me cos I wanted to be liked… because you think I’m doing a noble thing, people should like me!

However, rather than being liked, or viewed as a potential source of support, social workers described the sense of barely being tolerated:

> I don’t think you’re ever going to be liked cos most families just tolerate… you. It’s nicer if they can tolerate you better than others.

Thus, while there was some solace to be found in being “tolerated better than others”, repeated experiences of being an unwelcome and objectionable visitor to the home resulted in social workers feeling dispirited and exhausted. This was further compounded where social workers undertook a high number of initial visits rather than longer-term work. As one social worker stated:

> I think… hostility is the hardest thing… I just get tired of it now.

Managing the experience of being disliked

In order to manage the task of home visiting, it was therefore necessary for social workers to find ways to manage the experience of being disliked and rejected. One way in which social workers achieved this was to re-frame families’ negative feelings towards them:

> They didn’t like the fact that … I was suggesting that their daughter wasn’t appropriate with her child… and it’s much easier to focus that anger on me than focus on the issues at hand, and that’s the nature of social work I guess.

Thus rather than disliking the social worker in and of herself, the notion that the family rather objected to what she was 'suggesting' was important. Reframing parent's hostility towards them as a result of what they *represented* (a social worker who had to deliver unwelcome information) allowed some social workers a degree of emotional distance – they were able to avoid taking 'personally' the hostility that may be directed towards them. In the excerpt above, the social worker also draws on the notion that the parent's anger may in fact be a 'deflection' from issues that they themselves find difficult. This re-framing has a further effect of 'de-personalising' the carers' anger. Such strategies echo Richard and Gross's (2000) notion of cognitive reappraisal (see literature review, chapter three) as an effective means of self-regulation.

In order to withstand repeated experiences of dislike, social workers drew strongly on the idea of initial hostility, and even overt aggression, as an essential part of the process of positive change. For instance, one social worker described being initially disliked as that "uncomfortable area when you're trying to make change" after which the parent might "turn round" and acknowledge the benefit of the social worker's presence. Another social worker spoke of being vehemently "hated" by a service user and experiencing a great deal of verbal aggression as a result. However, as the intervention continued, it became evident to the worker that the service user derived a great deal of benefit from the consistency that their relationship provided:

> He could say whatever he wanted to me, I mean he could do all sorts, he could threaten me he could do all sorts… I'd still be round there saying to him… how do you feel about things?

Thus social workers drew on the idea that by enduring and persisting in the face of initial experiences of dislike and rejection, they might effect positive change:

> It's nice at the end when you do get the 'you know what? I didn't want you involved initially, but actually since that things have improved'.

Social workers found great emotional rewards in 'turning round' a relationship where they were initially regarded with suspicion or outright distain. As one social worker said of being disliked 'I like the challenge!' This supports Collins' (2007) suggestion that the positive emotions engendered by the work are particularly important, since they may promote worker resilience in the face of stress.

However, these strategies were more difficult to maintain where social workers experienced extreme or repeated hostility from service users. This difficulty was further compounded where the worker did not have space to discuss their experiences with colleagues (discussed more fully in section three of this chapter). In such cases, there was a tendency for some workers to defend themselves against the fear and helplessness that these experiences of hostility engendered. For instance, one worker described being physically assaulted and verbally abused by more than one family during the course of the preceding week. He had also been thwarted in his attempts to seek support from his colleagues. The way in which this social worker talked about service users was at times derogatory and cynical, describing parents as "bloody awful" and "bonkers". The social worker was emphatic about the need to be at times "really offensive" in this way in order to "vent" his frustrations. The worker went on to describe an authoritarian stance during some visits, going "straight in" to the home to conduct investigations and "not hang[ing] about doing niceties". This suggests that even for social workers who usually operate in a sensitive and empathic way, a lack of a supportive outlet to discuss, digest and process difficult experiences may have an impact on their capacity to remain open and empathic towards families.

3. Fear of harm to self

Consistent with the findings of Smith *et al* (2003) and Shin (2011), social workers described feeling fearful when undertaking initial home visits. The majority of visits described in the research interviews were undertaken alone and social workers were aware of the risks this posed to their safety. As one social worker emphasised, in terms of home visiting "you're on your own!" Another social worker commented:

> The very nature of our role is to be going out to risky families on our own.

The source of threats to the worker's safety were threefold: the neighbourhood, physical aggression from the family, and the possibility of professional harm as a result of a malicious complaint or allegation.

In relation to the neighbourhood where the social worker was undertaking the home visit, workers identified risks posed to their physical safety by "groups of youths" as well as families with whom they may have previously worked:

> I personally always find going to that particular road quite nerve-wracking cos I've had a family that was very, very difficult and every time they see my car now they're out shouting.

Where the home visit was to a particularly "renowned street" or neighbourhood, in terms of crime or social care involvement, the experience was described as "frightening", leading to feelings of anxiety and dread:

> You're thinking Oh my God! … It's sort of like into the ghetto here I go!

In these environments, social workers feared "getting cornered" on the street or in stairwells:

> Going up and down the stairs you get a feeling of apprehension… in that particular estate those stairs are horrible! You're very vulnerable as you turn the corner.

Feelings of 'vulnerability' were intensified as a result of the social worker feeling "identifiable" and conspicuous on the estate. One social worker spoke of having a "social worker's car" which acted like a "badge" identifying his profession. Other workers spoke of ID badges or their "blue book" rendering their professional status obvious within the community. Some social workers were also fearful that their car might be vandalised, citing instances where workers had had their cars "graffitied".

Upon entering the home, social workers were acutely aware of the potential risk posed to their physical safety by the family. Despite the acknowledged infrequency of such events, there was always the possibility that a parent's initial dislike or hostility towards the social worker might escalate into overt physical aggression. For instance, one social worker described how, during an initial visit, she feared that "Mum was going to lamp me". The anxiety around threats to one's physical safety was described as present even for highly experienced workers:

> And even as an adult… at [years] old, seen it all done it all… you still have those fears, you know, what *if*? What if I get cornered in the street, am I going to get out safe? Who's going to know where I am at the time?

As well as threats to physical safety during the visit, social workers alluded to the risk of professional harm caused by parents. As one social worker stated:

> I do ninety percent of my home visits… by myself, and nobody knows what I'm doing, what I'm saying … parents often lie about what happened in home visits.

As a result of one's own practice being 'hidden' in this way, there was an awareness among some social workers that this rendered them vulnerable to "allegations" or malicious "complaints" made by families.

Managing fear of harm to self

Social workers described a range of practical strategies that they employed in order to minimise the risk posed to them by the neighbourhood. For instance, workers described careful consideration of where they parked their car. Parking round the corner from the house, ensuring one's car was "facing the right way" or under a streetlight were important in allowing a hasty retreat and to signal, or choose *not* to signal, their presence. Workers also described removing identifying symbols of their profession such as ID badges or their "blue book" in order to render themselves less conspicuous.

Where social workers felt that there might be a particular risk in visiting a home, it was reassuring to be accompanied by a colleague or manager. However, bravado and team culture played an important role in determining the extent to which social workers could voice these anxieties, or feel able to request such support. For instance, when asked about the emotional experience of undertaking a risky visit, one focus group participant presented themselves as invulnerable:

> I think in terms of your own thoughts, I mean I don't know about anyone else, but I mean I'm six foot! (laughs) I can fend for myself!

The social worker's reference to their physical stature might be regarded as representing both an individual defence, as well as having a performative function in terms of the focus group. Firstly, referring to their physical stature (rather than a mental state) when asked to consider his emotions might serve as a way to avoid acknowledging fear or anxiety. The reference to his physical size might also serve to reassure themselves (and others) of their strength and ability to defend themselves in the event of a physical assault. In terms of the focus group context, this response also acted as a statement of their invulnerability towards the assembled team members. As the focus group progressed, the conversations around feelings of fear and vulnerability became more open. A team member shared a particularly traumatic experience during a home visit which had left her feeling professionally and personally vulnerable. It was notable that, following this, the social worker who had previous sought to present their invulnerability spontaneously observed:

> Not wanting to contradict myself, but bravado can sometimes stand in your way of seeking support… As time goes on there is rightly or wrongly… an expectation that… this is what we do.

Thus, there seemed to be a sense in the focus group that permission had been given within the group to acknowledge vulnerability, and to voice the previously unspoken expectation

within the team, i.e. that as an experienced professional one should deny or make light of one's fears using bravado (i.e. "I can fend for myself!"). It could be suggested, therefore, that the extent to which social workers are able to seek reassurance or practical help (such as the request for colleague to accompany them) on an anxiety-provoking visit might be dependent on the team culture and accompanying social 'rules' around displaying vulnerability.

In terms of reducing anxieties around one's own personal safety, the use of phones played an important psychological role. As part of their precautionary measures to reduce risk, workers described ensuring that "we've got our phones" in order to alert and summon others in the event of an incident. During a home visit where a social worker was physically threatened, she described stating loudly to a threatening parent:

> I'm going to call the police now! [I] sat down to get my phone out to call the police.

Although the social worker did not, in actuality, make the phone call, the statement that she would (and could) do so acted as a reassurance to herself and potentially as a signal to the parents that others were available and would arrive to support her. However, despite emphasising the role of phones in reducing risk to self, social workers also acknowledged that in reality, phones would not keep them safe:

> We've got Vodaphones, no signals! Some areas you just can't pick up a signal… If you were ever in trouble and needed to call the police, forget it! You have to think for yourself, have to protect yourself.

In addition to the lack of signal, the social worker said in relation to the police:

> They won't come and help us when we're in trouble half of the time either.

Thus carrying one's phone might be regarded as a talisman against harm – providing psychological reassurance in relation to the worker's safety, rather than being of practical help. As will be discussed in the conclusion to the thesis, this suggests that safe working policies may have a *psychological* as well as practical benefit for workers.

4. Fear of causing harm to children

In relation to home visiting, social workers experienced anxiety that they might cause harm to service users, particularly to children, either by commission or omission.

Workers were aware that by their actions (by commission) they may inadvertently cause harm to children. This might be as a result of information shared during the home visit, or simply by

their presence in the home. Social workers were acutely aware of the negative impact that their mere presence as a representative of Children's Services might have on the family. For instance, one social worker described her concern, that as a result of her being in the home, emotional pressures on a severely mentally ill family member might be compounded:

> If he did know why I was there, then that's going to, er, further – if he has got any guilty feelings about the pressure like that he's putting the family under, then it's going to be increased if he knows I'm from Children's services!

When conducting an initial visit, social workers often had to deliver difficult information, such as informing a parent that an ex-partner had made an allegation, or in the following case, to inform a father that his teenage daughter had gone to live with a known sex offender:

> I was worried about their reaction to it… was worried about… what they might do afterwards with that information … That her relationship with her family is kind of even more – worsened… they were… my fears… sharing this information with them.

In this case, the social worker was anxious that the family might attempt retribution towards the offender with whom the young person was living, and that this in turn might further estrange her from support, increasing the risk to her safety.

Social workers experienced anxiety around causing harm to children by omission, whether by forgetting, or failing to attend to, an important piece of information during the home visit. One social worker remarked of the initial home visit:

> We… see them that first time, it's *really* – you know, it's pot luck whether they reveal that or not.

As mentioned previously, the initial assessment visit was often a one-off visit, followed by the decision to close the case if reported concerns were not apparently substantiated. This increased anxiety for workers who were at the same time aware that there was an element of "luck" as to whether the family 'revealed' anything that would provide the justification for keeping the case open or transferring for a more in-depth assessment. Social workers were acutely aware of the risk of "missing" something during the visit which might spell the difference between the family receiving support, or a child being left at risk.

> We miss things. And we're always going to miss things, you know.

As well as "missing" important cues, leading to a child being harmed, social workers worried about causing harm by failing to prioritise their work effectively. As a result of high caseloads

and timescales for the completion of visits (particularly in duty teams), there was a need to prioritise home visits based on perceived urgency of risk to the child. The inevitable result of this was an ever-present threat of risk posed by cases on "the backburner". One social worker described his fear that:

> … somebody's waiting on me to do something and I haven't done it cos I've prioritised something else and ... so some children experience some terrible harm because I haven't got round to it!

Managing fear of causing harm to children

Social workers balanced the fear that they might cause harm, either by omission or commission, with an acknowledgement of the *strengths* of their practice. One social worker observed that as a profession, social workers tend to both "berate" themselves and have very high "expectations" of themselves, without acknowledging the "specialist end skills" that they possess. Despite acknowledging the precariousness of making a decision (such as NFA) as a result of a visit, it was acknowledged that in fact:

> Meeting a family for two hours *is* sufficient, to have quite a strong comment … on what life is like for the children.

For other social workers, the fear of causing harm by omission was managed assuming a stance of hypervigilance in relation to risk. During the home visit itself, social workers described a state of hypervigilance, an effort to commit everything to memory that might possibly be significant in terms of risk:

> You find yourself wrapping yourself up in knots around a visit, can I evidence every little thing that I noticed and saw and worried about? …Mustn't forget that tiny little detail, cos that's important, so it's quite – that first visit is *really* quite – exhausting!

Another social worker described how the fear of something "terrible" happening to a child meant that he was similarly unable to relax his vigilance:

> I suppose, in a way, I am a bit fuelled by the fear of something terrible happening … I'm in the kind of job where you can't relax and just let things happen, I think you've got to continually be aware of what's happening and make sure that everything's okay.

For this social worker, this was manifested in a preoccupation with cases when at home, often working on his computer, completing recording until the early hours of the morning.

Similarly, in one of the focus groups, workers engaged in a discussion about whether social workers should visit at “11 o’clock on a Friday night” or out-of-hours as “that’s when most children get abused”. This seemed to be fuelled by the idea that through increased monitoring, surveillance and by ‘working more’ one could eliminate all risk to children caused by human fallibility. However, as Whittaker (2011) observes (see literature review, chapter three) such defences are likely to become self-perpetuating and lead to exhaustion.

5. The experience of distress and encountering the ‘taboo’

Social workers’ visits to the family home were frequently necessitated by a concern around something that might be described as “taboo” involving the worker in what would normally remain a hidden, or unspoken aspect of family life. These concerns included issues that might be considered as ‘unthinkable’ or deeply disturbing, such as parents causing harm to their children through sexual abuse or extreme neglect. Social workers investigating such concerns therefore needed to find ways to manage their own emotional responses, particularly distress, sadness and disgust, towards these issues.

Managing feelings of distress, disgust and encounters with the taboo

One social worker described undertaking a home visit to a young person who had been accused of sexual assaults against children in the local area. The social worker’s role was to support the young person who had been threatened with retaliation by members of the community. When undertaking the visit, the reality of the abusive acts were quite literally close to home for the social worker:

> I walked back … past the victim’s house … And obviously I looked at the place where the alleged offence happened … What I was starting to piece together was – did the information in the police report match? Which it did. … in this case … [it] was clear, what was described *could* have happened. So, what I’m thinking is what am I going to say to the young man when I go to meet him?

Thus the social worker needed to find a way which would allow her/him to manage their own feelings, and build a supportive relationship with the young person, who was accused of these disturbing crimes. When asked whether he had any “personal thoughts about that?” the social worker responded clearly that he did not, and spoke in a matter-of-fact, unemotional tone when describing the situation. However, he did identify that:

> …One of the victims in this case is the same age as my older daughter. I'm aware of that.

The worker went on to state that, in putting his feelings aside (particularly those which were close to his personal life) for the purposes of the home visit, he was aware that the emotional fall-out "may well come out later" as he had experienced in the past, perhaps during the night when the feeling would need to be expelled and perhaps "written down."

In another research interview, a social worker described a similar strategy of deliberately setting aside her own emotions for the duration of the visit:

> It's more about, okay, so this is the situation we need to deal with, rather than get too involved in, if that makes sense? Trying to keep my own emotions fairly separate. I think it's more after, like once I've left, I've got time to think about - reflect on it then… the emotions come a bit stronger, but at the time… you kind of lock it away in a box I think, you don't really think about it.

The strategy of deliberately attempting to set aside, or put into a "box", one's feelings parallels what Richards and Gross (2000) describe as 'expressive suppression' or Hochschild's (1983) notion of 'surface level acting' (see literature review, chapter three.) Interestingly, as stated in the literature review, the conscious attempt to suppress one's distressing emotion in order to produce an outward display appropriate for the situation (such as to show support and warmth towards the young person accused of sexual abuse) has been demonstrated to have a 'cognitive cost' (Richards and Gross, 2000) in terms of memory recall. It may be that during home visits in which they are actively striving to not display their emotions, workers may find it more difficult to accurately recall observations made in the home that were significant to the assessment of risk.

In order to overcome feelings of aversion or disgust, social workers also consciously sought to suspend their moral judgement. This was evident in a social worker's description of a home visit to a known sexual offender – a visit which she was extremely reluctant to undertake. When asked about why she was reluctant to undertake the visit, the social worker appeared to be censoring her sense of aversion and moral judgement from her narrative:

> The fact that he (one second pause) (Large intake of breath) was because (three second pause) he's, he's, he's (three second pause) he's, he – You kind of don't want to be judge - in this job, you kind of don't want to be judgemental of people, and you want to give people a chance, and you don't want to see that happen in the world, but also… the flipside to that is protecting children and ultimately that's my job. That's what I do.

> So with him, it was a case of, you know, you're not necessarily a bad person, I'm not saying you're a bad person. But this is a bad situation.

Differentiating the 'person' from the 'situation' appeared to enable the worker to engage with an individual about whom she appeared to experience an unvoiced sense of anger or disgust. In the previous example (where the social worker needed to offer support to a young person accused of sexual offences) the worker described a similar strategy – reframing the young person as a vulnerable child, rather than a potential abuser:

> And this time reinforcing well, he's a young person too and he needs support as well…. Yeah, that's kind of how I deal with it now, processing that.

In these examples, social workers appeared to be reappraising their experiences as an at least partially conscious strategy to manage their emotions. On other occasions, social workers' censorship of disgust or aversion seemed to be less conscious. For instance, one social worker described a home visit to a family where there were "sexual offenders everywhere" within the extended family network. The social worker alluded, throughout the interview, to her suspicion that the young person in question was being sexually abused by someone outside of the family (with who she was staying) and discussed the surprising lack of boundaries in the family home the young person had recently fled. The worker commented on the fact that the young person and her sister had a tendency to form sexual relationships with older males, and wondered if they had perhaps experienced abuse growing up. However, on more than one occasion, the social worker lost her thread at the point where she seemed to be about to make the connection to the possibility of the young person's father as an abuser – perhaps as an unconscious defence against the unthinkable fact of incest/sexual abuse. Another possible interpretation is that the social worker may not have felt comfortable mentioning a suspicion that she *felt,* but for which she did not have a rational justification.

Managing emotional demands of the home visit: practice stories and their function in self-regulation

Social workers in the study were asked to identify their emotional experiences in relation to specific visits (interviews) and to describe how they managed the emotional demands of home visiting in general (focus groups). In response to this, they frequently offered what I have termed 'practice stories' – short narratives, or vignettes about their practice, which were 'stories within stories' in terms of the research interviews and focus groups. The function of these stories was to engender emotional fortitude in the face of the emotional demands of practice, some of which have been described above. It was possible to distil four different types of stories told by social workers: professional turning-point stories, 'happy ending' or resolution stories, stories of 'heroic' practice and cautionary tales.

Professional turning-point stories

When asked to consider their emotions and experiences in relation to a specific home visit, social workers frequently drifted into an account of a previous case which had been in some way significant in terms of the lasting impact on them as a worker, or in terms of the 'lessons' that they had drawn from it. These stories helped workers to explain to me, the researcher, how they had developed resilience. These 'turning point' stories included seeing a baby withdraw from heroin, the first time a worker heard about a rape, experiencing a hostage situation, being accused of a crime by a service user and working with a terminally ill child. These stories, although harrowing and often characterised by difficult emotions, appeared to have provided opportunities for social workers to learn about their own coping strategies and were in some sense transformative in terms of the worker's subsequent practice. For instance, one social worker offered an in-depth account of their experiences of being accused of professional misconduct during a home visit. This resulted in their suspension, without warning, and a subsequent investigation. The social worker was reinstated without prejudice when the concerns were proven unsubstantiated, yet this experience had had a profound consequence on the worker as a professional, marking a turning point in terms of how they managed their anxieties. It had instilled a belief in the worker that even if one makes one's "best endeavours" there is always a risk to oneself as a worker which simply needs to be acknowledged and accepted if one is to continue to practice. As the worker stated: "If it's going to happen, it's going to happen!"

In one of the research interviews, a worker described a prior case in which they observed a baby withdrawing from heroin and their pain and anger as result of bearing witness to the child's suffering. In the context of the research interview, the social worker was attempting to articulate why they had been able to manage the emotional difficulties presented by the *current* visit. There was a sense in which she felt that in having had experienced an arguably 'worse' case (in relation to the baby) she was more able to manage emotional challenges of a lesser magnitude. Thus, there seemed to a be a sense in which social workers drew on prior practice stories as a form of downward emotional comparison i.e. I withstood *that* so I can withstand *this.* These 'turning point' stories often featured cases where the social worker had experienced something for the first time and found a way to manage. They were then able to draw on prior experience to manage current cases that were similarly emotive:

> The first one like this I did [find hard]. This time, I think it's possibly 'cos I've done some of these before.

Recalling these 'turning point' stories seemed to offer workers reassurance, reminding them of their professional and personal resilience.

'Happy ending' or resolution stories

Similarly, as a way to manage difficult experiences in the present, some social workers drew on prior practice experiences where there were similarities, but there had been a positive outcome. This allowed social workers to endure and persist in the face of difficult emotional experiences, such as being disliked or experiencing aggression from families. A number of social workers provided short stories of their prior practice in which they experienced resistance or aggression in their initial attempts to engage with the family. Crucially, these stories contained a resolution, where the initial difficulty was overcome:

> I'm sat in there [the home], he's giving it this! He's running round the kitchen! He's shouting! He's raising his voice! He's coming right up to me. And I just let him work through and he sat down and I just said 'are you done? I just said, 'have you finished?' And he says 'yeah'. I say 'give me a smile'. And… he gives me a smile, and he shook my hand and we carried on.

Another social worker told a similar story of initial resistance which ended with the family agreeing for them to go into the house together to "put the kettle on". Drawing on these stories allowed social workers to hope that cases that proved initially difficult would "turn round" and lead to a positive outcome for the child and family, as they had done in the past.

Professional affirmation stories

In both the focus groups and interviews, social workers provided brief narratives about social work as a profession. The purpose of these narratives seemed to be to reassure the worker of the legitimacy and necessity of undertaking their role in the face of difficult emotional experiences (such as experiencing oneself as unwelcome or intrusive in the home). For instance, as a way to manage rejection from service users, one social worker described the need to call to mind that:

> You are doing this [the home visit] because … ninety-nine percent of society actually *want* you out there doing this job.

These narratives tended to draw on the societal benefits of the profession as a way to affirm the positive purpose of the social worker's current intervention. For instance, one social worker told the following story of social work as a profession:

> We're trying to break the cycle… get involved in the child's timescale, make those changes, get them on a path to where they can grow up as, you know, human beings, who are responsible and are respectful of others.

Reminding oneself of the importance of the role, and the wider benefits of their professional activity for society (particularly in disrupting patterns of intergenerational neglect and abuse) allowed workers to tolerate emotional challenges associated with a particular piece of work, engendering emotional fortitude.

Stories of heroic practice

In order to manage the experience of hostility and in order to withstand bearing witness to distressing events involving children, some social workers constructed narratives in which they conceived themselves as heroes. Within these stories, the social worker was depicted as a courageous figure with the capacity to 'save' the child:

> We're there for one reason, we're looking after children, we're protecting children and you can almost like, you know, treat it like a fantasy, you know charging over the hills on a white horse! You can think of all those things… ultimately it's about rescuing the child, cos pretty much what we're doing is rescuing children from very difficult positions!

These narratives depicted the social worker as a strong character, braving fraught and dangerous situations ("Into the ghetto here I go…!") in a show of heroism as reflected, for instance, in this focus group comment:

> Especially in the cases where there's been lots of big, aggressive figures in the family, if you're the one that's gone in there showing I don't care! You can shout and throw punches do whatever you want! I'm safeguarding this child! The child will see that and think well, I've been scared of this person, but this person has come in and stood up to them.

The function of these stories seemed to be to promote courage and resilience in the face of difficulty and to remind the social worker that:

> You're there to make things better and sometimes you get to, you know, fix it, and all of the negative stuff is worth it for the odd time things *do* go right and you make a difference and save a life and all that kind of stuff.

The relative merits (and difficulties) in constructing of oneself as an authority figure who 'fixes' things for children will be considered in more detail in chapter seven.

Cautionary tales

As identified earlier in this section, anxieties around one's own intrusiveness and the experience of being an unwelcome (and, often, disliked) figure represented a key emotional demand for social workers undertaking an initial home visit. In order to manage this discomfort, social workers needed to strenuously call to mind the importance, and legitimacy, of being "invasive" in the homes and lives of families. In order to do this, social workers evoked 'cautionary tales' – instances of prior practice (whether their own, a colleague's or from SCRs) which served to reiterate and reassure themselves (and families) of the necessity of their intrusion, and to persist in the face of resistance from the family.

> We went into the house and it was an arranged visit, and the whole house was spotless, totally spotless… he [the father] says ah, I'll show you round, and these are the children's bedrooms!' Beds were made lovely, and we went out and I said 'what's that room there, where's your room?' And he said 'oh, you can't go in there!... Can't go in there, can't go into my room' and you just can't get through the door. I was like 'we need to go into this room!' And it took about five minutes of negotiation. 'Well, if you're not going to let me in there, I'll just go and have horrendous thoughts in my mind' and he couldn't even open

> the door! He'd shoved everything in his house into that room – just horrendous! (laughter) And I said to my student, see! *That's* why you've got to check every bedroom!

Although hiding everything in one room may not necessarily be dangerous or indicate risk (it may, for instance, be more indicative of the parent's anxiety about the social worker's visit and intense efforts to please) it may highlight important areas to be explored (such as reassuring the parent that the social worker does not expect them to have a perfect life or a spotless house). At the same time, what was hidden in the room could have represented important information in terms of risk assessment (if the room had contained drug paraphernalia or piles of soiled nappies, for instance). This example, given in the focus group, seemed to have the function of a team story – reassuring workers of the necessity of being intrusive as well as providing a message to new, or trainee workers within the team to remain vigilant to the possibility of disguised compliance. Another worker evoked the case of Tia Sharp, whose body was concealed for some weeks inside the loft (see Merton LSCB, 2012) the moral of this story was taken to remind oneself of the necessity to "check *everything* out, for *every one* of my cases."

Managing the emotional demands of the home visit: The concept of professional skin

Some social workers in the study identified an imperative to develop a "thick skin" or to become, at least to some degree, "hardened" in comparison to non-social workers. However, as the following quotation suggests, this does not mean that they were not affected by the emotional demands of the work, rather that (compared to non-social workers) they had developed specific ways of managing these emotions with reference to their professional role. As one social worker suggested:

> The really… significant ones *do* still get you, and you still go oh, crikey, yeah, that's really bad! [But] It's not to the stage where perhaps - people who aren't in this line of work, you know, would see a case and immediately turn to floods of tears. But that doesn't mean I think that you have any *less* of a disgust, or upset about it… I just think you *manage* it in a different way.

The notion of "skin" was mentioned by a number of social workers in the study (e.g. being "thick skinned"), and represents a useful metaphor for thinking about self-regulation in social work. Skin is an 'external covering' (Free Dictionary, 2016b) or membrane, defined as a 'pliable sheet like structure acting as a boundary, lining or partition in an organism' (Oxford

Dictionary, 2016). In other words, skin can be regarded as acting like a filter, letting some things in and some things out. Mattinson (1975: 31) developed the concept of 'psychological skin' in order to articulate the way in which individuals manage psychic distance between themselves and others as a protective strategy. She suggested that the social worker's 'psychological skin' needed 'to be sensitive enough to pick up some of the psychic difficulties of his client' yet 'firm enough round his own being to be able to distinguish what belongs to him and what is, in fact, some feeling he has introjected from the client'. Thus, for Mattinson, having a psychological skin allowed the worker to separate themselves from the client, but this barrier was also permeable, allowing emotional communication between client and worker.

The concept of 'professional skin', developed in this section, extends Mattinson's (1975) original idea, arguing that the social workers use of role, particularly the way in which workers construct their professional identity, allows them to experience and manage the emotions associated with the work without being personally overwhelmed.

Developing the concept of professional skin

> Practitioners see their formal identity as a protection; a means of combating inappropriate demand and behaviour (Pithouse, 1987: 98).

Social workers in the study used their role and professional identity, or professional skin, as a way to manage the emotional demands of the work. Earlier in this section, for instance, it was described how workers constructed narratives about their role and profession as a means of reassurance, engendering emotional fortitude in the face of anxiety. Recourse to the purpose of one's role (e.g. the importance of social work in society) afforded social workers some protection against being flooded by hopelessness or despair in the face of painful experiences encountered in the course of their work.

The degree to which I was able to elicit social workers' descriptions of thoughts and feelings varied greatly between interviews, and assisted in the development of the concept of professional skin. Some social workers were extremely free with, as one participant called it, their "thinking behind the scenes" and their personal reflections on what they saw, heard and felt within the family home. Other social workers hedged their comments with softeners, such as "dare I say", before offering their personal reflections. At the other end of the spectrum, some social workers were much more reticent when asked 'what did you feel about that?' In response to the question, they might reply entirely with reference to their role, enumerating

procedural aspects of the task or using professional language such as “I ascertained the wishes and feelings of the child”. In a small number of interviews, I felt that I was struggling to ‘get in’ to the worker’s personal experiences of the visit. As a result, I began to think more broadly about the way that professional discourse could at times be used to exclude anxiety, as a way to manage one’s personal closeness to, and distance from, the painful or uncomfortable aspects of the work. I also considered the extent to which recourse to one’s role could be a way to manage the anxiety around being viewed as personally responsible and under scrutiny in terms of one’s decision-making (whether in relation to the research interview itself, or more broadly, the sense of one’s decisions being under the “spotlight” within one’s organisation or in society). The notion of professional skin represented a way to conceptualise the use of role in emotional management. Professional skin can be defined as the construction of professional identity and use of role in order to survive, and manage, the emotional demands of the work.

Permeability and professional skin: a spectrum

Constructing a strong sense of one’s professional identity, or developing a professional skin, provided workers with a sufficient filter to prevent becoming emotionally flooded and personally overwhelmed. However, where workers were too thick skinned (appeared to rely heavily on their role, as a defence) or thin skinned’ (found it difficult to stay in role) this appeared to have implications for both professional judgement and practice. The following account describes permeability of professional skin along a spectrum.

At the far ends of the spectrum there appeared to be more difficulties with the relationship between the personal and the professional. Some social workers described themselves as “thick skinned” and relatively unmoved by the emotional demands of the work. Where there was total permeability, the personal bled into the professional e.g. the social worker’s narrative of the home visit suggested that they were hampered in carrying out their role as a result of the desire to be personally liked or accepted by the service user. In the middle of the spectrum, social workers who felt competent as professionals, possessing a strong sense of their professional identity, were able to allow themselves to experience their own and the service user’s emotions, while not being overwhelmed by either.

It should be emphasised that no single social worker could definitively be plotted at one fixed point in the spectrum in relation to their practice. Rather, factors such as the particular case, the nature of the particular encounter and interaction with the parent, the ‘closeness’ of the case to the workers’ own personal experiences and the availability of support within the

worker's agency could be regarded as shifting the worker's positioning along the spectrum.

Professional skin: totally permeable

As Winnicott (1964: 231) suggested, 'social workers have to learn to *carry* responsibility for their client's problems without *feeling* too personally responsible for the existence of those problems'. At this end of the spectrum, some social workers' accounts of the initial home visit suggested that, at times, the emotional demands of particular cases could (understandably) compromise their ability to maintain a sense of professional identity. They were therefore personally close to the work in a way that permitted very little in the way of necessary professional distance. In such cases, workers could feel personally responsible for the child, perhaps to an extent that was painful or personally overwhelming. For instance, one social worker described a particularly distressing case where s/he had to leave a child in a situation where it appeared that they were "unloved" and unwanted. The social worker described a sense of emotional exhaustion as a result of feeling entirely personally responsible for the child's welfare. Over the weekend, when with her/his own children, the worker described struggling to cope, spending hours poring over the case and repeatedly returning to the case file. This experienced worker identified that they received very little "personal" support, and had no opportunities to discuss their feelings in relation to the work. It may be, therefore, that particularly distressing cases, coupled with a lack of emotionally-intelligent supervision, may compromise workers' ability to retain a sufficiently robust professional skin. This in turn (as in the example described) could result in the intrusion of work stresses into the social worker's personal life leading to burnout- a syndrome characterised by emotional exhaustion as a result of repeated exposure to emotional stressors (Maslach, 1982).

Amongst other participants in the study, some newly-qualified workers appeared to have difficulty in managing anxieties around the encounter with the family, perhaps as a result of not having had the time to develop a sufficiently robust professional identity. As a result of difficulties in maintaining a professional skin one worker was at risk of being flooded with anxieties about causing offence, harm or being personally disliked by the parents. In the worker's account of undertaking the home visit, it appeared that these anxieties impacted on her ability to ask the parents questions about the child's welfare.

Professional skin: semi-permeable

In the middle of the spectrum, professional skin acted as a necessary filter, allowing the social worker to experience their own and service users' emotions without becoming flooded or personally overwhelmed. In terms of the research interviews, workers at this point in the spectrum tended to fluidly interweave their personal reflections into their account of their professional practice during the home visit.

As described earlier in this section, social workers had to manage a range of emotional demands, including the experience of being intrusive, and being disliked/rejected by service users. Although workers felt pain as a result of being rejected, recourse to their professional identity allowed them to manage these emotions. For instance, returning to an earlier example, one social worker described a situation in which the child's grandparents (who were being assessed as potential carers) became aggressive and hostile towards her during the home visit. In processing this experience, the worker stated that:

> They [the grandparents] didn't like the fact that … I was suggesting that their daughter wasn't appropriate with her child… and it's much easier to focus that anger on me than focus on the issues at hand, and that's the nature of social work I guess.

In this example, the social worker reframed the grandparents anger and dislike towards her as being about her professional identity as a social worker investigating difficult concerns. As such, their anger and dislike towards her could be regarded as a result of what she *represented* to them, rather about her personally. Crucially, in this example, the social worker was able to acknowledge the emotions experienced by the family (anger, frustration), as well as her own sense of sadness in being rejected, but was also able to draw on her professional identity as a way to process these difficult feelings. Similarly, another social worker described recourse to her role as a way to manage the difficult experience of seeing a parent becoming distressed:

> It's *so* difficult when, you know, see someone cry. It *is* difficult, but it's balancing not wanting to be - you know, I'm not her friend, erm, so I'm not there to comfort her particularly, but at the same time… I'm not going, you know, as much as I need to get the information I need, I'm not going to ignore the fact she's crying… I didn't feel (pause) erm, it didn't sort of upset me to the point where I wanted to cry. It's not very nice to see and witness, but I don't know whether I've just – in the short time I have worked here, whether I've been hardened to it a little bit? … It's more about, okay, so this is the situation we need to deal with, rather than get *too* involved in, if that makes sense…

> Trying to keep my own emotions fairly separate? I think it's more after, like once I've left, I've got time to think about, reflect on it that… the emotions come a bit stronger…

In this example, the social worker is able to acknowledge the distress of the parent, as well as her own sadness in witnessing the parent's pain. The social worker was able to empathise with the parent's emotions, and respond sensitively (not "ignoring" the parent's distress) but crucially, her focus on her professional role within the visit enabled her to avoid sharing the mother's sadness to the extent that she herself felt the need to cry or offer comfort to the mother as a friend. The social worker considered whether she'd been "hardened" by the work, but concluded that she had instead learnt to refocus on the situation as one that, as a professional, one needs to deal with. In this sense, the worker's role allowed her to maintain a necessary (but importantly, not total) personal distance. A number of social workers in the study described temporarily putting their emotions to one side in order to manage the immediate demands of the encounter with the parent. Crucially, these emotions were not denied, but the personal impact of these emotions was explored and processed by the social worker in the car or with colleagues after the visit.

Professional skin: impermeable

At this end of the spectrum some workers attempted to maintain an absolute barrier between the personal and the professional. One worker, for instance, described themselves as particularly "thick skinned". At this end of the spectrum, some workers might defend themselves against the emotional demands of the role by disavowing the idea that they might, on any personal level, be affected by the work.

As previously discussed, some social workers sought to construct their professional identity in terms of the seasoned professional who is invulnerable to the anxieties of the work ("I can fend for myself!"). Another worker questioned whether any kind of "relationship" with service users was possible in safeguarding work, suggesting that the nature of the role left no room for such "niceties". Constructing one's role in this way could therefore be as a way to personally distance oneself from the work, perhaps allowing the worker to psychologically survive in the role during times of high stress, or when they were at risk of burnout. However, such a thick skinned stance might have unintended negative effects for professional judgement. As Maslach *et al* (2001: 403) suggest, workers may defend against burnout by denying the personal, emotional impact of the work through a process of 'depersonalization'. This process represents 'an attempt to put distance between oneself and one's service recipients by actively ignoring the qualities that make them unique and engaging people'. Where workers

defensively deny the role of the personal in the professional, there is a risk that the worker's empathy is inhibited with deleterious effects not only on relationships with service users, but also on the worker's ability to understand service users' experiences (and therefore to effectively assess risk).

Professional skin is a useful concept for thinking about the intersection of role and self-regulation in relation to social work practice. The way in which social workers constructed their professional identify and role allowed them to manage emotional closeness and distance in relation to service users.

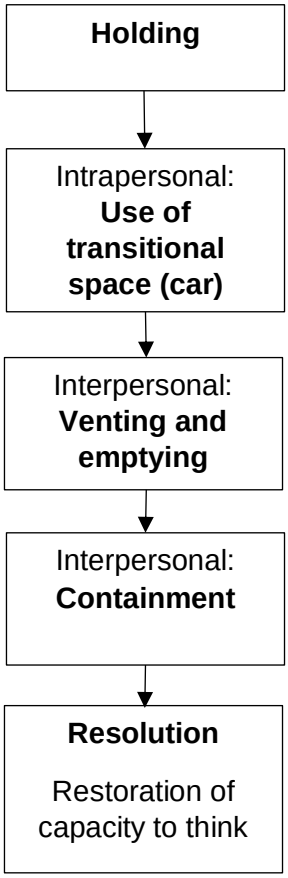
Managing emotional demands during the home visit: summary

This section of the chapter has examined the emotional demands posed by the initial home visit, identifying five key emotional demands: the experience of being intrusive, being disliked, fear of harm to self, fear of causing harm to children and the experience of distress and disgust when encountering the taboo. This section has also identified some of the ways in which social workers manage these demands, identifying the role of practice stories and professional skin as important aspects of self-regulation.

Section three: emotional processing after the home visit

The following model (figure 17) captures the way that social workers in the study processed their emotions directly after the home visit. Consistent with the psychosocial approach to data analysis, this model draws on social workers' descriptions of how they managed their emotion in addition to a process analysis (see chapter four) of the data – emotional processing could be seen occurring in both the focus groups and in the individual research interviews.

The process of post-visit emotional processing



(Figure 17. The process of emotional processing after the home visit)

Holding

During the home visit social workers offered reassurance and emotional containment to service users. Part of this process involved the worker absorbing and managing the parent's emotions as well as managing their own emotional response to the encounter. One social worker, for instance, described trying not to react in any "extreme way" when hearing a child talk about a distressing experience.

As a result of consciously regulating their own display of emotion and offering emotional containment, social workers frequently left the home visit with the sense of 'holding' both their own, and service users' emotions. Throughout one focus group, the speakers developed a metaphor - that of water and being full - in order to articulate this experience. For instance, in response to being asked how they managed when witnessing a service users' distress during the home visit, one social worker responded:

> I don't think you do sometimes, I think it just goes into your sponge and that's that.

As the metaphor of the water-filled sponge suggests, social workers often had to absorb, and hold emotions for the duration of the visit (often their own distress or frustration) until they had left the family home. Later in the focus group, the speakers returned to the notion of the self as a kind of container, or vessel, filling up with emotion during the visit:

> I think we're like a sponge… you don't realise sometimes how it can build up and you can get saturated… I think it can slowly mount up, actually, you know, like a cup, it can brim over and I think… that can creep up on us as social workers.

In order to avoid the cumulative drip-drip of mounting emotional pressure, social workers were mindful of the need to release and process emotion after the visit. One social worker in the focus group posed the following question:

> Because we absorb it… and unless we use good techniques to kind of get rid of it where does it go…?

Throughout the focus group itself, and the research interviews, it was possible to distil an answer to the question of where these emotions go. Social workers used various intra and interpersonal strategies to "get rid of", and to process the emotions engendered by the home visit.

Intrapersonal emotional processing: use of the car as transitional space

The previous chapter identified the importance of transitional spaces in terms of post-visit sense-making. Transitional spaces were defined as a) places inhabited by the social worker *between* the family home and the formal workspace and b) spaces where workers were not allocated a specific work task. Key transitional spaces were therefore places like the office kitchen, near the kettle or the worker's car. Similarly, in relation to self-regulation, these locations functioned as a space in which to effect emotional transitions. In particular, the car (when travelling to or from visits) was a key space for emotional processing. The car represented a place of relative calm for workers, often in contrast to the home that they had just left. As one social worker identified:

> When you get in a car it's quiet – you haven't got all background noise or whatever, you can put music on, you can have it loud or quiet or whatever, I just think that's always been *for me,* as a social worker, I've always found that really good space to have that.

As suggested in the quotation above, the worker's car was a place in which they could feel in control of their surroundings and it was regarded as a private and personal space. As such, it

appeared to represent a safe haven, or a kind of secure base (Bowlby, 1988) to which the worker could retreat in order to manage difficult emotions engendered by the visit, as well as to emotionally prepare for further visits. As one worker identified:

> It's really useful to have your own space… I think it's more useful to help you feel more grounded and safe when you are reflecting particularly when you're dealing with something that's quite difficult.

As well as allowing reflection on emotionally difficult material from the home visit, the environment of the car allowed social workers to empty or rid themselves of built-up emotion. Music, in particular, seemed to be used by social workers as a means of up-regulating or down-regulating their emotions. For instance, "singing along to the radio" was identified by some workers as a way to temporarily "not think about" the home visit that they had just undertaken, or as one social worker termed it to "get out" the emotions. Thus, rather than being viewed as an inconvenience, long drives between locations tended to be regarded as an opportunity to transition away from the emotions engendered by the home visit. For instance, the car journey to the social worker's own home following a home visit allowed a boundary between work and home life to be preserved. During this drive, workers could make the emotional transition from 'work' to 'home':

> In terms of driving, just emptying your head – like that half an hour drive home means that your home-life – you've had that half an hour of time just to get rid of it, and then just get back into home.

Similarly, the car journey *between* visits allowed workers to maintain boundaries, so that emotions from one family did not get carried to the next visit and thus impinge on the next family:

> …usually I'm going straight on to a next visit, erm, so I usually have – I love having the radio on to clear my mind a bit which sets me up for the next visit. You don't really want that emanating if you go on the next visit because you're taking that family's problems with you to the next family.

As well as the solitary emotional processing that took place in the car, interacting with others was an important part of 'getting rid' of difficult emotions following the home visit.

Interpersonal emotional processing: emptying and venting

Social workers in the study frequently referred to the process of emotional "venting" which involved getting difficult or 'bad' feelings "out of your system". As the following focus group exchange identifies, talking to colleagues served a cathartic function which led to a sense of relief:

> SW1: It lets you get it out of your system and it's just like *ah*, I feel better for that now!
>
> SW2: Yeah!
>
> SW3: Because that's what you do with the families – you take it all!

Thus venting or letting off steam to colleagues about the home visit was an important way for social workers to avoid the cumulative effects of mounting emotional pressure. Returning to the water metaphor, one focus group social worker commented that when:

> Getting really saturated, we need to drip it out somewhere…

Thus coming away from the visit and 'dripping out' one's feelings onto others allowed a release of emotion. Where managers were not immediately available for consultation following a difficult visit, venting to colleagues allowed the worker to release enough pressure in order to enable them to continue holding the material until a manager was available:

> We are quite a chatty team… and it's the kind of thing where if … management aren't available immediately I'll be able to kind of talk about it with someone quickly, and be like *ah*! *this* happened and *this* happened!

The informal nature of these exchanges was emphasised by the fact that it took place away from not only the home visit itself, but also from the office environment:

> I've found… with teams, it's like informal supervision that you have away from everybody else as well, so when you're off doing a visit or something, or coming away from that, or just having a chat, away from it all, I also think that's just as vital.

The ability to engage in venting was predicated on there being an environment of trust between workers within the team:

> I think with informality you've *got* to trust the person haven't you? Cos you'd be open to 'oh, you said *that*! And you said that!' But we *trust* him, and to that extent we know we

> can have those informal discussions, and sit there, it's not going to go anywhere… so you can use any language you want to use!

This type of conversation appeared as a departure from the professional role and associated language. The social worker was aware that using this type of language could leave them professionally vulnerable. Thus before venting in this way, the worker needed to be assured that unguarded comments made in a time of emotional stress would not be shared by the listener, with later repercussions for the worker.

For most social workers in the study, venting seemed a quite benign process in which they voiced their frustrations and received support from colleagues. However, the process of venting in one of the focus groups seemed to take on a particularly different tone. One worker described the need to be "politically incorrect and sweary" in order to vent their frustrations, and some other group members acknowledge the need for "release" in this way. Within the focus group it was acknowledged that this might not be "meant" and that it might appear "heartless" for someone uninitiated into the team culture to hear such discussions about families taking place between professionals. One social worker in the study was particularly emphatic about the need to be derogatory about a parent directly following the home visit:

> We need to be really, really offensive about someone who's just spent the last half hour chewing your ear off and giving you loads of grief…and it's not 'cos we mean it, it's just you're frustrated and you need to vent…. How the bloody hell can that mum behave in that way? She's bonkers and you know, that mum's absolutely nuts! And it's totally – it is kind of rude and offensive *but* you need to get it out of your system!

Significantly, the social worker who was most emphatic about the need for this type of "offensive" and derisory venting had experienced a series of difficult encounters with families during the preceding week. They had also been thwarted in their attempts to seek emotional support from a manager following a visit during which they reported having been physically assaulted. With no opportunities to vent or to receive support, it seemed that they had had to hold a lot of bad feelings throughout the week which were vented in the focus group itself. The role of venting undeniably brought temporary relief, but it was unclear that on its own, it allowed social workers to move any further in terms of their analysis, or to think about their relationship with the challenging service user. It is possible to envisage a negative team culture in which venting is the norm, but where there is no sense of resolution. For the person on the receiving end of the venting this may also represent something of a one-way street. For this reason, venting and emptying in this way has been conceptualised as differing from the process of receiving emotional containment, a process that involved a more active participation of both

parties and also, importantly, helped to restore the social worker's capacity to think about their relationship with the family.

Interpersonal emotional processing: Seeking containment

Conversations with colleagues and managers played an import role in post-visit self-regulation. Particularly in the case of difficult visits, social workers described feeling drawn to seek others with whom they had a relationship immediately following the visit. For instance, many social workers mentioned phoning a colleague (a "friend on the team") and/or a manager for support following a difficult encounter with a family. One social worker described phoning her partner ostensibly to discuss dinner after a particularly traumatic visit in which she had been prevented from leaving by the family. Another social worker described feeling puzzled as to why she had contacted her manager after a particularly traumatic visit, as there was nothing 'new' to tell her:

> And when I rang her I didn't even know why (pause) I was ringing her, really, because I had nothing to report that really wouldn't wait until the next morning … but yeah. I just (faltering) felt the need really.

Despite her puzzlement as to why she had contacted the manager, she then went on to identify that the resulting conversation was, in fact, exactly what she needed:

> And when she was saying 'oh, I'm really sorry and that's terrible', I needed that! (laughs) Surprisingly!

In acknowledging how difficult the visit was for the worker the manager appeared to offer the social worker what Bion (1957) termed 'emotional containment'. Paralleling the process in the mother-child dyad, the social worker projected her raw, unbearable feelings onto the manager, who managed them and handed them back to her in a more manageable form. Calls which might ostensibly be to inform a manager of something seemed to have a dual-purpose – both to share information and, importantly, for the worker to receive emotional containment. Even where the ensuing conversation was nothing about the home visit itself, the act of speaking to a colleague after the home visit served an important regulatory function. As one worker identified, following a challenging visit:

> We'll probably have a discussion about something completely different and irrelevant, but that's quite good as well! Because that, er, kind of gets you back into reality.

Crucially, the worker's discussion with the manager allowed her to begin to think about the case more clearly, and to begin to consider the nature of her relationship with the family as well as to consider possible next steps.

Resolution: restoration of capacity to think

Intrapersonal processing in the car, coupled with the interpersonal processes of venting and containment, allowed workers to move towards a sense of emotional resolution. This in turn restored workers' capacity to think and reflect about their cases. The following quotation neatly summarises the process:

> … [when] getting really saturated, we need to drip it out somewhere else… I've been out with [name of family support workers] they're really good – you can sit and talk to them, and you can bounce ideas off, are you okay? Yeah, we're fine, we can go home.

Coming away from the visit a worker might be saturated with emotion, feeling full and in need of release. Conversation with colleagues (in this case, family support workers) might be a way to vent or "drip" out some of the difficult feelings. This was coupled with care-taking between colleagues – workers checked with each other that they were mutually "okay" and sufficiently resolved. Crucially, this process meant that workers were able to sit and talk bouncing different ideas off each other. The processing of emotion restored the capacity for sense-making in relation to the case, as well as allowing a boundary to be maintained between the emotional experience of work and home.

Barriers to post-visit emotional processing

This section has identified the key stages of emotional processing in relation to the home visit. There were, however, three key barriers which could potentially disrupt this process: compromised transitional spaces, unavailability of others and volume/intensity of home visits. Each of these potential barriers will be explored in turn.

Barriers to intrapersonal processing: Compromised transitional spaces

As previously stated, the car represented an important transitional space for workers, a secure base in which to process their emotions directly following the home visit. However, workers were acutely aware of the threat posed to their car in the form of vandalism and "graffiti".

Supporting Ferguson's (2010a, 2010b) suggestion, such threats to the worker's car could be regarded as posing a psychological, as well as practical risk, as they threaten to compromise the worker's secure base.

"Hot-desking" was also identified by one worker as a barrier to post-visit emotional processing. The inability to have one's own personal "space", with photos and ones' own "cup" curtailed opportunities to feel "safe" and "grounded" when reflecting on difficult home-visiting experiences.

Barriers to interpersonal processing: unavailability of others

Where others were unavailable, on a practical or emotional level, this had the potential to prevent social workers from venting and experiencing emotional containment. On a practical level, colleagues might be unavailable in teams which covered a large geographical area. Where workers were away from the office for the majority of the working day on home visits, the team was dispersed and as a result may not feel "very together". Not being able to find a colleague at the end of the working day was identified as particularly problematic since this prevented being able to "offload before the weekend". Where workers were unable to offload in this way, they reported a tendency towards preoccupation with work while at home. Even the most of brief of conversations, for instance, "just" being able to "offload for two minutes" with a manager or colleague, was identified as salutary in this regard, enabling the worker to feel sufficiently resolved to go home and to enable the preservation of a psychological boundary between work and home. As Ruch (2007: 663) suggests, the experience of containment can be 'sufficient to offer relief and enables individuals to keep going' even where 'immediate solutions' are not available.

The ability of others to be emotionally available was impacted by wider organisational factors. For instance, one social worker identified that as a result of a recent audit of performance indicators:

> We've got the additional job… of managing our manager's anxiety.

Thus, the manager's own anxieties and their own need for containment, affected his or her ability to offer emotional containment to members of the team. A team culture which encouraged "bravado" in the face of emotional difficulty was also identified as preventing social workers from both giving and seeking emotional support – as discussed in 'managing fear of harm to self'.

Barriers to emotional processing: quantity and quality of home visits

Where visits were undertaken "back-to-back" as a result of organisational demands to complete assessments, some social workers described having very little opportunity to think about, and process their emotional experiences. As one duty social worker suggested:

> It's not normally about how I'm feeling about it, it's just what's the next step, what's the next procedure, what's the next priority. It's nothing about me, it's not me…

Self-regulation was increasingly difficult when workers were 'bombarded' by a high volume of emotionally-intense home visits.

Volume of home visits	Low Home visits spaced out, opportunities to return to office between visits for discussion	Mid Frequent visits, but with space to pause for reflection in between	High Back-to-back visits throughout working day, little opportunity to reflect
Emotional intensity of home visits	Low Less stressful, more 'routine' visits	Mid Some visits emotionally intense	High Majority of visits characterised by conflict, hostility, distress

(Figure 18. Barriers to emotional processing: bombardment)

Social workers in duty teams carried out a relatively high number of initial visits, and as such, a high proportion of their visits involved overcoming initial hostility from parents compared to workers in teams which focused on longer-term work. Their experiences could therefore be plotted towards the right-hand side of the diagram above. The type of visit as well as the volume of visits may present increased challenges for effective self-regulation.

Barriers to self-regulation: implications for workers' judgement and wellbeing

The negative effects of the identified barriers to emotional processing appeared to be cumulative. For instance, back-to-back visits, lack of opportunities to 'offload' combined with repeated experiences of high-arousal encounters could compromise the worker's ability to move through the identified stages of emotional processing. As this chapter has indicated,

workers possessed a wealth of effective strategies for managing their emotions. However, in some instances, the emotional and cognitive demands of the work appeared to overwhelm the worker's coping strategies, particularly in situations where they described receiving little support from their agency. As a result, there was a risk of burnout and use of defences by workers as a way to psychologically survive the demands of the role.

Burnout

Returning to the water metaphor, social workers without an opportunity to "vent" became "saturated" with difficult emotions and in turn began to "brim over". Where the difficult emotional material 'stayed in' the worker, they reported impingement on all aspects of their personal and professional life:

> Well, you go home [and] it has an impact on your children, your partner… how you present, how you go to bed at night… do you sleep, don't you sleep? And again, no matter well -seasoned you are… it stays in there.

One social worker described waking up at "2 am" feeling agitated and distressed, while another (as stated earlier) described being preoccupied by difficult cases when at home. There are parallels here with Maslach's (1982) concept of burnout– a syndrome characterised by emotional exhaustion as a result of repeated exposure to emotional stressors. Child protection social workers have been identified as being at higher risk of burnout compared to other social workers due to the emotional tension between the 'investigator vs helper role' in addition to the 'hazardous' nature of community work (Anderson, 2000: 840). One worker who experienced repeated hostility over the week preceding the focus group described how he simply felt "tired" by it all "now".

Defences against the demands of the role: becoming mechanistic

Winnicott (1964: 288) observed that in order to defend themselves against the demands of the work, social workers might take refuge in procedure and activity rather than thinking, making 'social work into an elaborate form of administration in order to avoid the painfulness of awareness'. In the face of emotional bombardment, some social workers described a 'mechanistic' response to the work, focusing on getting the job 'done' pushing cases through the system as a way to manage anxiety:

> Researcher: And what sort of feelings does that leave you with?

SW: Erm, oh. I'm kind of used to it, I've been doing it so many years now… from my point of view I'm focused on getting it to conference and getting the safeguarding team to run with this so that they can cover the risks and, er, yeah, then I won't think about it anymore.

However, while "dotting the I's and crossing the t's" and moving the case to another department might relieve anxiety in the moment, as a defence it was self-defeating, in this instance leading to continued compulsive completion of paperwork outside of working hours in order to manage anxiety. As Whittaker (2011:492) observes, defences involving procedural reliance and 'upward delegation' often serve to reinforce, rather than to reduce, anxiety (see literature review, chapter three) as workers increasingly come to lack confidence in their ability to exercise sound judgement and manage risk. Another possible interpretation is that rather than being a defence, a focus on procedural compliance e.g. working out of hours to complete paperwork, is an entirely understandable response to excessive workload demands placed upon the worker by their agency.

Defences against the emotional demands of the role: forgetting

In the face of cognitive and emotional 'overload' one duty social worker described the puzzling experience of forgetting very recent information in relation to his caseload. The social worker described having responsibility for over fifty active cases, a number of which were extremely emotionally demanding. S/he described being repeatedly unable to recall families s/he had previously worked with:

I'm like sorry, *who*? And that's R and I still can't get it, and they give me a surname and I *still* can't get it, and an address and I *still* can't get it, and then oh, suddenly I have a look at something I've written and then it all comes back to me, oh yes!... I know who you're talking about it was *only* two weeks ago!

While such forgetfulness could be regarded as a result of cognitive overload, it may be that that 'forgetting' may represent a defence against the anxiety associated with a high caseload of emotive cases. As discussed in the literature review, while defences such as repression serve may serve to protect the individual in the face of intolerable emotions, they can also 'harbour the ability to distort our perception of reality' (Trevithick, 2011: 391). Defensive forgetting therefore has the potential to impact on workers' capacity to think clearly, e.g. recall important case details.

Conclusion

The initial home visit represented an emotionally “intense” experience for social workers, offering both rewards and demands. Social workers employed a range of strategies and defences in order to manage the emotional demands of home visiting. Crucially, the way in which social workers managed or defended against the emotional demands of the role had implications for the way in which they made sense of their cases. Effective professional judgement can be regarded as predicated on effective self-regulation.

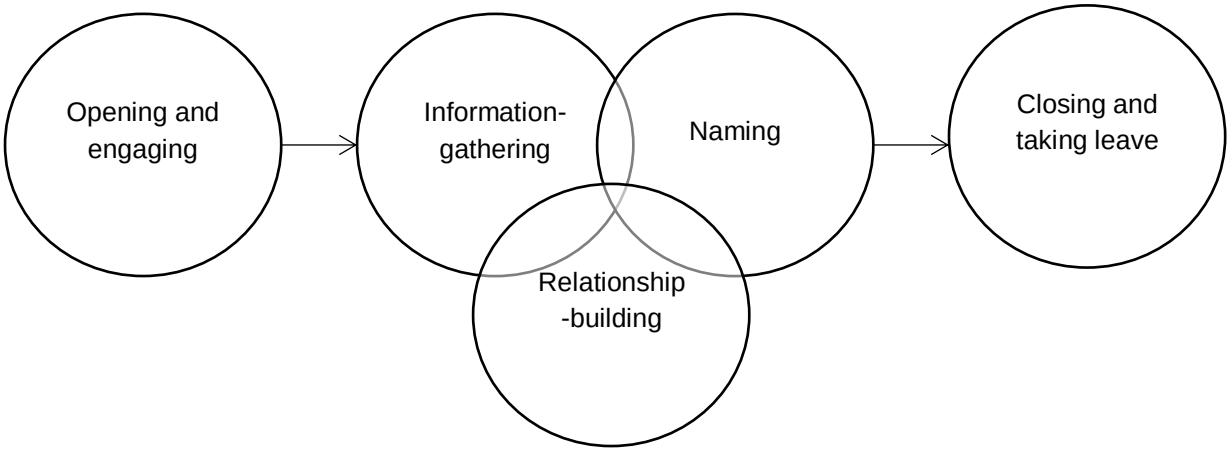
Chapter seven: Managing the encounter

Introduction

The study has identified three key domains of activity in relation to the initial home visit: sense-making, self-regulation and managing the encounter. Chapters five and six have examined the domains of sense-making and self-regulation in relation to the home visit. This chapter will examine the third domain – social workers' accounts of managing the encounter with the family during the initial visit.

The phrase 'managing the encounter' is used to refer to the 'doing' of the home visit; that is, the repertoires *described* by social workers in order to successfully complete key tasks during the encounter with the family. These included gaining access to the bedrooms through negotiation, steering the conversation to ask the right questions in order to obtain relevant information and building a relationship with the parent. This chapter outlines the key strategies described by social workers to manage these tasks. The chapter comprises two sections. Firstly, it outlines a model which captures how social workers described directing the discussion with the parent, including the way that the worker held in balance the information-gathering and relationship-building aspects of the encounter. Secondly, a model is offered which captures the manifold ways in which workers described managing the task of arriving at someone's home in the 'character' of the social worker. This model identifies six different 'characters' adopted by social workers during the home visit: The Polite Guest, The Ordinary Person, The Supporter, The Straight-Talker, The Detective and The Authority Figure. It is argued that social workers are drawn towards particular characters as both an adaptive process (as a response to a particular situation or task during the home visit) or as a defensive process (unconsciously adopting a particular character as a way of managing anxiety).

Section one: Directing the discussion



(Fig 19. Directing the discussion during the initial home visit)

For social workers in the study, one of the key tasks of the initial home visit was facilitating a productive conversation with the parent. As described chapter five, the parental narrative (PN) was a key source of information for social workers' assessment of the family. Chapter six identified that being able to successfully "engage" the family during the initial visit was a key anxiety/concern for many workers. Drawing on social workers' narratives of the home visit, this section offers a conceptualisation of the process of facilitating a conversation with the parent. From social workers' accounts of the home visit, three key tasks could be distilled: information-gathering, naming and relationship-building. As will be described, social workers needed to hold these interconnected processes in balance in order to facilitate an encounter that was both sensitive to the needs of the family and productive in terms of assessment. As indicated in figure 19, these three processes were mutually dependent. For instance, effective information gathering for the purposes of assessment depended on the worker initiating and maintaining a relationship with the parent throughout the initial encounter.

Directing the discussion: Opening and engaging

Social workers used the term "opening gambit" to describe some of the strategies they had developed in order to initiate conservations and engagement with the family. The purpose of many of these 'opening gambits' was to a) address fears that the parent might have about them as a social worker and b) to achieve clarity of purpose in terms of the parent's understanding of the social worker's role and the reasons for their visit. These two aspects were related – one way in which the social worker could reduce the parent's anxiety (dispel

fears) was to provide clear, honest information about their role and remit (achieve clarity of purpose). As one worker explained:

> I explained my role in more detail and she [the mother] relaxed quite quickly…

In order to address the parent's fears, the first task for many workers was to counter the parent's negative expectations about social work. In particular, workers described having to address the perception of social workers as "child takers" from the outset of the initial visit:

> You can see the relief with a lot of them… once you can convince them that you're telling the truth, once you convince them your agenda is not to take away the children.

Social workers described attempting to dispel the parent's fears by "selling" the supportive aspect of their role, and seeking to position themselves as a helpful and "human" figure. Social workers' "opening gambits" often involved some pre-prepared approach or "spiel" that they had found to be effective. The crucial task was regarded as reducing anxieties and initiating engagement so that the work could begin. As one worker suggested:

> When we go in, anxieties are sky high … so there's got to be some level of bringing that down.

Reducing the parent's anxieties was regarded as a pre-condition for any meaningful work. In one focus group, participants described the opening stages of discussions with parents taking place on doorsteps and driveways while they attempted to persuade parents to allow them into the home. The use of humour was often described as an essential part of initial engagement, enabling the worker to gain entrance to the home:

> We were being ranted at by a mother in the driveway. And each rant I'd sort of let her get it out of her system. I'd answer a bit. And [the mother said]] 'Anyway it's really late', you know, she's started changing you see. Anyway it's '*really* late*!* Bla de bla, you want to go home! Blab la bla', erm, and 'you'll want to have your tea!' And 'I *would*', I said, 'do you want to put the kettle on?' And that was it! They completely laughed (laughing). So we went in and *then* we could carry out the assessment.

Clarity of purpose was regarded by most social workers in the study as crucially important during the opening stages of the discussion. Workers identified that being clear about their role and remit from the outset was important in terms of setting appropriate boundaries and shaping the direction of the work to follow. For instance, one social worker described his regular opening sequence, explaining to parents that:

> …this is who I am, this is who you are … let's be friends, but let's crack on and do this knowing exactly who's who, *then* we can move forward.

When describing the way in which they opened the discussion with parents, social workers repeatedly alluded to the importance of being "honest" about their role:

> I tend to say to people within three minutes of meeting them, I'm really blunt, forgive me, but I'd rather be honest with you and you not like me than you not know what you're dealing with … but they respect that. And I'm also honest about what I can't tell them, because obviously if you were looking at legal stuff then you can't always be fully open with families, but it is like… fully giving them that perspective. This is what I *can* tell you, this is what I *can't*, and I'll make you a promise now, I'll tell you *what* I can, *when* I can. And I'll say that within five minutes of meeting anybody for the first time.

Part of opening the discussion involved outlining for parents the potential *limits* of openness as well as to emotionally prepare parents for the fact that such openness might, at times, be experienced by them as unwelcome or painful. Preparing parents in this way was regarded as important in terms of avoiding potential relationship difficulties further down the line. For instance, not being clear about the statutory powers of the social work role (or as one social worker termed it, acknowledging the "power imbalance" from the outset) might lead to an unpleasant surprise for parents later on, when the social worker might have to intervene authoritatively in order to safeguard the child's welfare or write an unfavourable report in relation to their caregiving. For instance, one social worker described how, if this was not managed carefully, a family might become:

> …incredibly frustrated cos they thought you were their friend, and then you've written it all down!

As one social worker summed up, key to the opening of the discussion was being:

> …honest, you're building a rapport, but still being transparent, you know?

After opening the discussion in this way, social workers described carefully moving into the next phase of the discussion which comprised three components: information-gathering, naming and relationship-building. Each of these aspects will be discussed in turn, however, as figure 19 illustrates, social workers did not proceed through these in a linear fashion. Rather, when talking about their interactions with parents, social workers in the study described frequently moving between these three aspects, holding in balance the relationship with the parent alongside the need to collect information and name concerns.

Directing the discussion: Information-gathering

During their discussion with the parent, social workers needed to gather information to aid their assessment. Gathering information in the context of the discussion with the parent had three key aspects: facilitating flow, use of questioning and negotiating access.

Information gathering: facilitating 'flow'

The ideal, as it was described, was to facilitate a type of "conversation" which would allow the free-flow of information from the parent. As one social worker stated:

> The last thing I ever want to do is ever have a question and answer session… because if it's more of a natural conversation, people feel more naturally able to just talk…

In order to facilitate this 'natural' flow of talk, social workers described employing a range of strategies, the goal of which was to create an environment in which parents felt comfortable and willing to share information. Borrowing a familiar term from the literature (Kadushin and Kadushin, 1997) one social worker referred to this as a "conversation with a purpose"; a social exchange allowing the gathering of information necessary for assessment. This involved asking parents open-ended questions which invited them to share their experiences, such as "what's your story?" or:

> So where are we at? … Get them to narrate their story from the start…

Once parents had begun to "tell their story", social workers were able to begin making sense of the narrative (as described in chapter five). As well as inviting parents to tell their story, social workers described the need to put the parent at ease in order to facilitate flow. Part of this was allaying the initial fears that the parent might have about the social worker (as described in 'opening' above) but it also involved sharing some other, less sensitive information. Such 'small talk' might include a discussion which did not relate to the reason for the social work visit. Examples given by social workers included "small talk" about the family pet and a recent football match. Getting a 'flow' of talk going about less contentious subjects was regarded as a way in to other, more sensitive topics. As one social worker identified:

> Letting *them* talk leads to other areas of conversation.

In order to facilitate flow, social workers also described considering, while the parent was talking, how they could subtly steer the conversation to areas of interest or concern. For instance, one social worker described thinking "how can I slip into that?" while talking to a

parent. Although elements of the conversation might appear "casual", workers were always considering the next important point to address in the conversation and how they might get there, holding in balance the parent's need to feel heard and understood alongside the need to gather information. As one social worker summarised:

> I think there's *always* stuff going on – even when you're having an [unrelated] conversation … it's a conversation with a purpose, you know?

Information-gathering: use of questioning

Once social workers had established that they had a "flow going", they could then occasionally interrupt with relevant questions in order to elicit further information. These questions fell broadly into three types: probing/clarification, hypothetical and what I have termed the 'insight-testing' question.

Firstly, social workers described making frequent use of probing (or clarification) questions in order to elicit specific information. For instance, a social worker described asking a parent to define what they meant by the term "well-behaved" in relation to the child. Another worker described asking the parent to clarify what they meant by the child's "routine". Social workers described how using these probing questions allowed them to gauge the parent's level of understanding in relation to important issues. For instance, one social worker described asking a parent to define what she meant by the term "close relationship." The parent's response signalled to the worker that, in fact, what the parent actually meant by this term was shared activities, rather than emotional or relational closeness to the child.

Secondly, social workers described using hypothetical questions in order to gauge future risk. These questions put parents "on the spot", inducing a degree of anxiety in order to elicit an honest response. For instance, one social worker described asking a mother:

> So if Dad's bail conditions are lifted, what are you going to do? … She felt probably that I was putting her on the spot… but the purpose of that question is that instinctive response…

Asking the parent what they would do if a situation was happening *here* and *now* allowed social workers to assess future risk and the honesty of the parent's account. For instance, one social worker described asking a grandparent "how would it feel for you if someone was in *here* drinking?" in order to assess the extent to which they would be able to offer a

suitable home for their daughter, son-in-law (a heavy drinker) and grandchild given their own historical difficulties with alcohol.

Thirdly, it appeared that there was a distinct type of question that was used by social workers in the study, which I have termed the 'insight-testing' question. This question had a number of different variants, but essentially involved asking the parent to identify what concerns others might have about their parenting. For instance, one social worker described asking a parent:

> What she thought I'd be concerned about…

This appeared to invite the parent not only to consider difficulties in relation to their caregiving, but how these concerns might appear in the mind of another (in this case the social worker). Other variants of the insight-testing question included "why do you think we (or Children's Services) might be concerned?" Another social worker described asking a parent "if she knew why I was there". These insight-testing questions allowed social workers to gauge parent's current level of understanding, but were also apparently aimed at extending the parent's understanding. One social worker described saying to a parent:

> … well, what's the problem here, *why* are people concerned, why might people be saying you need go to court? – you tell me!

The response of the parent to this question was taken by social workers to provide significant information about their level of insight, and in some cases, was taken to offer a prognosis for the outcome of intervention with the family (see chapter five.)

Information-gathering: negotiating access to rooms

A third key aspect of information-gathering involved gaining the parent's permission to access and inspect the home. As discussed in chapter six, gaining access to the bedrooms was identified by workers as a particularly anxiety-provoking part of the visit, for both the family and the social worker. In terms of directing the discussion, social workers described a range of verbal strategies for negotiating access to the more private areas of the home. For instance, some social workers described explaining to the parent the need to look in the rooms, revisiting the notion of their professional role and purpose. As one social worker said "it's about setting the rules" and telling the parent "that's what we need to do". Another social worker described an approach which involved inviting the parent to show her through the house:

> I've gone round [the house] with a mum and said 'well, show me your home' you know. So I'll talk it through with her and I said 'do you want it to be like that?' I'd say, you know, 'how come that's like that?'

While walking round the home with the parent, social workers described using objects in the home as a trigger for eliciting further information. The parent's response to the social worker's apparent passing interest (e.g. about the garden or a photo on the mantelpiece) allowed social workers to avoid a direct request to examine specific items. One worker, for instance, described how she framed the viewing of the home as an extension of her interest in a discussion that was already taking place:

> I suppose it was a request, but it was done in quite a laid-back fashion … mum was saying 'oh yeah, I'm prepping for baby, I've got a couple of pushchairs' and I kind of smiled and said 'oh let's have a look!' … and she showed me round, so it wasn't done in a 'I need to see your house' way… it's not an outright question to ask…

Directing the discussion: naming

A second key aspect of managing the discussion was 'naming'. In most of the research interviews, social workers described a point during the initial home visit where they had to "tell it like it is" to the parent, or "name" their concerns. Within social workers' narratives of the home visit, this appeared as a turning point and was described by social workers as accompanied with a degree of emotional intensity. Naming might serve to highlight an uncomfortable issue in relation to parenting, or involve the discussion of painful/sensitive issues. Naming generally took two forms. Firstly, social workers described reflecting back to the parent a *contradiction* in their thinking or parenting behaviour. Secondly, social workers described naming to the parent a potential *outcome* of their current actions. This part of the initial visit involved the sort of painful honesty social workers had prepared parents for at the start of the conversation.

Naming: naming a contradiction in the parent's current position

Social workers described confronting parents with contradictions in their position, particularly in relation to their parenting. For instance, one social worker described a home visit to a mother whose partner's behaviour was having a profound emotional impact on her child. The mother had described how her partner's behaviour had meant that she had stopped her child's friends

coming round to visit, as she did not feel that it would be appropriate for these friends to witness her partner's behaviour. The social worker then described voicing to the mother the inherent contradiction in the situation:

> I put it to her that well, actually, you'll protect other people's children from seeing what your son sees, but *your* son is seeing it.

The rationale for naming the contradiction in this way seemed to be to highlight to the parent the way in which her current (contradictory) position impacted on her son's welfare. Similarly, another social worker described walking round a home with a parent who was angry that other professionals had criticised the cleanliness of her home. The social worker described saying:

> … that's what you're showing us, so if you don't want to live like this, *why* are you living like this?

Again, the social worker described what she took to be the inherent contradiction between what the parent *said* about her intentions and what she *showed* in her behaviour. The purpose of naming these contradictions appeared to be to increase insight on the part of the parent, and by foregrounding the issues in this way, to motivate the parent to effect positive change. For instance, one social worker said, sometimes families "need to hear it". These examples raise a number of broader questions about what constitutes 'firm, fair' and yet 'friendly' practice (Oliver and Charles, 2016: 1014) in child and family social work. While clarity and openness in relation to concerns has been identified as key to effective partnership with parents (e.g. Turnell and Edwards, 1999) it is possible to envisage how such blunt and frank statements could tend towards the opposite effect (i.e. alienating the parent) if not managed with sensitivity and care.

Naming: naming a potential outcome of the parent's current position

Social workers described confronting parents with the potential outcome of their current position. For instance, in a visit to an expectant mother, a social worker described saying to the mother that:

> Neither of them would want their child to be in care in the way that they had, so they needed to make those… decisions.

In this example, the social worker was explaining to the parents that if they continued as they were, this might result in their child being placed in care – an outcome that both parents had

experienced themselves as children. The social worker described how the mother had understandably become distressed at this prospect, but clarified that her purpose in naming this possibility was to help to place the mother in the position to "take responsibility" and "control". Naming a potentially painful outcome to parents in this way was taken by social workers to be an important part of the work. As one social worker stated:

> At this early stage, I prefer to point out that *all* possibilities are an option and it's for the parents to … make their decisions…

Naming the potential outcomes appeared to be regarded by social workers as a way to assist parents in making a *choice* rather than being swept along with the current situation. Naming possible extreme measures, such as children being removed, was sometimes viewed as a way to 'shock' parents into action, potentially motivating them to make positive changes:

> I think without that [possibility raised of children being placed in kinship care] she would have just gone on her own merry way … I think it's … been a bit of a shot across the bows for her… I mean, that has frightened the life out of her.

Social workers described emphasising to the parent how their child would be affected by their actions. As one social worker described it:

> You say [to the parent] what it's like for the child…

Naming functioned as a turning-point in the discussion, signalling a departure from some of the opening pleasantries towards more difficult territory. Chapter six described the way in which social workers managed their anxieties by mentally rehearsing the discussion with the parent in advance of the visit. How and when to name concerns was a key focus of this mental preparation. During the home visit, gauging how and when to name concerns (and anticipating how naming was likely to be received by the parent) involved the social worker attending carefully to the parent's emotional state and the unfolding relationship between them.

Directing the discussion: relationship-building

A third, and crucial, aspect of managing the discussion with the parent involved building and maintaining a relationship. A key part of building a relationship was attending carefully to the parent's emotions during the discussion, showing care as well as sensitivity in relation to the direction of their questioning.

Relationship-building: showing care

At the same time as needing to elicit information and raise concerns, social workers spoke of the need to show care and support towards parents. Social workers described listening attentively, and acknowledged the value of simply giving parents a chance to "offload". During the home visit, showing care to service users took the form absorbing, containing and acknowledging feelings. Empathy was implicit in many social workers' accounts e.g. "she started to cry, bless her" and that "poor girl"! As well as listening to parents' histories and showing interest, social workers also described how they actively offered verbal reassurance to families during the initial home visit. For instance, one worker described how she would offer compliments about the family home "just to put their [the parents'] minds at ease". Another social worker described reassuring parents that she would continue to be there for them even if things became difficult, saying to them "it'll be alright, even if it's not alright, sort of thing". Social workers also described showing care by suggesting (and researching) sources of practical support for families. In this sense, they sought to present themselves as a source of support for the family, rather than as a "judgemental" or critical figure.

Relationship building: responding to the parent's emotions – advance and retreat

From their descriptions of the home visit, it appeared that social workers engaged in what I have termed an 'advance and retreat' process in relation to information-gathering and naming, based on their perception of the parent's emotions at any given moment. For instance, when information-gathering necessitated the parent recounting a particularly upsetting experience, a social worker described:

> … stopping, allowing her to take a break and have some water and that kind of stuff.

Attending to the parent's needs in this way allowed her to continue with her story. Another worker described a similar process in relation to a parent who was distressed and frustrated during the discussion:

> Obviously to try to calm the situation down I said to her … so let's just start from the beginning and we'll go through what I need to ask and talk about what the situation is… and where we can help… and she sort of calmed down a little bit … then … I just asked her general things and went through the sort of general text … just to sort of – as a way of calming the situation a little before we talked about what was upsetting her and [was] going to be difficult for us to talk about.

Where naming a concern had evoked distress and anger in the parent, the social worker's strategy appeared to be to go back, demonstrate her interest in the parent's story ("start from the beginning") and emphasise her position as one of support. She was then able to return to the potentially distressing areas later in the discussion. A number of social workers described how getting "basic" information (such as confirming children's names and birth dates) could represent a safe ground to which they could retreat until the parent was able to manage thinking about more emotionally-challenging topics:

> She was just sort of voicing her agitation and upset at my being there … but once I'd sort of taken a step back and sort of gone into the general stuff to pacify her a bit, she calmed down and did appear to engage in conversation.

Effective information-gathering and naming therefore depended on the social worker reading and sensitively responding to the emotions of the parent in the context of the developing relationship.

Directing the discussion: Closing and taking leave

When describing the concluding stage of the initial home visits social workers described a common process of re-cap, reiteration and review. Social workers described how they would provide a re-cap to parents of the salient issues and areas discussed. This gave workers the opportunity to reiterate the key messages they wanted the parent to take away from the visit. As one social worker described the end of the visit:

> … we covered each sort of stage … it gave her an opportunity to overview it really.

The final stage of the home visit was often to speak to the family about what might "happen next" and when the family might expect contact from the social worker. In order to reassure parents at this stage, social workers described giving some indication of whether they viewed the concerns to be "low-level" and what sort of involvement it might be probable for the family to expect from Children's Services. For instance, one social worker described how she reassured a mother that "we were on the lower end of things" in terms of her concerns. Where social workers were unsure about their next steps, they described presenting parents with the possible options:

> She asked what was going to happen next and I said … I can't give you an answer yet because sometimes it can be straightforward but I didn't feel that this one really was …

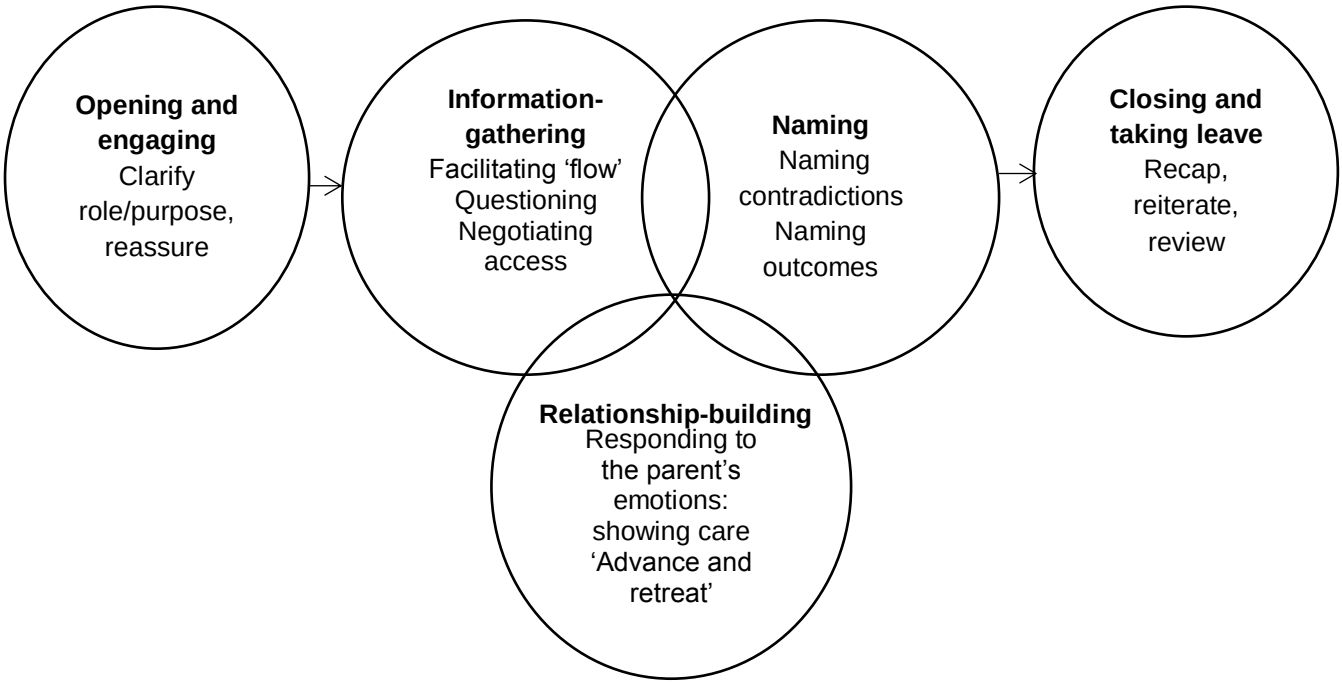
wanted some more time to go away and think about it … I said… well, we'll either continue to be involved to offer some support, or we won't be.

Social workers frequently described a set repertoire that they used in order to "wrap up" a visit:

I always save my spiel at the end, the [document code] and … the data protection form.

Social workers' spiel frequently involved getting parents to sign a data protection release for them to contact other agencies. This piece of paperwork seemed to be used as a way to transition the discussion away from more challenging topics towards a more neutral area preparatory to the end of the visit.

Directing the discussion: interconnected aspects



(Figure 20. Directing the discussion: key areas)

As illustrated in figure 20, the three central aspects of managing the discussion (information-gathering, naming and relationship-building) were interconnected. In order to manage one area productively, social workers had to hold in balance the other aspects. For instance, negotiating access to the bedrooms and asking parents difficult questions were part of gaining

information. However, in order to manage this effectively social workers needed to sensitively respond to the parent's emotions in the context of their unfolding relationship. As stated previously, the initial home visit was often a one-off visit. Where a NFA decision was made, the home visit might constitute the social worker's *only* interaction with the family. However, despite the relatively short duration of these encounters within social workers' narratives it was possible to chart the course of a relationship, from its beginning (opening, engaging), development (relationship-building) to its resolution (closing and taking leave). As Hennessey (2011) suggests, relationship can be regarded as running through *all* aspects of social work practice, including the briefest of interventions.

As the next section will outline, it was possible to distil a range of 'characters' adopted by social workers during the initial home visit. Each of these characters prioritised these three aspects in a different way.

Section two: Role adoption during the home visit

Introduction

As identified in the chapter on self-regulation, social workers described consciously choosing to adopt a role or 'character' as a way to manage the emotional demands of the initial home visit. As one worker stated:

> You take on a character, that's professionalism isn't it?

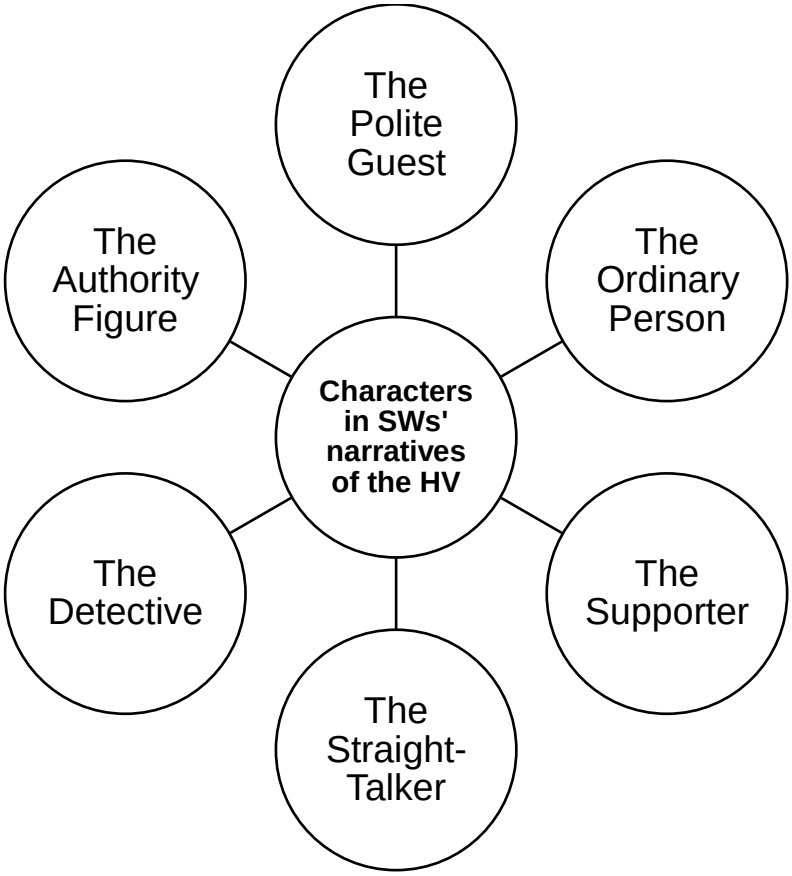
As well as allowing a degree of emotional distance, the adoption of a character was also a necessary component of carrying out social work tasks. Speaking of the encounter with the parent, one social worker said:

> It's defining your role, playing our roles – that Goffman stuff isn't it? About the roles of what we do in society.

Goffman (1959) suggested that during social interactions, the individual seeks to create a certain impression of themselves in the mind of the Other. Like actors in a play, individuals in social settings are engaged in a 'performance' through which they seek to define their identity and status. The encounter with the family in the home can be regarded as a social situation in which the actors (the social worker and the family) are both involved in performing their identities in order to generate a certain impression. The following analysis will focus on social workers' accounts of the ways in which they performed their role during the home visit.

Workers in the study were aware of the importance of how they came across to families during the initial home visit. They gave careful consideration to the way that their tone of voice, behaviour and appearance might be perceived by the family. As will be discussed in the following section, they described the use of 'props' (such as their notebook and types of clothing) in order to create the appropriate impression e.g. as a trustworthy 'professional' or as authority figure rather than a casual 'friend'. Goffman (1959: 34) suggested that, in social situations, the individual's manner and appearance combine to present a certain 'front' – a 'fixed' way in which they are perceived and defined by the Other. These fronts are 'selected, not created' meaning that 'when an actor takes on an established social role, usually he finds that a particular front has already been established for it' (Goffman, 1959: 34). In relation to the initial home visit, social workers described a range of repertoires in order to manage their encounter with the family, many of which were drawn from established repertoires for being a social worker as well as socially-available repertoires for the role of guest in someone else's home.

The initial home visit was described by social workers as involving a complex performance. Workers sought to define themselves as a supportive, empathic and caring figure while at the same time an authoritative and legitimate presence within the home. From workers' descriptions of the home visit, it was possible to distil a series of six characters adopted during the course of the encounter with the family (although this is not intended to be exhaustive). In the following account, each of these characters will be examined in turn. For each of the characters, the strengths and limitations of adopting the character will be discussed, both in terms of professional practice and to the worker themselves.



(Figure 21. Characters in social workers' narratives of the home visit)

Character one: The Polite Guest

When visiting someone's home to pay a social call, there is a recognisable social repertoire through which the role of the guest is performed. Familiar aspects of this repertoire might include offering to remove one's outdoor shoes, following the host into the house (rather than walking ahead), allowing the host to select the room for the encounter, asking where one should sit, paying a compliment to the host's home and seeking permission before moving around the home (e.g. 'may I use your bathroom?') In addition to these familiar repertoires, there are also actions which are recognisable as falling outside an acceptable repertoire of 'guest' behaviour, such as being "nosey" by touching or prying into the 'hidden' parts of the home (for instance, looking in the host's bedroom on the way to the bathroom would certainly be considered a breach of guest etiquette).

Similarly, when entering the family's home for the initial visit, social workers described engaging in behaviours associated with being a Polite Guest:

> I always ask, because I think it's respectful … if they want me to take my shoes off … just because I think it's their home, and I am being intrusive by being there, and obviously looking, round and just being generally nosey if that makes sense? … We went upstairs and I didn't take my shoes off because they said it's fine, but I think it's just that offer and I went into the children's room first and I think … what I'm quite cautious… what I'm quite considerate of is that I always let the children or the parents go in first to show … me round… then I paid compliment to the little girl, because her room was tidy as well.

In the offer to remove her shoes, waiting for the parent to 'invite' her into the room, her caution around appearing "nosey" and in choosing to paying a compliment to the family on the tidiness of the room, the social worker behaved in a way that we might associate with the behaviour of a polite guest in someone's home.

Similarly, other workers in the study frequently described behaviours by which they could be described to establish themselves as a polite guest in the home. For instance, one worker described the importance of "sit[ting] down … wherever the parent tells you to" taking care not to appear "too formal". Another described saying to the parent that they had a "really nice home". Social workers also asked permission to move about the home, or to undertake certain activities when in the home e.g. "is it alright if I take notes, is it alright if we go upstairs … I suppose it's just the way you ask it". The repertoire for the Polite Guest as it appeared in social workers' accounts of the home visit therefore included permission-seeking, paying compliments and following the parent's lead.

Benefits of being The Polite Guest

Assuming the character of the Polite Guest allowed social workers to signal important information about themselves to the family, and to perform their identity in such a way that the family gained a positive first impression. As argued in chapter six, the removal of footwear had a symbolic function, indicating to the family the social worker's respect and acknowledgement of the family's private space. Through asking permission to move around in the home, and allowing the parent to "show" them round, social workers signalled to the family that they were sensitive to the feelings that they might have about the social worker being in their space. In this sense, assuming the role of the Polite Guest allowed social workers to begin to build a respectful relationship with the family.

As well as allowing relationship building, the adoption of the Polite Guest character served an emotional regulatory function for social workers. As identified in the previous chapter, the

sensation of being 'intrusive' was frequently mentioned by social workers in the study as being an unpleasant emotional experience suffused with anxiety or feelings of 'awkwardness.' Playing the role of the Polite Guest not only allowed social workers to be perceived as less intrusive to service users, but also reduced the social worker's discomfort around their sense of themselves as conspicuous and "awkward" "nosey" or "judgemental" in the home.

Costs of being The Polite Guest

However, although being (at times) a polite guest in someone's home was a necessary part of the home visit, the demands of the social work role necessitate a departure from this character. In order to ensure the welfare of the child, social workers routinely need to look in bedrooms, examine cupboards and other private areas of the house, which as a guest in the home would be perceived as "nosey" or inappropriate behaviour. Venturing into places where one has not been invited requires the social worker to step out of the character of the Polite Guest, perhaps to exercise authority in the face of resistance from the parent. When receiving a guest it would be usual for the host to show them into the 'front' room or living room. The term 'front' is significant here, as this setting could be regarded in Goffman's terms as part of the 'front stage' in which family life is performed to others. Social workers may need to challenge the presentation of family life given by the parent, whether this be through questioning or looking into 'back stage' areas such as cupboards. It is not generally part of the repertoire of being a guest to criticise your host's house or their customs. The point at which social workers name concerns, or attempt to negotiate access to private areas they enter in to a discomfiting area (for which, perhaps, there is no existing social repertoire). As one social worker suggested:

> It's that privacy thing … going through their cupboards, it's a bit like going through someone's handbag I think … they can't select what they want to tell you, whereas with you know - because we can see it, whereas when they're talking about something they can kind of tell, you know, pick which bits they want you to know … and that element of … are you saying that I can't look after my children kind of thing…

Thus departing from the role of the Polite Guest and challenging the status quo might lead the social worker to being perceived as unpleasant, nosey or critical. For some less experienced workers in the study this appeared to be more anxiety-provoking. One NQSW, for instance, described a home visit where she felt very "anxious" about appearing rude during the visit or making the family feel "uncomfortable". Her description of the home visit seemed to place her in the character of The Polite Guest throughout. She stayed in the living room throughout the

visit and did not describe asking about the concerns that had prompted the visit. Chapter six described how the anxiety around being intrusive led a social worker to sit on the floor during home visits in order to minimise her impact and presence within the home. It may be, therefore, that becoming stuck in the role of the Polite Guest, as a result of one's anxieties could result in a loss of authority and investigative rigour on the part of the social worker.

Another potential cost to adopting the role of the Polite Guest might be that in undertaking such a role, the social worker renders themselves vulnerable. For instance, while the removal of footwear might convey an important, respectful message to the family, removing one's shoes and walking around in socks could be regarded as placing oneself in a vulnerable position. From a practical standpoint, it might mean coming into contact with objects on the floor (dirt or damp) or not being able to get out of the home so readily if needed. From a psychological point of view, being shoeless may mean that one may have lost some height, leading one to feel slightly more vulnerable.

In sum, adopting the character of The Polite Guest was important for relationship-building and being sensitive to the family's experience of having a social worker in their home. However, where social workers become 'stuck' in the character of the polite guest (perhaps as a result of discomfort or inexperience) there is the potential for the neglect of essential, investigative tasks.

Character two: The Ordinary Person

When visiting a family at home for the first time, social workers were acutely aware of the way in which they were likely to be perceived by parents. As one social worker said of the profession:

> We have a reputation for laying down the law and … taking children away.

Workers frequently alluded to the "cultural" and "historical" negative perceptions of the profession, such as the "belief that social workers are child takers". A key task for social workers during the initial home visit was to present themselves in ways that dispelled the family's negative expectations. One way that social workers did this was to attempt to position themselves in a way that showed them to be human, as an 'Ordinary Person' rather than an uncaring professional who had come to "judge" them. Presenting oneself as an ordinary person was described by social workers as including: seeking common ground, demonstrating one's own vulnerability/flaws and the use of humour, particularly during the opening stages of the encounter.

Firstly, workers described telling parents about aspects of their personal life. For instance, a worker described her initial interaction with the family as she walked through the front door:

> You're there from Children's Services, you're there to talk about the impact on the children… having a pet with the dog, it kind of humanises you a little bit … This particular dog looked a lot like my dog, so … me and the dad had… a little bit of a chat about the dog. He was telling me that actually it's his brother's dog… I said 'Oh! My dog looks really similar'… but his dog's a girl dog and my dog's a boy dog – so yeah like a more butch, manlier, version of that dog! … and we kind of had a laugh about that and then we sat down.

In this example, the social worker is conscious of the fact that as a representative of Children's Services there is a need to "humanise" herself in the eyes of the parent. The social worker describes using self-disclosure about her own life, in this case her dog, in order to find an initial common ground between herself and the father. Implicit in this interaction is the signal to the parent that the social worker is a person with her own life and interests outside of her role, and that she is also interested in his life outside the boundaries of what might be termed her professional interest. Social workers in the study described various ways of using self-disclosure in order to 'humanise' themselves. For instance, another social worker described "ten minutes" talking about football preferences when he walked "in the door" in order to "break down those barriers".

Social workers described presenting themselves as vulnerable and flawed in order to position themselves as an ordinary person rather than as an intimidating professional. For instance, one social worker said:

> I always ask families if it's okay for me to take notes … and always make the joke that it's because my memory isn't very good … not what it should be for someone in their twenties like it makes light of it… Yeah, parents were fine with [me] taking notes, Dad made some joke about his memory being terrible as well so, that's quite good.

In this example, the joke about her memory being poor was used to dispel the potential discomfort around the social worker making notes about the family. This self-disclosure was also described as permitting the father to disclose something about his own flaws and vulnerabilities. In this sense, establishing themselves as an ordinary person allowed social workers to begin to develop a relationship with the parent. Another social worker described joking about her poor memory in order to reduce the awkwardness of appearing to write things down about the family during the visit:

SW: I say at the beginning, like, I always say I'll take notes just because my memory's not that great …

Researcher: … Is it because your memory isn't great?

SW: Bit of both! Bit of both, really.

For this social worker, while making notes did help her to recall important details after the visit, she also acknowledged that that wasn't the whole reason for claiming a poor memory – there was a strategic element to positioning herself in this way which allowed her to dispel the awkwardness of being perceived to be taking notes, as well helping her to establish a relationship with the father. Presenting oneself as human, vulnerable and flawed allowed some social workers to dispel the notion of themselves as an 'expert' or infallible professional with the implicit message *I am like you.*

Social workers in the study frequently described using humour as a way to calm tense situations and to allow them to present themselves to the family as a real and ordinary person, rather than just a professional seeking to complete a task. As one social worker eloquently put it:

It's not humour with flippancy. It's … the respect that they're *worth* having a joke with, they're not just somebody we're there to *do* something to.

Benefits of being The Ordinary Person

Presenting themselves as having a life, thoughts and feelings outside their professional role allowed workers to establish what one social worker described as "those human relationships" with families. Adopting the role of the ordinary person also allowed workers to manage fantasies that parents might have about the social worker – as either "child takers" or people with 'perfect' lives. For many social workers in the study, establishing meaningful relationships with service users in this way was one of the most important and rewarding aspects of the work. As one social worker remarked:

Just being human and making those connections are absolutely invaluable aren't they? Whatever level you're working at….

Another social worker commented:

> Creating human relationships… I think it's really important – it's the basis of human instinct – where we come from, we want to be part of something, we want a relationship, we want to be part of a group, you know, that is *set* in us as human beings.

As well as enabling relationship to be built with the service user, building a relationship with families through use of self was emotionally rewarding for social workers and potentially an aspect of their work in which they could feel most authentic.

Costs of being The Ordinary Person

In terms of managing the encounter effectively, adopting the character of the Ordinary Person may have some drawbacks. For instance, it is easy to envisage how an engagement strategy which relied *solely* on positioning oneself as flawed and/or vulnerable might prevent the social worker from instilling confidence in the parent. As described in chapter six, for instance, one social worker's anxiety to please (and to not make the service user "uncomfortable") led to her sitting on the floor, adopting what could be described as an 'apologetic' engagement strategy. If the establishment and maintenance of a "human relationship" with the parent was prioritised over other aspects of the role (such as ensuring the welfare of the child, asking challenging questions) then this could compromise the social worker's effectiveness in terms of carrying out their professional role. Most of the social workers in the study, however, described home visits where they moved between 'characters' balancing the need to be at times an ordinary person with the need to move into a different characters depending on the situation.

While establishing "human relationships" was one of the greatest rewards of the work, there was also the possibility that allowing oneself to enter into such relationships could lead to distress and pain for the worker. For instance, a social worker in one of the focus groups described how she had successfully established a real connection with parents to the extent that their relationship was able survive her later recommendation that the children should be removed. This led to mixed and painful feelings on the part of the worker:

> Because quite often they thank me – which is really uncomfortable when you've just taken their baby away, or their child away… Even though you've done this heinous thing to them!

Others in the focus group had experienced similar feelings, identifying their fears around parents becoming "dependent" or "clinging" to them as a result of the emotional intensity of the relationship. It might be suggested that using oneself in the work and developing authentic relationships necessarily opens the worker up to the possibility of emotional pain. For instance,

as Mattinson (1975: 24) suggests:

> The closer the workers get the more likely they are to nourish and to influence their clients one way or another. But, at the same time, the closer they get the more likely they are to be affected themselves.

There is also a risk that self-disclosure, although potentially allowing common ground to be developed, might also risk alienating service users. Sharing seemingly innocuous details about one's life outside of work (e.g. a recent holiday), particularly in the context of coming to discuss difficulties about the service user's life could be perceived as insensitive, or understandably create envy and resentfulness on the part of the service user.

Character three: The Supporter

From social workers' descriptions of the initial home visit, it was possible to distil the processes through which they sought to define themselves as a supportive, caring and empathetic figure whose presence could be of value to the service user. The character of The Supporter involved the following repertoires: offering reassurance (particularly in relation to dispelling fears that the parent might have about the worker), listening and showing interest in the parent's experiences, responding to the parent's emotions and offering practical help.

As stated in the previous section, social workers were acutely aware of the expectations that parents might have of social workers. During the first encounter workers sought to dispel these negative impressions e.g. that they were coming with a view to remove children or to 'lay down the law'. One way in which social workers described positioning themselves as a supporter was to reassure the parent about their "agenda" in visiting the home. This included being explicit with the parents about their *intentions* in relation to the family and giving more information about the remit of the social work role. For instance, one social worker described explaining to the mother that:

> What we would *want* to do is for baby to stay at home with the mum but it needs to be safe… Where I'm coming from, and where Children's Services are coming from, is that's what we *want*! We don't want to remove the baby, that's *not* what we want, we want to keep babies in the families with their mums.

During the initial stages of the home visit, a number of social workers described attempting to "sell" themselves to the family as a potential source of support rather than threat:

> I like to present that approach to the parents … and sometimes, I sort of try and sell it like, well, let's see if we can sort this out … let's see what we can do to help you.

Similarly, another social worker described:

> Reminding them [the parents] – I say it quite frequently now - we have a *mandate* to keep families together… and when you tell families, actually our first duty is to keep families together you can *see* the relief with a lot of them. Once you can convince them you're telling the truth, once you can convince them your agenda is not to take the children… that helps them to engage well, that helps them to be more willing.

Emphasising the supportive aspects of the social role was one way in which social workers reassured parents about the visit. Social workers described this reassurance as helping parents to "engage well" and to enter into a relationship with the social worker. Throughout the research interviews, social workers gave numerous examples of reassuring parents in this way. It seemed that positioning oneself as a supporter was a key focus for initial engagement. Overcoming resistance in this way might be considered to be one of the first, and key, tasks of the initial home visit. Emphasising the supportive nature of the role also served the function of helping to resolve initial hostility or rejection. For instance, one social worker described saying to a family:

> I was like 'Okay calm down, I'm actually here to support you … my primary job is to keep you safe'.

Part of reassuring families in this way allowed social workers to demonstrate to parents that they wanted to work in "collaboration" *with* them, rather than against them. Contrasting the social work role with that of other professions, one social worker suggested that:

> We are trying to get alongside people, we're trying to be their friends aren't we? We are trying to work with them where the police just want an answer, just want some evidence.

Thus adopting the character of The Supporter was an important way in which social workers attempted to get "alongside" families.

A key part of The Supporter role was responding sensitively to parents' emotions during the home visit. Social workers described achieving this through empathetic listening to the parent's concerns and history. A number of workers in the study identified that hearing the parents "story" was a key task of the visit. As one worker emphasised "there's a lot of listening" involved in the initial home visit. Social workers described the need to show interest in parents by finding out "who" and "what's important to them". Social workers recognised the need for

parents to be “invited” to share their thoughts and feelings with someone who is there to listen, as an opportunity to offload:

> They kind of need half an hour – you know mum’s going to offload or dad’s going to offload for half an hour…

Social workers’ accounts of home visits included descriptions of empathetic listening in action, such as responding with concern and warmth to a parent’s worries for instance, or responding sensitively to a parent who was recalling a traumatic event from their own past.

Benefits of being The Supporter

Empathetic listening and emphasising the helping aspects of the social work role enabled social workers to present themselves to parents as a supportive figure. Adopting the role of The Supporter (e.g. by consciously deciding to “sell” oneself in this way) appeared to help workers to dispel parent’s fantasies about the worker as a potential “child taker”. In this sense, the adoption of the character of The Supporter could be regarded as contributing to the development of a positive working relationship between social worker and parent as well as eliciting further information for the purposes of assessment. As one worker stated:

> I like to think that first and foremost… I deal with human beings, and I know this might sound a bit straightforward, but a lot of people deal with *cases.*

As well as the practice benefits, adopting the character of The Supporter could also be seen as beneficial for the worker themselves. More than simply a strategy for engagement, being The Supporter can perhaps be viewed as congruent with many social workers’ motivations for entering the profession. As one social worker stated, great emotional rewards were to be found when “you make a difference” and through providing support and a consistent, empathetic and helpful presence “you’re probably giving them [service users] what they haven’t had before”.

Costs of being The Supporter

It is possible to envisage costs for practice if workers become stuck in role of supporter. For instance, in one interview a social worker described an initial visit to see a family where the parents had extremely high levels of need in their own right. The social worker was deeply moved by the parents’ difficult circumstances, describing them as “just so tired” and “despairing”. She went on to state:

> I had a great deal of sympathy for them … and you know wanting to help them because they seem like quite a nice family who want to do well for their children and this [the situation] is just, unfortunate.

During this visit, the social worker described feeling very "sad" herself and this resulted in an understandably strong desire on her part to "help" the parents, both in terms of "listening" sensitively to their current health concerns and in offering practical support. However, while providing support to parents is undoubtedly a part of the social work role, in this instance, what was excluded from the social worker's description of the home visit was a consideration of how the child's experience might be impacted by the parents' situation. The social worker's concern that the parents felt "comfortable" appeared to exclude a conversation of the child's needs. Thus it is possible to suggest that adopting the character of The Supporter could present a cost to practice if it focused on supporting vulnerable parents to the exclusion of a consideration of the support required by the child.

Adopting the role of the Supporter also presented challenges for the worker in terms of time-management. For instance, when asked to identify the key challenges of the home visit, one social worker stated:

> Achieving what you set – sometimes you go in and just to … give them a letter and … they just … need half an hour – some families you learn how to work with them and you know mum's going to offload … for half an hour and then you actually can achieve what you want to, but your time factors – you've not always got that time.

Thus supporting the family by providing an empathetic ear and listening to their current concerns often had to be held in balance with other aspects of the role, such as delivering a piece of information. In such instances, being as supportive as the social worker would like to be might conflict with the need to complete practical tasks or to be on time for a visit to another family.

Adopting the role of The Supporter could present difficulties when workers needed to move from a 'helping' role into one which required them to exercise authority. As one social worker described:

> You go in …. let's work together, and that can backfire if you end up taking them [the family] to conference, they get *really, really* cross with you, you know, if you then say *mean* things about them – they… get incredibly frustrated cos they thought you were their friend…

Thus for parents, social workers who initially appeared to be a supporter might later appear to them as duplicitous and insincere. Where social workers gave less than favourable accounts of their parenting, this might be regarded by parents as a kind of betrayal and as a negation of the prior support and encouragement provided by the social worker. This is understandable since there are parallels between the behaviour of a supporter and that of a friend. Social workers themselves talked about being, at times, like a 'friend' in some aspects of their role. However, although this could be recognised as a potential cost of positioning oneself as a supportive figure, most of the social workers in the study were aware of the need to move between The Supporter and other modes (such as the "Straight-talker, discussed in the next section) in order to avoid parents getting what one worker referred to as a "shock" later on. Other workers spoke of the need to be clear that they were not a friend and would, at times, have to say things that the parent might not want to hear (as discussed in opening and engaging, in 'directing the discussion').

Character four: The Straight-Talker

Being the "Straight-Talker" allowed social workers to manage some of the key tasks of the initial engagement with the family, including boundary-setting around the relationship and the difficult task of naming the "concerns" around their parenting (as described in the first section of this chapter). The repertoire of the Straight-Talker consisted of firstly, presenting oneself as honest to the family through frankness and, secondly, providing "facts" or highlighting discrepancies to the parent in order to enable them to make 'responsible choices' in relation to their child. A key aspect of 'straight-talking' was the social worker's appeal to reason, characterising themselves in some instances as the "voice of reason".

In their descriptions of initial encounters with parents, social workers repeatedly alluded to the importance of being "honest" "open" "frank" and "blunt" with parents in relation to the concerns and potential outcomes of social care involvement. Social workers described the necessity of being "plain-speaking" towards parents – particularly in relation to news or information that the parent may find unwelcome or distressing (such as concerns around their parenting, or the possibility that their child might have to be removed). As one social worker described:

> I tend to go in and say to them from the beginning, this is the situation, this is where we're at, I'm being really blunt with you but I want you to know the truth, even if you won't thank me for it. …I'm really blunt, forgive me, but I'd rather be honest and you not like me than you not know what you're dealing with.

Presenting oneself as what another social worker described as a “plain-speaking” person allowed social workers to position themselves as someone who would *tell it like it is* and therefore as someone worthy of the parent’s trust and “respect”. Presenting themselves in this way also allowed workers to set the boundaries from the outset of the relationship – for instance, workers emphasised the need to be “transparent” with parents so that they were not, later down the line, surprised or disappointed by a negative report from the social worker. Presenting oneself as “blunt” person, who might at times, say things that were unpalatable also served to emotionally prepare the parent for the fact that later during the visit, the social worker may have to say something that they won’t like, but also that this needs to be said for a specific reason and that such honesty was necessary for the parents in order to help them.

As well as verbally positioning themselves as The Straight-talker, social workers also described demonstrating this through their actions. For instance, one social worker described completing notes on a family during the home visit and ensuring that the parents could see the paper:

> The next page is where I did the genogram. You can see that it’s a bit squished because it’s … done sideways so they could see. I’ve just pretty much written it down so that they can see… I think it’s to build rapport so they know it proceeds at … quite an honest relationship… If I am concerned, or if I write something down you know what I’m writing, if I’ve got an issue or something that I’m worried about, I’ll tell you – I’m to show you … I suppose it’s quite a symbolic way to show that, actually, I’m not going to do it, I’m not going to be hidden with you.

Thus in this example, the social worker angling her notes towards the family was consciously used to signal her intent to be open with them and not to be “hidden” in terms of her assessment.

Being a Straight-Talker who said potentially unpalatable things to parents was also taken by many workers in the study to be necessary in order to elicit positive change. Social workers described instances where they confronted parents with discrepancies between what they did and what they said, or what they wanted and what they demonstrated through their behaviour (as described in ‘naming’ – see directing the discussion earlier in this chapter). For instance, one social worker described a meeting with a parent where there were concerns around the home conditions. The social worker described approaching the conversation in the following way:

> I don’t live here, but this is *your* home, and you’ll say to them, the parent … why do you want to live like this? … You can’t walk away and then try and talk to them about it,

> you've got to do it then and there I think…. You got to be straight! A lot of them will be like, I like this worker because they'll say it straight…They're not always going to like it, but at least you know you've said it.

Thus being "straight" and pointing out discrepancies was taken by some social workers as a way to begin the process of initiating positive change on the part of the parent. Social workers also described explaining to parents how their actions would "look" to others from the "outside" as a way to develop insight. Other questions social workers described putting to parents included:

> I said I appreciate … people have crisis in their life … but do you think that getting a knife from the kitchen and threatening to cut your throat is a *reasonable* reaction to being under stress?

Appealing to the parent's reasoning and logic was a way in which social workers attempted to bring about a change of perspective and to create insight. There are parallels between the approach of The Straight-Talker and the notion of the 'critical friend' taken from the field of educational theory (Costa and Kallick, 1993: 49):

> A critical friend provides feedback to an individual…a critical friend, as the name suggests, is a trusted person who asks provocative questions, provides data through another lens, and offers critique of a person's work… the friend is an advocate for the success of that work.

During the initial home visit social workers described asking similarly provocative questions with a view to guiding the parent towards more successful strategies. Where this was approached carefully, social workers described being "respected" for their honesty by parents who took "on board" what they had to say.

Explaining to parents the consequences of their present parenting behaviours, and providing information about the different choices available to them was taken by workers as a way to develop parents' "insight" and put them in the position to make an informed "choice". As one social worker described:

> What I always say to people is, I'll advise you, I will give you the options but you make your choice and it's kind of like, if you make the wrong choice, it could mean quite serious things happening to your children, being removed. But it's your choice.

Telling it "straight" to parents and presenting them with the 'facts' in this way was implicitly regarded by some social workers as a way to empower them to make more "reasonable"

decisions in relation to their parenting. In relation to her use of provocative questions during a home visit, one social worker reflected:

> I didn't know that consciously, but looking back on it, I suppose it's yeah … kind of trying to er, put her [the mother] in the position to take responsibility…

This appeal to reason was taken to equip service users with a greater sense of control and ability to shape their own cognitions and behaviour.

Benefits of being The Straight-Talker

As described above, the adoption of the character of the Straight-Talker could be seen as a way to 'name' concerns, to distil the options and empower parents to make a choice as a rational agent. In this sense it could be viewed as a motivational strategy aimed at effecting change. At the same time, emphasising choice is a way of acknowledging the parent as a rational being and respecting their capacity for self-determination. In terms of practice adopting the character of the Straight-Talker might be viewed as allowing difficult issues to be addressed and as paving the way for clear, challenging and productive discussions between the social worker and parent. Social workers in the study spoke of their desire to be "honest" with parents, thus adopting the character of the 'straight talker' was a way in which social workers could be transparent and feel congruent in terms of their role and reasons for their presence.

As well as the benefits for relationship-building and effecting change, adopting the character of The Straight-Talker might also be regarded as providing emotional rewards for workers themselves. There were emotional rewards, for instance, to be found in saying even the most difficult things to parents where social workers were able to view themselves as offering parents much needed advice. In the example above (where a social worker had said to a parent that she wouldn't want her child to be "in care" like she had been) the social worker described how this had brought out "emotion" in the parent as this was understandably difficult for her to hear. When I asked how it felt for her to be saying these sorts of difficult things to an expectant mother the social worker responded:

> It felt okay actually, it felt quite good, because I thought oh actually this is … reality you know, and this is the point that they need, this is the point people need to hear it… in another twenty weeks' time it's too late … if you can be blunt and try to make it as obvious and plain as possible, at an early stage, then I guess it gives people a chance to understand what, what their responsibility is.

Thus telling someone *what* they needed to hear felt "good" and rewarding for the social worker because it was one of the ways in which she felt that she could constructively help the family to avoid a potentially negative outcome.

Another benefit for the worker themselves of adopting the character of the Straight-Talker was that it could allow a degree of personal distance and place boundaries around the worker's own personal responsibility for the outcome of the intervention with the family. As one worker said:

> I'll advise you, I will give you the options but you make your choice and it's kind of like, if you make the wrong choice, it could mean quite serious things happening to your children, being removed. But it's your choice.

Costs of being The Straight Talker

However, while personal distance is necessary to a *degree* (see discussion of professional skin in chapter six) this could also be problematic. In the quotation above, there are similarities with Potter's concept of Stake Inoculation (cited in Wetherell *et al,* 2001) (discussed in chapter five) where the speaker denies that he/she possesses any 'vested interests, desires motives and allegiances' in order to present his/her position as 'authoritative and persuasive, factual, not interested or biased but the simple, plain, unvarnished truth' (cited in Wetherell, 2001: 11). Presenting the family with the "facts" to enable them to make a "choice" might be a way for the social worker to distance themselves from the eventual outcome, and denying the extent to which they had a stake in what happened to the family, problematically absolving the social worker of responsibility.

Underpinning the strategies of the Straight-Talker is a particular rational-behavioural understanding of human behaviour. The idea seemed to be that people need to hear it 'straight' in order to see the error (or faulty logic) in their thinking which would then motivate them to change their behaviour. However, this paradigm neglects essentially irrational and *emotional* aspects of human motivation. As Howe and Hinings (1995) suggest, people do things that are not 'reasonable' in order to meet emotional needs. Unless we consider humans as both rational agents *and* emotional beings we are likely to be puzzled by, and struggle to predict, human behaviour. For instance, a social worker who believes that people simply needed to be shown that their behaviour is irrational and 'hear it straight' may well end up berating a client with the same information over and over with increased

frustration if they do not also have an understanding of the emotional barriers to behavioural change.

It is possible to envisage a situation in which “telling it like it is” could alienate the parent, angering them and leading to a breakdown in relationship between social worker and service user. One social worker acknowledged that speaking plainly and naming the concerns was an immediate trigger point for difficulty in the encounter with the parent:

> As soon as you say your child says that you’ve hurt them or we think that you’ve hurt your child, you get automatic hostility.

However, social workers were sensitive to how this might feel for parents and used various strategies to deliver information or advice in a sensitive way (see, for instance, ‘advance and retreat’ in ‘directing the discussion’).

Character Five: The Detective

In order to obtain the required information for analysis, there was an investigative element to social workers’ activities during the initial home visit. As one social worker stated “we are going in [the home] to investigate.” Other workers spoke of the need to “dig” in order to obtain information for assessment. Social workers played the role of The Detective, consciously looking for what one social worker described as “clues” that would allow them to piece together a picture of family life. In the research interviews, social workers described engaging in a range of behavioural repertoires which could be regarded as investigative or as forensic, involving techniques to elicit information and to collect what social workers described as “evidence”.

In terms of eliciting information from the parent, social workers described using techniques which had echoes of police interrogative strategies. For instance, social workers described asking parents to “tell their story” or their “version” of events in instances where they already had this information. For instance, one social worker identified that in relation to her discussion with a mother:

> I kind of already knew basically… knew a little bit more than she did in some respects.

Withholding the extent of one’s knowledge and asking the parent to share their story allowed social workers to determine whether the parent’s version “matched” what they already knew. Social workers were acutely aware of the risk that parents might "withhold” information or not tell the “truth” in their account to the social worker. They were also mindful of the need to detect instances of “disguised compliance” on the part of the parent. In order to test the truth

of the parent's assertions social workers described using strategies which paralleled interrogative techniques, such as inducing anxiety in the individual being questioned. For instance, a social worker described an instance where she put a parent "on the spot" in order to get an "instinctive response":

> because people don't process the question, they give you that instinctive response, and the instinct is emotion.

Another parallel with interrogative techniques could be seen in the way that social workers described using silence in the interview with the parent:

> I left that space in between, she didn't like the silence so she'd say something else… And I purposely do that sometimes because I've learnt that's what you get back if you then just leave it and let her talk…

A number of social workers described using this strategy, so that the parent would be compelled to fill the 'gaps' in conversation, or as another social worker described it, to "over talk", which in turn might provide the social worker with more, or potentially incriminating, information.

As discussed in chapter five (sense-making), social workers used the parent's body language and the "affective story" evident in their narrative as a gauge of truthfulness:

> Her body language was very open, she was very relaxed she was, you know, leaning back on the sofa. No she didn't change her body language at all really… if the verbal answer doesn't match-up with the body language, I might just actually reflect that back and say 'well, actually you know I felt that you were a little bit agitated, anxious…'

An apparent disconnect between the parent's expressed emotion, or body language and what they were saying (their verbal narrative) was regarded by workers as a potential indicator that the parent might be lying or withholding information. Where the worker (quoted above) noticed this, she described confronting the parent with her observation of this mismatch in order to elicit further information.

On several occasions, social workers used what might be described as courtroom language in order to describe how they confronted the parent with certain facts. For instance, a common phrase was "putting it" to the parent or 'I put it to her that…" and "on the day in question". Social workers would then carefully attend to the way that the parent responded to the statement and use these responses as a further source of information.

Social workers exercised their powers of detection in relation to the home environment. Workers identified that parents might "hide something" in the home which may otherwise have provided "evidence" in terms of risk to the child. The majority of home visits described by social workers involved what I have termed a 'walkthrough' – a journey throughout the rooms of the house in order to make an assessment. During the walkthrough, social workers described looking for "clues" in order to piece together a picture of family life and to assess the child's safety within the home. As the following social worker's account suggests, the detective work in relation to the home environment began from the outset of the initial visit, even before the social worker had stepped inside the house itself:

> I don't really know what my first impressions of the house were, it looked quite … scruffy from the outside … but not so much that I thought oh, immediately… there must be neglect issues here. It's just a fairly unkempt house. I did notice that there were… several wine bottles outside the house, but I quickly thought, actually, if I think about my own house … you collect … the wine bottles and jam jars and stuff quite a while, so you know you've got quite a lot of stuff.

In this example, the social worker described noticing the contents of the family's recycling box outside the house and beginning to formulate, and then to challenge, a series of hypotheses about what this might mean in terms of parental alcohol use. Similarly, another social worker described how a quick glance at the mantelpiece furnished her with material for quite a complex set of hypotheses in relation to family life:

> I could see as I walked in there were pictures around the mantelpiece of …the children, one of them being the adopted child, so you know, if that was placed there or if that's there permanently I don't know, but it … gave the impression that she still holds… has embraced the fact that her child has been adopted but she hasn't forgotten, so she's not neglected that kind of - she's not trying to completely forget it, it something that's part of her.

Thus in relation to the photo, the social worker had begun to consider the possibility of it being "placed" by the family for the social workers benefit, as well as some complex hypotheses about grief, resolution and acceptance in relation to the mother's previous experience of losing a child to adoption. Social workers developed hypotheses about the meaning of "clues" within the home including cigarette-butts, 'For Sale' signs on houses and photographs as well as the absence of elements that might be expected. One social worker described how what one could see, and smell, in the home might provide a picture in terms of the daily routines and activities:

> You're sort of looking around and looking at hygiene, you're looking at – looking for routines I guess. So you're looking at four o 'clock in the evening and the kids are coming home from school and you can't smell cooking … it's being nosey, looking in people's cupboards, looking in bedding.

As well as looking for clues which would provide information about family life, social workers looked for clues which might act as specific indicators of risk in relation to the child. One social worker compared the mental process of conducting the walk-through with a 'ring the risks' type task:

> I don't know if you can remember, we've all seen them…the risk sheets we used to do in home economics, or cooking, or whatever it used to be called when I was at school… all these risks everywhere … and, you know, what would it look like, putting circles round all of these risks… is there food in the fridge, is there a balanced meal here … checking the blanket on the cot to make sure it's not sodden and, you know, it's clean, it's appropriate and all that.

As stated in the previous chapter, there was a risk that in making these observations that the social worker would be perceived as "nosey" or "intrusive" by the parent. In order to manage this, social workers described using more covert modes of surveillance. For instance, instead of asking to look in the kitchen to check that the family had food, one social worker described stealthily looking into cupboards when the service user was distracted:

> Keeping an eye on cupboards and fridges when they make cups of tea, to see, you know, is there … food in there without having to – you know, if I can avoid specifically asking them … I think that a lot of people find that quite upsetting that you would ask… doing it more sort of discreetly.

Social workers were acutely aware of the significance of these observations, regarding them as "evidence" that might need to be recalled later on, either in relation to court proceedings or to justify the social worker's next course of action in relation to the family:

> Or you just turn up on the doorstep, can I go straight …. upstairs put your hand on the bed, literally, it's wet, what you going to do about this? So in those cases you have to … start gaining evidence for your next step.

Where social workers experienced an intuitive sense that the child was not safe or that something was not 'right' in the family, gathering "evidence" to support their view was viewed as of paramount importance. As one social worker described:

> I couldn't evidence it at that stage, and it's whether you get the opportunity in such a short space of time to catch them out – or even if you *know* they're not being honest, it's if you can get enough evidence to *show* they're not being honest… A *niggle* isn't sufficient under [name of LA] current thresholds to keep a case open, however strong that niggle might be, you need something tangible to add to that.

Thus gathering evidence and scrutinising the home environment for clues was a way in which social workers sought to translate their initial intuitive impressions into a cogent analysis which would then justify further investigation. As suggested in the example above, workers were sometimes mindful of the need to 'catch parents out' in a lie in order to obtain the justification to keep a case open.

Social workers themselves identified the parallels with their role and that of a detective who solves crimes or catches criminals. Significantly, in both of the focus groups, social workers drew a parallel between their professional experience in relation to home visiting and a well-known fictional detective from an American police drama. In both groups, participants joked that being a social worker was just "like being Columbo!" since, as one social worker suggested "you have to be aware of everything you have to be looking for little clues to any harm that may be going on".

Benefits of being The Detective

In terms of practice, adopting the character of The Detective was a way in which social workers were able to elicit information in a systematic and rigorous way, investigate concerns about child welfare and consider whether parents were telling the "truth". In this sense, adopting an investigative forensic approach allowed social workers to ascertain what might be going on behind the scenes of family life, and not to take at "face value" the picture presented to the social worker by the parent. Adopting the character of The Detective helped to foster in social workers a stance of focused curiosity and what Laming (2003: 205) referred to as 'respectful uncertainty' in their interactions with parents.

Costs of being The Detective

Where social workers become 'stuck' in the role of The Detective it is possible to envisage negative repercussions for their practice. As described earlier, organisational pressure to justify that a case met threshold for further action might result in social workers becoming

preoccupied with ‘catching parents out’. In this mindset it is possible to see how a social worker could become interrogative towards parents to the exclusion of building positive working relationships with families. At the extreme end, this could result in parents being regarded by social workers as akin to criminals to be apprehended or caught out. One social worker, for instance, described “expecting to be lied to all the time” by parents, stating that most of what they told him was “not true”. In such instances, it appears that there is a danger of parents being regarded as objects to be investigated, rather than humans to be understood. In a similar vein, one social worker referred to parents as “devious creatures” who seek to deceive in their interactions with social workers. It is easy to see how becoming stuck in the character of The Detective might convert a mindset of ‘respectful uncertainty’ to one of suspicion and cynicism.

In relation to social workers themselves, adopting the character of The Detective may have emotional costs. For instance, although necessary, the investigative part of the role was quite difficult for some social workers, who felt acutely self-conscious and awkward at the prospect of probing into people’s private lives. One social worker reflected on asking to look in bedrooms and bathrooms, stating that at the beginning of her career “I felt very uncomfortable initially”. However, although this was difficult for social workers they described it becoming easier with experience. Chapter six (self-regulation) described some of the strategies used by social workers in order to manage anxieties in relation to the intrusive, investigative aspect of their role.

Character Six: The Authority Figure

Where the child’s welfare was perceived to be at immediate risk (or where there was a need to set boundaries in relation to parental behaviour) it was necessary for social workers to present themselves as ‘The Authority Figure’ with the remit (and legitimacy) to be in the home in order to protect the child. In order to establish themselves in this way, social workers described engaging in a range of repertoires through which they sought to instil in the parent a sense of the authority of the professional social worker role. This allowed them to carry out essential and urgent tasks (such as checking the home) in relation to the child’s welfare.

In their descriptions of the home visit, social workers described the conversations they had had with parents where it was necessary for them to exert their authority in the face of parental resistance. In order to present themselves as a legitimate authority with the power to make these demands, social workers used particular types of language as well as different kinds of ‘props’.

When recalling challenging conversations with parents, social workers frequently described using “we” rather than ‘I’ in order to state their position to the parent. For instance, one social worker described saying to an expectant mother:

> We don’t want to remove the baby, that’s not what we want … but if she can’t do it, for whatever reason, and we know that, then we wouldn’t hesitate.

The use of “we” in this context might be regarded as a way to invoke the weight of the powers of the local authority. This allowed the social worker to define herself as an authoritative figure, representative of greater powers with the right to enforce unwelcome measures, if necessary, to protect the welfare of the child. Day (1981: 73) found that doctors engaged in a similar process, using ‘the plural pronoun ‘we’’ in order to emphasise that they were not ‘alone or out on a limb’ in terms of their professional judgement. Similarly, in the following example, the social worker describes using the plural pronoun in relation to Children’s Services in order present herself to the parents as part of a wider authority, collectively responsible for the welfare of children:

> I just clearly explain that ... we will go through that information, and basically decide whether we feel we need to remain involved… I just acknowledged that actually you know, we don’t want to be involved in your life, but our responsibility is to make sure your child is safe.

In relation to characters described earlier, such as The Supporter and The Ordinary Person, the social worker actively attempted to *minimise* the potential impact of their professional status in order to establish a relationship with the service user. By contrast, when adopting the character of The Authority Figure, the notion of one’s professional status was emphasised in order to foreground the legitimacy and weight of their authority:

> I think the fact that we’ve had a lot of high profile cases helps. Because you’re saying you’re on child protection, there was … a case before this in the news where someone was hidden in the loft – we might need to check up in your loft! And these are the reasons why, because children have died there was exactly the same type of child protection, the same as you are.

In this instance, drawing on historical accounts of the profession (including high profile cases with which the parent was likely to be familiar, in this instance the case of Tia Sharp – see Merton LSCB 2012) appeared to be used as a way to emphasise to the parent the necessity of intrusive investigations (such as looking in the loft) and the legitimacy of the

social worker in undertaking these actions within their home. The same social worker went on to suggest:

> You often get 'well, the people down the road…' And you say 'well, what do you think *they* were saying to their social worker? Do you think they were saying to their social worker that they … wanted them in their house and that was good?' … I'm a social worker … I have to check *everything* out for *every one* of my cases.

In this instance, emphasing his professional status as a social worker (and as a worker for other families) appeared to serve the purpose of legitimising his current investigations. At the same time, it could be regarded as giving the implicit message to the parent that the need to investigate was not the result of his distrust of them *personally*, rather that it was a necessary part of his professional role.

Goffman (1959: 32) drew a parallel between the behaviour of individuals in social settings and the theatre, arguing that individuals select 'props' that will enable them to define themselves and the situation for the observer (Goffman, 1959: 32). He suggested that through the selection and manipulation of 'clothing' 'posture' 'speech patterns… facial expressions' and 'bodily gestures' (Goffman, 1959: 34) individuals manage the impression that they give to others. As well as verbally presenting themselves as a figure of authority, social workers described using what Goffman might describe as costumes and 'props' to evoke a sense of their professional status. For instance, in the absence of a specific uniform for the profession, social workers were conscious of the way in which their clothes defined them in the minds of the family:

> I think for me it's kind of saying look, I'm here to monitor, I'm here to look through things and part of my role is to do this. I do think dressing more formally helps. I think people are more inclined to let somebody who is dressed formally look through their stuff than if you went in wearing holey jeans and a t-shirt, because obviously it's that power thing… and I think they have more trust in you, rightly or wrongly.

The choice to dress "formally" was a conscious means through which this worker sought to present himself to families as a figure of authority, with the power to investigate the most private aspects of their life and home. In addition to clothing, social workers described the power of 'props' such as ID badges and 'blue books' which served to convey a sense of their professional authority to others. Aside from these more obvious indicators of professional identity, specific kinds of car and use of stationery were taken as a signal of professional status. For instance, one social worker talked about having a "social worker's car" with which he could "make a point" depending on where it was parked. Another worker

described how the act of getting out a notepad and pen to record during the home could "give you an air of professionalism".

Where there was an urgent need to overcome parental resistance i.e. to see the child and the home, social workers described undertaking unannounced home visits. In these instances, some workers described a need to quickly establish themselves as a figure of authority with a legitimate reason to be in the home. In such situations one worker observed that:

> We're kind of …. reinforcing that this is really serious, we need to be coming to your house to check everything's okay, we're not here to be kind of (pause), we're here to safeguard children, is our number one kind of aim and you build the relationship around that kind of dynamic, rather than something that might be a bit more forced like 'oh, I'm here to help'.

While on other first visits, as previously described, social workers might attempt to position themselves as The Supporter in the first instance, in these urgent cases, arriving unannounced to the home might be regarded as one way in which social workers instead sought to impress upon families the seriousness of their visit and their remit in protecting the welfare of the child. As another worker identified:

> It's a message … because you're saying non-verbally or physically, you're showing I want to make sure this home is safe for this child or these children.

In the case of an urgent visit where the child was felt to be at imminent risk, the social worker might adopt the character of The Authority Figure to the total exclusion of other characters. For instance, in the following example, the social worker described going to homes and choosing not to observe (or indeed to directly negate) any of the conventions we might expect of a guest in someone's home:

> If you're going round to do a full safeguarding check, you pretty much go straight in to do that, you don't hang about doing any niceties.

Benefits of being The Authority Figure

In terms of practice, the adoption of the character of The Authority Figure could be regarded as facilitating a legitimate and appropriate focus on the welfare of the child, particularly in instances where the child was at imminent risk. Viewing oneself as an authority figure and

presenting oneself in that way involved a kind of single-mindedness in which the child's welfare was regarded as paramount. As one worker said:

> We're there [at the family home] for one reason, we're looking after children, we're protecting children.

Drawing on the sense of oneself as a legitimate authority figure (due to one's role to protect children) allowed social workers to manage situations where being authoritative felt uncomfortable:

> Sometimes you have to balance that with well is this really fair? I'm turning up to a family who don't really know me, I'm imposing my authority on them … and then you have to go back and think about well what's my role, what's my position? I'm here to safeguard the children.

Costs of being The Authority Figure

In adopting the character of The Authority Figure there was a potential cost to the relationship with the parent. Where the social worker *resorted* to the role of The Authority Figure as a defence (in the face of resistance, for example) there was a danger that they might become less sensitive and attuned to the needs of parents, perhaps to the extent of becoming adversarial in their approach. For instance, in one interview a social worker described his emotional pain on witnessing the treatment of a little girl who he felt was at risk of emotional harm. The child had been left by her mother in the care of others who he felt "did not love" her. When describing his interactions with the child's mother, he described behaviour which might be regarded as dismissive of the mother's own mental health. He recounted, for instance, how he was "quite honestly in her face" when voicing his concerns, and how he exclaimed to her:

> This isn't about you and your emotional stability, this is about your children's safety!

Thus it might be the case that being an authority figure on behalf of the child may limit the worker's capacity to empathise with the parent. Another social worker stated that being authoritative with the parent gave an important message to the child:

> It's for the children as well – this person is standing up to the scary person who beats me.

However, it is possible to see how viewing oneself as “standing up” to the parent could potentially place the social worker in an adversarial position to the parent, which in turn could prevent them intervening positively to support the family.

It was in relation to the Authority Figure role that social workers in the study tended to talk about consciously going into a “mode” or taking “on a character”. Adopting the character of The Authority Figure seemed to generate a sense of dissonance for some social workers – they were aware of a gap between their public façade and their private thoughts and feelings. Taking on an “authority” role was viewed by social workers as precluding certain types of intimacy with service users, particularly children. One social worker, for instance, described how his outer authority figure persona conflicted his emotional need to comfort the child:

> Because for me … being a parent – the paternal part of me say I want to give you a cuddle and say I’ll make it all better … and the social worker part of me says I can’t cuddle you – give you a pat on the back.

For many workers, adopting the character of The Authority Figure was emotionally demanding. For instance, one worker described consciously and strenuously adopting what he described as a “cold detachment” in order to present himself to families in this way. Social workers often had to “psyche” themselves “up” in order to adopt such a character, and this in itself was experienced as emotionally demanding and draining. For instance, one social worker described how he had conducted a series of home visits over the course of the preceding week in which he had been forced to be The Authority Figure due to the demands of his cases:

> I spent all of last week telling people they’re going to have their kids removed and being shouted at … Yeah. And you just get really down. A crap week … you go home after that and you just think yeah, that’s crap. That just then carries on, that was a hard week.

Factors affecting character choice

Within social workers’ narratives of a single visit, it was possible to see a movement from one character to another (e.g. The Supporter to The Detective, for instance). In a number of instances, the choice of character appeared to be an adaptive strategy, based on the social worker’s perceptions of the needs of the moment. In some instances, however, social workers described home visits in which they appeared to be unconsciously ‘stuck’ in a particular character, often as a way to manage the emotional demands of the encounter with the family.

Needs of the situation: adaptive character choice

In their descriptions of the home visit, it was evident that different tasks required social workers to enter into different modes or characters. For instance, at a particular point of the home visit, it might be necessary for the social worker to 'put it to the parent' or name the concerns in a way that the parent may find difficult to hear (be The Straight-Talker). At another point, the social worker may need to be the Polite Guest (often the first character assumed when entering the home) or Ordinary Person in order to begin to establish a relationship with the family. Crucially, the way in which social workers described enacting their role appeared to be dependent on their perception of needs of the situation at any given point during the encounter. As one social worker stated:

> There's times to show empathy and care, and there's times to be … matter of fact.

The choice of character and the flexibility with which the worker was able to move between characters may be related to individual differences between workers. For instance, in one focus group a worker suggested:

> …There's a way you work, and there's a way I work and feel really comfortable, and there's you two saying ooh, not sure about that, that's fine! But it's just – it works.

Another participant agreed, suggesting that "it varies from social worker to social worker because we're individuals". Choice of character might also be affected by the type of team in which the social worker is placed. For instance, duty team workers tended to undertake initial home visits as a result of a specific concern to be investigated (The Detective) while members of the safeguarding team focus group often attended homes where there was an urgent need to gain access to the child in order to establish their immediate safety (The Authority Figure). Where the initial visit was "setting up" for a long-term piece of the work (and where the concerns were perceived to be less urgent), the social worker might be able to concentrate on their Supporter role with a view to engaging in more investigative work as the case progressed. As one Child in Need team worker stated "I just prefer not to do too much challenging… at this stage [the first visit] anyway".

Self-regulation: defensive character adoption

Crucially, the characters adopted by social workers (and the extent to which they might become "stuck" in certain characters) appeared to be influenced by their emotional response to the home visit and the emotional demands posed by their work more broadly. Where social

workers felt attacked (e.g. repeated experiences of being disliked or rejected by service users) this might push them towards a defensive Authority Figure role. For instance, as described in chapter six, an individual who was emotionally bombarded might try to present themselves as the "thick skinned" professional, with a single-minded focus on carrying out the task, opting not (as one social worker described it) to hang around doing "niceties" in their work with families. Similarly, being overwhelmed with anxiety in relation to one's intrusiveness, or feeling fear during a home visit could involve the worker becoming stuck in the role of Polite Guest or Supporter (as a way to avoid potential confrontation with an intimidating parent). Choice of character can therefore be regarded as a potentially adaptive or defensive response to the emotional experience of the encounter with the family.

Conclusion

This chapter has examined social workers' accounts of managing the encounter with the family during the initial visit. Managing the encounter involved the social worker holding in balance the need to gather information for the purposes of assessment alongside need to initiate, develop and maintain a relationship with the family. Effective and sensitive management of the encounter with the family was key in gaining sufficient material for making sense of the case (chapter five). Crucial to the management of the encounter was the social worker's appraisal of the emotions of the parent. Awareness of, and attention to, the parent's emotions during the encounter helped social workers to manage the discussion sensitively and productively. However, the emotions engendered by the home visit could also serve to push social workers into adopting unhelpful positions, with the potential for the worker to become 'stuck' in unhelpful patterns of relating to service users.

Part four: discussion, implications for practice and conclusion

Chapter eight: discussion

Introduction

As this study has demonstrated, many key social work judgements are made on the basis of the initial home visit, with far-reaching implications for the welfare of vulnerable children and their families. Despite this, the home visit has tended to be a 'hidden' aspect of social work, both in terms of existing empirical research, its role in assessment and the practice of home visiting itself. This study has addressed this gap in knowledge, using narrative interviews and focus groups with qualified social workers in order to answer the following questions:

Q1: What are social workers' experiences of undertaking initial home visits?

Q2: How do social workers make a professional judgement about a family?

Q3: How do social workers use and manage their emotional responses during an initial assessment?

This discussion chapter draws together material from the three findings chapters and the literature review in order to conceptualise how social workers arrive at a professional judgement in relation to the initial home visit. This chapter is comprised of four sections. The first section explores the way in which the three domains of the home visit (self-regulation, sense-making and managing the encounter) are interconnected. The process of arriving at a professional judgement is described as involving thinking, feeling and doing. Section two focuses on professional judgement as an emotionally-informed process, discussing the positive role of emotion as sensitising the social worker to potential risk, and assisting the social worker in managing the encounter with the family. Section three of the discussion focuses on the *risks* of emotion for professional judgement, analysing how the use of intuition, and an uncritical reliance on one's 'gut feelings' can lead to bias, as well as the way in which the excessive emotional demands placed upon the worker can skew professional judgement. Section four outlines the crucial role of the organisation in promoting emotionally-informed, rather than emotionally-led professional judgement.

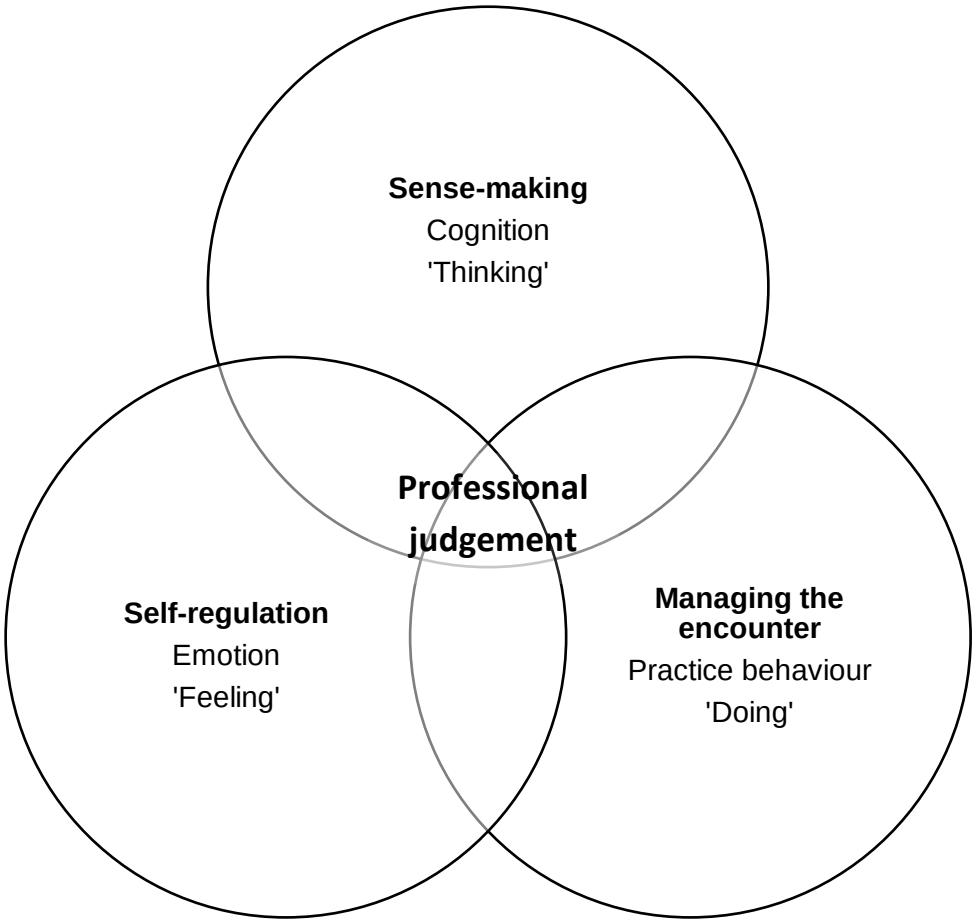
Section one: The nature of professional judgement in relation to the initial home visit

This study has identified three key domains of activity in relation to the home visit: sense-making; self-regulation and managing the encounter. The term 'sense-making' was used to refer to the processes through which social workers attempted to understand the meaning, and potential significance, of what they saw, heard and experience during the home visit (chapter five.) The term 'self-regulation' was used to refer to the social worker's management of their emotional responses during the initial home visit (chapter six). The phrase 'managing the encounter' was used to refer to the 'doing' of the home visit; that is, the repertoires described by social workers in order to successfully complete the key tasks of the home visit, such as directing the discussion with the parent (chapter seven).

As the analysis of each of these domains unfolded, it became evident that they were interrelated, as indicated in figure 22. Chapter five, for instance, demonstrated that sense-making involved the use of the worker's emotions (e.g. getting a "feel" for the case). In making sense of their cases, social workers drew on their emotional responses to their observations within the home (feeling "sad" or "reassured" when observing parent/child interactions, for instance). Sense-making was also inextricably related to the 'doing' of the home visit – involving knowledge obtained in the unfolding interaction between worker and family.

Chapter six demonstrated that the process of self-regulation involved the use of reasoning and thinking. For instance, trying to find ways to understand, or make sense of difficult cases helped social workers to manage and contain their immediate emotional responses towards service users. Similarly, making sense of their experiences within the context of the role (see professional skin – chapter six) helped workers to manage the personal and emotional demands of the work. Effective self-regulation (often facilitated within the interpersonal context of the team) restored workers' capacity to think. Sense-making can be regarded as predicated on effective self-regulation. Self-regulation was also effected through the 'doing' of the encounter – that is, social workers used certain practice behaviours (such as the adoption of particular characters) to both manage and defend themselves against emotions engendered by the home visit.

Chapter seven demonstrated that managing the encounter was guided by the need to make sense of the family and their situation, involving the use of specific lines of questioning and information-gathering strategies. Attending to the emotional nuances of the encounter with the parent enabled them to manage the encounter in a sensitive, yet purposeful way.



(Figure 22. Professional judgement in relation to the initial home visit)

In this sense, the three domains of the home visit were mutually-informative. It is argued that professional judgement involves activity in each of these spheres, and occurs at the intersection of the domains of thinking, feeling and doing. Professional judgement is an 'active' process, informed by the interactions that the social worker has with the family and crucially, their thoughts and feelings about those interactions.

A key research question for this study was 'how do social workers use and/or manage their emotional responses during an initial assessment?' A thread running throughout each of the findings chapters was the role of the worker's emotions in potentially informing, or potentially impeding, professional judgement. The following discussion focuses on the central role of emotion in professional judgement and the way in which it can be regarded as both a resource (section two of this chapter) and a risk (section three of this chapter) for professional judgement in the context of assessment.

Section two: emotions as a resource for professional judgement

For social workers the experience of undertaking an initial home visit was one of emotional intensity. As one social worker stated:

> When you go into a …household you're heightened. Your expressions, feelings, emotions, your senses are all aroused.

Drawing together material from the findings chapters, this section examines how the emotions experienced in relation to the home visit can be regarded as a resource, informing professional judgement. This section explores three key ways in which emotions acted as a resource for professional judgement. Firstly, the emotions experienced in relation to home visit were motivating, facilitating persistence in the face of parental resistance. Secondly, "reading" the emotional nuances of the encounter with the parent enabled social workers to manage the encounter effectively, gathering information in a sensitive, yet purposeful way. Thirdly, the social worker's intuitions or "gut feelings" sensitised them to "clues" around risk.

Emotions as a resource: facilitating persistence, motivation and understanding

As chapter six described, emotions acted as a motivating force both in relation to particular home visits as well in relation to the work more generally. The initial home visit was often particularly anxiety-provoking since it involved stepping into the "unknown" of the family's private space, and carried with it the risk of a "negative" or hostile initial reaction from the parents. As described in chapter six, social workers engaged in a process of emotional preparation or 'psyching up' which included listening to music and cognitive reappraisal, for instance, reframing the potential for conflict as a "challenge" and part of the rich and varied "adventure" of the role. A degree of heightened emotional arousal appeared necessary for the worker to maintain a stance of alertness and focus during the visit, allowing them to attend to the details and the finer nuances of the encounter with the family. As one worker said of the home visit:

> It's intense isn't it… You are looking at this with intense eyes.

A degree of pre-visit anxiety was motivating, spurring workers to prepare carefully for the visit, to consider how to introduce themselves as well as how to raise difficult issues in a sensitive way. Workers in the focus groups described a number of extremely difficult interactions with families. However, what was significant was the way that such experiences were later reconfigured by social workers as 'professional turning point stories' which solidified a positive

aspect of practice, enabled them to learn something about themselves, or as 'cautionary tales' in ways that enhanced their learning and informed their future practice behaviours. The emotional challenges of the role, such as being rejected and disliked, led workers to think deeply about the nature of their professional and personal values, often in a way that was reaffirming and facilitated persistence. Overcoming the challenges of the work seemed itself to be emotionally rewarding, promoting resilience, echoing Winnicott's (1964) conception of social work activity as personally and professional 'transformative' for the worker.

As chapter six identified, the home visit presented specific emotional demands including the experience of disgust, sadness or shock as a result of confronting the 'emotionally indigestible' (Cooper, 2014a: 271) facts of child abuse, neglect and emotional pain. One way to process these emotional experiences was to seek to *understand* and make sense of them. The various strategies social workers used to do this had much in common with the self-regulatory strategy of 'cognitive reappraisal' (Richards and Gross, 2000: 411). Social workers in the study reappraised situations evoking anger or disgust through constructing narratives of service users in ways that maximised their potential for change, considered their moral culpability in the context of their life experiences and re-situated them as people with complex histories that needed to be understood (chapter six). Such reappraisal helped social workers to move beyond their initial reactions and to begin the work of engagement, to 'understand' and to make sense of people and their world.

Strong emotions, such as anger, felt by social workers as a result of seeing children in harmful situations also acted as motivations to persist in the face of resistance and obstacles. Such situations led some social workers to construct narratives of themselves as 'heroes' and others to construct reaffirming narratives of their profession – revisiting, as one social worker described it, "why we do this". The function of these narratives was to promote courage and resilience in the face of adversity, providing the child-centred motivation and courage to continue to knock on doors:

> If *you're* scared walking to that door what is that child feeling? And as soon as you start putting yourself in that child's shoes you think … I'll knock on that door, no matter what.

Thus the emotions experienced by social worker during the home visit acted as a resource – facilitating persistence, understanding and professional resilience.

Emotions as a resource: aiding information-gathering

Social workers' emotional experiences during the home visit facilitated the gathering of important information. Attending to the emotional cues of the encounter helped social workers to develop a relationship with the parent which, in turn, allowed the gathering of sensitive information.

Social workers' narratives of the initial home visit indicated that managing the encounter was a complex activity, involving a number of tasks on the part of the social worker. The specific stages of the initial visit were captured in chapter seven, and included opening/engaging, information-gathering, naming, building the relationship and closing/taking leave. The initial home visit represented a delicate balancing act between gathering information to inform assessment, as well as responding sensitively and empathically to the parent in the context of a relationship. Careful attention to the emotional nuances of the encounter with the parent not only informed social workers' judgement about the case (chapter five), but also informed their judgement about how best to manage the specifics of the encounter with that particular parent (chapter seven). For instance, a key goal of the interaction with the parent was to facilitate 'flow' (chapter seven) in the parent's narrative, and to avoid a stilted "question and answer session." In order to do this, social workers attended to the emotional nuances of the encounter – tension in the parent's shoulders, whether they were "fidgety" or appeared nervous or distressed. As well as acting as a potential gauge of the parent's honesty (chapter five), attending to the shifting emotional tone of the encounter gave social workers a sense of how best to respond. Whether, for instance, it was best to 'advance' or 'retreat' (chapter seven) in their naming of difficult issues.

Attending to the parent's emotional cues and their own emotional responses during the encounter allowed social workers to skilfully navigate these sensitive discussions, which were sometimes like "treading on eggshells". The timing and phrasing of the way in which the social worker 'named the concerns' (chapter seven) to the parent, for instance, could make the difference between the social worker's message acting as a "shot across the bows" motivating the parent to make positive change, or serving to further alienate or discourage the parent. As one social worker said:

> There's a time to show empathy and care and a time to be matter of fact.

Chapter seven identified a range of 'characters' adopted by social workers during the initial home visit. "Reading" the parent's emotional state helped social workers to gauge when it was appropriate to get "alongside" the parent, to be compassionate and 'show care' - adopting the character of the 'Supporter' or 'Ordinary Person.' At other times, particularly

during the initial stages of the visit, social workers noticed that parents were nervous, or fearful of being "judged" by the worker. In such instances, social workers sought to show respect for the family's home and sensitivity to their feelings, by adopting the character of the 'Polite Guest' - enacted symbolically through the removal their shoes, and asking permission to move around the home. At other times, an investigative or firm and boundaried approach, might be more appropriate with the social worker adopting the characters of the 'Detective' or the 'Authority Figure.' Crucially, attention to the 'mood' and emotional feel of the encounter helped workers to manage their role in a way that was appropriate to the specific situation and to flexibly adopt different roles according to the way that the encounter unfolded. The ability to read situations in this way, to respond effectively while simultaneously gathering information, represents what one social worker referred to as "specialist-end skills" enabling workers to enact 'firm, fair and friendly practice' (Oliver and Charles, 2016: 1023).

Workers described the sense of "absorbing" and "holding" difficult emotions for parents in a way that allowed them to explore issues within their parenting. Social workers recognised the value of allowing parents the time and space to 'tell their story" during the initial home visit. This coheres with the idea of initial assessment as a potentially 'therapeutic encounter' (Millar and Corby, 2006: 887), a source of positive intervention in its own right. At the same time, establishing emotionally-responsive relationships with service users facilitated effective information-gathering. In this sense, making sense of the home visit involves what Broadhurst and Mason (2014: 581) refer to as 'relational knowing' – processes which involve understanding gained through interaction with a person 'piece[d] together information from eye contact, facial expression and body orientation'. The development of a relationship with the parent during the home visit can be viewed as having a dual-purpose – as a therapeutic intervention in its own right, as well as facilitating effective assessment. Arriving at a professional judgement in relation to the home visit can therefore be regarded as an affective-relational, as well as cognitive, process.

Emotionally-sensitised risk assessment – the role of intuition during the home visit

When describing the home visit during the research interview, social workers frequently honed-in on, and repeatedly returned to, instances where they had a "niggle", experienced a "bad vibe" or had a "gut feeling" that something wasn't quite right. As described in chapter five, such intuitions were initially apprehended as a break in the "flow" of the parent's narrative, or

a sense of incongruence in terms of something they had seen, heard or felt. When pressed during the research interviews, social workers struggled to articulate the reasons for such intuitions:

> Researcher: And what made you think she [the parent] was telling the truth during your conversation …
>
> SW: Erm, odd – to er, describe [pause] in that I just got a *feeling* that, that she was telling the truth.

As stated in the literature review, assessment in social work has been characterised as a partially intuitive process e.g. (Munro, 1999; Taylor, 2012; Helm, 2011; Saltiel, 2015) with some accounts placing social work 'closer to the intuitive pole of the cognitive continuum than to the analytical pole' (Luitgaarden, 2009: 248). Intuitive reasoning, a process that is 'swift and unconscious, seeking patterns in the data, permeated with emotions and using shortcuts to reach conclusions' (Munro, 2008: 3) allows the rapid appraisal of large amounts of data. The 'emotion-laden' (Munro, 2008: 4) nature of intuition places it somewhere been the cognitive and the emotional poles, as a 'quasi-rational' (Taylor, 2012: 548) quasi-affective process. This ambiguity is perhaps reflected in our language use, for instance, in the way we might describe 'getting a feel' for a new situation. In situations such as social encounters, intuitive reasoning helps us to make sense of hundreds of cues including eye contact, tone of voice and body language. It is therefore unsurprising that intuition played a significant role for social workers in managing and making sense of the encounter with the parent during the initial home visit.

Ribbens and Thompson (2001: 6) suggest that 'intuition could be described as a mixture of unrecognized, nonverbal messages about people and situations, which are constantly being updated by experience'. As such it can be hard to trace-back, and to articulate, the way that one has arrived at an intuition. Workers in the study described instances in which they experienced something akin to a mental "ping" – a sense that a particular piece of the parent's narrative was important before they were able to say why. Another social worker falteringly described how an observation during the home visit "er, made my brain go a bit, er questioning." Crucially, social workers' intuitions, their 'niggles' and "gut feelings" appeared to draw their attention to potentially salient information before it was rationally accessible. The effortful task of translating one's intuitive impressions into analytic concepts was a key part of arriving at a professional judgement. As chapter five describes, this process of moving from intuition to analysis was effected in the car, in discussion with colleagues and could be seen occurring in the research interviews themselves (as described in chapter four).

The need to heed, and to unpick, one's intuitions was recognised by social workers in the study as of central importance for professional judgement. As one social worker cautioned, if "you've got something in the back of your head you've *really* got to check it out!" Others gave examples of where a "niggle", which initially couldn't be articulated, was later substantiated as more information about the family came to light. One social worker summed up the role of intuition in professional judgement succinctly:

> It's that experience! … It's about your own life experience, it's about your own interpretation, it's almost like your templates for life, so what's … going on here… and I think for me it's a *gut feeling,* it's hard to explain - when you walk into a home you know, this is good, this is poor or I'm not sure about this. I think that's your starting point, that gut feeling, or professional feeling… I think, I think it's probably, for me it's an unconscious thing … have I seen this before? or where have I seen this before and what was the result of that experience? And I think for me that's where I get mine from.

In this comment, the social worker directly touches on the idea of intuition drawing on the individual's accumulated 'wealth of wisdom about the social world' (Munro, 2008: 4). For social workers, as described in the quotation above, this involves previous experiences of patterns of behaviour, in both one's personal and professional lives. These eloquently termed "templates for life", when drawn upon, allow workers to quickly apprehend deviations to expected behaviours, enabling them to 'act fast' often 'with outstanding accuracy' (Gigerenzer, 2007: 228). In terms of the home visit, this may mean changing their line of questioning, or mentally placing a specific aspect of the discussion in the "bank to come box" for later follow-up and "cross-referencing". Thus where social workers were able to reflect on, and subject these intuitions to scrutiny, they could act (as the social worker above suggested) as an important "starting point" for analysis.

In drawing on one's "templates for life" gained through practice and life experience, it can be argued that intuition (when harnessed effectively and reflected upon) is a hallmark of professional expertise, and part of what has been termed 'practice wisdom' (Klein and Bloom, 1995). There are parallels between the experienced professional skilled in "reading" and responding intuitively during encounters with the family and Fook's (1997: 413-414) conception of 'expert social work', defined as:

> …complex, adaptive and flexible. It concerns processes which can be applied across settings, and the making of holistic connections in often novel and changing situations. What emerges is a picture of both a skilled and creative individual—a professional who uses learnt technique and experience to make effective, perhaps intuitive connections…

As discussed in the literature review, some studies have been negative about social workers' grasp of the evidence-base for practice and their tendency to rely on intuitions (e.g. Kirkmam and Melrose, 2015) at the expense of use of theory in assessment (e.g. Collins and Daly, 2011). Contrasting this, a more positive recent study by Wilkins (2015) suggested that social workers correctly identified risk factors which have been empirically demonstrated to be linked with child abuse and neglect. Supporting this more positive view, this study has found that a number of features of the home visit that were intuitively regarded by social workers as significant did, in fact, have strong links to existing research. For instance, chapter five described a social worker engaged in close observation of the interaction between a parent and her young child. The social worker focused on the way that the parent responded to her child's needs while at the same time managing the discussion with him. During the research interview, the social worker described in detail the way he was reassured by the way the mother anticipated her child's need for stimulation as well as emotional reassurance during his visit. The CARE index (Crittenden, 1981) assesses parental sensitivity in the dyadic context of parent/child interaction. Specifically, 'adult sensitivity in play' is recognised within the CARE index as 'any pattern of behaviour that pleases the infant and increases the infant's comfort and attentiveness and reduces its distress and disengagement' (Crittenden, 2016: 1). The features that the social worker intuitively honed-in on, and that led him to feel that the child was "safe" and receiving "good care", had significant overlaps with indicators identified in the CARE index.

Chapter five of the thesis identified five domains of the parental narrative which social workers intuitively used as indicators in their assessment of risk: openness, coherence, emotional congruence, child focus and personal responsibility. These areas bear a striking resemblance to the first two stages of Horwath and Morrison's (2001) model of parental change (contemplation, determination, action, maintenance, lapse). As Horwath and Morrison (2001: 101) observe, parents usually come to the attention of social services at the 'pre-contemplation' stage, where the parent has not as yet accepted or recognised 'the need for change'. In my study, the extent to which parents were able to acknowledge concerns (see personal responsibility, acknowledgement in chapter five) was a key consideration for social workers, and one that they deliberately sought to evaluate through the use of the 'insight-testing question' (chapter seven). Similarly, Horwath and Morrison's (2001: 103) concept of determination, defined as the 'formal statement' by the parents of the 'real nature of the problems they face and how these affect their children' parallels the way that, in this study, social workers attended to the extent to which parents could identify their *own* role in the situation (personal responsibility) as well as identify the emotional impact of the current situation on the child (child focus).

Chapter five of this thesis described how social workers paid attention to the way that parents talked about their children, particularly whether the parent's narrative about their child was characterised by warmth and enjoyment or was problem-focused. There are overlaps here with The Parenting Daily Hassles Scale (see Cox and Bentovim 2000) included in The Framework for Assessment of Children and their Families (2000). This measure is aimed to assist the social worker in assessing how the 'parent/caregiver sees the situation' and 'whether difficulties lie in the troublesome behaviour of the children, or the burden of meeting the 'expected' or 'legitimate' needs of the children' (DoH, 2000). Thus, while social workers rarely made explicit reference to theory or research, the areas that they intuitively regarded as significant were by no means random or groundless – rather they touched on features that have been identified as key indicators of parenting capacity in the existing literature.

Social workers' intuitions, their "gut feelings" and "niggles" can therefore be regarded as an important part of their sense-making toolkit, developed through professional and personal experience. In relation to the initial home visit, intuitions acted as an important "starting point" for assessment, alerting workers to potentially salient aspects of the case. However, what was crucial for the effective use of intuition was the extent to which social workers were able to *reflect* on, and unpick, their intuitions. As will be discussed in the next section, intuitions could act as a *risk* for professional judgement if they were relied upon in an uncritical fashion. As Munro (2011: 90) summarises:

> Gut feelings are neither stupid nor perfect. They take advantage of the evolved capacities of the brain and are based on rules of thumb that enable us to act fast and with astounding accuracy, shown, for example, in our ability to recognise faces. They are not infallible, as research shows, because intuitive judgments are vulnerable to predictable types of error. Critical challenge by others is needed to help social workers catch such biases and correct them.

Section three: emotions as a risk for professional judgement

Drawing together material from the findings chapters, this section identifies two respects in which social workers' emotions, or their use of emotionally-led reasoning, had the potential to negatively impact on their professional judgement. Firstly, this section identifies the biases associated with the use of intuitive reasoning during the home visit. Secondly, this section identifies the impact of 'emotional bombardment' – the experience of excessive emotional demands – on social workers' capacity to exercise sound professional judgement. Put simply,

effective professional judgement is predicated on effective self-regulation and the ability to *reflect* on one's emotions.

The dangers of intuition – the risk of bias in trusting one's "gut feeling"

While the unconscious, 'emotion-laden' (Munro, 2008: 4) nature of intuition favours rapid appraisal and response, it carries with it the potential for error. Intuitive reasoning makes use of 'cognitive shortcuts' or heuristics (Taylor, 2012) in order to arrive at conclusions. As the literature review (chapter two) indicated, social workers' use of certain heuristics during assessment can compromise effective judgement, creating bias (see Munro, 1999; Kirkman and Melrose, 2014). Chapter five of this thesis offers a contribution to the knowledge of heuristics in assessment, identifying how certain parental responses (such as perceived 'openness') were intuitively used by workers to gauge the level of risk to the child. While in many instances, social workers described cross-checking their impressions against other knowledge sources, others appeared to rely more uncritically on such heuristics, creating a risk of bias. This section identifies the potential biases associated with the 'rules of thumb' used by social workers to make sense of the home visit. As Ribbens and Thompson (2001: 6) suggest, 'the trouble with relying on intuition is that we don't always know whether we have sufficient grounds for judging someone' or whether such intuitions 'simply reflect one's personal prejudices.' Thus while intuitions may play an important role in the generation of an initial hypothesis, without adequate reflection and hypothesis-testing there is the risk of bias.

Bias in professional judgement: the underestimation of risk

Figure 23 identifies potential biases resulting from social workers' intuitive responses during the home visit. In particular, the perceived 'openness' of the parent (i.e. that they talked "freely" during the visit, offering a wealth of information about the family situation with a minimum of prompting) appeared to be an especially powerful heuristic – an aspect mentioned by almost all of the social workers interviewed (see chapter five). Where social workers felt parents were open, they tended to view them as honest, likely to be cooperative and tended to come away from the visit feeling more reassured in terms of risk. In some cases, the worker's perception of openness on the part of the parent appeared to be a primary reason for closing the case following the initial home visit. There is an obvious danger that, when relied upon uncritically, this heuristic may lead the worker to underestimate risk to the child.

SW's perception during the home visit	Intuition	Potential bias	Implications for professional judgement
Parent is open	Parent is honest Parent will be cooperative	Conflation of openness and honesty	May underestimate risk to child
Parental narrative is coherent	Parent is competent, able to make decisions in the child's interests	Conflation of coherence with truth	May underestimate risk to child
Parent talks about child with understanding, warmth, appropriate emotion	Parent is a warm and responsive caregiver Capacity to be appropriately protective	Conflation of narrative with parenting	May underestimate risk to child – particularly in relation to domestic abuse and where child isn't also seen
Parent able to acknowledge concerns, identify past difficulties	Parent will, in the future, be able to take steps to protect child	Acknowledgement and understanding thought to be mirrored in parenting behaviour	May underestimate risk of disguised compliance
Encounter relaxed, characterised by positive emotions	Parents will engage in work with Children's Services	Overestimation of potential cooperation	May underestimate risk of disguised compliance, especially if background to current referral not also read by SW

(Figure 23. Bias in relation to the initial home visit: the underestimation of risk)

This study supports the (small) existing body of literature identified in the literature review (e.g. Buckley, 1999; Hackett and Taylor, 2014) which suggests that 'social workers use their perception of [parental] co-operation to help make a judgement about future intervention' (Platt, 2007: 334). Hackett and Taylor (2014: 2188), for instance, observed that social workers were reassured by the 'mother's perceived commitment to addressing the underlying issues in her life' (Hackett and Taylor, 2014: 2188). Using parental cooperation during the initial home visit as an indicator of risk to the child certainly has some legitimacy. For instance, non-cooperation and withdrawal of parental engagement with services has been implicated as a precursor to serious harm to the child in a number of Serious Case Reviews (see Reder *et al,* 1993). However, an uncritical reliance on cooperation as an indicator might lead to an underestimation of risk posed by disguised compliance. As Brandon *et al* (2008: 10) caution, 'apparent cooperation' by parents 'often prevented or delayed understanding of the severity

of harm to the child' with the result that 'cases drifted'. Similarly, Horwath and Morrison (2001) draw a distinction between *motivation* to change in parents and *ability* to change – parents may have motivation and not the ability or vice versa.

As indicated in figure 23, where parents were able to acknowledge and identify concerns, there was danger for social workers to assume that this would, in future, be mirrored in positive changes in parenting behaviour. In the seven cases where social workers undertook initial visits to investigate domestic abuse, openness on the part of the parent, together with a level of understanding and acknowledgement of concerns, was a powerful heuristic in terms of how social workers assessed future risk to the child. On the basis of the mother's presentation – her openness and acknowledgement of key concerns - one social worker made a prediction couched in certain terms – that this parent's life "*will c*hange in this next three months" i.e. that the parent would, once and for all, leave her violent partner. As a result of this, the decision was made by the worker to close the case and to take no further action, despite a long case history of the violent partner returning to the family home. Littell and Girvin (2002: 223) caution that there is 'scant' empirical evidence to support a direct link between specific stages of change (e.g. pre-contemplation, contemplation, determination etc.) and actual behaviour. They conclude that stage models which examine individual's motivations may have 'considerable heuristic value' but their 'practical utility is limited by concerns about the validity of stage assessments.' This suggests that while aspects of the parental narrative *may* provide a useful heuristic for social workers in terms of assessing risk, this must be balanced with a consideration of information from other sources and evidence of specific instances of behavioural change on the part of the parent.

The way in which parents talked about their children acted as a powerful heuristic in terms of parenting capacity. In the instances where children *were* present during the home visit, the social worker was able to use their observations of parent/child interaction to inform their judgement. The ways in which they did so is captured in chapter five. However, in the majority of the initial home visits the child or young person about whom concerns had been raised was seen separately at school. With the exception of one case (in which the social worker specifically stated her intention to return to observe the "interaction") judgements about the quality of parenting and relationship with the child generally drew on what was said *separately* by parents and children. There was a tendency to view the visit to see the child as a somewhat mechanistic "doing the wishes and feelings", primarily as a way to "verify" (or otherwise) the parent's "story." This suggests that, at least in terms of professional judgement in relation to initial assessment, there may be a bias at work in terms of relying on the parent's *account* of their relationship with their child, rather than judgements substantiated by observation.

Hollows (2003) identified a tendency for initial assessments to make insufficient reference to the case history. Perhaps one reason for this is the powerful and compelling nature of positive first impressions of parents – particularly perceptions of them as open and cooperative which may tend workers towards 'start again syndrome' (Brandon *et al,* 2008) despite a long history of similar referrals in relation to the family. This reiterates the way that social workers' intuitions, while allowing them to spot 'clues' and to develop and initial hypothesis, must be subjected to rigorous testing and reflection in order to usefully inform professional judgement.

The findings of this study emphasise the need for social workers conducting initial assessments to balance intuitions gained during the face-to-face encounter with parents with reference to contextual information and case history. In other words, to use intuition (e.g. that the parent is honest) as a hypothesis *to be tested* by gathering potentially disconfirming evidence from other sources.

Bias in professional judgement: the overestimation of risk

Figure 24 identifies how heuristics employed by social workers to make sense of the initial home visit may lead to an overestimation of risk.

SW's perception during the home visit	**Intuition**	**Potential bias**	**Implications for professional judgement**
Parent is closed	Parent is withholding information/lying	Conflation of lack of openness with dishonesty	May overestimate risk to child and underestimate parental capacity for engagement
Parental narrative is incoherent – omission and vacillation	Parent is withholding information/lying	Conflation of incoherence with dishonesty and resistance	May overestimate risk to child and underestimate parental willingness to engage
Parental emotional responses flat, lack of affect	Poor prognosis for engagement/progress and willingness to engage	Conflation of lack of affect with lack of concern/motivation	May overestimate risk to child and underestimate potential to effect positive change

(Figure 24. Bias in relation to the initial home visit: the overestimation of risk)

A parent being 'closed' (reticent or not forthcoming in providing the social worker with information about the family situation) or appearing to vacillate in their narrative (change their position readily and frequently) acted as a powerful heuristic in terms of social workers' assessment of risk, arousing social worker's suspicion that the parent was unreliable or withholding the truth. While the adoption of a stance of 'respectful uncertainty' (Laming, 2003: 205) is certainly appropriate, suspicion in relation to apparently 'closed' parents may lead social workers to overestimate risk. A parent's presentation may be influenced, for instance, by the stressful experience of having a social worker in their home, their level of communication skill, or mental health difficulties. As Turney *et al* (2011: 5) observe, since the 'assessment of parents generally relies on verbal communication', those who are 'inarticulate, passive, have learning disabilities, communication impairments' may be 'disadvantaged' during the assessment process. Cultural barriers may also determine the extent to which parents feel able to be open with the social worker. The appropriateness of sharing private details of family life to a stranger, particularly one who may be from a different cultural background, may lead parents to be more reticent in terms of sharing information. Where social workers rely uncritically on a lack of openness as an indicator of risk, there is a danger that this could disadvantage non-English speaking families (Chand, 2005) and BME groups. This might help to explain Enosh and Bayer-Topilsky's (2015: 1771) finding (outlined in the literature review, chapter two) that 'minority' ethnic groups were 'more likely to be assessed as being at risk'.

'Flatness' in the parent's emotional response during the home visit was taken by some social workers as a particularly bad sign – indicative of a poor prognosis for engagement and lack of potential scope for change. It might be suggested that, in these instances, there is a risk that the social worker's own emotional response to the situation might lead them to overestimate risk to the child and to underestimate the potential for positive change. It may be that working with someone who is depressed or feels hopeless is overwhelming, instilling in the worker a similar sense of low mood and hopelessness. In this sense there may be the danger of an unhelpful 'parallel process' between worker and client (Agass, 2002, McNeill and Worthen, 1989) resulting in the tendency for the worker to reinforce or 'mirror' dynamics within the family (Emanuel, 2002). It is easy to see how such transference of 'hopelessness' could result in drift and delay, and for families to be left without the provision of appropriate support that would enable them to make positive change.

In the absence of hypothesis-testing and reflection, uncritical reliance on certain heuristics as indicators have potentially negative implications for professional judgement, leading to the over or underestimation of risk. This supports Munro's (2008: 6) observation that 'in the

emotional, information-laden settings of direct work intuitive reasoning can be dominant but workers need to take time later to stop and reflect in quieter circumstances.' Such reflection can minimise the risk of biases associated with intuitive reasoning, allowing social workers to keep their judgements under 'critical review' (Broadhurst *et al,* 2010b: 8).

Ineffective self-regulation and risks for professional judgement

The literature review identified child and family social work as 'emotional work of a high order' (Howe, 2008: 1). As described in chapter six, visiting families in the intimate private space of the home presented a number of emotional demands, including: anxieties around being intrusive, being disliked, fear of harm to self, fear of causing harm to children, and the experience of disgust, distress and anxiety around encountering the taboo. Part of undertaking sensitive and effective home visits involved social workers 'absorbing' and 'holding' difficult emotions for children and families. While supporting families in this way was rewarding for workers, it also required what one worker described as "emotional toil." As identified in chapter six, social workers employed a range of adaptive strategies and defences in order to manage the emotional demands of the work. Social workers in the study demonstrated a wealth of intra and interpersonal strategies for managing the emotional demands of the role (see chapter six). These positive strategies, which included reappraisal and reframing through 'practice stories' shed light on how social workers 'bounce back' from difficult experiences, contributing to our understanding of professional resilience (see Collins, 2007, 2008; Grant and Kinman, 2012; 2013 and Rajan-Rankin, 2014). For instance, the use of role and professional identity could enable workers to absorb, but not be personally "flooded" by the emotional demands of the role, which allowed them to maintain the capacity to think effectively (see professional skin, chapter six). However, despite social workers' resilience and their use of effective coping strategies, a high volume of emotionally intense visits could 'bombard' the worker. This in turn presented risks for effective self-regulation (see figure 25).

Volume of home visits	Low Home visits spaced out, opportunities to return to office between visits for discussion	Mid Frequent visits, but with space to pause to reflect in between	High Back-to-back visits throughout working day
Emotional intensity of home visits	Low Less stressful more 'routine' visits	Mid Some visits emotionally intense	High Majority of visits characterised by conflict, hostility, distress

(Figure 25. Risks for effective self-regulation: bombardment)

A high volume of home visits, coupled with frequent experiences of conflict, hostility and distress together with a lack of opportunity to reflect, could understandably compromise some workers' capacity for self-regulation. Where the demands of the work exceeded workers' capacity to deal with them (and in the context of lack of agency support) some workers appeared to use defences in order to protect themselves from being "flooded" by anxiety and pain. In some cases, workers appeared to be at least partially aware that this might be happening (e.g. a sense of oneself as becoming "the bad guy"), in other instances these defences seemed outside of the worker's conscious awareness. Consistent with the psychosocial approach to data analysis, some defences were evident from the social worker's narrative – particularly the way that they spoke about service users and responded to the interview (see chapter five for examples.) The defences employed by some workers could potentially have negative implications for professional judgement and behaviour. Drawing on chapters six (self-regulation) and seven (managing the encounter) figure 26 shows the potential consequences of some of the identified defences.

Self-regulatory defence	Implications for professional judgement
Becoming mechanistic, procedurally-driven	Loss of empathic/sensitive response towards service users Inability to provide support Loss of ability to get important information gained in a close relationship Compulsive, self-reinforcing
Defensive forgetting	Loss of crucial assessment information Loss of confidence in professional ability
Downplay authority	Overly permissive in terms of judgements of risk Stance of a 'friend' rather than a professional in relation to the family Stuck in a 'supporter' or 'polite guest' role Lack of investigative activity and consequent failure to protect child's welfare Inability to act as a credible source of support and advice for the family
Excessive use of authority	Loss of empathic/sensitive response towards service users Stuck in an authority figure or interrogative detective role Alienation of families Inability to build relationship and therefore access information gained through a positive working relationship

(Figure 26. Defences against anxiety: implications for judgement and practice)

Crucially, the way that social workers managed their emotions had profound implications for the way in which they conceived of, and managed, their professional role. Emotional bombardment, whether in relation to a specific home visit, or the work more generally, had the potential to cause social workers to lose their grip on their sense of role, resulting in an anxious seeking of approval and/or validation from parents. As a result, workers might find themselves 'stuck' in the role of the 'Polite Guest' or 'Supporter' during the home visit, perhaps as a result of intense anxieties around being 'disliked' or being perceived as 'intrusive' by parents. In such instances, there is a risk for the social worker's judgement to become unduly permissive as they become a 'psychological hostage' (Stanley and Goddard, 1993), reduced to maintaining their emotional (or physical) safety through the maintenance of their relationship with the parent. At the other end of the spectrum, the emotional demands of the role (particularly repeated experiences of rejection and hostile encounters with parents) could lead workers to become defensively 'thick skinned', denying their personal stake in the work and protesting their invulnerability as a way to cope. As a

result, workers might become stuck in the role of the 'Authority Figure' or interrogative 'Detective' in relation to the work – perhaps developing a 'policing' attitude towards parents or resorting to 'expressions of cynical mistrust' (Woodhouse and Pengelly, 1991: 180), instances of which have been identified in this study. Stuck in such a 'thick skinned' defensive stance, social workers are likely to miss out not only on vital information accessible in the context of a positive relationship, but also be unable to provide much needed support to vulnerable children and families. This study suggests that the way in which social workers manage, and are supported to manage, the emotional demands of the work may have profound implications for professional judgement and practice behaviour.

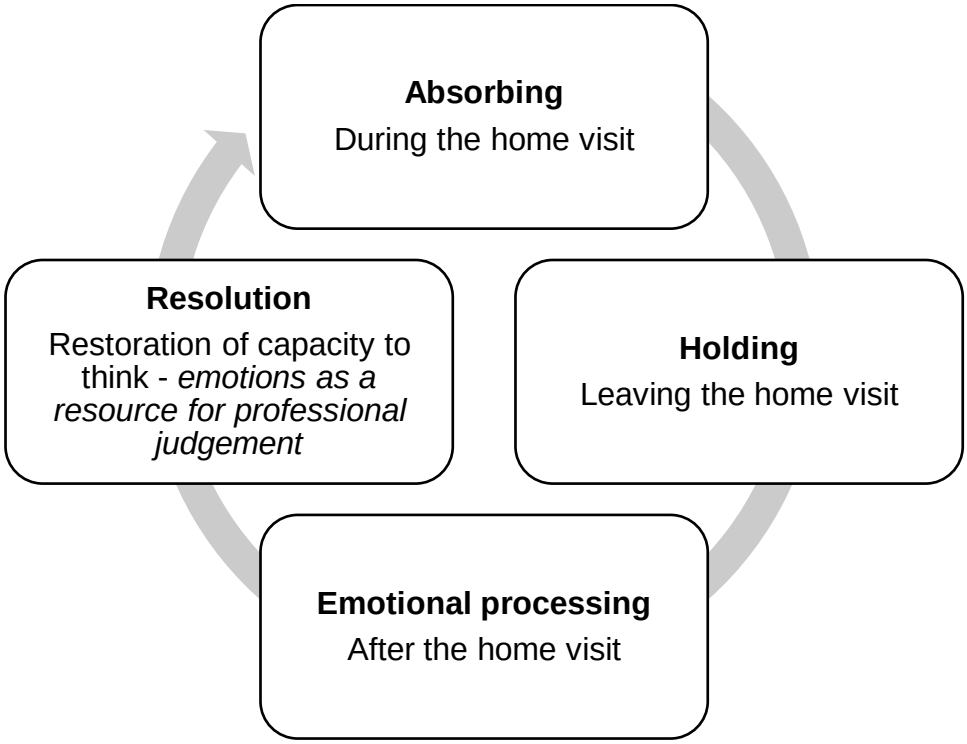
Section four: Emotions in professional judgement – risk or resource? The role of the team

The extent to which emotions acted as a resource, informing professional judgement, or as a risk, distorting professional judgement, depended on the worker's ability to reflect on, and process their emotions effectively. While individual strategies and defences are important for understanding social workers' use and management of emotion, the organisation has been identified as crucial in helping social workers to manage the emotional demands of the role (e.g. Morrison, 1990, Ruch, 2007, Horwath, 2015 – see literature review, chapter three).

The findings of this study suggested that the social worker's team, including their manager and colleagues, acted as a vital source of support in this regard (chapter five and six). While there were undoubtedly individual characteristics of workers which affected their ability for reflection (e.g. use of reappraisal strategies, ability to harness positive emotions in relation to the work) the organisational climate of the team appeared to influence the extent to which workers were able to process and manage their affective experiences. In terms of the data, this was reflected in social workers' descriptions of their team as well as seen in the interaction of team members during the focus groups. Returning to the office to discuss a home visit with colleagues, or "touching base" with a manager by phone provided workers with a vital thinking space, allowing them to move from feeling to thinking, from action to reflection and from intuition to analysis. This section summarises the role of the organisational context in facilitating effective interpersonal emotional processing, identifying specific aspects of team culture as facilitative of emotionally-integrated, rather than emotionally-led, judgement.

The team as a space for emotional processing

As identified in chapter six, managing the demands of the home visit involved a series of stages – the diagram below offers a simplification of this process:

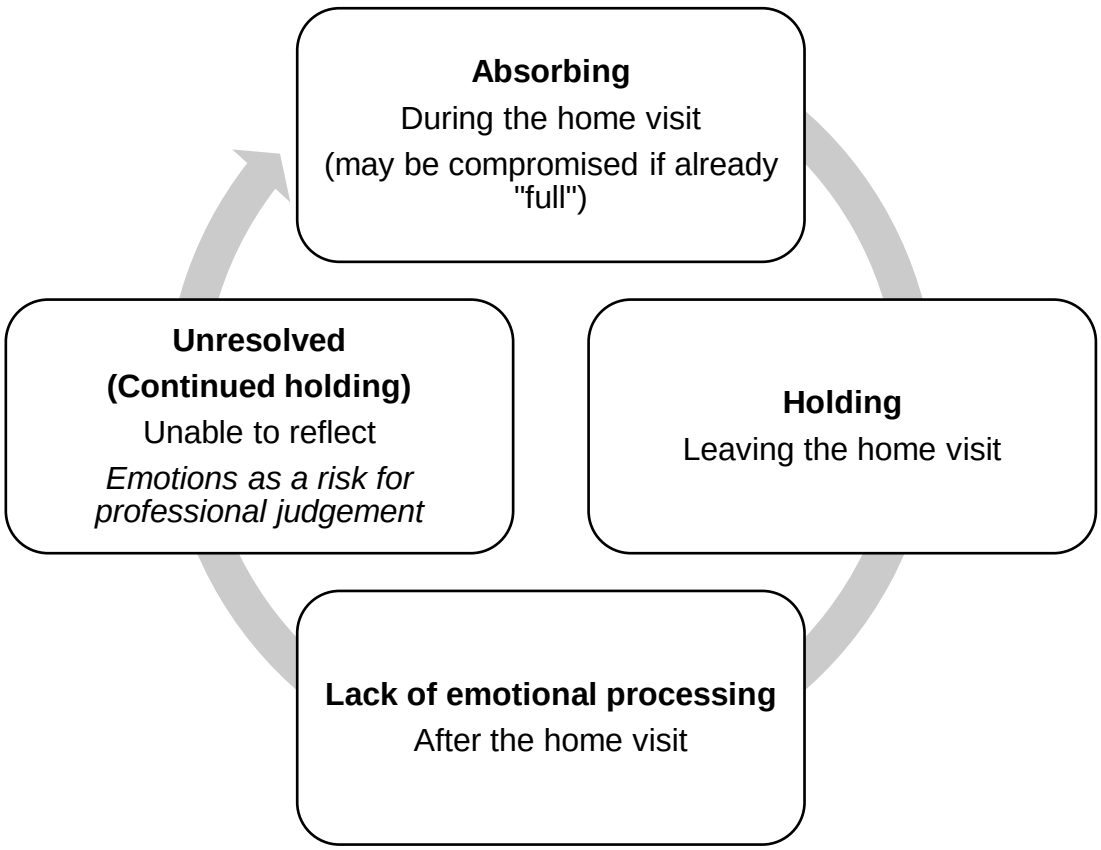


(Figure 27. Effective emotional processing)

Developing relationships and assessing the needs of vulnerable children and families during the initial home visit required social workers to enter into their emotional or 'inner worlds' (Schofield, 1998: 57). As described in chapters six and seven, listening empathically to the family "telling their story", showing care, offering containment and in some instances suppressing their own distress, involved social workers 'absorbing' the emotions of the family. As a result, social workers described leaving the home visit feeling emotionally "full", "brimming over" or "saturated'– this water imagery serving as a metaphor for the intense experience of 'holding' one's own and the service user's emotions. The team played a crucial role in facilitating the 'release' of this built-up emotion, providing a safe space in which to 'empty' and 'vent', receive emotional containment and receive reassurance (chapter six). Through discussion and debrief within the team, social workers were able to gain a degree of reflective distance from their emotions, restoring their capacity to think and consider the meaning of their affective experiences. Receiving emotional containment from the team in relation to a particularly challenging visit also restored the

worker's ability to be available to families during subsequent home visits, as one social worker put it, to avoid taking one "family's problems with you to the next family." As figure 27 indicates, the resolution of feelings in relation to one visit allowed the worker to be available to "absorb" emotions from the next family. Social workers described supervision and consultation with a manager as helpful in terms of emotional processing. However, colleagues were most frequently cited by workers as assisting reflection and providing emotional support. Where managers were not immediately available for consultation following a difficult visit, "venting" to colleagues allowed the worker to release enough pressure in order to enable them to continue 'holding' the material until a manager was available for a more in-depth discussion. As Ruch (2007: 663) suggests, the experience of containment can be 'sufficient to offer relief and enables individuals to keep going' even where 'immediate solutions' are not available. Even a "quick chat" with a colleague could be beneficial in providing relief.

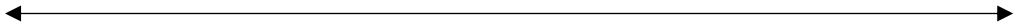
Where the team environment did not offer such support, effective emotional processing was likely to be compromised:



(Figure 28. Lack of emotional processing)

Without the opportunity to release and "vent" to colleagues, and to receive emotional containment, workers were left 'holding' difficult emotions. Excessive emotional demands of the work, coupled with an inability to process these led to emotions "building up" and "brimming over with implications for work/home-life intrusion and burnout (chapter six). As a result, some workers appeared to adopted a defensive stance towards their practice, which in turn had the potential to affect their capacity to think clearly about their cases. Unresolved "holding" of emotions also prevented some social workers from being emotionally available to the next family – it was difficult to offer emotional containment to families where the worker was already "full". While the capacity for effective self-regulation may differ between individual workers, the organisation played a crucial role. Where the organisation is not able to provide sufficient support for its workers, emotions may represent a risk, rather than a potential resource, for effective professional judgement. Figure 29 summarises five specific characteristics of the team environment identified by social workers affected the extent to which they could receive help to manage the emotional demands of the work.

Does not promote reflection (emotions as risk) **Facilitates reflection** (emotions as resource)



Availability of colleagues (physical or emotional)	Low Colleagues always busy, stressed, geographically dispersed	Mid Colleagues intermittently available	High Colleagues always available, ready to talk
Timeliness of support	Low No debrief after difficult visits	Mid Delayed debrief e.g. wait until next supervision or after weekend	High Able to immediately 'check in' with someone after a difficult visit
Acceptance of vulnerability within the team	Low Team culture of bravado and invulnerability	Mid Able to ask for support in overtly risky circumstances (e.g. physical safety of worker at risk)	High Appropriate, emotional support-seeking perceived as a necessary part of the work
Atmosphere of trust in the team	Low Unable to approach colleagues in the team to discuss frustrations and experience emotional containment	Mid Able to approach particular colleagues in the team to discuss frustrations and experience emotional containment	High Able to freely approach all colleagues in the team to discuss frustrations and experience emotional containment
Sense of safety in relation to home visiting	Low No sense of being held in mind by team when out visiting. Perception that "you're on your own!"	Mid Sense that support would be available, but might be unreliable/delayed if called upon	High Sense of being fully supported – either through joint-visiting in respect of risky visits, or robust lone-working procedures

(Figure 29. Team characteristics affecting self-regulation and professional judgement)

The left-hand column identifies features of the team environment which had a bearing on social workers' ability to manage their emotional demands of home visiting. The three columns on the right indicate a spectrum within each of these factors. Social workers whose

experiences might be plotted towards the right hand side of the columns appeared more able to reflect and manage the emotional demands of the work. For social workers whose experiences might be plotted towards the left hand side of the spectrum however, opportunities to reflect and process emotions were more scarce. For one social worker (see chapter six, 'managing being disliked') within the study, it was possible to plot their experiences in the week preceding the research interview almost exclusively along the left-hand column – a series of back-to-back visits, characterised by verbal and physical aggression with no opportunities to debrief or "vent" his frustrations, in a team where seasoned professionals were expected to "get on" with the job rather than seek support. This social worker understandably described himself as "tired" and appeared to be defensively stuck in the role of interrogative 'Detective' (chapter seven) occasionally indulging in 'expressions of cynical mistrust' (Woodhouse and Pengelly, 1991: 180) with regard to the children and families. However, it was particularly striking that the space provided by the research encounter allowed the worker to move from this stance towards a more reflective consideration of their work, providing further evidence for the role of emotional containment as facilitating reflection and thoughtful practice.

This study lends strong support to the existing literature suggesting that the reflective capacity of workers is influenced by the emotional 'climate' of their organisation (Horwath, 2015) its capacity to provide emotional containment (Ruch, 2007) and the degree to which it is itself 'emotionally intelligent' (Morrison, 2007).

Summary: the role of emotion in professional judgement

The emotions of the social worker during the home visit have been identified as both a potential risk and a potential resource for professional judgement. Professional judgement in relation to the home visit has been characterised as a rational-affective process in which the social worker draws on their emotional experiences in order to make sense of, and to effectively direct and navigate the encounter with the parent. Specifically, emotions (both positive – happiness, excitement and negative- anger, sadness, frustration) function to facilitate motivation and persistence in relation to the work, contributing to professional resilience. The social worker's emotions during the home visit provide information – helping the social worker to establish an empathic relationship with the family and gather information for assessment. The worker's feelings and intuitions serve to sensitise them to the nuances of the encounter which may be indicative of risk, and to draw on their practice experiences as a way to inform their understanding of the current situation. Conversely, the social worker's emotions during

the home visit have also been shown to pose a risks for effective professional judgement. Firstly, emotionally-led reasoning, and the uncritical acceptance of one's "gut feelings" can lead to bias. This thesis has identified specific biases in relation to the home visit. Secondly, the emotional demands of the work, when outstripping the worker's capacity for processing may serve to foster defensive practice, skewing judgement in relation to risk. Specific 'risk' factors have been identified which may influence the extent to which emotions act as either a resource (informing) or as a risk (distorting) professional judgement. The strategies employed by different workers, the nature of the cases and the team environment have been demonstrated as playing a crucial role in the extent to which social workers are able to process their emotions and, consequently, the extent to which workers can draw on their emotional experiences to inform their professional judgement.

Chapter nine: implications for practice and conclusion

The previous chapter discussed the findings of the study in the context of the existing literature, advancing a conceptualisation of effective professional judgement in relation to the home visit as involving the processes of sense-making, self-regulation and management of the encounter with the family. The findings from this study therefore have implications for a) social work reasoning, knowledge and reflection b) resilience and wellbeing at work and c) social work skills. This chapter identifies the implications of the findings for social work practice, offering a series of recommendations in relation to four areas: social work education, qualified social workers, managers and organisations, and future research and development. These four areas will now be outlined in turn. The chapter closes with a conclusion to the thesis.

Implications for social work education

Stage	**Recommendation**
Recruitment for qualifying courses	To be assessed at interview: • Candidates' ability to reflect on how they have been shaped by their emotional experiences and identify the personal values that may influence their professional judgements • Candidates' ability to identify the ways they manage stress and how they think and behave under conditions of emotional stress • Candidates' interpersonal skills evidenced in their management of the admission interview
Teaching	Qualifying curriculum to include specific teaching on: • the role of heuristics and bias in professional judgement, including specific biases associated with initial assessment (such as those identified in this thesis) • the value of emotionally-intelligent reflection – recognition of emotional states as integral to reasoning and judgement • the impact of organisational culture on professional judgement • the role and impact of organisations in relation to the management of anxiety • relationship-based skills to encourage reflection on how relationship is developed and enacted within specific encounters, such as the initial home visit • assessment skills and strategies in unfamiliar contexts, such as the family home
Preparation for work placement	• Encourage students to identify and anticipate how their own biases, values and assumptions may shape their professional judgement and practice on placement • Support students to recognise and seek appropriate support on placement

	• Promote awareness of different team cultures in social care agencies • Training of practice educators to provide *process* reflection – focus on students identifying mental states (including emotions) within themselves and service users • Roleplay social work assessment skills in simulated realistic environments such as the family home
Assessment of placement	Assessors to consider the extent to which students are able to: • recognise and be reflective about their own biases • reflect on their own emotional experiences and those of service users • reflect on the links between feeling, thinking and doing in relation to their own practice • demonstrate relationship-based skills within assessment

Implications for qualified social workers

Stage	**Recommendation**
Newly-qualified social workers	Recommendations for Assessed and Supported Year in Employment (ASYE): • Curriculum to include specific teaching on heuristics and bias in social work reasoning • Emphasis on role of external supervisors in the ASYE programme. This may help students to consider the role of their organisation in shaping their response to the work, particularly where their first experience of practice involves a team environment which is not conducive to helping them manage the emotional demands of the role • ASYE curriculum to help students explore and identify effective emotional management strategies, enabling social workers to develop resilience as they move towards increasingly independent practice
Experienced social workers	Provision of Continuing Professional Development (CPD) to: • encourage social workers to reflect on the development of their professional intuition – its uses and limitations • assist social workers to identify their own coping strategies and explore how these strategies impact on their practice and judgement • facilitate reflection on use of role to avoid workers becoming 'stuck' in a habitual character (as discussed in chapter seven) Provision of supervision which: • explores reasoning processes – helping workers to draw out biases in their judgement • acknowledges and explores the impact of emotional demands of the work on the worker • provides a space to consider specific encounters where the worker has struggled to make sense of their observations (e.g. as a result

	of feeling overwhelmed). Use of the three domain model of the home visit (generated by this research) could act as a reflective aid, helping worker and supervisor to unpick the encounter

Implications for managers and organisations

Area	Recommendation
Team culture	• Attention to team environment as a space for judgement and decision-making • Identification of problematic sense-making within the team environment, such as shared bias • Attention to team culture as a space for emotional processing. For instance, whether the team provides opportunities for emotional processing (venting, emotional containment, resolution – figure 17) • Identification of problematic team cultures which are not emotionally-intelligent e.g. bravado (tendency to suppress or discount emotional experiences of the work) or venting without resolution • Consideration of team risk factors for professional judgement (as identified in figure 29)
Supervision	• Provision of supervision which includes attention to the predictable biases in social work reasoning (including biases identified in this thesis) • Prioritisation of regular, predictable supervision which is 'emotionally intelligent' – acknowledges the role of emotion in sense-making alongside the need for emotional containment • Facilitation of peer supervision spaces as a way to model productive exploration and resolution of emotion (rather than as a space for "venting" alone)
Work allocation	• Work allocation to consider cognitive demands of the caseload. Recognition of the danger of forgetting and 'muddling' cases where concerns are similar (see figure 16) and caseloads are high • Caseload and work allocation to consider not just number of cases, but *intensity* of cases and quality of experiences with the family in order to avoid emotional bombardment (see figure 25) and associated risks for professional judgement • Importance of robust safe/lone working policies with a recognition that these are important on both a practical and *psychological* level for social workers
Physical environment	• Consideration of the impact of agile working practices (such as hot-desking, remote working) on social workers' ability to receive support from colleagues • Consider use of IT, mobile devices, Skype and messaging services as a way for social workers to easily 'check in' with their team/colleagues while they are out in the community

Implications for further research and development

Area	Action
Further development of conceptual models in the thesis	• Development of models within the thesis (e.g. three domains of the home visit, making sense of the Parental Narrative, directing the discussion, use of character) as reflective tools for use in social work supervision and education • Development of models within the thesis (e.g. post-visit sense-making, post visit-emotional processing, the team as emotional processing space) as tools for use by Local Authorities, managers and teams for emotionally-intelligent workforce planning
Further empirical investigation of concepts developed in the thesis	• Empirical research of processes identified in the thesis (such as the PN, directing the discussion, use of characters etc.) through ethnographic research methods to examine their enactment in practice
Directions for future research (based on areas of concern highlighted within this thesis)	Investigation of the team as a decision-making space in social work practice. To consider: • how different types of team (e.g. systemic units, traditional fieldwork, 'duty' teams etc.) affect judgement and self-regulation • the role of emotional intelligence within teams, including how emotionally-intelligent team cultures can be established and maintained • international comparisons (e.g. countries such as Finland) which emphasise dyadic social working practices

Conclusion to the thesis

Every day all over the UK, social workers prepare to meet new families, knock on doors and cross the threshold into the private space of the family home. Despite the centrality of the home visit to social work practice it has been largely neglected within the literature (Ferguson, 2016, Winter and Cree, 2015). This absence is perhaps reflective of a more general lack of empirical research into routine social work activity and decision-making. The findings of this study address this gap, providing a picture of social workers' experiences of everyday home visiting practice. In offering an analysis of the thinking processes involved in making sense of the home visit, this study offers a new conceptualisation of professional judgement in social work. As such, this thesis represents a significant contribution to social work knowledge.

The existing (although limited) studies on home visiting have used ethnographic methods to explore communication between social workers and children (e.g. Winter *et al,* 2016) and social workers' practice behaviours, including their movement around the family home (e.g. Ferguson, 2016). The findings of this interview-based research can be regarded as complementing these ethnographic studies, providing a picture of the home visit as experienced from the perspective of the social worker.

The aim of the study was to investigate the experience of the initial home visit and how social workers used their observations to inform their assessments. Interviewing social workers directly after they left the home allowed me to capture their immediate responses to this encounter– the feelings evoked in them by the family and their initial attempts to organise their thoughts. The fact that I did not accompany social workers into the home meant that in order to paint a picture of their experience, social workers needed to provide me with an extremely detailed story. The use of interviews allowed me to elicit a series of incredibly detailed narratives about practice as seen through the eyes of the worker. A particular strength of using narrative interviews was that it allowed me to see what social workers *themselves* viewed as significant and their thinking processes as these unfolded after the visit. The self-selected elements of social workers' stories, and the way that they constructed their accounts of the home visit, formed the basis of my analysis of heuristics and bias, representing a contribution to knowledge about reasoning and reflection in social work.

While the use of interviews provided detailed pictures of particular visits, the addition of focus groups allowed me to set these experiences in the context of social workers' experiences of home visiting more broadly. The *process* of these focus groups, particularly the way that workers responded to each other, generated insights about the role of the team as a crucial source of support. This thesis offers a conceptualisation of the social work team as an important space for emotional processing and decision-making.

The sample for this study was diverse in terms of gender, practice experience, type of team and visit. However, as it was taken from two shire counties, it may not reflect the range of cultural diversity (both in terms of families visited and workers themselves) that might be expected within an inner city environment. The findings may therefore not be generalizable to the experience home visiting in all geographic areas, which may involve additional challenges such as the use of interpreters (Chand, 2005).

Developing relationships and assessing the needs of vulnerable children and families required social workers to enter into their emotional or 'inner worlds' (Schofield, 1998: 57). This involved sharing and absorbing the often painful experiences of service users' lives (Howe, 2008) and confronting the 'emotionally indigestible' (Cooper, 2014a: 271) facts of poverty, deprivation,

child abuse and neglect. Psychosocial analysis uses insights from psychodynamic theory, emphasising the role of narratives in the management of anxiety. As such, it provided a particularly helpful framework in which to consider the emotional "toil" of home visiting (such as fear and rejection) and how these demands were managed by workers.

As White and Stancombe (2003: 20) observe, the 'processes of judgement are storied'. Psychosocial analysis, with its emphasis on narrative, was particularly useful in examining the way that workers constructed their professional judgements through telling 'stories' about their practice. However, the use of a psychosocial framework did present a number of challenges. As a relatively new method (see Woodward Clarke and Hoggett, 2009, Woodward, 2015) there is little written about how to undertake psychosocial analysis, particularly in comparison to more established methodologies such as grounded theory. A significant challenge was how to position myself within the theoretical field of psychosocial studies, as well as how to operationalise a psychosocial approach for data analysis. The methodology chapter represents an attempt to offer a coherent theoretical and methodological account of psychosocial research.

The initial home visit represented a particularly emotionally intense experience for both social workers and families. Social workers needed to hold in balance and manage their own emotions as well as those of service users, while at the same time gathering important information. Being an uninvited stranger in somebody's home and needing to ask intrusive, personal questions is an activity for which there is no obvious existing social repertoire. Social workers had to find ways to manage both the practical and emotional demands of this task in a way that allowed them to remain open and sensitive towards the family's needs. A psychosocial analysis of the data helped to draw out the ways in which social workers managed their anxieties and the role of emotions in shaping their professional judgement.

A key skill in social work practice is the management of the 'investigator vs helper role' (Anderson, 2000: 840) balancing 'care' and 'control' (Platt, 2008: 201) in order to enact 'firm, fair' but also 'friendly' practice (Oliver and Charles, 2016: 1023). Using a narrative form of analysis helped me to draw out how social workers experienced these dilemmas and how they sought to resolve them. Identifying different 'characters' (e.g. Polite Guest, Detective, Supporter) within social workers' stories has generated a more nuanced understanding of how social workers understand and manage their role in specific practice situations.

Child and family social work, and social work more broadly, has been described as occupying a 'contested' position within society (Hoggett, 2006: 175). In addition to the negative 'cultural narrative' of child protection (Cooper and Whittaker, 2014: 251) social work is a profession subject to continual scrutiny, reform and review. Social work with vulnerable children and

families can itself be viewed as a vulnerable profession. In this context, researching and writing about social workers represented a considerable responsibility and generated a number of ethical dilemmas. I was aware of the vulnerability of the children and families who appear in the study as seen through eyes of their social workers. I was also mindful of the vulnerability of the social workers who talked to me about their experiences, sharing frank views on their work as it unfolded in a way that might not be representative of their more considered professional judgements. A key ethical challenge was the way in which I reported the data and the way both families and social workers were presented in the findings. I endeavoured to present the emotional demands of the work alongside the rewards that could be found in successful partnership working with families. I also attempted to set my discussion of potential bias in the context of the irreducible complexity and uncertainty of work with, and for, people.

In order to support and protect children and families we need an adequately staffed, effective workforce. Recruitment and retention (see Grant and Kinman, 2011, 2013) is longstanding issue for child and family social work. The notion of professional resilience, and how to promote it, remains a pressing concern (Truter *et al,* 2016). However, as Rajan-Rankin (2014: 2426) identified 'the processes by which resilience is developed remain under-explored'. Listening to social workers' experiences is vital for our understanding of what constitutes resilience. In listening to social workers' accounts of their work, this thesis has identified a range of adaptive strategies used by workers allowing them to manage the emotional demands of the work. In this sense the thesis offers a contribution to the understanding of professional resilience. However, the findings from this study have also demonstrated that resilience is a nuanced concept – some defences that help social workers to survive and continue in the job may not be conducive to sensitive, empathic practice in relation to vulnerable children and families.

Most importantly, this study has provided a picture of the complexity and intricacies of reasoning in social work. Arriving at a professional judgement in relation to the home visit involves the integration of sensory, intuitive, emotional and relational information in order to construct a coherent assessment. This is complex, skilled and demanding work. As Ruch (2009: 361) observes, within the context of financial austerity there is a dangerous tendency for reflective practice to come to be regarded as 'indulgent' or a 'luxury', or as Ixer (1999: 522) suggests, as a 'soft subject that cannot be afforded' within the context of budgetary and time constraints. This thesis has demonstrated that reflection in social work is *essential* for effective professional judgement – social workers need to be supported to subject their judgements to scrutiny on both an individual and organisational level. If they do not, the risk of bias increases along with the risk to the children and families who are subject to their decisions.

This thesis has offered a conceptualisation of the reasoning processes and the role of emotion in professional judgement. The emotional responses of social workers can be a rich source of knowledge, sensitising them to important information often before it is rationally accessible. However, emotions experienced by the social worker can also represent a risk, distorting reasoning and skewing professional judgement. This thesis has argued that effective professional judgement is predicated on effective self-regulation. It is imperative that social workers are provided with supportive spaces in order to process their emotions. This in turn restores their capacity to think clearly about their cases, promoting emotionally-informed rather than emotionally-led judgement. In advancing an affective-rational conception of professional judgement in social work, this thesis supports commentators such as Trevithick (2014: 287) who argue that we need to 'reclaim' an understanding of the role of 'emotional reasoning, intuition and the relationship' and the 'part played by conscious and unconscious elements' in decision-making. Acknowledging and supporting both the rational and emotional aspects of the work will better equip social workers to make effective professional judgements in relation to children and their families.

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Appendices

Appendix A: Project overview for Local Authorities

Appendix B: Information and consent form (interviews) for social workers

Appendix C: Information and consent form (focus groups) for social workers

Appendix D: Interview schedule

Appendix E: Focus group schedule

Appendix F: Sample case summary

Appendix A: Project overview for Local Authorities

Social workers' experiences of home visiting

Project overview

The aim of this research project is to gain a greater understanding of the way in which social workers reflect on their work with children and families. It will consider how social workers experience, process and analyse their home visits to families in the course of their work.

It is envisaged that this research will offer new insights into child and family social work practice and help to inform guidance and policy on the training, support and supervision required by social workers.

The research will involve interviews with social workers. Social workers will be interviewed upon their return from a home visit where they have met a family for the first time.

The research will be carried out by Laura Cook, a PhD Researcher in the School of Social Work at the University of East Anglia. The project is supervised by Professor Gillian Schofield, School of Social Work.

Methods

The project will utilise narrative interviews with a sample of thirty child and family social workers, drawn from three different local authorities.

- The project will aim to identify a sample of ten participants from each local authority
- The aim of the project is to interview social workers as soon as possible after they have conducted the home visit
- Social workers will be interviewed for approximately one hour. They will be asked to describe a home visit that they have just undertaken. Following this, they will be asked some further questions in order to elicit their reflections on the visit

- Social workers will be interviewed about a home visit where they have *met the family for the first time*. However, it is not necessary for the family to have had no prior involvement with Children's Services

This research project was approved by the Social Work Ethics Committee at the University of East Anglia on 28th February, 2013.

Contact information

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Appendix B: Information and consent form (interviews) for social workers

Centre for Research on Children & Families

University of East Anglia

Participant information sheet and consent form

Social workers' experiences of home visiting

Thank you for your interest in this research project. The aim of this study is to gain a greater understanding of the way in which social workers reflect on their work with children and families. It will consider how social workers experience, process and analyse their home visits to families in the course of their work.

We would like to speak to social workers who have just undertaken a home visit to meet a family they have not previously met before.

What will happen if I agree to take part in the research?

If you agree to take part in the research you will be interviewed by a researcher from the University of East Anglia. You can choose to speak to the researcher over the phone or they can come and meet you in person. You will be asked to describe what happened at the home visit and will be asked some questions about your thoughts and feelings during the visit. The interview will take a maximum of one hour, but may take less than this. The interviewer will take an audio-recording of the interview.

What are the benefits of taking part?

Your contribution will help to offer new insights into child and family social work practice and may help to inform guidance and policy on the training, support and supervision required by social workers. In addition, the interview may provide you with a space to think and reflect about your practice, which you may find useful.

Do I have to participate? Can I change my mind later?

You do not have to participate in the research. If you do decide to take part, you can ask that the interview be stopped at any time. You are free to withdraw from the study up to two weeks after the interview has taken place. You can do this by contacting the researcher. After two weeks it will not be possible to withdraw the data as analysis will have started and the data will have been anonymised.

How will my contribution be used?

The audio-recording of the interview will be transcribed into a word document. All identifying names, places and other details will be removed or changed. The data will be written-up into reports to be presented at academic conferences, journal articles and as a PhD thesis. No data will be used that allows participants to be identified.

How will data be stored?

Electronic data will be stored on a password-protected computer and will be kept confidential. Any paper documents relating to the data will be stored in a locked filing cabinet in a secure office. Any identifying details of participants will be stored separately from their data. All data will be stored in accordance with the principles of the Data Protection Act 1998.

Confidentiality

As stated above, confidentiality will be maintained as far as possible. However, should information be obtained during the interview process indicating either serious risk to the participant or service users, or breaches of professional regulations, this information would need to be passed on. In the unlikely event that this should occur, the decision to pass on information would be discussed with the participant where possible.

The research will be carried out by Laura Cook, a PhD Researcher in the School of Social Work at the University of East Anglia. The project is supervised by Professor Gillian Schofield, School of Social Work.

I have read the information above and agree to take part in the study:

Name …….. Signature …….....

Date ……..

Contact information

Laura Cook (PhD Researcher), School of Social Work**,** University of East Anglia**,** NR4 7TJ**,** Email: l.cook@uea.ac.uk

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Any queries about safety of this research can be directed to the Social Work Ethics Committee at UEA, chaired by Dr Elsbeth Neil. Email: e.neil@uea.ac.uk.

Appendix C: Information and consent form (focus groups) for social workers

Centre for Research on Children & Families

University of East Anglia

Participant information sheet and consent form

Social workers' experiences of home visiting: focus group

Thank you for your interest in this research project. The aim of this study is to gain a greater understanding of the way in which social workers reflect on their work with children and families. It will consider how social workers experience, process and analyse their home visits to families in the course of their work. This study will use interviews and focus groups to gather data. **You are being invited to participate in a focus group to discuss home visiting.**

What will happen if I agree to take part in the research?

Focus groups bring people together to talk about a specific topic. If you agree to take part you will be asked to join a group of approximately ten people in order to discuss the topic of home visiting in the context of child and families social work. We are interested to hear about the wide range of experiences of home visiting among social workers. The session will last approximately two hours and will be held at a venue convenient for participants. Participants will be asked to draw on their own experiences of home visiting and share these with the group. Refreshments will be provided, and there will be a short break in the middle of the session.

What are the benefits of taking part?

Your contribution will help to offer new insights into child and family social work practice and may help to inform guidance and policy on the training, support and supervision required by social workers. In addition, the focus group may provide you with a space to think and reflect about your practice in relation to home visiting, which you may find useful.

Do I have to participate? Can I change my mind later?

You do not have to participate in the research, participation is voluntary. In the unlikely event that you feel distressed or uncomfortable *during* the group you may leave at any time, or choose to take a break. The facilitator will be available after the group to discuss any concerns. You can also contact the researcher after the event via telephone or email if you would prefer.

You are free to withdraw from the study itself up to two weeks after the focus group has taken place. You can do this by contacting the researcher. If you withdraw from the study your responses will not be used in the final analysis. Additionally, any responses given by other participants which mention your contribution will also be deleted. After two weeks it will not be possible to withdraw the data as analysis will have started and the data will have been anonymised.

How will my contribution be used?

The audio-recording of the focus group will be transcribed into a word document. All identifying names, places and other details will be removed or changed. The data will be written-up into reports to be presented at academic conferences, journal articles and as a PhD thesis. No data will be used that allows participants to be identified.

How will data be stored?

Electronic data will be stored on a password-protected computer and will be kept confidential. Any paper documents relating to the data will be stored in a locked filing cabinet in a secure office. Any identifying details of participants will be stored separately from their data. All data will be stored in accordance with the principles of the Data Protection Act 1998.

Confidentiality

Focus groups involve gathering information from multiple participants. As such, we request that participants do not share outside of the session any information about the content of the session or the contributions of their fellow participants. If any confidential information arises in the course of the focus group (which could identify, or potentially identify, families or particular cases) these will be deleted before transcription takes place. In the event that such information is disclosed during the group, participants will be reminded of the confidentiality clause. During the focus group, participants will be invited to share their own emotional responses to home visiting and to their work more generally. Participants need to be sensitive and respectful towards other participants' experiences and practice.

As stated above, confidentiality will be maintained as far as possible. However, should information be obtained during the focus group indicating either serious risk to the participant or service users, or breaches of professional regulations, this information would need to be passed on. In the unlikely event that this should occur, the decision to pass on information would be discussed with the participant where possible.

The research will be carried out by Laura Cook, a PhD Researcher in the School of Social Work at the University of East Anglia. The project is supervised by Professor Gillian Schofield, School of Social Work.

I have read the information above and agree to take part in the study:

Name …….. Signature …….....

Date ……..

Contact information

Laura Cook (PhD Researcher), School of Social Work**,** University of East Anglia**,** NR4 7TJ**,** Email: l.cook@uea.ac.uk

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Appendix D: Interview schedule

Consent and greeting: Has the worker read and understood the information on the consent form? Any questions? Confirm verbal consent. Remind interviewee that phone call will be recorded and transcribed.

Background: Length of time social worker has been in practice, details of practice experience.

Criteria: Check that this was the social worker's first visit to see the family. When did the visit take place? How long ago?

Narrative-inducing question: Tell me the story of the home visit you have just been on today in as much detail as you can remember, including what you knew beforehand, getting to the visit, what happened in the visit, leaving the visit, up until the point that you called me. No detail is too small.

Emphasise interest in small details.

((Allow participant to recall the home visit as much detail as possible without interrupting))

If social worker pauses encourage them to continue their narrative by asking open-ended questions, reflecting back – use the social worker's wording and ordering

Questions concerning gaps/omissions in the SWs narrative: Only after the social worker has fully narrated their visit should probing questions be posed concerning any topics that they *haven't* touched on.

Experience of the interview compared to the way in which the social worker would usually reflect on their cases: What was it like talking about the home visit with me today?

Did talking about the case with me make you think of anything new about this case?

Is the way we've talked the visit through today the way you would tend to reflect on/think about your cases?

Who will you/have you talked about this case with? Where do you do your thinking?

Debrief: Anything about the visit that you'd like to mention that we haven't talked about? Did it feel okay talking about the visit with me today? Any concerns? Signpost to LA support services if appropriate. Would you like to be informed of findings later on? Thanks for taking part.

Appendix E: Focus group schedule

Participants will be asked to draw on their broader experiences of home visiting in the context of child and families social work.

Introduction

Overview of research project

Check participants have understood information on the project information sheet

Consent and data storage

Data withdrawal after the focus group

Emphasise respectful challenge

Possible questions - ideally led by participants

How do you prepare for a home visit?

Is there anything you worry about before going on a home visit?

How do you engage families when you get there?

How do you introduce yourself?

Are there certain types of visit that are more difficult? Emotionally challenging?

What is it like for you to do a home visit? Are any aspects particularly daunting?

How do you assess risk during the home visit? What do you look for?

How do you observe a child/parent?

How do you make sense of the home visit?

Where and how do you do your thinking about the home visit?

What support do you feel that you need to manage the demands of home visiting?

Potential probing/follow-up questions:

Do you have an example/a memory of when you experienced that?

Has anyone else had a similar experience? A different experience?

Closing and debrief

What has it been like to discuss home visiting like this today? Any concerns? Offer private/follow-up discussion if needed for individual participants

Did you come up with any new observations/ideas?

Signposting if necessary to LA support services

Details about project dissemination

Appendix F: Sample case summary

Interview xx
Pre-visit activities
'Preparing myself for hostility' – To do this the SW prepares a list of basic questions. These are 'fact' questions such as 'how far along are you in the pregnancy' → **Role of 'basic questions' in defusing difficulties?** SW returns to preparing for hostility at various points of the interview.
Pre-visit anxieties/considerations
Family had been previously known to the team as a child had been removed. Mother pregnant again, so very rapidly come through as a full core assessment. SW knew that this would be a longer piece of work from the outset. SW has read about previous concerns, new partner, history. SW gives an organised summary of what she takes to be the important facts that she has distilled before going out on the visit. She presents these as themes after having previously told me the specifics * Mental health * Two parents with DV history * Historical safeguarding concerns around children. Some sort of distillation of themes has taken place here. → **Guiding questions** What's changed from the past, what's new, what's different → **Guiding questions** SW not reading up on it 'properly' because she didn't want to go in with a 'decided viewpoint.' She had the themes but says she did not have the specifics and this was a deliberate strategy on her part. Deliberate decision *not* to look at the chronology. SW says that she had some information but not enough to ask 'detailed' questions on the first visit – relevant to this being safeguarding work rather than duty? Knowing that this will be a full assessment? SW wanting to get a 'sense' of mum and her 'biggest fears' because that would give information about what she 'wants to do' – Not sure what this means? 'Little dog with a loud bark' – a common experience The 'initial step' into the house less daunting for the SW as she knew another professional was going to be there already. Might protect her against **hostility**.

Relationship and engagement
This visit is setting up for longer term work Reassurance is a big part of this SWs repertoire for establishing relationship a) reassure that not going to remove child b) reassure that they won't be 'judged' on one element c) reassure them that this assessment might not be the same as those experienced in the past → **Managing parental expectations** **Managing parental expectations** might mean reassurance but might also mean telling them what will happen so they won't be blindsided by it later on. SW states that main goal of the visit was to 'build-up' the relationship with the mother as a way of getting mother to tell her anything. SW aware that ability to get information from mother will be impacted by a) mother's reported nervousness about the visit and b) her previous experience of having a child removed and involvement with CS SW identifies biggest challenge as getting mother 'on board to work with us' → Who is *us* here? CS? Finding a 'key opener' – in this case it was dog. Enabled SW to ask questions about the dog, its name etc. → **Opening gambit, openers** Mother telling SW why she thinks SW is here. 'Why am I here' tactic again. Revisited later in the first person (interesting!) 'what I'd be concerned about' → **Strategies for eliciting fresh speech, insight-testing question?** SW acknowledges and validates mother's fears about potential removal of child While social worker is talking to the parents, she is trying to 'gauge' how cooperative they will be and how hostile. She keeps in mind that if they are hostile she may have to find a different way of working. Taking down the 'basic information' as a way of building relationship on the first visit, rather than being 'heavily challenging' → Deciding where, when and what to challenge SW ensures that parents can read what she is writing. Tells them she has a 'poor' memory. Tells family she hasn't had 'time' to read chronology – lie. This was a deliberate decision. → **Transparency/ non-transparency** Identifies this as a strategy for building 'rapport' – identifies that this conveys the following messages 'symbolic' – Honesty, non-covert, I'm happy to show you what I've written, I'll tell you if I'm worried. Says they can ask her to put things down – giving them control.
Self-presentation/use of authority/role management
SW introduces self and role. She is careful to be clear about the purpose of her visit as she realises that mother has had experience of child being removed. She is careful to differentiate her current task from this.

SW expects families to think she is there to remove their children – she says she has learnt this to be the case through her experiences in practice. She therefore employs a strategy of being very clear about purpose and motives of assessment with parents from the outset.

Sense of being **intrusive.** SW aware that her presence could be perceived as intrusive, being in 'their space', being 'nosey. Strategies to manage this: a) asking permission at each stage e.g. is it okay if I… b) offer of taking shoes off as 'respectful' c) let parents and children go 'first' to show her around - Presenting parents with choice.

Writing things down makes one look professional.

Information gathering strategies

See 'relationship and engagement' – SW feels that developing relationship is important to facilitate information-gathering → **Views of the purpose of relationship**

The things mother says had 'flow' and the narrative followed a linear progression, made 'sense' – indicator of insight? → **Insight testing/flow**

Strategies for managing the discussion

Finding positives. SW emphasises that she will be looking for change, support, how can help, how excited parents must be. Deliberately upbeat → **Strategies for managing emotional tenor of discussion**

SW notes father's difficulties and responds by trying to 'pin him down on facts' to gain further insight (see other sense making strategies)

Observation of home environment

First notices house is 'tidy' – positive → First impressions

Pictures on the mantelpiece of family – including previous child that was removed. SW considers a) It may have been 'placed' there for the visit, or may be permanent b) indicates that mother holds child to be important and that she has 'embraced' fact child has been adopted but 'hasn't forgotten' (SW seems to be suggesting that there might be some resolution here – presumably it wouldn't be on display if unresolved/mother couldn't bear to look at it) c) indicates that she's not tried to 'completely forget' but it's 'part of her' – this seems to suggest that trying to 'repress/forget' might be a bad thing. Seems to suggest that the experience has been somehow integrated. This is a quite sophisticated short paragraph where SW uses the picture to think about ideas of repression, denial, pain and resolution.

SW 'laid back' in gaining access to home – used conversation about baby preparation as a way into being shown round the home. SW says that, for her this isn't an 'outright question to ask' but she is mindful of her duty and the need to do this. Indirect method. 'Do you have a nice garden?' → **Strategies for seeing the home**

Discussion of pool table. Social worker deduces source of fun, shared activities going on in household

SW uses the 'walk through' (my phrase here) of the house as an opportunity for the family to narrate their lives, prompted by the various objects in the room. SW notes that this

narration allowed her to pick up on what they were 'planning', notes that they are smokers, allows her to see their 'vision' of what they would like their family to be like and that father has OCD. → **Detective work!**

Observation of behaviours/relationships

SW frequently mentions that mother was nervous. Identifies 'wringing' hands, fact mother had 'prepped' by finding relevant paperwork.

SW notes consistency between facial expression and parent's speech → **Truth testing**

SW perceives child to be 'well-rounded' and developmentally on course as a result of her being 'open and engaging' towards the SW

SW views what the parents share in front of each other as indicative of their relationship and how this will work in the future. SW observes that it appeared that they had had these conversations together already and that is seen as a good thing. SW mindful that they haven't been together long.

Assessing risk and safety (viewed as - Risk and + Safety)

+ tidy

- The house is *very* tidy, immaculate. *Too* tidy?

+ House is 'homely' and has been made so in a very short space of time – SW 'impressed' by how much has been achieved in short space of time – organised, proactive

+ mother had 'prepped' for visit (see other sense-making strategies reported)

- Father not as 'open' so social worker more 'hesitant' about him. Notes his negative, closed facial expressions
- Not able to 'name' SW as a risk
- Gaps in **parental narrative** (father)

+ both parents 'chatty'

+ Reassured because they were open

- Short relationship between prospective parents

+ parents have clearly discussed important issues (see observation of behaviours/relationships)

SW emotions 'feelings' during visit

Feeling 'reassured' because there was going to be another worker present

SW aware of potential significance of having child removed previously. This is indicated in her tone of voice (becomes hushed when she talks about previous child)

SW 'sympathises' with mother because 'adoption is worst thing that can happen to a mother'

SW describes picking up on the 'relaxed' mood during the latter part of the interview which was characterised by smiles and positive emotions. The former part of the interview was more formal and 'interview style.' Turning points?

Fear of hostility comes up time and time again. Vigilant.
End of visit
‘Summing up’ for parents at the end of the visit. Explaining next steps. Characterising interview as a positive encounter e.g. was nice to meet them
After the visit
Putting things in the ‘bank to come box’ for later SW reflects that although she wasn’t aware of it at the time she might have taken her shoes off as she was mindful that father had mentioned having OCD. Think about something else in the car – then go write it up. Make a to-do list and then start thinking about separating/categorising the observations into strengths and weaknesses.
Other sense-making strategies reported
SW is aware of a potential bias she might have. Tend to be more positive if expect hostility and it doesn’t occur, than if hadn’t prepped for this. She seems to be saying that the relief can lead to optimism → **Bias** How mother responds during the conversation as an indicator of her parenting capacity e.g. mother shows she has key dates on her phone, evidence of planning, organisation → Not just what parents say, but *how they behave during the conversation as indicators of insight*, safety → **Insight (capacity?) testing** Father can’t name previous SW, although involvement was recent. Mental ‘ping’ for SW as concern **intuition**. Implicitly considers two possibilities a) he couldn’t remember b) this was his general ‘theme’ – pattern? c) he is withholding information deliberately. SW then returns to the office to read about prior involvement on the files to make a judgement about these possibilities. Is more concerned when gets back to office and sees extent of involvement – seems to render possibility a) more likely. → **Truth testing / forensic/detective** Parent says don’t want children to be seen in school – SW considers multiple explanations for this, including stigma of CS involvement and/or withholding
Knowledge sources
Implicit: Bereavement/grief/loss theory? Prior practice experience/wisdom? The meaning of OCD and diagnosis and what is meant by it. Person-specific. Assessment triangles mentioned explicitly.
Implicit beliefs
What is ‘normal’ for a 12-year- old – childish one minute, grown-up the next. A bit muddled about this at times?

Just because portion of house viewed is tidy doesn't mean that the rest of the house is similarly tidy. Value of partnership working (in notepad sequence)
Experience of duty work/specific type of work
Useful to consider how safeguarding team worker differs from duty – SW decides what to hold back for the next visit. 'What's good… is we're not a duty team, we know we haven't got to get things done -….' Safeguarding intro visit's sole purpose 'set up for what the work could entail'
Other (include addition headings for next analysis)
This is a useful interview for considering how body language and external indicators are processed as information by the SW conducting the assessment. 'Assessment from the word go' 'Traipsing rubbish… up his stairs...' → Double meaning? Managing the personal and procedural together