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**‘If I feel like this, how does the child feel?’  
Child protection workers, supervision, management and organisational responses to  
parental violence**

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## **Abstract**

This study analysed workers' experiences of supervision following interactions with hostile and intimidating parents. This analysis examined management and organisational responses to worker stress, and assessed the adequacy of support that workers received. An online survey was designed to collect data on workers' experiences and free text responses were qualitatively analysed for references to the supervision they received in response to working with parents. 590 participants responded to the survey. 402 were qualified social workers, and 423 worked in child protection. Participants had experienced a range of violent behaviour from parents. The overwhelming theme in responses was the lack of support and supervision workers received, often in stressful and frightening circumstances. Approximately one quarter of participants only used organisational procedures, guidelines or protocols on dealing with hostile parents. Workers reported that mismanaged parental hostility affected their practice and the quality of protection that children received. The violence experienced had a significant negative impact on their personal and professional lives. Organisational responses in the form of supervision and education were often inadequate and resulted in children receiving reduced quality of protection. Recommendations for policy and practice change are discussed, with the aim of caring for workers and the children they protect.

## **Keywords**

Child protection workers, parents, supervision, management response, child abuse, best practice, violence

## Introduction

### Background

This paper is written using quantitative and qualitative data collected from child protection workers in the United Kingdom working with hostile and intimidating parents. The results are discussed in the context of other forces at work to silence children and those who try to protect them. Results are also discussed in reference to recommendations for supervision, organisational and government responses.

Throughout history, children have suffered as a consequence of the actions of adults (Mudaly and Goddard, 2006). In the majority of cases, the abusive adults are related or closely connected to the children. Biological parents are the most common perpetrators of physical and emotional abuse of children (Sedlak *et al.*, 2010). Parents also frequently perpetrate sexual abuse against their biological or non-biological children (Sedlak *et al.*, 2010). This has enduring, severely negative consequences on child victims, including impaired lifelong physical and mental health (Heim *et al.*, 2010, World Health Organization, 2010). Children die from abuse (Klevens and Leeb, 2010, Sidebotham *et al.*, 2011, Fraser *et al.*, 2014). In addition to devastating individual burdens, such abuse has substantial social and economic costs (Taylor *et al.*, 2008, World Health Organization, 2010).

Child protection is a procedure designed to prevent abuse (United Nations, 1989). This endeavour often places child protection workers in hostile environments (Stanley and Goddard, 2002, Littlechild, 2005). Child protection workers commonly experience violence

and intimidation from parents they have to work with in an attempt to protect children<sup>2</sup> (Stanley and Goddard, 2002, Briggs *et al.*, 2004, Littlechild, 2005, Laird, 2013, Robson *et al.*, 2014), more so than other social care professionals (Newhill and Wexler, 1997, Shin, 2011). Stanley and Goddard (2002) reported that such hostility can result in workers implementing coping strategies for preservation of their physical and mental well-being. These strategies included identifying with the aggressive parents, denying, under-reporting, rationalising and justifying the behaviour. Such unconscious defensive behaviours protect the self from ‘thoughts, feelings, actions or events that are felt to be threatening, anxiety-provoking and painful’ (Trevithick, 2011, p. 391). However, such behaviour can also alter perceptions of reality, in that events may be ‘forgotten or repressed in order to protect us from memories that would produce feelings of anxiety, guilt or shame if they became conscious’ (Trevithick, 2011, p. 391).

In a conceptual analysis of critical moments in Victoria Climbié’s life, an eight year old tortured and murdered by her guardians, Rustin (2005) suggests that the professionals involved did not protect Victoria due to a desire to avoid mental pain, a defensive evasion mechanism. She argues that the professionals avoided awareness of Victoria’s circumstances to escape the associated psychological disturbance of such knowledge, stating ‘Thinking involves the attribution of meaning to our experience’ (Rustin, 2005, p. 12). Acknowledging troubling emotions takes additional time, work and cognitive input. Rustin (2005) hypothesises that avoidance led workers to feel fear, hopelessness, uninformed, mindlessly dependent on authorities and rules, while desiring to ‘return to the ‘normal’ world’ (p. 13). Rustin (2005) believes that the education and support provided to workers was not adequate

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<sup>2</sup> Any hostility experienced by child protection workers is most likely experienced by the children.

to acknowledge and respond appropriately to the stressful circumstances: 'Good training and supervision which could support thinking about painful experience would, however, modify the strain' (p. 17).

Cooper (2005) recommends that both child protection and supervision are only effective when workers are able to experience, engage with and balance difficult feelings with their desire to be compassionate. He also suggests that this did not occur in the case of Victoria Climbié, stating that workers 'both saw and did not see what was in front of their eyes' (Cooper, 2005, p. 8).

Rustin (2005) also argues that 'projective identification' was a factor in Victoria's death, where workers began to mirror the disordered thoughts of one of Victoria's murderers, her great aunt; allegedly a 'frightening person to be with' (p. 18). Stanley and Goddard (2002) argued that these accommodating strategies can lead to child protection workers becoming hostages to violent parents.

The outcome of abusers dominating the relationship is that they are able to direct how the intervention and relationships proceed. The effect of the abuser on workers is an important factor in outcomes for the case and child, and is given much less attention compared to how social workers can influence and change the parents (Goddard and Carew, 1993). This compromises practice efficacy, ultimately leaving children at risk of more violence, in a context where non-fatal child protection failures receive little attention (Stanley and Goddard, 1997).

The strategies workers use to cope with abusive behaviour are understandable given the context they are required to function in. Child protection workers are required to produce tangible outcomes (Trevithick, 2003) through forming relationships with often involuntary and obstructive parents. Parents frequently have a history of criminal activity, substance abuse and mental illness. Additionally, as Lord Laming (2003) states in his report on the death of Victoria Climbié: ‘Adults who deliberately exploit the vulnerability of children can behave in devious and menacing ways’ (p. 3). If adequate relationships cannot be formed with parents and children this can be perceived as a failure by the social worker (Goddard and Carew, 1988). In addition to the challenges of working with hostile parents, child protection workers operate in an entrenched culture of discrimination against children (Goddard and Hunt, 2011). The discrimination is far reaching, with policy and social forces working against the best interests of the worker and the children they are protecting.

‘Menacing’ and deceptive parental behaviour was exemplified by the mother and step-father of Daniel Pelka. Daniel Pelka was starved and tortured over many months by his parents, both drug and alcohol abusers (Agencies, 2013, Fraser and Lock, 2013). When the parents eventually killed him at five years of age, the autopsy report showed 40 separate injuries on his body and he weighed only 10.7kg (Fraser and Lock, 2013). When teachers and health professionals inquired into Daniel’s injuries and appearance, his parents attributed them to an eating disorder and learning difficulties (Judiciary of England and Wales, 2013). A school nurse was deceived; she recalls the ‘mother presenting 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, p. 14). The sentencing judge stated that the parents hid their



ongoing horrific child abuse crimes from authorities with a ‘series of deliberate and elaborate lies, designed to put them off the scent’ (p. 1) to aid a ‘cynical deception of teaching, welfare and medical practitioners’ (p. 5) and to ‘perpetuate the brutality being meted out to him’ (p. 3). Daniel’s young siblings who witnessed the violence were instructed to lie about it by the parents (Judiciary of England and Wales, 2013).

In the serious case review<sup>3</sup> on Daniel’s murder, it was noted that there was ‘poor quality assessment practice’ (Fraser and Lock, 2013, p. 70). The review states that management instruction to improve assessments was misunderstood by inexperienced workers so allowing imprecise assessments (Wonnacott and Watts, 2014, pp. 6-7). The review also commented on the lack of supervision and education for social workers:

There was a lack of effective management oversight within children's social care due to an over-reliance on experienced workers and supervisors who were not sufficiently trained and supported to deliver reflective supervision.

Social workers had received insufficient training on the role of the social worker in assessments where a combination of domestic violence, alcohol misuse and parental mental ill health presents a risk to children.(Wonnacott and Watts, 2014, p. 7)

The review partly attributed Daniel’s death to ‘the failure to maintain a child focus to interventions’ (Fraser and Lock, 2013, p. 70). Daniel had been silenced, not given a voice:

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<sup>3</sup> Serious case reviews are performed when abuse and neglect are known or suspected factors when a child dies or is seriously injured.

There is no record of any conversation held with him by any professional about his home life, his experiences outside of school, his wishes and feelings and of his relationships with his siblings, mother and her male partners. (Fraser and Lock, 2013, p. 71)

The review also noted a ‘failure to engage significant males’ (Fraser and Lock, 2013, p. 70). The difficulty of engaging with not only deceptive, but also extremely violent people, is one that child protection professionals must face. Daniel’s step-father was allegedly a known criminal, reported to be violent towards his sister and partners, with allegations of rape against him, and suspended from the Polish army for violence (Maslach, 2003, Ellicott, 2013). Daniel’s mother was also violent towards her partners, and the police were reluctant to attend their home without radio contact (Wonnacott and Watts, 2014).

Child protection workers are often required to visit such parents, frequently alone, in their homes. Unlike the police, they do not carry weapons or radios. Workers, virtual strangers, have to communicate effectively with often terrorised children who are not only scared of their abusers, but may have been made scared of the workers also. Ferguson (2010) describes the emotional impacts, including anticipation and fear, of operating in adverse and risky environments, referring to both the external surroundings and within the child’s home. Parents are able to manipulate the space and children in such a way as to intimidate and conceal truths from workers.

Analyses of serious case review findings have demonstrated the negative impact of parental hostility on child protection practice. In their analysis of 161 inquiries, Brandon *et al.* (2008), reported that parents were frequently hostile to workers which had a substantial impact on practice:

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 (Brandon *et al.*, 2008, p. 90)

In the case of 'Baby Peter', for example, his mother was able to remove the injured child from the worker's presence without the worker touching him, during a visit four days before his death at the age of 17 months from over 50 injuries including a broken back. Ferguson (2010) suggests that feelings of disgust play a role in the avoidance of engaging with children. Despite the best intentions, workers will naturally wish to escape from the risk of violence in hostile environments, and return to safety. The 'rule of optimism' where workers assume the best of parents and that they naturally love their children can also be a factor in decision making (Dingwall *et al.*, 1983). Ferguson argues that effective supervision is essential to recognise these avoidances and intolerable emotions. Workers need to be supported and challenged in this area, getting them to 'speak of their tactile experience of the environment and people in it and possible avoidance of direct touch and engagement with the child' (Ferguson, 2010, p. 1111).

## **The role of supervision and management**

Effective supervision and management are integral to contending with the forces described above that make child protection such challenging and complex work (Goddard and Hunt, 2011). Supportive supervision and management are necessary to both care for the child protection worker and ensure that they are able to optimally perform the task of protecting children. Effective supervision supports workers emotionally and professionally, while also challenging workers to critically review their reasoning and practice (Munro, 2011).

Successful child protection is strongly associated with effective supervision and management:

Workers' state of mind and the quality of attention they can give to children is directly related to the quality of care and attention they themselves receive from supervision, managers and peers. (Ferguson, 2011, p. 205)

The effective child welfare unit is often a reflection of an effective supervisor. (Hanna and Potter, 2012, p. 409)

Supervision has also been identified as enhancing job satisfaction and workforce retention. Effective supervision encompasses the emotional aspects of critical reflection, helping to overcome the avoidance discussed above (Ingram, 2012). Low retention of child protection workers is a significant international issue (Healy *et al.*, 2009). Workers have reported feeling emotionally exhausted or inadequately supervised as influencing their intention to leave (DePanfilis and Zlotnik, 2008, Barak *et al.*, 2009, Chiller and Crisp, 2012). High turnover results in a less skilled and effective workforce, which ultimately has negative consequences for service quality and vulnerable children (Lord Laming, 2003, Steib and Blome, 2004).

There are also substantial financial costs associated with high staff turnover. Hiring and training new staff is expensive, and inconsistent staff numbers increase pressure on the existing workforce (Healy *et al.*, 2009). Chiller and Crisp (2012) argue that as regular supervision increases retention, it is a 'false economy not to allocate sufficient resources for effective supervision' (p. 232) .

Unfortunately, although well-established as an integral component of child protection work in both the research and policy literature, in practice supervision is often not prioritised for workers. Stanley and Goddard (2002) found workers reported that they were not adequately supported by supervisors, and that organisational procedures took precedence. This was also found in Munro's report (2011) into child protection in the UK:

A common experience amongst social workers is that the few supervision opportunities are dominated by a managerial need to focus on performance, for example, throughput, case closure, adhering to timescales and completion of written records. This leaves little time for thoughtful consideration of what is happening in the lives of children and their families. (p. 115)

The outcome of ineffective or non-existent supervision and management practices in child protection can be fatal:

Victoria died because those responsible for her care adopted poor practice standards. These were allowed to persist in the absence of effective supervision and monitoring. (Lord Laming, 2003, p. 127)

## **The current study**

Effective supervision and management become increasingly critical when supporting workers who encounter hostile parents. Working with such parents is a reality of child protection work, and carries serious health and service quality implications. Supervision and management should be prioritised in such cases to care for the worker to help them protect children. The current study aims to assess whether this is the case in practice.

## **Aims**

The purpose of this study was to analyse and understand workers' experiences of supervision and management responses following interactions with hostile and intimidating parents. This analysis examined organisational responses to worker stress, and assessed the adequacy of support that workers received in child protection. Recommendations for practice were then developed, informed by the findings.

## Method

An online survey was designed to anonymously collect data on workers' experiences of hostile and intimidating parents and organisational responses. The survey also collected information on worker interest and feedback on specific resources and initiatives that aimed to improve organisational responses. The survey was designed through a collaborative process of experts (CG, JC, BL, BR, JW) to address key topical issues. The survey consisted of 24 fixed choice questions to collect quantitative data (including demographic information) and seven open-ended questions to collect qualitative data. (Please contact the lead author for a copy of the survey questions.) Participants were invited to complete the survey through the *Community Care* website ([www.communitycare.co.uk](http://www.communitycare.co.uk)). Participants' free text responses were qualitatively analysed for references to the supervision they received in response to working with hostile and intimidating parents. NVivo qualitative data analysis software was used to perform the analysis (QSR International Pty Ltd., 2012).

## Results

### Description of participants

590 participants responded to the survey (82% female). 402 (68%) participants were qualified social workers, and 423 (72%) worked in child protection. Other participants were in similar supportive roles working with children and parents, see Table 1 (please note participants were able to select more than one category of field of work).

TABLE 1 HERE

The majority of participants were experienced: 382 (65%) had been in practice over five years, see Figure 1.

FIGURE 1 HERE

### Violence experienced

Participants reported that they frequently dealt with hostile or intimidating parents in the previous six months (see Figure 2). Half of the participants (50%) worked with hostile and intimidating parents at least once a week. The majority of participants had been threatened by a hostile or intimidating parent or client (61%) in the previous six months. A third of participants (32%) were threatened three or more times in the previous six months.

Over the course of their career 8% of participants had received death threats, 2% had been threatened with firearms, 2% had been threatened with knives, and 1% with bombs. 107 participants (18%) had been physically assaulted, including one participant who was permanently injured from a murder attempt. 57 participants (10%) had been held captive in client's homes. Most participants reported that dealing with hostile and intimidating parents



had an impact on themselves, their work and/or their families (66%). Impacts included suffering from stress, anxiety, and disordered sleep.

FIGURE 2 HERE

### **Supervisory and organisational support**

Approximately half of the workers felt they received sufficient support from supervisors when dealing with hostile and intimidating parents (see Figure 3). However, many workers felt inadequately supported and regular reference was made to this in participant responses.

FIGURE 3 HERE

Support from organisations was perceived as less adequate than supervisory support, with only 28% of participants reporting sufficient support, see Figure 4.

FIGURE 4 HERE

Responses regarding the quality of support from management included workers being uncertain as to where to seek support and how to cope with the situation:

Can leave you feeling unsure about whom to discuss this with, and what you will do at your next visit.

Other workers reported receiving no support from management in response to extremely dangerous and stressful situations:

Over a period of 6 months I was regularly threatened by aggressive and intimidating parents. Death threats were made against me. Threats of violence were made - and in one instance followed through upon, as I was physically assaulted at a Children's Hearing. These parents also found out my home address and quoted it to me in a

threatening manner. I have seen them in my neighbourhood on several occasions, neither of whom live or work there. My issue was not initially taken seriously by management and no action was taken.

Some workers reported rarely requiring support:

Never really had to seek support since in this organisation.

Some workers reported that parents use complaint procedures:

I do feel that parents who are hostile complain throughout complaints procedure and then get given what they want despite having been rude and intimidating.

Workers reported time pressures:

We do not have enough time for debriefing and learning from mistakes or difficult situations.

### **Management and organisational responses**

Workers were told that they need to accept violent and intimidating behaviour as part of the job:

Talking it through with a supervisor occasionally, but only when it's bad enough that I don't expect them to laugh about it / tell me 'it comes with the job'.

I have regularly been spat on etc., in the past when I have contacted managers/Police about this I have been told it is part of my role.

A common organisational response was workers being told they needed to improve their stamina and resilience to cope with intimidating parents, that the problem was the workers themselves.

I find myself panicking (sweating, heart hammering) sometimes when I know I have to deal with a certain family. I sometimes walk up to doors and pray that nobody answers. I've found myself fretting when I'm sitting in someone's house; looking for escape routes, having my phone out ready to dial any number for help. When I first started in Child Protection and asked about safety plans, I was pretty much told that I had to have a 'backbone' to work in this field and to tough it out. This was definitely not good enough.

Workers reported instances where management and Local Authorities did not protect workers adequately:

Management have never agreed to accompany me on such visits and when busy, it can be difficult to get someone to joint visit with you.

Workers were sent into dangerous circumstances, known to the police:

Whilst working in a child protection team I had threats made by 3 fathers (separate cases) to 'blow me up'. One of these was reported to police who interviewed the father

but did not charge him... whilst working in child protection team I was undertaking a chronology on a case I had been working for months when I found a note in the file to say that the police had deemed the family address 'too dangerous to visit', yet I had been visiting alone for months- not picked up by managers, and a couple of months later the mother assaulted a duty social worker in the office and was arrested by police.

Participants described managers protecting themselves and the organisation by meeting administrative requirements, rather than caring for the workers:

To discuss any concerns you may have, as you will not get the support and guidance you need to continue to support your families, you are told that as an experienced worker you should know what to do. It makes you feel that you do not count, the only thing that does count is that the stats are met every month.

One participant expressed concern over even completing this survey and chose to remain anonymous as:

If senior managers found out this would be considered very negatively in my organisation (local authority).

Not only was a lack of support commonly reported, there were responses given that involved managers putting additional pressure on workers.

Impacted my emotional wellbeing in particular at times when working in team where there was a lack of support and increased manager pressure on members of team who asked for specific support.

Several participants reported that management could be a greater threat than violent or intimidating parents:

...management as they appear to be more threatening at times than the perpetrators of threats. The way management deals with situations can make matters worse.

This sentiment was reflected in other participants detailing the most intimidating situation they had experienced during their career:

My employers attempting to bully and intimidate me, for which the tribunal upheld my complaint.

### **Procedures, guidelines and protocols**

Only 23% of participants used organisational procedures, guidelines or protocols on dealing with hostile and intimidating parents (see Figure 5). Many participants (43%) were not aware if their organisation had such documents.

FIGURE 5 HERE

The majority of participants (71%) stated that national guidelines or resources would be useful in dealing with hostile and intimidating parents. Only 4% of participants thought such guidelines would not be useful while 22% didn't know.

Participants who did think national guidelines should be developed stressed that guidelines could be employed to enhance the responsibility and accountability of management and the organisation:

To raise standards and inform staff of good practice and what their rights to care from their employers.

To standardize professional practice in order to ensure a professional analysis in order to support the CHILD/REN.

One participant pointed out that having access to such resources would mean not relying on the organisation to provide information:

Resources would be helpful - sw's [social workers] could then access these independently of whether their organisation provides training.

Participants suggested that national guidelines or resources would aid consistency in responses from organisations:

Procedures that are in place within the department are inconsistently applied and there is some level of culture within the department that 'it is just something that we have to put up with'. National guidelines would hopefully give more strength to the idea that it is not acceptable for social workers to face this on such a regular basis.

So all organisations act in the same way with regard to hostile parents and so that the parents can know exactly what to expect and that all organisations would react in the

same way if faced with the situation.

Workers suggested that national guidelines or resources would aid managers in understanding the situations they are facing.

I think local strategies should be devised and used to assist staff for lead managers who know what is happening on the ground and can be more discriminating and culturally aware.

Two participants questioned the utility of guidelines:

...unless this [management adherence to guidelines] was monitored there is still a danger that there would be an expectation for staff to make visits just to keep to timescales etc.

Working with hostility is such an intrinsic part of social work (front line child protection). If managers are unable to recognise the emotional impact on workers guidelines will not achieve this.

A number of participants commented that national guidelines or resources would educate workers, supervisors, managers and organisations about how to best respond to working with violent and intimidating parents:

Would help managers to understand the importance of good, reflective supervision in dealing with threatening situations.

Participants were asked if there were specific initiatives, training, or support that would assist in dealing with hostile parents. A number of participants made reference to other organisations not accepting violence in their work:

In other industries - for example the railways you frequently see posters stating things like 'we will not tolerate violence or aggression to our staff'. There seems to be an acceptance that social workers should expect some amount of hostility and to some extent I do, but I also think I would like a clearer message from my employer to people using our services that abuse and violence towards staff are unacceptable.

Initiatives suggested often referred to improved support and supervision:

Pro-active supervision/support rather than left to worker to repeatedly ask for support before it is given. Usually just get a 'sympathetic' 'yes I know it's hard' type answer. Encouragement to report and pursue unacceptable behaviour through the police - but unless there is actually a death threat or a physical assault (on self or property) it is not generally acted on. More acknowledgement of emotional impact. Is definitely perceived to just be part of the job - but don't think other professions would accept the level of hostility social workers are expected to accept/ignore.

Training was recommended for not only workers, but for management also.

...training for managers in how to deal with complaints which don't reward intimidation, and protect and empower good social workers.

I am about to attend a five day training course on this subject...Interesting that senior



management queried why I needed to go on it as I have been doing the job for years.

My manager pointed out that I had only had one afternoon of training on this subject in 9 years.

### **Impact on children**

Many workers (42%) reported that the quality of care they are able to provide to children is poorer due to inadequate supervision and support, see Figure 6.

FIGURE 6 HERE

Participants reported that lack of support had a significant impact on the quality of their practice and the children they are protecting.

When working with families who intimidate you with threats of complaints and verbally it can place you in a difficult mindset as when you are feeling despondent because of what the families you are working with place you in difficult situations, this along with managers who do not support you and will side with the families. This made me feel inadequate, incompetent, despite knowing that I am a very competent and professional worker. You begin to question and second guessing yourself around the families you work for and you find it difficult.

The accumulation of these issues can lead to experienced workers ultimately leaving child protection:

Very infrequent supervision, when issues have been raised and managers asked to attend meeting etc. to offer support they have been unavailable or unwilling. I think it can then affect our confidence to investigate / challenge etc. and leads to seeking

alternate employment and ultimately leave children at risk. The major influencing factor in leaving CP [child protection] work for me was the lack of supportive (infrequent supervision, inconsistent or unavailable managers) managers in complex CP cases. Hostility from parents was a factor in this. I consider myself an experienced worker but feel that all workers should have the opportunity to de- brief, peer supervision, individual supervision and training.

Many participants noted the impact of violence directed to workers on the protected children:

Ultimately I consider that a threatening parent can be a very real risk to children.

It is difficult to deliver an appropriate service when I was more concerned about my own safety then providing a safeguarding service to a child.

Engaging parents more difficult so progress for child more difficult to monitor and CP [child protection] plans more difficult to complete. Parents' behaviour can become the focus of the case, rather than improving things for the child. I have seen cases closed because a parent won't participate with the plan and workers taken off cases because they have validly challenged a parent who has subsequently made an unjustified complaint. Equally I have observed professionals, from all fields, refuse to confront parents about their concerns for a child as the professional is intimidated by the parent.

Workers expressed empathy towards how the child must feel living with parents who are hostile and intimidating:

What needs to happen when social workers are intimidated/threatened to ensure that the child remains the focus of intervention. If the social worker is feeling unsafe then this is possibly a good indicator of how the child is feeling.

If I feel like this how does the child feel?

## Discussion

These findings show that many participants had experienced threatened or actual violence from parents. This is consistent with other research reporting on violence and intimidation directed towards child protection workers (Stanley and Goddard, 2002, Briggs *et al.*, 2004, Littlechild, 2005, Laird, 2013). These hostile experiences had substantial negative impacts on participants' emotional well-being and ability to perform their roles.

Effective supervision and organisational support are strategies that have been reported to alleviate the negative impact of working with hostile parents (DePanfilis and Zlotnik, 2008). Although the majority of participants reported feeling supported, there were many examples given of workers not receiving adequate support, consistent with the findings of Stanley and Goddard (2002) and Briggs *et al.* (2004).

Many participants did not feel they were receiving adequate supervision and support from management to deal with the emotional impacts of such violence and intimidation. Instead, the responses many workers received from supervisors and management were inadequate, appearing neglectful of workers' safety, defensive of the organisation, even aggressive towards workers, and accepting of hostility as part of the job. A number of participants suggested that supervisor and management responses negatively impacted the situation they were in, rather than resolving the issues. This is in keeping with Rustin's hypothesis that child protection work is compromised by anxiety, related to both organisational culture and contact with parents and children (Rustin, 2005). Ferguson (2010) suggests that retreating to complete bureaucratic tasks is an escape technique used by both individuals and organisations as a defence against the anxiety associated with home visits. It is a way to manage the

difficult feelings and significant stressors of working in a hostile environment where children suffer and may potentially die.

There are many losses incurred when intimidated workers are inadequately supervised and resourced. Children are not visited as often as they should be, or at all in some cases, due to workers' avoidance because of fears of violence and anxiety. Violence towards other professions, such as nurses, usually occurs in a more public medical setting, such as hospitals, with other professionals present. In child protection work, the threats and violence occur in the parents' homes. Parental violence also often aids the perpetrator, as their antisocial behaviour can be rewarded by workers not visiting the house or not performing thorough assessments. The result of this is that children do not receive adequate assessment and protection leaving them in danger. Lack of useful supervision is a common factor across the reviews into child deaths discussed in this article (Lord Laming, 2003, Rustin, 2005, Fraser and Lock, 2013).

The stress of working with violent parents often leads to workers suffering from both physical and mental ill health. Consequently, experienced workers resign due to burnout (Maslach, 1993, Maslach, 2003, Schaufeli *et al.*, 2009). Child protection work has very high staff turnover compared to other professions, which results in an inexperienced workforce that cannot function optimally. Ultimately, it is the children that the system has been created and funded to protect, that do not receive adequate protection. Participants made numerous references to the impact on the children they were supposed to be protecting, a commendable recognition given the violence they themselves have to endure. A similar argument is

discussed by Briggs and colleagues (2004) in their work on violence experienced by those working with children:

This situation could result in the rights and needs of abused children being ignored due to loss of productivity, increased fear, loss of commitment and turnover of professionals in the field. It also heralds the need for attention to be paid to the mental health of professionals engaged in child protection. (p. 5)

Again, effective supervision is seen as a best practice strategy to lower the high attrition rates of workers (Gibbs, 2001). Briggs *et al.* (2004) described the situation as a ‘significant challenge to employers to improve management response to workers who encounter abuse and intimidation’ when working with children.

Working with hostile parents is a complex social and professional situation. As discussed, there are many interrelated forces involved that need to be addressed at different levels of intervention, including improving organisational and government policies.

For example, threatening and violent parental behaviour must be acknowledged formally by organisations in the form of policies and practical guidelines (Koritsas *et al.*, 2010). There were only a small number of participants that were aware of, and used, organisational procedures, guidelines or protocols on dealing with hostile and intimidating parents.

Considering the frequency of hostile parental behaviour, and the substantial impact these negative experiences has on the workers and the quality of care they are able to provide, this is a surprising finding.

Participants made reference to the fact that national guidelines and resources in this area would increase responsibility and consistency of responses from organisations, and educate supervisors and management in how to understand their experiences and provide satisfactory support. Such policies and guidelines should be made available to all workers and adhered to. Tailored education on working with hostile parents must be made compulsory for workers and managerial staff, and occur on an ongoing basis. Littlechild (2005a) suggests that workers report all threatened and actual violence to management, and that workers should be educated about how an organisation should respond.

Guidelines should also include practical steps to optimise worker safety, and adherence to such guidelines should be monitored by supervisors and managers. Workers should not be sent into clients' homes without a supportive co-worker. Parents should be informed that violence is will not be tolerated, and what to expect if it occurs. Police involvement should be encouraged in criminal matters or if the worker is at risk of violence. Police have more extensive protective resources and training in working with threatening and violent clients (Broadhurst et al., 2010). Supervisors and managers should attempt to make workers feel valued and protected, by acknowledging and validating workers' concerns. Violence against workers should not be accepted, it is a criminal act, and workers' fears should not be belittled or minimised.

If parents are so threatening and violent that workers are unable to work with them, there is little point workers being sent into hostile environments if there are no tangible outcomes for the child. In this case the worker is terrorised, the child is left unprotected and less likely to be visited, and is more likely to slip through the cracks of the system. To protect both the

worker and the child, supervisors should suggest that all efforts should be made to collect evidence concerning the risk to the child to ascertain if removal can commence (Broadley, submitted for publication). The courts should take parental treatment of workers into account when considering removal of the child.

Violence against child protection workers needs to be taken seriously not only by organisations but also by the criminal system. The law should require parents to be cooperative, supply the necessary information and access to the child. Scaring away workers through threatened and actual violence should be criminalised. Participants also recognised that other organisations and professions do not accept violence against their workers as part of the job, and recommended that similar policies and initiatives should be made clear to management, workers and parents. In 2014, legislation was introduced in the state of Victoria, Australia stating that perpetrators of violence against emergency workers (police, firefighters, paramedics, nurses, doctors) will receive longer sentences. Similar legislation should be established for child protection workers and communicated clearly to management, workers and clients.

The current study had a number of methodological strengths, as it anonymously collected information from a large group of social workers. Given the large sample size, it is likely that the participant group was reasonably representative across geographical and organisational regions. As the survey was targeted towards workers who had experienced working with hostile and intimidating parents, this could be regarded as a biased sample that may be over-representative of the scope of the problem. However, the survey was designed to understand the experiences of this specific sample rather than the numbers of workers experiencing



threatened and actual violence. It was also designed to gauge interest in national guidelines, resources and initiatives.

Children cannot be protected if workers do not receive supervision and management support. Not supporting and caring for workers carries substantial societal and economic costs, associated with poor physical and mental health, and absenteeism. It makes ethical and financial sense for society to take responsibility for the workers who have to protect our most vulnerable and misused children. We rarely acknowledge the highly stressful and violent circumstances they are expected to function in, filling this essential role. Better training and adequate resourcing, together with more intensive supervision and support, will create more successful interventions in these cases.

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**Table 1. Participants' field of work.**

<b>Field of work</b>	<b>% of participants</b>
Child protection	82%
Children-in-need/Family support	68%
Looked after children	72%
Adoption	51%
Mental health	41%
Disability	12%
Other	12%

**Figure 1. Length of time participants have been in practice.**

**Figure 2. How often do you deal with intimidating or hostile parents?**

**Figure 3. Quality of support from supervisors given to workers when dealing with hostile and intimidating parents.**

**Figure 4. Quality of organisational support.**

**Figure 5. Participant reports on the existence of organisational procedures, guidelines and protocols on dealing with hostile and intimidating parents.**

**Figure 6. Participant responses to the question ‘Are vulnerable children being put at greater risk because you do not get enough supervision and support when dealing with hostile and intimidating parents?’**