

**Social work child protection practice and the Home Visit: interaction within context**

**By:**

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**Abstract**

Social work with children and families includes responding to concerns about child maltreatment within the family, and taking protective action where necessary to safeguard the child. Social work is therefore concerned with protecting children from harmful parenting environments with the home as a significant parenting environment. Social workers engaged in child protection practice typically undertake home visits which include interviews with parents, together which inform assessments of parenting. The communicative interactions that take place within the home visit are therefore a significant element of social work child protection practice. Research studies that have focussed on the communicative skills of social workers are suggestive of difficulties in addressing child protection issues in ways that remain empathetic to parental concerns. However, few research studies take place in the situated context of the home visit. This study addresses the communicative encounters that take place between social workers and parents in the context of home visits where children have been identified as at risk of maltreatment. The research also focusses on social workers’ accounts of home visits in order to capture how these reflections shape and reflexively influence the practice of home visits. The research included accompanying social workers on home visits as well as interviews and questionnaires with social workers. A social constructivist approach was adopted that included a hybrid analytic that integrated conversation analysis and discourse analysis, in order to maintain a focus on the interactive encounter, and the context that shaped such encounters. The thesis contributes to understandings of child protection social work as an essentially communicative practice, with the home visits as a significant context that shapes interaction.

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**Chapter 1 Introduction**

**Background to the study**

The motivation that prompted this study was to develop understandings of child protection practice undertaken by social workers when undertaking home visits. This was in part provoked by reflecting on my previous experience as a social worker with children who had experienced significant maltreatment from their parents and as a team manager responsible for managing social workers engaged in child protection practice. I have been struck by how the approach of the social worker can influence the progression of a case: that is not to say that the final outcome could be predicted, but that the way in which the intervention is experienced by families appeared to be influenced by the approach of individual social workers. What may be described as values orientation seemed to impact on the communicative style of the individual social worker.

Traditionally, social work values have recognised the interplay of the impact of poverty and deficit childhood experiences on life chances and coping strategies. Social work is defined by the International Federation of Social Workers (IFSW) as involving ‘Principles of social justice, human rights, collective responsibility and respect for diversities’ (IFSW, 2014). The British Association of Social Work code of ethics prescribes working ‘in solidarity with those who are dis-advantaged, the profession strives to alleviate poverty and to work with vulnerable and oppressed people in order to promote social inclusion’ (BASW, 2012, p.5). This is given expression in theoretical approaches to practice that emphasize sociological understandings of structural inequality and how these impact on life chances. Focussing on the child’s experience therefore should not preclude a broadly supportive and non-judgemental stance towards parents (Banks, 2012) who are themselves often marginalised.

This value base is reflected in section 17 of the Children Act 1989 which endorses supporting parents to care for their children where such support is necessary to ensure the child’s health and development. At the same time, section 47 of the 1989 Children Act requires social workers to make inquiries to determine whether action is needed to safeguard children from maltreatment due to harmful parenting (sec. 31). The Children Act therefore attempts to straddle across notions of supporting families while at the same time ensuring children are not at risk of maltreatment. Supporting families arguably sits more comfortably with notions of care that underpin social work values.

However, this may under-state the complexity of working within a context of competing vulnerabilities: in some contexts, focussing on supporting parents may give rise to the child's particular vulnerabilities being glossed over (Dale, 1986; OFSTED, 2011). The complexity of attending to different vulnerabilities is temporally situated in that social workers engaged in supporting families are also charged with assessing whether such support will enable safe care, within a timescale that is meaningful, in terms of successfully carving out a supportive developmental pathway for the child. Lack of focus on the child’s need for protection has resulted in criticisms within a number of findings from Serious Case Reviews (Brandon et al., 2005), supporting a dominant public discourse of social workers failing children by privileging the needs of parents. Alternatively, social workers are positioned as undermining parents’ rights, whilst at the same time failing parents by focussing on the child in isolation from the family context (Featherstone, White and Morris, 2014).

Professional experience suggests that the everyday reality of child protection practice is less dichotomous. Practitioners are expected to have an eye both to the parents’ needs as well as those of the child; whilst prioritising the child where such needs are in conflict (DOH, 1995a; DFE, 2015). Sensitivity to both the parenting context, as well as child protection concerns, is therefore likely to be more or less present in each child protection encounter (Okitikpi, 2011). However, this can provoke emotional and ethical tensions in that working within the context of child abuse is a constant and deliberate balancing of sensitivities and rights.

My professional experience suggested that social workers were mostly able to balance these competing claims. However, this was not always the case; different social workers talked about the parents they worked with in ways that reflected different sensitivities to the parenting context and reflected personal and professional values.

It seemed possible that these factors may have influenced social workers’ approach to practice including how social workers interacted and communicated with parents, which in term may have an impact on parental engagement. This spurred an interest in how social workers communicated with parents when undertaking child protection assessments.

A study by Forrester et al. (2008) found that social workers varied in the extent that they were able to sympathetically engage with parents whilst attending to child protection concerns. The balance was differently struck among different practitioners who either underplayed the level of concern, or antagonised parents by a ‘heavy-handed’ and insensitive approach. This seemed to validate my practice experience. However, the study by Forrester et al. (2008) was based on scenarios rather than actual practice, so that the emotional environment-often a significant component of the interactional context- was written out (Ferguson, 2009). Drawing on my experience of child protection practice, compassion for the difficult lives often experienced by parents made decision making that negatively affected parents professionally and personally challenging. At the same time, social workers could experience hostility from some families that provoked anxiety, and sometimes fear. It appeared that the interplay of values and emotion were under- researched as regards affecting the communicative encounter between parents and social workers in child protection practice.

Taylor, Becket and McKeigue (2008) noted that feelings of sadness and anxiety are common responses to witnessing and responding to stories of extreme distress. Moesby-Jensen & Nielsen (2015) considered how social workers respond to the emotional context of practice and that social workers’ emotional displays of empathetic alignment in interaction can affect service users’ impressions of being supported. Ferguson (2009; 2011) has highlighted that such emotional encounters often take place within the context of the client’s home. This concurs with my professional experience where such stories are typically recounted in the context of home visits.

Tzafrir et al. (2015) and Virkki (2009) identify social workers’ experience of child protection practice as including experiences of aggression, with the client’s home as the most common context of aggression and hostility (Littlechild 2005; Littlechild et al., 2016). There has perhaps been a tendency to regard such hostility towards social workers as if to be expected (Tuck, 2013), without full consideration of how this interferes with what can be accomplished within home visits (Fauth, 2010). The home visit as a context of practice perhaps has not been sufficiently accounted for in relation to corresponding demands that social workers should engage and interact sympathetically with parents whilst focussing on child protection concerns (Ferguson, 2009). However, social workers undertaking home visits are involved in assessing the context in which parenting is primarily located. This may be experienced by parents as intruding upon the home as a private space. Valentine (2013) suggests that the home is associated with the emotional connectedness of its members and endowed with notions of retreat from the public gaze. However, in the context of child protection, home visits are often undertaken with involuntary clients who are obliged to allow social workers to enter their home. The home visit as situated practice is therefore a site of emotional and practical significance that marks a boundary between what may be termed the public and private sphere, but which boundary social workers engaged in child protection home visits are required to cross.

Intervention within the private space of the home has been variously regarded as intrusive and unwarranted (Roose et al., 2013), or alternatively, as not sufficiently authoritative (Brandon et al., 2009). Thus social workers have been criticised for not removing children from maltreating contexts within the home (Davies and Ward, 2012), as well as removing children unnecessarily. These conceptualisations of intrusive practice may be contextualised as reflecting public ambivalence towards child protection, which represents an uneasy accommodation between individual autonomy pitted against the encroachment of the state, and the recognition that some adults threaten their children’s welfare and safety (Parton, 1997; 2006).

Within this context, it has been suggested that social workers fail to engage with children when undertaking home visits (Brandon et al., 2005). Ferguson (2009; 2011) suggests that physical contact and engagement with the child may be limited or disrupted by lack of movement around the home, as well as social workers’ avoidance of the child’s physical reality and preoccupation with parental concerns (Sidebotham et al., 2016).

However, a key task for social workers involved in child protection is working with parents to communicate concerns and to negotiate change (HMG, 2015). This communicative encounter primarily takes place within the context of the home visit. The social worker’s skill in communicative practices is therefore implicated. Interaction with clients within the context of the home visit is therefore of interest, as well as identifying the macro- discourses that inhabit interaction.

These conceptualisations of child protection practice may be characterised as reflecting social discourses: that is, shared understandings that come to be taken as social truths (Wood and Kruger, 2000). Discourses that represent social workers as ‘interfering’ but at the same time failing to protect children may support a status quo that tolerates limited intervention whilst upholding general freedom from state intrusion. Social workers undertaking child protection home visits thus carry a discursive burden before any approach to the home is made.

An additional interest is therefore how social workers themselves make sense of practice. Within this thesis, ‘talk’ and communication are therefore of central interest, with talk seen as not merely representing reality but as constituting reality. How practice is spoken about comes to reflexively shape practice, so that in accordance with discursive understandings, it is in talk that things are brought into being (Hall, 2011). How social workers reflexively construct practice and the discourses they draw upon, as well as how these are reflected in interaction with clients when addressing child protection concerns are thus seen as central aspects of practice. However, these aspects of practice remain under researched.

Research Aims and Developing the Research Question

This research therefore aimed to examine the significance of the home visit as a context of practice in relation to how social workers communicate child protection concerns whilst engaging sensitively and sympathetically with parents.

The impact of social workers’ professional or personal values base was considered as likely to have an impact on individual practice. Compassion or sympathetic engagement has been seen to promote engagement; whilst conversely, insensitive practice may give rise to parental non-engagement with change (Featherstone, White and Morris, 2014).

The context of the home visit as a site of child protection practice that takes place within the ‘private’ space of the home is under-researched (Ferguson, 2011). The aim in undertaking this research was to illuminate this specific context of practice, and to explore practice that takes place in an environment that is not within the control of the institution, but also not explicitly within the control of the practitioner. Remaining sympathetic to parental concerns whilst accessing the child within this environment is depicted as emotionally and psychologically complex for the individual social worker (Littlechild, 2005; 2008; Reder and Duncan, 2004) but there remains only a limited body of research that addresses this communicative context.

An additional motivation for this was a personal and professional interest in the extent to which social workers are variously constructed as paying too much attention to parents (Brandon et al., 2009) or, at times, too little (Featherstone, Morris and White, 2014). My experience of practice suggested a more nuanced reality as inhabiting routine practice. Three key research aims were thus established.

Research Aims

1. The research aims to explore the micro-practice of how social workers manage to communicate sympathetically with parents while addressing child protection concerns.
2. To develop understandings of home visits as a significant site of social work child protection practice. This includes movement within the home so that factors which facilitate or restrict movement are of interest.
3. The research aims to explore the micro context of the emotional experiences of practice, and the impact of these experiences.
4. To identify the wider discourses present within social worker-client interactions and their impact on practice.

The research is therefore interested in practice as it is performed. The research is a qualitative study that adopts a constructivist approach and recognises that social work itself subscribes to an interpretative tradition.

Following from and congruent with these aims, the research questions were developed.

Research Questions

1. How is social work practice with families, where a child has a child protection plan, enacted through communicative encounters during home visits?
2. What micro and macro factors influence social workers’ approach to home visits and how do they impact on practice?

**Developing the research approach**

To answer these research questions required access to real-time interaction between social workers and families where the focus was on child protection, crucially within the context of home visits in order to identify the actual performance of social work within this environment. Accompanying social workers carrying out home visit was therefore the preferred research method. It was envisaged that this would allow interrogation of the methods used by social workers to communicate with families. Analysis of interaction was therefore seen as a primary research tool. In addition, the aim was to identifying the discourses drawn upon to make meaning of practice. It was envisaged that interviews with social workers following home-visits would facilitate this understanding.

Thesis Structure

This thesis adopts a discursive understanding of practice. Chapter 2 identifies and discusses key discourses that inhabit child protection practice. Attention is drawn to the significance of the home visit as a context of practice. Chapter 3 discusses communication and interaction drawing on concepts and theories associated with a Foucauldian oriented discourse analysis and conversation analysis. There follows in Chapter 4 an outline of the methodological approach that underpins the study. Owing to the close interweaving of the analysis and findings common in conversation analysis, this chapter concludes with an early formulation of emerging themes. Chapters 5- 9 present a thematically arranged discussion of the findings and analysis. Finally, Chapter 10 presents an overall conclusion and identifies some implications for practice and further research.

Terminology

Although conversation analysis is sometimes understood as discourse analysis, reference to discourse analysis within this thesis is reserved to Foucauldian discourse analysis or critical discourse analysis, which is referred to as such. Conversation Analysis is referred to simply as conversation analysis.

**Chapter 2 Child Protection Social Work and the Home Visit**

**Introduction**

The experience of ‘doing social work’ has not sufficient received attention: the mistakes made are documented, but this leads to a focus on *outcomes*; what is less known about are the *processes* by which judgements are formed (Jack et al., 2005).

The response to outcomes of major child abuse enquiries has been to emphasise the importance of procedures, information sharing and assessment: this has typically been translated into improving procedures even when procedures were not themselves in need of reform (Laming 2003; Munro 2011). There has also been a range of guidance on professional inter-agency communication in order to promote information sharing to enable more robust assessment of risk of harm to children (Bunting et al. 2010; Munro, 2005; Reder and Duncan 2003). Reder and Duncan (2004) suggest that it is the skill of the social worker in engaging in meaningful communication that is important in understanding family dynamics and assessing risk. There has been little research on *how* social workers communicate with parents in ways that facilitate understanding and responding to risk of significant harm (Aubrey and Dahl, 2006). It is therefore relevant to examine the context of communication where social workers are charged with protecting children. This thesis is concerned with the home visit as a key context of social work practice where children have a child protection plan. However, practice is positioned within a statutory framework that at once constrains and supports practice and within which social work operates. This framework is set out below.

**The institution of Social Work: Statutory framework and processes**

The social worker’s investigative duties are stated within the Children Act 1989, (CA 1989) section 47, which requires the social worker to attempt to find out what has happened in the context of reported incidents that may constitute a child protection concern, and whether action is needed to safeguard the child. The child’s best interests must be the paramount consideration that guides intervention (CA 1989 sec. 1(2), though such intervention should be proportionate to the assessed harm in compliance with the Human Rights Act 1998. A child protection concern arises where the child is suffering or likely to suffer significant harm, and such harm is attributable to the care provided by the parent not being as could be expected of a reasonable parent (CA 1989 sec. 31(2b). The social worker carrying out such assessments is thus explicitly charged with holding the parent to account in the course of such enquires. Delay in such decisions is deemed prejudicial to the child (sec. 1 (2)). Such account holding constitutes surveillance of the private sphere, so that involvement with the child protection system admits the claims of the public body to intervene in the private sphere of the home (Tuck, 2013). This is widely referred to as the control function of social work (Calder, 1995; Parton, 2014).

In carrying out their functions, social workers are expected to work in partnership with service users. This was made clear in the Children Act 1989 guidance vol. 2 which states that a key principle of the 1989 Act is that children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.The 1989 Act places a strong emphasis on the local authority working in partnership with parents when undertaking their statutory functions (DFE, 2015).Partnership with parents remains a key principle of the 1989 Children Act, given impetus by statutory guidance (DOH, 1995) and subsequent legislation.

The Children Act 1989 includes the principle that children are best brought up within their families, and that parents’ responsibilities to bring up their children should be supported by the provision of services where appropriative, following a social worker assessment under section 17 of the Children Act (Children Act, 1989; DCSF, 2008). Together, this is widely referred to as the ‘care and control’ function that seeks to locate practice within a framework of supporting families, but intervening to protect children at risk from parental harm (Parton, 2014). The care and control function are thus embodied within the principles of the 1989 Children Act.

Balancing support and Investigative functions

Section 17 of the 1989 Children Act states that children are ‘in need’ where they ‘require services to maintain or achieve a reasonable standard of health and development’ without the provision of such services by the Local Authority, who are charged with providing such services. Social workers are responsible for undertaking assessments of children in need, generally regarded as cases that do not meet the threshold required for intervention under sec. 47 (Department for Education, 2015). However, the surveillance aspect of the social work role can be over-emphasised in comparison to the care aspect of the control function (Hardy, 2015).

Where an assessment concludes that a child is at risk of significant harm then the processes to be followed are outlined by local child protection procedures, published by the multi-agency Local Children’s Safeguarding Board (though local arrangements are to be revised following from the Children and Social Work Act 2017) and which must reflect statutory guidance ‘Working Together’ (Department for Education, 2015). The process requires a multi-agency child protection conference to determine whether a child protection plan is needed to manage and reduce the risk to the child, and recommends the appointment of a social worker as the lead worker responsible for co-ordinating the work of the core professionals, agreed by the conference as having a key role with the family. The child protection plan is reviewed after three months and thereafter every six months until such time as the plan has been effective in reducing the risk and the situation can be managed at the level of ‘child in need’ (Department for Education, 2015).

Alternatively, where the risk of harm is not alleviated, care proceedings to remove the child from the care of the parents may be deemed warranted in order to obtain a court order to place the child in alternative care. Prior to initiating proceedings, Public Law Outline (PLO) becomes a parallel process to child protection planning. This requires a Pre-Proceedings Meeting, which is a formal meeting with the parent (usually legally represented), whereby agreement is sought in working with the Local Authority to protect the child and avoid the need for Care Proceedings (Ministry of Justice, 2008). This reflects the key principles of the Children Act 1989 that the child is best brought up by his family where possible; and that even where the grounds of a care order are met, unless this would improve things for the child, then no order should be made. It further reflects attempts to work in partnership with parents, interpreted to mean working cooperatively to jointly resolve the issues of concern (Fortin, 2009). The principle of ‘no delay’ is apparent in the drive to speed up proceedings by lending greater clarity to the isssues requiring the court’s time, and to avoid ‘drift’ occasioned by social workers not acting decisively, and repeatedly providing ‘second chances’ whereby the parents, but not the child is supported (Dickens et al., 2015).

Social work is thus involved in balancing control and surveillance, with support or care functions. The latter drives the impetus towards collaborative practice. However, this may create a tension with the control function, which charges social workers with the duty to make enquires and judgements about whether the parenting practices constitute harm to the children of the family (Children Act 1989, sec. 31 (2b)). Such intervention is sometimes perceived as an intrusion in ‘normal family life’. This has been identified as problematic in relation to child protection assessments, and as provoking reluctance among social workers in making negative judgements about parental care (Tuck, 2013).

Where a child protection conference has deemed that a child is at continuing risk of significant harm (defined as impaired health and development) in relation to one of the categories of harm (neglect, physical injury, emotional abuse and sexual abuse) as defined by the Department for Education (DFE, 2015) it is required that a child protection plan is formulated. This will include allocation of a social worker who is charged with assessment and intervention with the child and family in accordance with the goals outlined by the child protection plan. As the lead agency in terms of child protection (Department for Education, 2015) the social worker is required to monitor the ongoing safety of the child including in the context of their home environment.

HMG (2015) also requires Local Authorities to develop protocols for social workers carrying out assessments which should be proportionate to the purpose (at para. 65) and which includes the requirement to see the child’s living arrangements. Although there is no statutory guidance that makes seeing the child’s bedroom a practice requirement where there is a child protection plan, seeing the child’s sleeping arrangements is a common aspect of locally developed protocols, and reflects concerns from Serious Case Reviews where children’s sleeping arrangements have evidenced signs of severe neglect. HMG (2015) states that children should be seen alone where possible by social workers carrying out assessments in terms of accurately ascertaining the child’s wishes and feelings.

A number of local protocols in setting out the requirements for child protection visits include the desirability of sometimes seeing children in different settings to the home, and although reasons are not stipulated, this may reflect the requirement to determine the child’s wishes and feelings free from any family constraints to the child expressing their views (OFSTED, 2011).

Child Protection Practice is thus seen as existing on something of a cross-road between family support and family surveillance. There is a body of literature that suggests that the focus on the control aspect of the social work function has been at the expense of family support (Darlington, Healy and Feeney, 2010; Featherstone, Broadhurst and Holt, 2012 ) and positions parents (usually mothers) as in need of control and correction. This risks ignoring the role of structural inequality that is often writ large on the life-scripts of marginalised individuals. Messages from Research (DOH, 1995a) sought to recalibrate the balance between the care and control functions. DOH (1995a) provided a steer towards social workers supporting families where children were not deemed at risk of harm, but significant needs had been identified during child protection assessments. However, no additional resources were provided. This was similarly advocated in relation to the notion of Every Child Matters (DfES, 2004) which attempted to provide a range of services via universal services and targeted intervention.

One effect of the latter was to lessen support services from social work which has since been incrementally positioned as primarily a child protection service, with support services provided outside of social work services (Parton, 2014). This serves the purpose of locating responsibility for child abuse as an individual rather than a social problem that worsens under conditions of marginalisation and inequality (White and Wastell, 2017). This trend has been strengthened since 2015 in the context of cuts to public services and the contracting out of a number of family support initiatives from Local Authority control. From a practice perspective, social workers’ cases may be expected to consist of primarily child protection with family support more likely to be delivered through Early Help services, unless the child’s needs are identified as falling within the upper end of the requirements of the Children Act 1989 section 17 support. In this way, social work may be viewed as largely working in the direction of child protection and family surveillance (Parton, 2014). However, notwithstanding the focus on child protection, social workers are at the same time at the interface between the individual and the state. This interface is made visible by the social worker entering the private space of the home. The private space of the home is suggested as a crucial interactive space. How social workers communicate with individuals within this space within the context of carrying out statutory child protection practice, and how relationships are formed within this context, is of interest to this study as a significant site of practice.

**Child Protection as a discursive construct**

Discursive approaches position reality as discursively constructed through the adoption of particular formulations that come to be socially agreed ways of seeing the social world. Adopting Chambon’s formulation that ‘things do not exist outside our naming of them’ (Chambon, 1999) is to adopt a social constructionist view, that positions social reality as dependent on cultural interpretations, which change across time and contexts (Keddell, 2011). The approach taken within this thesis privileges discursive understandings as particularly relevant to social work practice, which itself deals in constructs that depend on social interpretation to provide meaning. Thus, the maltreatment of children may have a long history, but acknowledgement of abuse has been termed the ‘discovery of abuse’ as recently as 1968 with Kempe’s ‘Battered Child Syndrome’, which first acknowledged child abuse as a medical reality. The shift in perspectives towards the legitimacy of a rights perspective – that is, the child’s *right* not to be maltreated is more recent (Gabarino, 2011). The extent to which societies are prepared to acknowledge children as legitimate rights holders (Fortin, 2005) and the existence of practices as child abuse points both to its troubled conceptualisation as well as its problematic discursive positioning.

Alongside of this is the positioning of children vis-a-vis their parents as the latter are charged with giving effect to the child’s rights or entitlements to care (Fortin, 2005). Social work as a discipline and practice has attempted to reach an understanding of how parenting becomes harmful. Theoretical understandings have given rise to models used to assess the adequacy of parental care. The key assessment models used in practice are based on an interplay of psychological theories (principally psychodynamic theories such as attachment theory as well as social learning theory) and social explanations (such as social structural theory) which have given rise to the Assessment Framework for Children in Need and their Families (Department of Health, 2000) which remains the key assessment tool used in practice and required by statutory guidance (Department for Education, 2015). The Social Work Code of Professional Ethics (BASW, 2012) additionally includes a commitment to social justice that acknowledges the impact of structural inequality, which implies some attention to the impact of the social context in which individual parenting takes place. This overlap between the micro context of children’s lives (Keddell, 2011) and the wider context in which lives are situated requires attention by children’s social workers carrying out assessment and analysis of risk of significant harm (Department for Education, 2015). Social workers therefore must address the micro influences on parenting as well as the macro context in which it nestles. In addition, social work as practice is similarly influenced by the wider discourses that impact on child protection practice.

**Tracing the home visit as a site of practice**

Child protection social work takes place primarily within communicative encounters - as interviews or conversations within the homes of clients or within multi-agency meetings and electronic and telephone communication and via statements to the court. It also takes place as a textual communication in terms of report writing and case recording. Social work is thus essentially a communicative practice. However, within this activity, the home visit is singled out as worthy of special consideration as it is an intensely private encounter that unlike other social work practices, takes place within the personal space of the client. In addition, the home visit involves an ongoing interactive assessment, the outcome of which is potentially life-changing for the family involved. The nature of the interactions that take place within home visits and the social worker’s responses to such visits are therefore central to practice.

It is, however, important to note that social workers do not have a legal entitlement to enter the home without the parent’s permission, notwithstanding their statutory duties. Where access to the child is denied, the only recourse is to apply to the court for an order to enable an assessment of the child (CA 1989, sec. 43) which might include a direction to assess the child’s living arrangements though this point is not specified within the legislation. Access to the home is therefore voluntarily provided by parents. Although rooted in law in the Children Act 1989 and the Human Rights Act, 1998 (HRA), interference in the private sphere is a contested issue. Privacy is protected by Article 8 of Human Rights legislation so that interfere in the private sphere must be proportionate to the purpose. This reflects an uneasy agreement that the home is generally outside of the public sphere and that the private space of the home remains outside the scrutiny of the state *except* *in specific circumstances*. These circumstances predominantly are concerned with moral discipline (Flint, 2012).

Winter and Cree (2016) have adopted a Foucauldian analysis of home visits by tracing the history of home visiting in relation to poor relief as practiced from Elizabethan times, but more particularly from the late eighteenth and especially nineteenth century. Here, home visits were bound up with legitimising need in relation to poor relief and later with improving the morals of the poor by middle class predominantly female visitors, often bound up with religious societies and giving way to the NSPCC in the late nineteenth century (Winter and Cree, 2016).

Interestingly, though social workers making home visits in relation to child protection concerns may be equated with intrusion within the private space (Ferguson, 2011); some of the particular resistance may reflect not only notions of the private sphere, but also the privacy of the family and, in particular, conceptions of children as ‘belonging’ to parents. The current study seeks to deconstruct how this intrusion into the private sphere became accepted as legitimate within the context of ideas of privacy and the proper reach of the state to regulate the lives of its citizens (Alder, 2007; Parpworth, 2004). By adopting a Foucauldian approach to ‘understanding the present through the past’, a genealogy of key concepts relevant to this study is therefore relevant. A genealogy of home visits as intrusion in the private sphere, as well as acknowledging changing conceptions of child hood is therefore pertinent in highlighting the home as a key site of child protection social work.

A genealogy of the legitimacy of the home visit as warranted intrusion in the private sphere.

Genealogical understandings are relevant to the present study as a means of explicating how the home as a private space came to be so understood: alongside some tolerance of ‘intrusion’ into the private space of the home as required from social workers, notwithstanding dominant discourses of the home as situated within that sphere from which government or the state is normatively excluded (Dyck et al., 2005). In accordance with a Foucauldian conceptualisation of understanding the present through the past, Taylor (2012) surmises that genealogy is a way of tracing current understandings that illuminate the contingency of accepted ways of knowing. What is taken as inevitable is revealed as constituted through power struggles in which certain orientations and understandings ‘become lost and histories of resistance forgotten (Taylor, 2012, p.215).

Foucault’s historical approach to contemporary practices suggests that the way things are depend on which forms of knowledge hold dominance at particular periods (Foucault, 1977). However, such a view of history is founded on the vantage of the present, so that what in retrospect may seem like established views holding sway for long periods, a much more dynamic and contested reality is likely to have been experienced. Downing (2008) and Higgins (2017) suggest that adopting a Foucauldian sensibility enables the current norms to be deconstructed by viewing them as contingent and temporary.

A Foucauldian perspective is concerned with how the dominance of contemporary ideas takes hold (Winter and Cree, 2016). By tracing current ideas back to their original conceptions, it is possible to notice the original concepts and historical divergences: thus to understand the present it is necessary to deconstruct the past (Chambon, Irving and Epstein, 1999). This is problematized further when one considers the contemporary present experienced as contradictory; so that contradictory discourses are simultaneously present. This, at least seems to be evident in social work which has to manage the tension between several competing discourses: for example, state interventionism versus individual freedoms, promoting social inclusion whilst policing the poor, and family support versus child protection (Parton, 2012; Pierson, 2016; Turner et al., 2012).

In Search of Legitimate Authority: tracing the formation of the Public and Private Sphere

Recourse to history is meaningful to the extent that history serves to show how that which is, has not always been; that the things which seem most evident to us are always formed in the confluence of encounters and chances, during the course of a precarious and fragile history (Foucault, 1983, p.206 in Chambon, 1999; p. 55). Foucault’s genealogical approach therefore traces how things came to be by examining not institutions but institutional practices: ‘with the aim of grasping the conditions that make these acceptable at any given moment’ (Foucault, 1989, pp. 102-103 in Chambon, 1999, p.56).

Surveillance and Warranted intervention

Practice that takes place within the private space of the home is concerned with observing, assessing and monitoring the adequacy of the care-taking environment. Foucault, (1997) traced observation as a means of control, so that the monitoring of the care environment implicated in the home visit can be seen as a type of surveillance and control (Parton, 2012). The boundaries of the public and private sphere, control and liberty, and the conditions under which the state may legitimately cross otherwise prohibited thresholds into the private sphere is therefore of interest to the present study in relation to its concern with the home visit as a key context of social work practice.

The home visit as warranted intrusion in the private sphere

The UK is founded on liberal democracies (Alder, 2007), the historical foundations of which are tolerance and respect for individual freedom, so that it cautiously favours limited state intervention. It therefore protects the concept of the ‘private sphere’. To aid discussion about where the line should be drawn between the public and private sphere, a notion of rights and freedoms as comprising negative and positive freedoms is useful (Berlin, 1992).

Negative freedoms are freedoms not to be controlled by others. Positive freedom is concerned with the freedom to exercise the power of reason to make choices not only in self-interest but in the interest of the ‘common good’ which will benefit all including ourselves. Negative freedoms regard law as a restriction, and concentrate on limiting state power: negative freedoms have to be balanced against the freedom of others, though the state has to justify interference (Berlin, 1992).

Positive freedom is equated with Mill’s idea of liberty as involving the power to make choices that enhance the possibilities of our lives, so offering liberty from basic desires (Mills, 1859/2011). It is sympathetic to state power as providing such opportunities for citizens and leans towards the idea of the ‘public good’. Positive freedoms can however, lead to problems in specifying who decides what a *rational choice* is; exercising an ‘irrational choice’ could be used to justify tyranny over the individual (Berlin, 1992).

To some extent, the degree to which intrusion in the private space is tolerated may reflect adherence to these competing freedoms. How these ideas are implemented owes much to the Rule of Law which underpins the constitution.

The Rule of Law and the Regulation of the Family

The rule of law means that ‘all power in a community should be subject to general rules and both government and governed should keep to those rules’ (Alder, 2007, p. 149). It is connected with equality in that everyone who falls within its rule is treated the same under it (Berlin, 1992). However, rules can be implemented with discretion:

*it is widely recognised that the provision of public services must involve the exercise of discretion in individual cases where the circumstances are too various, unpredictable or complex to be encapsulated in rules’.…The (strict) rule of law may conflict with compassion and mercy* (Alder, 2007, p. 156).

In relation to the state’s interest in the family, Alder (2007) suggests that the rights of children in the family are protected in society’s interest in children as future citizens. This contrasts with a children’s’ rights approach that accords status to children in the present so that children are valued in the present rather than by virtue of their future adulthood (James and James, 2008). However, Alder (2009) may accurately depict dominant political discourse and reflects notions of childhood embedded in the social investment state (Munro, 2008).

The implication is that the government's interest is that public law and policy should support and regulate institutions needed to reproduce political society over time. These include the family (Rawls, 1997). The principles of political justice therefore impose certain essential constraints, and so guarantee the basic rights and freedoms its members.

*The family as part of the basic structure cannot violate these freedoms. Clearly the prohibition of abuse and neglect of children, and much else, will, as constraints, be a vital part of family law…..If the so-called private sphere is alleged to be a space exempt from justice, then there is no such thing* (Rawls, 1997, p.791).

This encapsulates that children may not be maltreated on the basis of the home as a private space and gives expression to the child’s right to be heard.

This is relevant to this research which has noted that surveillance of the family is a concrete expression of the limits of control of the private sphere where individuals may otherwise be vulnerable to abuse. This compromise however is not fixed, so that the distinction between public and private life remains controversial (Berlin, 1992) and may sway according to dominant discourses about the role of the state in modern society. In this shifting dynamic, there is an uneasy tolerance of social workers intervening in the private sphere of the home and family.

Parental autonomy and the reach of the state: balancing rights in a risk focused society

As indicated above, some of the resistance to social work intervention may stem not only from resistance to state scrutiny of the private sphere but may stem from notions of children as belonging to their parents rather than as the responsibility of the state. In this conception, social workers should hold only a residual power to intervene where children are actually harmed by their parents (Fortin, 2009). Conceptions of children and childhood are therefore implicated.

Family support as an approach to practice was influential until the 1970’s and coincided with notions of children as belonging to their parents and the ‘sanctity’ of the family as traditionally conceived (Petrie, 2007). However, this approach had allowed children’s rights to protection to be overlooked in an ‘exaggerated fairness to parents’ (Fortin 2009, p.586). This approach was subsequently overturned with a move towards promoting the rights of children within the family, as exemplified by the Gillick case which famously stated in relation to older children that parental rights ‘starts with a right to control and ends with little more than advice’ (Gillick v West Norfolk and Wisbech Area Health Authority [1986] AC112). It may not be a coincidence that a more child protection approach was adopted at this period, albeit that such an approach was ultimately criticised for overlooking parental autonomy whilst ignoring parents’ legitimate need of support that the CA 1989 sec. 17 was intended to provide for. This contributed to the ‘refocussing debate’ (DOH, 1995) that attempted to reset the balance between intervention that was ‘need focussed’ rather than exclusively focussed on risk of harm. Child protection practice may be envisaged as reflecting pendulum swings in terms of conceptualisation of children as belonging to the state or the family, as well as notions of children as individuals with entitlement to independent rights (Archard and Macleod, 2002). These changes reflect the difficulties of balancing respect for parental autonomy whilst enabling state intervention where children are at risk of harm from their parents. In addition, as intervention tends towards families from less affluent backgrounds, conceptions of parents as deserving and undeserving are relevant in terms of public attitudes and discourse towards support and intervention with parents who may be struggling.

The appropriate balance between the rights of the child, family and the state is thus unsettled and subject to fluctuation, so that achieving an acceptable compromise has been likened to searching for the Holy Grail (Fortin, 2009). In the wake of such shifting perspectives, social work could be seen the concrete expression of such contested space.

At the same time, there exists a wider climate of risk aversion that sits alongside of a lessening confidence in experts that is productive of an expectation that intervention to protect children at risk delivers certainty and guarantees the child’s safety (Beck, 1992).

Beck (1992) refers to this as the ‘Risk Society’ so that high profile Serious Case Reviews of child deaths produce a ‘siege mentality’ where every case is a potential child death (Ferguson, 2004, p.196). The public response is to demand certainty of social workers whereas the reality is that certainty is not achievable. There are of course times where social workers make mistakes, but on some occasions, these may be difficult to distinguish from judgements that may have seemed reasonable given the knowledge available at the time (Munro, 1996; 2008). Nonetheless, the risk society is characterised as one of fear: where rather than the goal of ‘everyone wants and ought to have a *share* of the pie… (is substituted that) everyone should be *spared* from poisoning’ (Beck, 1992, p. 49). The impact of intolerance of failure by social work may give rise to defensive practice at an individual and organisational level. This may also reflect liminal understanding resembling a ‘social contract’ that tolerates the intrusion of the state’s institutions in the private sphere in return for keeping children safe. An increasingly intolerant attitude to risk makes this ‘contract’ difficult to achieve in practice, as keeping *most* children safe becomes keeping *every* child safe; which is beyond a realistic goal where human error and human unpredictability are at play (Munro, 1996).

Social workers therefore tread a line between support and protection, care and control (Parton, 2012). At the same time the social worker is charged with limiting ‘intrusion’ into family life (Christiansen and Anderssen, 2009) whilst not leaving children at risk (Parton, 2006). Risk is however, in itself about dealing with uncertainty rather than certainty. That said, ambiguity and uncertainty are perhaps least tolerated in terms of risk assessment (Rose, 2005; White and Wastell, 2017). The search for certainty underpins much of the impetus towards audits and procedures, which are constantly revised following child abuse deaths. Cradock (2011) comments that making decisions under conditions of ambiguity and uncertainty is fundamental to professional practice; and that in child protection, every ‘evidence-based’ decision fundamen­tally remains a risk calculation. This is not to propose complacency but to argue for open dialogue that recognises that whilst social work can strive to ensure children are safe, risk cannot be eliminated.

The home visit as an important context of practice

As government officials, social workers are the interface between government departments and private individuals. They constitute the state power crossing the threshold into the private sphere and, to that extent, are part of the state apparatus of surveillance. Supporting families where children are deemed to be at risk of harm also includes monitoring parental compliance with child protection plans: this can be reduced to ‘checking up’ on families, so that at a micro level, support can be equated with a type of ‘surveillance’ of the family. In addition, ‘family support’ that is offered is not necessarily of the type families want (Parton, Thorpe & Wattam, 1997) but offers institutions an alternative route for surveillance and monitoring of the family (Featherstone, Morris & White, 2014; Parton, 2012). At the same time, the home is viewed as private space where others can enter only with permission; social workers’ requests to move around the home to assess the adequacy of the child’s environment therefore challenge this boundary.

Social workers therefore need to balance respect for parents and respect of the home as a private sphere, with the need to develop an understanding of the child’s situation (Ofsted, 2011). Within this context, Jack et al. (2005) suggest that meaningful relationships are essential for working in the homes of vulnerable parents to achieve change.

This can be a difficult in practice, even where parents are co-operative (Littlechild, 2005); however, in many cases parents may discourage such visits or manage movement around the home (Ferguson, 2009). Child death enquiries provide examples of social workers being denied or gaining only limited access to the family home and/or to children, including where such access could have revealed evidence of abuse - for example, Serious Case Review: Kyra Ishaq (Radford, 2010). Similarly, findings from an over-view report of 67 Serious Case Reviews highlighted that that ‘parents and carers prevented professionals from seeing and listening to the child’ (Ofsted, 2011, p.4). In relation to these concerns it is proposed that the significance of the home is understated as a central site of social work practice.

*The most important reason to focus on the home (visit) is that it is by far the most common place where children and families are seen and actual child protection work goes on. How the space where the child lives is viewed, and whether or not social workers move around it are central to investigating and preventing child maltreatment.* (Ferguson: 2009, p471)

The service user’s home is thus highlighted as a significant practice environment but one which is missing from most accounts of child protection practice. The experience of ‘doing child protection’ in this environment and how this influences practice is under-researched.

**Frontline Practice: theorising the emotional context of the home visit**

Ferguson (2009) suggests that how social workers experience child protection practice contributes to how risk is perceived, interpreted and acted on-or not acted on. Ferguson links the sociological paradigm of *mobilities* to social work in order to:

*Increase understanding of the experience of having to move into and through other people’s homes which constitutes the core experience of social work and child protection.* (Ferguson, 2009, p.472)

Ferguson (2009) uses mobilities theory to provide a framework for exploring the impact that spatial alienation, belonging/belonging may have on practice. Ferguson (2011) is also at pains to emphasise that social work is not just practised cognitively but through the engagement of the senses, and as such is an embodied practice, with the senses as a source of information that needs to be made explicit.

Ferguson (2011) concludes in his analysis of social work practice focussed on the context of home visits, that the engagement of the senses has a subliminal impact on assessment, as social workers react to the client’s home via a sensual response to place. Ferguson (2009; 2011) suggests that working in environments that are perceived as threatening and alien to the social-worker’s norm provoke fear, and that this persists across time: the remembered emotions of fear are reactivated in such environments.

Of interest is the inclusion of the idea of the body as central to the ‘mobilities paradigm’ described by Sheller and Urry (2016) as:

*an affective vehicle through which we sense place and movement, and construct emotional geographies.......... such sensuous geographies are not only located within individual bodies, but extend to familial spaces (and) neighbourhoods* (Sheller and Urry, 2006, p.126).

The environment is made familiar by recognition (through the senses) of the feelings to which places give rise. This is akin to identifying a pattern which is located within a sensuous and embodied response to place and which provides an ‘emotional geography’ so that the unfamiliar, to some extent, is recognised.

Ferguson (2011; 2016) draws upon aspects of mobilities theory to link movement and the emotional response to place as a means of illuminating aspects of social work that have hitherto been taken for granted and therefore unexplored in terms of the impact on practice of space and movement. Ferguson (2011) links this paradigmatic understanding to routine social work practice and in particular, the movement of social workers within neighbourhoods and around the home when undertaking home visits.

Abrams (2010) examined movement and found that less advantaged individuals moved on a “downward spiral” (p.13) and that a sense of belonging to something was replaced by its shared absence. For ‘static’ young people who stayed close to their original neighbourhoods, a strong sense of *localness* persisted that sometimes gave rise to a “them and us” culture (Abrams, 2010, p. 19), and this was chiefly aimed at officialdom. This may be reflected in responses to social workers as ‘officials’, particularly where a sense of difference is identified.

At the same time, the nature of relationships and even identity are fluid and changing, so that to engage in practice means to engage with the multiple identities of services users.

The home visit as an environment of stress

In relation to home visits, Ferguson (2009) draws upon mobilities to focuses on how social workers interact with the physical environment in the child’s home, and the extent to which they are able to interact by moving - or walking - within the home, towards and with the child, and within the home environment. Ferguson’s application of this approach focuses attention on what goes on in daily practice. In his application of the mobilities paradigm Ferguson (2011) focuses on facets such as atmosphere and emotion, and suggests that these experiences are central to everyday practice and significantly impact on risk perception and decision making.

The mobilities paradigm on its own is not advanced as a unifying framework for social workers undertaking assessments of children and families. However, it invites questions about the impact of neighbourhoods that are visited in terms of feelings of alienation this may elicit for social workers, and whether as Ferguson (2011) suggests, such feelings deter movement in and around the service user’s home and therefore limits accessing the child’s experience (Ferguson, 2011). Thus, Ferguson (ibid) highlights the significance of the home visit as the context of practice, and suggests that it is possible to improve decision making by gaining an understanding of the emotional and spatial context in which social work is situated and its impact on practice.

A mobilities paradigm is thus viewed as a theoretical ‘peg’ on which to hang a way of viewing social work practice that is located mainly outside of professional space, and in the space of the service user. This poses specific challenges for child protection practitioners who are required to investigate serious concerns about a child’s welfare and risks of harm within the personal space of the alleged abuser/s. For Ferguson (2009) effective child protection requires skill in carrying out home visits. However, the context of place, and in particular, the home visit as a significant space within which social work takes place, and its impact on practice remains under-researched (Ferguson, 2010; Winter and Cree, 2016).

A number of Serious Case Reviews describe social work assessment with reference to indications of abuse within the context of the family home that the social worker failed to notice or respond to effectively (Laming, 2003; Laming, 2009; Birmingham City Council 2010). The enquiry into Ainlee Labonte’s death (Newham ACPC, 2002) noted that social workers had failed to confront the violent parents and that other professionals had required that the parents attend professionals’ offices as the home context was regarded as intimidating to professionals. The importance of place is not commented upon further. The focus tends, instead, to switch to working with intimidating carers, and this is also highlighted by Ofsted (2011) with reference to ‘Listening to children’. This thesis hypothesises that it is the combination of intimidating carers within the context of the home visits that provokes multiple levels of anxiety that merits closer attention.

Newham ACPC (2002) noted the impact of working with intimidating carers in terms of its impact on assessment, and that fear can affect how social workers engage with families. Responses to fear can range from avoiding confronting parents; focusing on the needs of parents, or ceasing to visit the home (Littlechild, 2005).

*‘It seemed that this couple became so powerful through their manipulation, aggression and refusal to co-operate that the focus on the needs of the children became lost.’* (Newham ACPC 2002).

Similarly, the Serious Case Review into the circumstances leading to the death of Khyra Ishaq in 2010 noted that:

*Dealing with safeguarding enquiries and assessments can be a stressful process for workers, particularly when attempting to undertake work with aggressive and highly resistant adults (and that one effect can be that) the professionals involved (focus) on the adult’s behaviours and the potential impact for themselves’* (Birmingham City Council, (2010). *Serious Case Review Khyra Ishaq*, p 12).

That social work can and often does operate in a climate of fear has received attention from Serious Case Reviews, and is detailed within a range of literature (Broadhurst et al., 2009; Ferguson, 2009; Littlechild, 2005; Smith, 2003; Taylor and White 2001). However, the context of place has not been sufficiently scrutinised, though it is increasingly becoming recognised as worthy of exploration (Ofsted 2011). The role of fear and anxiety in the context of home visits, and how this impacts on assessment practice is, however, difficult to unpick.

Smith (2003) found that social workers reported significant distress when carrying out some aspects of their work, though when asked to clarify and comment on this, most social workers in the study translated distress to mean fear. A Swedish study on social workers experience of practice (Tham and Meagher 2009) indicated that compared to other child welfare professionals, social workers reported negatively on their experiences of being taken care of by senior managers, who they felt took little interest in their health and well-being. This may be an additional factor that increases feelings of isolation when faced with hostility during home visits.

Physical alienation

Ferguson (2009) suggests the possibility of fear derived from working *in environments* alien to that of the worker’s norm. Ferguson (2011) draws upon Urry (2007), to suggest that social workers experience working in environment which are also threatening to the host communities, but may be more so to perceived ‘outsiders’. The mobilities paradigm posits professional practice as taking place ‘on the move’: and in this context social workers may find that belonging is problematic, and that neighbourhoods may be experienced as unfamiliar spaces that are alienating and ‘filled with menace’ (Ferguson, 2009). Valentine (2013) theorises that social class identity is constructed through the places that individuals inhabit.

Historically, the concept of home visits is inhabited by a physical crossing into different class and cultural spaces connected with the provision of welfare and correction. Cree and Winter (2016) adopt a Foucauldian genealogy to trace the antecedents of social work home visits as located within social-religious obligations of social elite to social inferiors, both to provide relief as well as moral instruction. In this analysis, Ferguson’s conceptualisation of social workers as middle class professionals visiting the unfamiliar working class ‘spaces’ may reflect historically situated charitable obligations of ‘visiting the poor’. Thus, Ferguson (2009) suggests that social class differences, frequently giving rise to feelings of alienation, are historically entwined with home-visits.

However, contra Ferguson, it may be that, at least for some social workers, far from being out of their ‘comfort zone’ such environments may be familiar and echo ones they grew up in. It is likely that not all social workers are from middle class ‘safe’ backgrounds. Nonetheless, for some social workers, their work may take them outside of an environment of ‘belonging’ so that there is a feeling of geographical dissonance, in addition to practicing within the space of the service user’s home. Ferguson (2011) considers that this creates a tension of having to engage with service users in a physical environment which is unknown to the social worker and which may be perceived as threatening.

Ferguson (2009; 2010; 2011) suggests that social workers experience the environment of the home visit as dissonant and threatening, and further suggests that contact with poverty can be experienced as distasteful and even ‘contaminating’. Crucially, contact is therefore to be avoided. In this sense, Ferguson posits that disgust and detachment from the child is part of the unacknowledged context of social work derived from feelings of environmental isolation which underpins the social work practice in the context of the home visit. A concern of the present study is whether this does in fact form part of the practice experience that would be recognised by social workers.

Ferguson (2011) links feelings of alienation with the reluctance on the part of social workers to engage with children and families whose way of being is ‘alien’. ‘Victoria Climbié was not visited when deemed to have scabies; Jasmine Beckford was not touched which might have elicited that she could not move because of fractures’ (Ferguson, 2011, p.63).

In this formulation, disgust at some level is part of the emotional context working with families and that this feeling of disgust becomes a component of the social worker’s response to the child.

*A huge practice risk here is how disgust prevents workers from getting close to, engaging or touching children...Even for the most seasoned professionals, direct engagement and touch in conditions that provoke disgust are deeply problematic, and unless its effect is fully acknowledged, this causes workers to distance themselves and detach from abused children* (Ibid).

Further, in relation to practice in the case of the death at twenty two months of Peter Connelly, Ferguson (2011) states that‘the painful truth is that no one touched Peter. He was an object of disgust and professionals as well as child minders feared contamination by him’ (p. 100). This conclusion may be described as controversial as it describes a morally repugnant response to children who social workers are charged with protecting. As such, it requires further exploration to consider whether social workers may lean towards or display such feelings. Ferguson (2011) suggests that touch has been rendered problematic by fears of allegations of inappropriate touch that has led to avoidance of ‘generous touch’, described as an everyday expression of comfort and nurture (Ferguson, 2011, p.105). Lack of physical engagement with children is a facet of practice that has to be acknowledged; and the place of fear as a component of practice should also be recognised. Reder and Duncan (2004) suggest that Victoria Climbié was not engaged with not because of disgust, but fear of uncovering abuse. Rather they posit that the workers shielded themselves from knowing the child’s reality because it was too painful:

*Unacknowledged anxiety about exposure to a child’s underlying distress, together with limited training or experience in conversing with an anxious...child were significant contributors to this picture* (Reder & Duncan, 2004, p106).

The present research is interested in whether physical and emotional distance from children is part of everyday practice, as well as notions of spatial alienation and belonging.

Bourdieu’s notion of habitus is useful in illuminating that cultural norms inhabit individuals at an unconscious level. Virkki (2008) describes habitus as:

*a set of durable dispositions people carry within them that shapes their attitudes, behaviours and responses to a given situation. .. For Bourdieu it is through habitus that social reproduction takes place: the structures of society are internalized and embodied as lasting dispositions which both enable and persuade the agents to act in certain ways* (Virkki, 2008, p.249-250).

Thus habitus is conceived as an internal disposition formed by social and cultural understandings that come to inhabit the individual. The host community (of the client’s world) is described as ‘other’, delineating difference; migrants (social workers) are always aware of this difference, and sometimes hostility (Nic Craith, 2010, p.134). Valentine (2013), adopting a social geographies perspective, suggests that moving across neighbourhoods of social and class boundaries may result in cultural dislocation as the familiar gives way to the unfamiliar, which Ferguson (2011) also relates to class differences. From a mobilities perspective, spatial alienation is thus used to describe aspects of the experience of emotional geographies, which Ferguson (2009) relates to the mobile experience of social work practice. In this understanding, the social worker inhabits a ‘hybrid’ space of belonging.

I have also been aware of my personal bias that derives from feeling dismayed that fear of working class neighbourhoods, could be a common response to ‘neighbourhoods of practice’. This could be seen as morally offensive as it implies feelings of class superiority: disgust and distaste in response to children’s physical presence as a common social work response to distress does not match my professional experience as a social worker and manager of other social workers.

Ferguson’s analysis prompted the question asked of social workers in this study about feelings provoked by working in predominantly poor neighbourhoods as an additional practice context that may inhabit assessment.

Professional anxiety as a response to child protection

It is suggested that whilst environments may be experienced as hostile, the anxieties that professionals face when working with children in need of protection stem from multiple sources. Waterhouse and McGhee (2009) suggest that social disadvantage further promotes anxiety in the face of the worker’s helplessness to do anything about it. The accumulation of helplessness in the face of the child’s situation combined with the responsibility to improve the child’s circumstances may well trigger professional as well as personal anxiety.

In this context, the suggestion of Reder and Duncan (2004) that the social worker may prefer not to see the child’s distress is informative. My professional experience had made me consider whether instead, anxiety may be prompted not so much by not wanting to deal with the child’s pain, but not wanting to have to follow up the consequences of seeing the child’s distress. The consequences may involve confronting the parents which triggers fear of hostility, particularly where the parents are already experienced as intimidating, possibly separating the child and parents which may be traumatic at a level that is deeply distressing for the worker, fear of getting it wrong, fear of making everything worse, and fear of noticing but *not* acting and thereby being responsible for mistakes and leaving a child unprotected. Added to this is fear of professional culpability and public reaction if serious mistakes are made (Barry, 2010). This may all happen when the social worker is either alone in the family home, unsupported and isolated, or as part of a child protection investigation where there is no level of prior relationship with any of the family members. These situations are likely to provoke both professional and personal anxiety (Littlechild, 2005).

How practitioners deal with that anxiety is crucial if the child is to remain central to practice. Waterhouse and McGhee (2009) suggest that social workers resort to one of two strategies: they ‘systematically approach parents with mistrust and suspicion, or they may simply wish to avoid direct contact with families’ (p. 487). Waterhouse and McGhee (2009) focus on the unequal power balance that favours the professional and argues that the unequal power between the parent and social worker is central to their interaction. The parent is stigmatised as an incompetent and even harmful parent, so that ‘tension arises primarily from the need to manage information about any failing that might be discrediting about themselves and their parenting’ (ibid, p.487). It is suggested that this makes the development of trust within the interaction between the social worker almost impossible, whereas trust, according to Jack et.al. (2005) is central to effective engagement. Consequently, the dynamics of the interaction are marked by parties who may be fearful and mistrustful of one another. In this context meaningful communication cannot be taken for granted. Unequal power relations between the professional and ‘client’ exist across a variety of professional contexts as privileging the professional: what may be unique to social work is the extent to which professionals feel disempowered and ‘de-professionalised’ by the families they work with (Littlechild, 2005; 2008). This is particularly relevant within the context of home visits where aggression may be directed at social workers in spaces controlled by the aggressor.

Waterhouse and McGhee (2009) suggest avoidance as a common strategy used by social workers when faced with families who provoke anxiety, so that the use of bureaucracy becomes a way of avoiding relationships with children and families because of the need to complete ‘paperwork’. This contrasts with Reder and Duncan (2004) who contend that avoidance can be manifest within the context of the physical presence of the child by failing to interact; however, both agree that a response to anxiety is avoidance. How this is manifest may depend on the individuals’ defence mechanisms and the organisational climate that the social worker operates within (Tham and Meagher, 2009). Consequently, where response to anxiety is avoidance, there will be loss of focus on the child (Newham, 2002), and as it is in the confines of the home that anxiety is most marked, it is in the home visit that professionals are particularly vulnerable to this loss of focus. Children are seen, but not examined; not spoken to and not engaged with (Ferguson, 2011).

The skills needed to manage this anxiety, engage with carers and retain a focus on the needs of the child are core to good social work practice (Forrester, Kershaw, Moss and Hughes, 2008; Ofsted, 2011). Communication in this context is highly demanding. Forrester et al (2008) suggests that social workers often lack training and expertise in communicating with parents in a way that sympathetically engages the parent whilst retaining a focus on the child. This is not to deny the excellent practice which often does take place; but we know little of how such practice is achieved, and how social workers routinely manage to communicate with children and parents in the context of the home visit. The micro level of practice as interaction within the context of the home visit remains under-researched. In addition to focusing on practice at an interactional level, the institution of social work exerts influence both at a procedural level as outlined above as well as at an organisational level. These contexts are themselves interlocking spheres of practice that constrain and enable what is possible at the micro level of the home visit.

**The institution of social work as a practice constraint**

The prevailing public discourse in relation to social workers involved in child protection positions social workers as lacking competence and failing to protect children (Littlechild et al. 2016; Tuck, 2013). Lack of faith in experts has eroded public confidence across a range of professionals and is not unique to social work (for example, there has been recent denigration of the judiciary) so that public credibility is linked to faith in professional expertise. This translates into the erosion of public confidence in professionals including social workers who are denigrated when there is a failure to accurately identify and respond to risk (Warner, 2014). This is despite the fact that rates for child death from maltreatment have not risen, though child protection referrals have increased in the past decade (Sidebotham et al., 2016) to child protection. Nonetheless, Warner (2014) highlights that the climate is one of hostility towards social workers that intensifies when child abuse tragedies occur.

The government and agency responses to such criticisms have been an attempt to restore public confidence by insuring against organisational failure by efforts to limit uncertainty in the process of assessing risk (Parton, 2014). At the same time, there is a public discourse that views child protection failings as due to incompetence and lack of care (Warner, 2014) which may serve a functional purpose in that there is a scapegoat when families harm their children (Warner, 2014: Waterhouse & McGhee, 2009). This may also obscure the social inequalities associated with harm, and makes individuals blame-worthy while protecting the credibility of the organisation (Ferguson & Lavallette, 2004). Within this context, whilst not contesting the inherent power in the role of the social worker, an argument is made that the social worker is also vulnerable.

The impact of what may also be termed as ‘distributed anxiety’ is that agencies are also fearful of ‘getting it wrong’, which may result in the inadvertent consequence of defensive organisational practice where the organisation is unwilling to trust professional expertise.

It may be instructive to note that the wider organisational climate can operate to erode trust between front-line workers and managers, if there is seen to operate a management climate that tolerates a level of aggression (Calder, 2016), or where there is mistrust of professional judgement (Virkki, 2009) and a resultant feeling of loss of professional control (Ferguson and Lavallette, 2004). The development of actuarial risk assessment tools can be seen as attempting to replace the unpredictability and uncertainty of professional judgement, but can also imply an organisational loss of faith in professional judgement in respect of child protection risks (Ferguson and Lavallette, 2004).

*Making decisions under conditions of ambiguity and uncertainty is fundamental to the definition of what a professional is. For those engaged in child protection, every ‘evidence-based’ decision is fundamen­tally a risk decision. If it were not, it would not be a professional decision; it could have been made by an automaton. A way out of this dilemma is to refuse to make a decision* (Cradock, 2011, p. 372).

At a local organisational level, risk adversity underlines the recent trend towards ‘analytic distance’ from decision making (Broadhurst et al, 2010), which, in attempting to standardise thresholds for legal intervention removes decision making from the ‘front-line’. This also serves to limit the social worker’s autonomy as a decision maker (Thorpe, 2011).

Thus, organisational constraints on the exercise of professional autonomy were commented on by the Munro Review (Munro, 2011) who advocated allowing the exercise of professional judgement.

In addition, distancing judgement from the interaction context risks underplaying the care side of the care and control duo, and may devalue relationships of care that allow the possibility of engagement and change (Broadhurst &Mason, 2014).

Taylor, Becket and McKeigue (2008) draw upon Menzies’ study (1960) on how organizations cope with anxiety, which they used to theorize about how social workers and the institutions they work within manage anxiety. Taylor, Becket and McKeigue (2008) summarise that organisational strategies to manage anxiety were unified by avoidance of admitting anxiety; this in in contrast to child protection as functioning as the container of society’s anxiety about children being harmed by their parents. Responsibility to ensure that children are ‘safeguarded’ produces anxiety in social workers about ‘getting it wrong’, particularly in the context of public censure via the media (ibid). This can result in defensive practice at an individual level. Engagement in the complex and often conflicting rights of different family members, as well as recognition of the multiple constraints on parenting whilst focussing on the needs of the child, can result in failing to address complexity and instead falling back on procedural compliance (Munro, 2010). Meeting targets thus becomes more important than how child protection practice takes place (Broadhurst et al., 2010). At an organisational level, defensive practice can be viewed as an over-emphasis on auditing and process compliance which are measurable and therefore defensible, rather than with the social work process (Tilbury, 2004). At an individual level, procedural compliance is less likely to result in *public* criticisms if an incorrect risk assessment is made (Whittaker and Harvard, 2016) and less risky than carrying personal responsibility for exercising judgement (Munro, 2010).

Fear of censure for making a judgement that turns out to have been mistaken is therefore prevalent at an individual as well as organisational level, so that calls for a shift in the organisational culture (Munro, 2011) is particularly challenging in the context of the wider and predominantly hostile public discourse that surrounds child protection. The individual social worker’s successful engagement with families therefore takes place within an organisational culture that may support or constrain engaged practice.

**Sensitive Practice as Communicative Competence**

Waterhouse and McGhee (2015) found that an exclusive focus on the ‘cause for concern’ when undertaking child protection assessments was unlikely to result in effective engagement of parents and carers. Nonetheless, the need to engage sympathetically in partnership with parents is not diminished by these difficulties, if for no other reason than the moral imperative that requires respectful dealings with parents and the practical matter that most children will remain in the care of their parents. Engaging parents to attempt to address concerns is therefore a key requirement of practice. Accessibility and active listening are components of care frequently cited as fundamental to relationship building (Forrester, 2008; Waterhouse and McGhee, 2015) with relationships found to be instrumental in determining engagement with social workers (Ripley et al., 2013). Thus, social workers helping parents to engage in change though meaningful relationships are more likely to be effective, though such relationships are dependent on local organisational cultures and the communication skills of the individual social worker.

Clearly, the ability to focus on the child while trying to engage the parents is a matter requiring considerable professional and personal expertise. Communication then is at the heart of practice. However, communicating is itself a complex process even in optimum environments (Crossley and Roberts, 2004). Communication requires that the giver of the communication is clear and unambiguous with no covert meaning and that the receiver interprets the communication in the way that the giver had intended (Reder and Duncan, 2003). Communication is more than the words used: it includes tone and histories, and encompasses spoken words and silence. Communication therefore is both a cognitive process as well as an emotional one. This is because communication involves interpretation so that it is never objective:

*In everyday life, communication is the means through which people relate to each other and give and receive moment-to- moment signals about themselves, the other person and the relationship between them. It is also the means by which people indicate to others their feelings about themselves, their experiences, their expectations and their intentions. It is so much at the core of human relating that the assertion is commonly made that it is impossible not to communicate (Watzlawick et al., 1967). That is, whether a person replies with spoken words or gestures or refrains from speaking or gesturing, they are still responding to the person who has made contact with them and that behaviour (speaking/gesturing or not overtly speaking/gesturing) contains a message back. Silence, ignoring or choosing to be absent can be as powerful a message as an emotive speech or a physical blow* (Reder and Duncan 2003, p.86).

In child protection scenarios communication can take place in a highly charged atmosphere and, as stated, this can be one of mutual distrust. In this context, the social worker’s anxiety may impede their capacity to think and to communicate.

Forrester et al. (2008) examined communication skills of social workers by providing two child protection scenarios with differing levels of concern and asked social workers to interview actors to explore their communication skills in a simulated child protection context. The findings from Forrester’s study indicated that few reflections were used and that a closed questioning style was most common. Where social workers achieved successful engagement (clarity about the concerns and degree of responsiveness of the carer) the significant factor associated with this was the degree of empathy shown by the social workers. Forrester et al. (2008) comment on Lishman (1988) who similarly found that the behaviour of the social worker most associated with positive engagement of families included making positive remarks, smiling, nodding and laughing: whereas criticism, confrontations and interrupting were associated with negative outcomes. However, it should be noted that Lishman’s study (1988) involved social work contexts where child protection was not the focus of the enquiry and so may have limited application to a child protection context. van Nijnatten (2007) examined how social workers managed the tension between care and control by adopting ‘conversation analysis’ and found that the social workers tended to play down the power inherent in their role,suggesting for some social workers, a lack of comfort with the control aspect of the social work role. This is instructive as by resisting the power of their role in order to redress the power imbalance the approach in practice ignores the reality of the situation. By avoiding acknowledgement of the power imbalance the ‘client’ is further disempowered; in effect, the professional is covertly in charge of the rules of the encounter.

Jack et al. (2005) suggest that the power dynamics as perceived by the client do not need to be obstacles to achieving effective communication; factors that closed communication down included encounters that were solely focussed on the purpose of the visit as defined by the agency. This suggests that it is not by denying the power dynamic that engagement is achieved; on the contrary it is the role of the social worker to clearly articulate the reason for concerns, but this must be done in a way that acknowledges the reality of the parent’s situation, and in a style that avoids interrogation. Forester et al. (2008) point to the use of open questions and reflections as significant to engagement. However, research on interviews with parents where there are child protection concern is limited, and there are few studies where this is the central focus.

Healy and Darlington (2009) consider the tension between working with parents and carers in an inclusive and participatory style, and the need to exercise power sometimes by making decisions against the wishes of the carers. Healy and Darlington (2009) concluded that participatory communication styles were under-developed in social work practice. The research stated that it considered participatory practice in child protection settings, using interviews with twenty eight practitioners working in five domains of child protection work. The five domains were identified as intensive family support, family support, domestic violence, statutory child protection, and child and family advocacy services. A cautious approach should therefore be taken to the findings as applicable to statutory child protection practice as only one of the five domains identified would normally be understood as child protection practice. This is a potential weakness as, with the exception of the statutory child protection service, the other research sites are more typically regarded as preventative and would not involve a high level of tension between care and control/ use of power/compulsory intervention. ‘We use the term child protection to refer to a broad spectrum of child and family services aimed at prevention’ (Healy and Darlington, 2009, p.420).

The research locates the context as one where there has been increasing recognition of the need for participation, but makes the somewhat challengeable claim that the rights of parents to be involved in decision making was strengthened by the Children Act 2004. The section of the Children Act referred to (section 11) might more properly be understood as upholding that the planning and development of services to safeguard children should be informed by the views of parents and children about those services. The core of the matter is about what is understood as involvement in decision making where there are child protection concerns; participation may include the right to express a view and have that view given serious consideration. However, there are different perspectives about whether this should include having an equal voice at the decision making table (Healy, 2012). This is an important distinction that makes the balance between respecting the rights of carers to participate in decision making where, in the view of the social worker, the carers are undermining the child’s welfare. This conflict is one which underlines much child protection practice and is a central facet in the exercise of power in social work practice where there are child protection concerns.

The role of power in decision making is thus an important component that underpins communication, as all parties are to some extent mindful of how power is negotiated and within the context of child protection practice.

Healy and Darlington (2009) locate their discussion of participation in child protection within a rights based agenda that promotes equal consideration of the rights of all family members, and traces the increasing recognition of participatory practices (such as family group conferences) within child and family welfare. This clearly has implications for how social workers engage with parents where there are child protection concerns. The tension in child protection cases is that there is often a conflict of interests between the rights and wishes of the parents to be included in decisions that affect the child, and the rights of the child for both protection and indeed their own autonomous expression of their wishes, which may conflict with the interests of their careers and indeed those of the social worker. However, Healy and Darlington (2009) acknowledge the difficulties involved for social workers in balancing the differing rights and duties that they are responsible for upholding:

*(the) multiple statuses of parents as carers, right-bearing citizens and subjects of child protection allegation.....These competing positions are laid over complex institutional arrangements wherein the child protection worker must manage apparently conflicting organizational dictates to minimize risk while maximizing the rights of family members to be heard’* (Healy and Darlington, 2009 p. 422).

Despite the limitations of the research settings being primarily involved in what may be deemed preventative services, nonetheless, engaging carers where there are complex family problems which are having a negative effect on the child, could be viewed as having some resonance and applicability for child protection social work.

Waterhouse and McGhee (2009), Forrester et al., (2008) and Jack et al. (2005) also identify the communication style of the social worker as being a crucial determinant of the degree of engagement or resistance to discussion of concerns.

Healy and Darlington (2009) presented the practitioners with a vignette from which their research concluded that three factors were significant to achieving a participatory approach: these were respect, appropriateness and transparency. However, these concepts were differently understood by practitioners from different practice domains. Some important points emerge from the data. The need for clarity about the limitations for children and parents’ involvement in decision making is stated as necessary to avoid raising unrealistic expectation *‘because you’re just going to make them feel powerless*’(p. 428). This contrasts with the practitioner participants in research by van Nijnatten (2007), who tried to deny their powerful position. This is suggestive that there is recognition among social workers of the need to work inclusively with carers, in the context of some discomfort with the overt exercise of the power inherent in their role. Healy and Darlington (2009) commented that they were able to find little social work literature on how child protection responsibilities can be reconciled with working (in partnership) with service users to define the problem. Furthermore, non-social work practitioners were able to adopt more participatory styles of engagement but were dependent on social workers to address and articulate child protection concerns and expected them to do so. White and Featherstone (2005) point out that social workers may also be mindful of the expectations of their own agency, as well as the expectations of other agencies for the social worker ‘to do something’. This may suggest that for less confident practitioners, working in partnership is particularly problematic in terms of balancing the parallel requirement to work in partnership with parents whilst maintaining a focus on the child as the paramount consideration, as well as the impetus *to be seen to be doing something.*

To the list of conflicting demands from service users and ‘organisational dictates’ could therefore be added conflicting demands from other professionals. The literature thus indicates the myriad influences that are present in the communicative encounter. However, the research examining communication in child protection is perforce somewhat limited by the use of scenarios and often actors; the crucial difference that exists in the real world of actual practice is the skewed power dynamics, where social workers may be anxious and fearful for their own safety or at least intimidated by the carers they are trying to engage. Healy and Darlington (ibid) noted that ‘many practitioners were mindful of a range of issues on emotional and physical safety... (which) were raised as barriers to participatory practice’(p.429). Ferguson (2010) highlights the impact of fear and anxiety on effective partnership working and on social work assessments and suggests that in some, though not all, cases intimidation felt when working with one family may be carried over to other less intimidating encounters (Ferguson, 2004).

**Power, Partnership and Emotion within the social work-client encounter**

As indicated, child protection social work is concerned with deeply personal issues for individuals and families; as its business is with the capacity of parents to meet the need of their children. As such, it operates within the context of emotion as an everyday practice experience. Some of the emotions present are consequent on the decisions and judgements that social workers may arrive at in their dealings with families. The emotional context of practice therefore requires a detailed explication of the power relations inherent in practice.

As discussed earlier, social work embodies the power of the state to involve itself in the private sphere of the family which is encapsulated as the ‘‘care and control’’ function (Okitikpi, 2011). It is the control aspect of this function that may be uppermost in the mind of parents involved in child protection intervention. In this context, parents may, at a minimum, be likely to experience anxiety on contact with the child protection system. Many may also distrust social workers as part of a welfare system that has the power to impose itself and to make life-changing judgements about the removal of children from the family (Gladstone et al., 2012).

Social workers have a dual role of care and control which is not easily bridged in attempting to work in partnership where the relationship is unequal. Fear of the powers inherent in the social worker’s role may inhibit the establishment of trust required for meaningful partnership. Hence, there may be anxiety or fear on the parent’s part, who may suspect the motivation of the social worker (Littlechild et al. 2016). In exploring the nature of fear, Barbalet refers to Kemper (1978) to suggest that:

 *it is the structural conditions of insufficient power . . . or . . . the excess of the other’s power which causally give rise to fear… When the other is the agent of the subject’s insufficiency of structural power, then the subject’s behaviour toward the other will be hostile and fight rather than flight is probable’* (Barbalet, 1998, p. 153-154)

Where the other is the social worker, this may help to understand hostility as located in the psychological concept of the fight/flight (withdrawal) response which may in some instances be grounded in fear of the control aspect inherent in the social work role~~.~~

Although power is thus integral to the social worker’s role, a consideration of power as distributed rather than operating hierarchically may be relevant to the operation of power within the context of the home visit. A Foucauldian perspective is likely to locate power as diffuse and situational though geared towards maintaining the dominant discourse (Mills, 2003).

Tew (2002) suggests power can be understood as a '*social relation* that either *opens up or closes off opportunities* for individuals of social groups' (p. 165) (italics in the original). In this conceptualisation, power is productive if it open up opportunities or limiting if closes them down. This differs from Foucauldian understandings of power as it reflects the idea of power as relational, though not necessarily oppressive; though takes issue with power as latent in the sense of non-intentional in its use (Wilks, 2011). Contra Foucault, who locates his analysis without any formal contextualisation of structural inequality, Tew (ibid) is concerned to address the oppressive use of power as structurally sanctioned. As social work is primarily about working with people who are marginalised, understandings of social inequality are traditionally held to create conditions of power and powerlessness.

Tew (2002) represents power as intentional and categorises power as ‘power over’ or ‘power together', with the latter being emancipatory and avoiding oppressive use of power. Protective power is used to safeguard vulnerable people, but becomes cooperative power where there is collective action and sharing of goals. This is central to what may be termed negotiatedpartnership working.

Tew’s formulation nonetheless suggests that power is more likely to be held by institutions over individuals though individual practitioners may share power. However, these conceptualisations of power are concerned with institutional power. In some cases, the power inherent in the social work role may be experienced as a challenge to the power dynamics involved in abusive relationships. In this respect, Fauth et al. (2010) suggest that the parent’s relationship with the social worker gives insight to what it may be like for the child. Tuck (2013) suggests that it should not be assumed that a threatening parent will be different towards the child.

There is perhaps less literature on the operation of personal power that is used by some parents/carers to intimidate and control by mixture of actual violence, threats and manipulation. Ferguson (2004) points to the use of such personal power by the carers of Victoria Climbié, who was failed by several agencies and died after a period of prolonged cruelty and whose carers were able to manipulate and intimidate a number of professionals.

*While service users who are socially excluded may be structurally relatively powerless in terms of the hierarchy of expert-client relationships, in practice they may be extremely powerful, not only in the child’s life but in their control and even abuse of workers* (Ferguson, 2004, p. 209).

Where the practitioner is required to address concerns about such care in the context of the home the situated context of isolation and worker anxiety may lead to inadequate assessment. This highlights that effective assessment practice requires a focus on the emotional impact of engagement with families on the social worker, and that this should be specifically provided for within the organisational culture (Munro, 1996). This research is interested in the emotional context of child protection practice, including experiences of hostility as a component of everyday practice, and how this is responded to within the organisational culture.

Rather than power as one-dimensional, an argument is therefore made that power is itself multi-layered and different aspects of power can operate within social work-client encounters. Effective communication within this context is challenging, as there are a conflux of competing influences present within each social worker-client encounter. Power is thus seen to be an important aspect of interaction.

Effective communicative interaction has been consistently highlighted within the literature so far referred to as a key aspect of practice and this is discussed below in terms of language practices within child protection social work.

**Language practices as performative of identity constructs**

Despite the focus on communication skills as essential for effective practice, there is little research on the language practices within actual real-time interaction. Similarly there are few research studies involved in the language practices involved in categorising cases as ‘child protection cases’. White (2002) examined case formulation within an integrated child care setting and found that how cases were portrayed or talked about affected categorisation. In this example, language and moral perceptions based on whether the parent was perceived to love the child were involved in constructing child protection concerns.

In White’s study (2002) the categorization of parents into ‘good/bad involved a process of emotional and moral judgement by the professionals, which became explicit in the context of professional ‘talk’ and emerged as ‘case formulation’. The re-telling of the story had the effect of increasing ‘diagnostic’ authenticity and professional acceptance; what was uncertain became certain.

The way in which a case is formulated is further considered by White and Featherstone (2005) in the context of multi-agency working in integrated teams. Of interest is that cases were constructed by the nature of the language employed: in effect, the client is brought into existence by language. ‘Things do not exist outside our naming them. It is the act of naming that creates things’ (Chambon, 1999, p.57). Chambon here adopts a Foucauldian perspective and elaborates that by choosing a particular discourse, others are rejected and eliminated; once the boundaries of causation are delineated, other explanations are put aside. In White’s research (2002) ‘failure to thrive’ was presented as a developmental issue rather than a signal of a failure of parenting.

*More than ways of naming, discourses are systems of thought and systematic ways of carving our reality. They are structure of knowledge that influence systems of practice* (Chambon, 1999, p.17)

Significantly, in this formulation, discourse is crucial in making ideas and opinions solid. It is the alchemy that makes the abstract concrete. Discourse in its myriad formats therefore needs to be made explicit.

This points to the importance of language and discourse in constructing a ‘case’; as well as the influence of hierarchy and status which affects whose ‘story’ is given prominence. White (2002) also highlights the moral and emotional component of assessment, which, though not always explicit, is nonetheless a powerful component of decision making.

Miscommunicating

That a case is constructed through discourse implies a level of shared meaning reached through communicative interaction. This appears beguilingly simple; however, Graumann cited by Komulainen, (2007) notes that ‘interpersonal communication can never be fail-safe...the frequent misunderstandings in human interactions are probably attributable to unfounded assumptions of mutuality’ (Komulainen, 2007: 23). Sharing information is seen as a communicative encounter and as such depends not only on what is spoken but on what is understood: the body language, professional status, agency frameworks and what else is being attended to all impact on the communicative interaction. The interactive encounter is thus never context free so that each brings their own interpretation to events founded on their experiences and meaning-making. Thus reporting to the Victoria Climbié Inquiry, (2003) the consultant paediatrician commented: *“*I cannot account for the way other people interpreted what I said. It was not the way I would have liked it to have been interpreted.*”*  (Laming, 2003, p.9).

In the case of Victoria Climbié, this misinterpretation resulted in ambiguous categorisation of Victoria as a child in need rather than in need of protection. This indicates the power of language to call things into being; the child’s context was not changed but professional understanding and responses were catastrophically changed. The scope for understanding and misunderstanding in the context of child protection points to unambiguous communication as difficult to achieve.

Crossley and Roberts (2004) suggest that Habermas posits that the pre-conditions for ideal speech include rational discourse, but that this is understood by Bourdieu to be skewed bythe social constraints of power which affect communication (Crossley and Roberts, 2004).Thus, children are usually the less powerful partners in most communicative encounters with adults so that the child’s views may be hidden or constrained or simply not sufficiently sought by more powerful adults (Holland, 2004). This study is interested in the extent to which the child remains a focus within the interactive encounters that take place within home visits, and the extent to which the child is present in social workers’ reconstructed accounts of home visits.

Professional and Parental Identity

Communication includes a disclosure of aspects of the self that the individual presents to others (Goffman, 2008). This reflects the outward facing or social self that is formed in relation and in response to others, so that identity is constructed in interaction (Kitzinger, & Mandelbaum, 2013). Identity has been alluded to in terms of fluid and multiple identities negotiated through constructs of class associated with physical and emotional geographies of belonging (Ferguson, 2009; Valentine, 2013). Some reference has been made to professional and client identities constructed and underlined in interaction (White, 2002; White and Featherstone, 2005). Professional identity, at least in part, rests on claims to knowledge and expertise which require institutional recognition and on-going validation. Where the individual practitioner’s goals are at odds with those of the institution, some dissonance may be experienced in respect of professional identity and credibility for the self as well as in the eyes of others. For social workers, this may be troublesome where the institution’s goals diverge from those of the practitioner, so that the institution both enables practice but may constrain child centred practice by focussing on institutional rather than individual client need (Broadhurst et al., 2010). Thus social workers may seek to support families but feel constrained by conflicting institutional priorities, or conversely may be expected to work in partnership with families they experience as personally intimidating. This may have implications for professional confidence and perceptions of credibility. The social worker’s professional identity is also fashioned in interaction (Juhila, Mäakitalo and Noordegraff, 2014) so that to form a judgement within interaction is to enact professional identity.

Similarly, ‘clienthood’ may be conceived of as a discursive construct. Notions of good/bad parenting are central to child protection practice (often taken to mean good/bad mothers). Constructs of motherhood are implicated in child protection practice so that to understand constructions of clienthood requires engaging with identity constructs including motherhood as a relevant discursive construct.

Threats to Parental Identity

Threats to aspects of identity are evoked by the status of having a child who is subject to child protection intervention. Identity is viewed here in accordance with symbolic interactionism that conceives of identity as developed through human interaction and communication, through which one gains a sense of him/herself as an individual (Hacking, 2004). In this view, the self is essentially social: the *social self* is constructed through interaction with others (Cuff, Sharrock & Francis, 2006). The social self develops an awareness of how one appears to others, that is, awareness of the generalised other (ibid). Goffman (1967/ 2008) aligns with this view in his concern with self-presentation as integral to how others see us, and that this reflects back (positive) images and recognition that become integrated as concepts of the self. This public face is therefore central to self-approval. Goffman’s concept of ‘Face’ represents the presentation of the social self which is maintained or otherwise in encounters with others (ibid). Face is multi-layered so that different ‘faces’ may be presented according to the social context.

As indicated above, face is situational, in that the situated self is embedded in particular situations (Goffman, 1967/2008). Goffman was concerned with the every-day presentation of self as akin to performance (Goffman, 1967/2008) so that the individual’s concern with how others react motivates the impression and presentation of the self that is compatible with achieving the desired reaction. The other, by their response, will provide a degree of attunement so that interaction is smooth and continuous. Where there is a threat to such attunement, the individual employs defensive practices, or the other may employ protective factors to save the other’s ‘face’.

Peräkylä (2015), noting Goffman’s statement that psychology is involved in the study of interaction, extends Goffman’s work to forge links between the socially constructed and the self as existing in the mind. She suggests that individuals may need a certain psychological competence in order to perform and benefit from face work. She hypothesises that rather than being locally situated, face has cross-situational and temporal continuity, and that episodes of being ‘out of face’ may be lodged in the biographical memory. This suggests an internal and external self. Thus, Peräkylä (2015, p.467) notes that Goffman’s ideas of the concept of *role distance* and *role embracement* are relevant. ‘In role embracement, we are, fully and seriously, our situational selves. In role distance, we know, and indicate to others, that the situational self is not really what we are’.

This is useful to the present study as it suggests pathways between a sociological understanding of the self as constructed in interaction and the psychological understandings of the self as existing in the structures of the mind. The concept of face as developed in interaction is relevant in understanding that social workers in undertaking child protection work, inevitably represent and present negative judgements, which contest the ‘line’ of being a good parent. Thus social identity is contingent on acceptance by others of the self that is presented so that threats to the social self may provoke strong resistance or require a re-examining of the self. The negative categorisation of ‘bad parent’ implied by having a child deemed at risk, may represent a significant threat to the parent’s identity that is tied up with the social approved category of being a ‘good parent’ and in particular a ‘good mother’.

Discourses of motherhood

Discourses of Motherhood encompass a great deal more than motherhood as a biological fact. Notions of goodness and virtue and normality are woven in to the discourse so that to fail as a mother is to fail at a primary level (Carter, 1996). The binary positioning of good/bad mother is important to the success of normalizing 'good motherhood'.

However, the self is multi-layered: problems may arise where a single aspect of a 'layered' identity is responded to by others as if that were the only identity (Lister, 2010). Assigning categories of good/bad mother reflects Foucault's conception of discipline, (Foucault, 1977) in that categorisation serves towards self-regulation. Thus, to elude stigmatising labels individuals subordinate themselves to self-discipline. Individuals may therefore work to distance themselves from socially disapproved categories that threaten the preferred image of the self (Goffman, 2008). Instead, individuals aspire to the desired norm. In this way social work is a mechanism of normalisation (Lister, 2010). Foucault describes this as a normalizing judgement (Foucault, 1977, p.177) so that the offence is 'that which does not measure up to the rule' (ibid, p.178). Thus, Schwan and Shaprio, (2011, p.134) refer to the 'self-surveillance of women trying to be 'good mothers… adherence to the rules are secured by the stigmas and impositions placed upon those who disregard them'.

Applying a genealogical lens to motherhood as identity

Aligning with a Foucauldian ‘tracing of the present through the past’, Carter (1996) briefly traces psychological, welfare and moral/legal discourses of motherhood throughout the twentieth century and notes that it was not until the 1960's that the psychological wellbeing of children became the responsibility of motherhood. The development of psychology as a discipline has itself been a development of the twentieth century, but perhaps more important in the current context is the use made of its insights to regulate motherhood.

Carter (1996) makes the point the Bowlby's work on maternal deprivation was interpreted to mean that on-going proximity to the mother was essential for the psychological health of the developing child and policy prohibitions on employing women after post-childbirth survived until late 1960's. For example, it was not until 1975 that the Equal Pay Act recognised women as providing essential family income. However, current social and economic policy associates poverty with poor outcomes for children, and seeks to make work (for mothers) and child-care (still equated as mother’s responsibility) compatible (Frost and Parton, 2009). Paternity leave, though supporting gender equality, can also be seen as reflecting the changing discourse on motherhood as including an economic role to ensure children do not experience poverty so that the 'blame' becomes individualised rather than a structural effect (Roose et al, 2013). Thus, 'Motherhood' not only means physical and psychological nurturance (Carter, 1996) but increasingly includes providing income. The changing status of women is clearly implicated in discourses of motherhood. Class and culture are also implicated, with mothers who have had higher education more likely to fit the 'super-mum' role; though some family cultures may value mothers who do not work, and emphasise psychological care and 'home-making'.

Social work intervention is bound with not only categorising parents as adequate or inadequate but such constructs are intimately woven into construction of identity. The challenge for clients therefore includes responding not only to the stigmatised status that inevitably adheres to the label of child protection, but may include responding to what may be a significant challenge to identity.

This suggests that sensitivity to parental concerns may include sensitivity to the identity challenges involved for parents in working with social workers, though social workers may themselves feel vulnerable to personal challenge within the home of the client. How social workers address these issues within the isolated context of the home visit in a way that engages sensitively with parents in the interest of the child remains an under-researched area of practice.

**Social Work as Moral Practice**

Traditionally, social work values recognise the interplay of the impact of poverty and deficit childhood experiences on life chances and coping strategies (Banks, 2012), so that social work in its historical conception has sought to focus on the child’s experience in the context of adopting a broadly supportive and non-judgemental stance towards parents (McGhee and Waterhouse, 2011). However, social workers have not always managed the balance of sensitivity to parental concerns with empathetic engagement with parents to address behaviours that result in significant harm to their children, as noted in Serious Case Reviews, where the balance has been stuck in favour of parents to the detriment of the child (Brandon et al., 2009; Sidebotham et al., 2016). Alternatively, social workers have failed to work with parents in a way that is respectful and approaches them as individuals rather than appendages of their children (Smithson and Gibson, 2017). This denies personal dignity that requires individual and autonomous identity to be respected. In this regard social work child protection intervention has a moral aspect. Sidebotham et al (2016) acknowledge that “One of the most challenging aspects of child protection practice, (is) that of balancing support and scrutiny”(p. 203). Although Sidebotham et al. (2016) stress the importance of building relationships of trust to achieve this balance, caution is sounded in terms of the need to avoid undue optimism. The difficulty of achieving this balance is perhaps underrated, and perhaps more so in a context that gives rise to defensive practice (Munro, 2011). Nonetheless, some social workers manage to achieve this balance (Darlington, Heeley and Feeney, 2010).

Munro (2011) emphasises the importance of relationship work in child protection practice which chimes with the stress placed on mutual social worker-parental understandings of the issues to be addressed by the child protection intervention (Parton, 2014). Notwithstanding the legitimacy of working empathetically with parents, a number of Serious Case Reviews that suggest an over-focus on parental concerns in many instances has led to the child becoming ‘invisible’ (Brandon et al., 2009). However, the notion of empathetic engagement with parents reflects respect for individuals, as well as concern with the appropriate exercise of institutional power. These concerns suggest the need to balance these competing priorities may benefit from a more explicit moral framework to guide practice (Webb, 2006).

Webb, (2006) conceives of social work as fundamentally a moral practice and goes so far as to suggest that the legitimacy of social work rests on its ethical intent or *practice of values* (p.33). However, as seen above, child protection social work is concerned with the competing rights or dignity of vulnerable adults and their children.

Epstein (1999) adopts a Foucauldian understanding of ‘governmentality’ by which dominant discourses promote self-regulation in the interest of upholding the established order, and suggests that social work is involved in disciplinary practices of supporting marginalised individuals to conform to self-regulation. In this conception, child protection social work is an example of governmentality at work. However, the focus is on adults rather than on their children so that whilst challenging social work to question, rather than replicate, disadvantaging social structures, children’s autonomous identity separate from their parents is not considered. This underplays children having a separate existence that is not always accommodated by their parents (James and James, 2008) and may be undermined. To engage in ethical practice, social work intervention need to be accountable to individuals including *children* and their families, as well as publicly justified. Locating a coherent ethical framework that balances competing claims, though problematic, is likely to support morally accountable practice (Epstein, 1999; Featherstone, White & Morris, 2014; Webb, 2006).

However, challenging adults who are themselves marginalised whilst protecting children at risk within vulnerable families can be problematic, and may give rise to practice tensions that may be difficult to manage. Exploring this tension, Forrester et al. (2008) presented social workers with scenarios played out using actors to gauge levels of empathetic engagement, in the context of child protection social work. The study concluded that social workers mostly do not manage the boundary between sympathetic engagement with parents whilst retaining a focus on protecting children. This seems to be the nub of practice that stands on the boundary of the tensions embedded in legislation concerned with protecting children and supporting families. The study by Forrester et al. (2008) was a simulation and not authentic practice, so that participant social workers did not have to manage the tensions that exist in real practice.

This research is thus concerned with how social workers manage to communicate with parents in a way that is sensitive and empathetic whilst remaining focussed on child protection concerns. My experience as a practitioner and first line manager concurs that the balance is differently struck among different practitioners. That this tension is not easily managed is not contentious: howit is managed in actual practice has not commonly been the focus of research.

**Summary**

Key factors highlighted by this literature review centre on the capacity of social workers to engage in meaningful communication with families in the context of understanding and responding to risk of significant harm within context of the home visit as a significant site of child protection practice. Within this context, the influence of the different power dynamics between family members and between social workers and the family has been highlighted as an important dimension. Intervention is presented as never neutral, but as carrying a history of significance and meaning that inhabits the social worker’s role. These relate to the field of the institution, professional and parental identities and the emotional context of practice which are all important influences present within the communicative encounter. In this respect, communication is never decontextualized but carries the history of the past within the present encounter.

This thesis aimed to address these issues by means of an ethnomethodological approach to analysing how these factors are at work in the routine performance of everyday child protection practice, and attends to the home visit as a micro site of practice as well as attending to macro context in which practice is situated. It adopts a social constructionist epistemology as the issues of concern are viewed as social constructs, constituted within the social practice of communication and interaction. As there is a primary interest in communication within the context of home visits, this was adopted as the main site within which to locate the research.

The second main interest is in how social workers make sense of practice and the discourses that social workers draw upon to make sense of practice. The focus here is on the macro social structures that impact upon practice.

That Child Protection social work ‘requires doing simple things well’ (Laming 2003) overstates the certainty of protecting children by emphasising a reductionist approach that prioritises following procedures. While procedures and processes are undoubtedly important in establishing a base line, the literature reviewed questions whether there is anything simple when working to protect children from significant harm. The extent to which social workers manage to prioritise the interests of the child, whilst engaging parents in the practice context of the home visit is dependent on considerable skills, including acknowledging competing needs, engaging with acute distress and admitting uncertainty.

The practice context of the home visit is understated (Ferguson 2011) yet it is this context that gives social work much of its character as a key site within which social work routinely takes place. How this space is negotiated and understood by social workers carrying out home visits points to the multi-layered meanings implicit in everyday client-social work encounters. There is a pressing need to attempt to understand how these factors converge at the point of frontline practice.

The next chapter therefore considers communicative competence in terms of theoretical concepts that inform language practices, focusing on micro-interaction whilst acknowledging the macro-discourses that inhabit them.

**Chapter 3 Communication and Interaction as key aspects of frontline practice.**

**Introduction**

Child protection intervention is mainly communicative work to the extent that child protection ‘critically hangs’ on social worker-client interactions *(*Ver Hallen, 2014, p. 105).

This chapter highlights the importance of communication and interaction to frontline practice, drawing on concepts and theories derived from discourse analysis and conversation analysis. The chapter first sets out the underpinning epistemological and theoretical framework and concludes by advancing a ‘hybrid analytic’ that utilises these understandings to illuminate how child protection social work is accomplished in practice.

**Social Constructionist Ethnomethodology, Interaction and Discourse**

Structure and agency

The epistemology and ontology guiding this research rejects a rigid ontological dualism that positions objective and subjective reality in polar opposition. To view social reality as independently existing infers a corresponding epistemological quest to observe and discover the rules or laws that govern this reality (Cunliffe, 2011). In contrast, social reality can be viewed as constructed. A social constructionist view positions reality as subjectively experienced and concedes multiple versions of reality (Folkers, 2016). Logically, a radical acceptance of the existence of multiple versions of reality and the idea that there is no single truth, perforce gives way to relativism or even nihilism (Reyna, 2012; Denzin and Lincoln,2008). Further, post-structural adherence to hyper-reality asserts that a simulated world has come to replace reality; virtual realities becomes the experiences through which individuals interpret the social world, but which has no solid or objective truth or reality (Baudrillard, 1995). The current study aims to avoid radical relativism by allowing some level of distinction between discourse and social reality, and sees some aspects of social reality as independent of *individual* construction (Fairclough, 2001, 1995; Van Dijk, 2011). The epistemological approach guiding this thesis is underpinned by a constructionist epistemology that views knowledge as context specific and influenced by the perspective of the perceiver, constructed through discourse (Lyons, 2016).

Arguably then, the tension between the dualism of structure and agency may not be fully resolved from a social constructionist perspective without some acceptance of relativism. However, the tension may be productive in so far as it attends to how ‘normative’ or ‘taken for granted’ social truths have come to be taken as such. The deconstruction of such normative ‘truths’ is a key focus of discursive studies (Parker, 2013)

Discourse Analysis and Conversion analysis

Discursive approaches include Discourse Analysis (DA) and Conversation Analysis (CA): both are used within this study, as though distinctive approaches, they share a social constructionist epistemology and view reality as a social accomplishment. Whilst DA attends to macro-sociological understandings and CA attends to micro understandings, they are capable of mutually informing understandings within a single study. Thus, Kroger and Wood ( 2005, p. 25) suggest that “Whilst one cannot simply combine different versions of discourse analysis …there seems to be a move towards recognizing the strengths of different approaches and the possibility of drawing on more than one approach within the same project*”*.

However, Seedhouse (2004) treats formulations of structure and agency as *situated* accomplishments in so far as the participant’s perspective is of central significance. For Seedhouse (2004) this renders the imposition by the researcher of a particular theoretical stance towards agency and structure incompatible with ethnomethodological sensibilities. McKenzie (2011) also argues that the significance of structure/agency is as oriented to by the participants within the interaction, with the researcher’s role limited to making visible such orientations. ‘The theoretical formulation of structure and agency …is treated as participant business’(p. 71). This approach aligns with social constructionist epistemology so that:

*‘There is no social order without our producing it in situ and through our efforts or making our actions accountable as an instance of some Thing (sic) which those actions are regarded as manifesting. It is in that regard that ethnomethodology regards the Social as realised (rather than merely revealed)’* (McKenzie, 2011, p. 84).

In this view, ethnomethodology does not allow for the construction of social objects outside of the encounter (McKenzie, 2011). Conversation analysis, as the ‘child of ethnomethodology’ (Rapley, 2008), does not offer a competing account to that formulated by the participants, ‘as that would …entail assuming the finality of the very thing the unfurling of which ethnomethodology takes as its object of investigation’ ( McKenzie, 2011, p. 86-87). CA thus attends to the micro-production of social order with context of limited relevance: whereas DA attends to the production and reproduction of social understandings as historically and contextually situated that construct and are constructed within discourse.

To take an ethnomethodologically derived approach such as Conversation Analysis and a discursive approach following a Foucauldian orientation is to align with a social constructionist epistemology and ontology. Foucauldian Discourse Analysis (FDA) is concerned with a macro-level understanding of social institutions while attention within CA is towards the micro-production of social order. The current research is interested in the question of how interaction is constitutive of social work practice while at the same time asks questions of how social workers’ discursive understandings of child protection practice are present and reflected in interaction.

However, as noted, whilst DA attends to social structures at a macro-level, context that is external to the interaction is not of central significance for CA. The issue of meaning outside of the text is therefore theoretically vexed.

A rejection of relativism

The approach to DA within this study though primarily orients towards Foucauldian understandings, draws upon Critical Discourse Analysis (CDA) which finds meaning outside of the text and limits the influence of relativism. There follows a justification for adopting this position.

CDA, also based on a social constructivist epistemology, theorises that social objects have meaning outside of the text (Fairclough, 2001). Critical Discourse Analysis (CDA) finds a distinction between material objects and discourse (Fairclough, 2001; Wood and Kroger, 2000). Pollner and McDonal-Wikler (1985) elaborate that:

*(reality) both objective (as common, taken for granted facticity) and subjective (as facticity imposing itself on individual consciousness) depends upon specific social processes, namely these processes that ongoingly reconstruct and maintain the particular world in question* (Pollner and McDonal-Wikler, 1985, p.241).

For Fairclough (2010), the focus is on the relationship between material social objects and discourses, as well as the inter-relatedness of language and power. While CDA also focuses on the production and reproduction of power through discourse, it steps outside of the text to engage with the influence of social practices on the ‘production, consumption and distribution of the text’ (Fairclough, 2001). However, in common with Foucauldian analysis, CDA seeks to deconstruct how cultural assumptions become naturalised or, using Foucauldian terminology, give rise to epistemes (Fairclough, 2010) or socially shared understandings of how things are. In contrast, conversation analysis is not concerned with external structures, unless where attended to within the micro-level of the conversation (Seedhouse, 2004). However, though not of central significance, such structures are thereby implicitly acknowledged as having a separate existence.

A willingness to accept that social objects may have existence outside of discourse positions CDA ontologically somewhere between critical realism and relativism, whereas a strict Foucauldian approach is logically aligned with relativism (Coyle, 2016). Knowledge from a relativist position is not objective and cannot be achieved with certainty. Social constructivism aligns towards the relativist end of the spectrum, and as previously inferred, with a Foucauldian perspective holding that there are multiple realities and multiple truths. Critical Discourse Analysis (CDA), whilst epistemologically social constructionist emphasises the social and economic dimensions of experience; and that such structures exist outside of the discourse. CDA thus positions power as commonly ‘top down’ and oppressive, whereas a Foucauldian perspective is more interested in the workings of institutional power which is seen as non-linear and circular ( Mills 2003). Both may be viewed as adopting a more or less consciously political stance, with political understood as a concern with power, though they differ in their concern with the operation of power.

Although Fairclough ( 2001) conceives of the direction of power as mostly top-down, it is not ‘mechanically determinative’ and there is acknowledgement that the process of determination works dialectically, so that there are possibilities for resistance productive of change at any level (p.748), though the main emphasis is on oppression by a consciously powerful elite.

Whereas CDA conceives of power as held by elites and as malignant-oppressive as it affects individuals, Foucault foregrounds individuals as ‘vehicles of power, not its point of application’ (ibid). A Foucauldian perspective views power as a set of relations throughout society, so that there is less focus on oppression as *individually* experienced.

That said, Foucault’s concern with power as ~~e~~mbedded within discursive epistemes (or ways of understanding that are available and dominate at a given historical period) illuminates that the “way things are’’ is not inevitable (Chambon, Irving and Epstein, 1999).

Nonetheless, Foucault does not engage in any sustained way with how power individually constrains; if it gives rise to resistance, those who are individually constrained or engage in struggle are not a primary focus of concern (Mills, 2003). The moral offence of the individual experience of repression is not the focus, though Foucault allows or even insists that the status quo can/should be challenged. It is the possibilities that Foucauldian understandings give rise to, rather than a coherent theoretical end-product, that makes Foucault alluring, as well as difficult to pin-down; so that to adopt a Foucauldian position is to align with a particular perspective rather than a theory or method (Parker, 2013).

The current research is concerned with the operation of institutional power as embodied by the social worker; but also power within the family, the abuse of which the social worker is charged with disrupting. However, CDA is strongly aligned with a position of ‘solidarity with the oppressed’ (van Dijk, 2001) though in the context of child protection, a ‘taken-for granted’ assumption of institution as oppressor is at least more nuanced, in so far as the focus of intervention is oppression within the family and in particular, the oppressed child in the family. Foucauldian understandings of the operation of power as locally embedded and resisted is of interest to understanding the interface between the social worker as ‘street level bureaucrats’ (Hjörne, Juhlia and van Nijnatten, 2010) and the (constructed) client. There is also a concern with the discursive meanings that social workers draw upon, where conceptualisations of the family, identity and the child are to the fore. Consequently, the current research while not signed up to CDA, fails to fully ‘swim with Foucault’. There is concern with oppression that is objectively real to those who experience it at an individual level; whilst viewing the nature of the oppression as complex and multi-layered. Thus, the questionnaires and interviews completed by social workers in this study were directed at social work practice and aimed to show how social workers resist the operation of power within the family in order to improve the child’s status in the family (as well as how they themselves avoid oppressive use of power within their role). This aligns with aspects of CDA that conceives of institutional power (of the family) as ‘top down’ and oppressive, while at the same time there is attention to Foucault’s notion of the circularity of power as productive of resistance. A Foucauldian approach is therefore attended to throughout, though there is homage paid to CDA.

The epistemological and ontological underpinning of the research is therefore strongly interpretive and social constructionist with conversation analysis and discourse analysis located within a shared epistemological and theoretical framework.

**Utilising Discourse Analysis**

Coyle (2016) identifies social constructionism as the epistemology underpinning discourse analysis, with language as a constructive tool as a core assumption of discourse analysis. Discursive studies share the positioning of language as not merely representative of internal states and external realities: instead, language is seen as productive of versions of reality (that is, it constructs versions of reality). Language is also social, in that is performs social action. In this view language is not a means of speaking about a pre-existing condition; it is not merely representative and symbolic, it is performative and does things (Coyle, 2016; Mills, 2003). It is viewed as constructing internal and external versions of reality, rather than labelling an existing state (Potter and Wetherall, 1987). Thus, internal states are reflexively constructed, with language as the mediator or tool that enables this process to happen. Also at work in constructing reality is access to particular world views derived from personal experience and, importantly, from wider social understandings that construe events in particular ways. A sociological perspective of discourse analysis emphasises macro- understandings; so that what is drawn on in constructing individual reality is a socially accepted understanding of a particular phenomenon. Such understandings shape individual experiences whilst simultaneously reinterpreting and affirming social explanations. Discourse analysis is therefore attentive to the discourses that are drawn upon to reflect, produce and reproduce dominant versions of reality (Coyle, 2016).

As implied, there are different approaches to discourse. Foucauldian discourse analysis asks questions of how discourse constructs the object and subject of the discourse. The orientation to Foucauldian discourse analysis in this thesis is concerned with how child abuse and child protection as social phenomena are constructed within discourses, social workers and clients positioning as subjects of the discourse, as well as how subjects accept or negotiate their positioning (Coyle, 2016; Wood and Kroger, 2000).

Hall (2011) makes the point that Foucault’s work marked a shift in interest from ‘language to discourse’ by which is meant a way of conceiving of the state of knowledge at a particular point in time (the episteme) and this will be identifiable across a range of texts and interactions. Discourse is historically and spatially situated so that as discourse changes over time, new discourses emerge. Discourses are way of knowing, enmeshed with context and historical change, and are concerned with the operation of power through discourse (Fairclough, 2005).

The present study utilises this approach and aims to identify common discourses that are referred to both within social worker’s communicative encounters with clients as well as within their accounting for practice within questionnaire text and interviews.

Foucault’s position as post-structural and post-modern is apparent in his conceptualisation of the subject as also produced within discourse so that the self is constructed through discourse. This challenges the idea of the autonomous self and severely restrains who one can be. That is not to say individuals cannot resist the dominant discourse, but for resistance to be effective may require a change in the discursive positioning of the subject (Hall, 2001). To accompany Foucault on this journey therefore requires an epistemological position that sees knowledge as discursively located and ontologically sees selfhood as constituted by subjective positioning or alignment with a particular discourse.

This is applicable to the present research which aims to elucidate how the identity of client is constructed by social workers; as well as how social workers’ professional identity is informed by professional discourse. However, as seen, Foucauldian Discourse Analysis is rather an approach or a theory rather than a method. To engage with a Foucauldian approach is therefore to embrace uncertainty. The *analytical process* is not set out within Foucault’s work, though later researchers have attempted to provide guidance on ‘doing Foucauldian analysis’ (Willig, 2008, Walton, 2015). Attempts to impose a systematic process may evidence the difficulties of claiming to have applied a ‘truly’ Foucauldian approach, whereas the analytic may fairly be described as a lens or way of apprehending reality (Fairclough, 2005).

Thus, a Foucauldian approach to discourse insists on the influence of the discursive environment as operating at a macro level, but also infiltrating talk and interaction. The current study is mindful of the possibility of relativism within a Foucauldian approach. Foucault’s idea of power as productive of resistance has been suggested to imply that where there is no resistance, then power is absent. This does not sit easily with the current research where resistance is ineffective where the child (and sometimes a very young child) is the victim of the abuse of power within the family, and effective resistance may not be possible. Foucault is concerned with the power of large institutions but does not address the impact of power at an individual level. The current study therefore is oriented towards a Foucauldian analysis of the discourses present but considers that social structures though discursively reproduced and renewed have meaning outside of the discourse.

**Conversation Analysis: constructing the institution in interaction**

Whittle and Wilson (2015) describes ethnomethodology as the study of the practical methods by which a particular social group accomplish social order. It thus focusses on the unseen and taken for granted assumptions that are constitutive of social practices and which are viewed as indexical, ongoing accomplishments (Räsänen, 2015). This does not mean that any version of reality will be accepted. Instead, ethnomethodology adopting discursive methods illuminates how some accounts come to be accepted versions of reality. Thus, it accords with the constructionist view of how particular ways of understanding come to dominate so that whilst ‘everyone presents their version (of history) as real, powerful people’s versions are real for everyone in their consequence’(Whittle and Wilson, 2015, p. 43). Ethnomethodology as an approach is therefore appropriate for the present study’s concern with the discursive construction of practice. This is apparent in consideration of how social workers construct relationships with clients and how the identity of client and social workers are discursively and interactively negotiated.

In addition, ethnomethodological studies of institutional organisation lend themselves to approaches such as conversation analysis (Räsänen, 2015). Conversation analysis illuminates how individuals’ shared understandings are ongoing practical accomplishments embedded in interaction organisation (Heritage and Atkinson, 1984). An ethnomethodological approach therefore fits with the research goal of exploring communicative encounters between the social workers and clients in the situated practice context of home visits.

Conversation analysis allows the examination of how client-hood and social work as practice are not only performed, but constructed within the interaction encounter. Conversational analysis as micro-sociology may be described as a ‘bottom up’ approach to conceptualising social constructions as it captures how social order is talked into being and maintained in everyday encounters. It is rooted in ethnomethodology and concerned with members’ methods by which cultures are brought into being (Zimmerman and Boden 1993).

Zimmerman and Boden (1993) place talk as the fundamental framework of social interaction and social institutions and consider the relationship between talk in interaction and social structure. Traditionally, sociology has seen social structures as conditioning interaction including language, which is seen as dependent on and determined by structural arrangements. Zimmerman and Boden (1993) challenge the determinism implicated in such a view and offer instead a concept of agency, as well as challenging exclusivity implied by a focus on only large scale structures and posit instead greater room for rationality and agency explicated through micro- structures of interaction. Talk in interaction is seen as producing and reproducing social structure*: ‘*social structure (is) something humans do’ (Zimmerman and Boden, 1993, p. 4).

However, in conversational analysis wider contextual details that are unrelated to talk *as utterance* are of no interest except in so far as the speakers orient to such features. Thus, data *“*is not selected for relevance to an external problem but examined for features that arise from analysis of the talk*”* (Zimmerman and Boden, 1993: 8). Instead, conversational structures are the object of concern: “the primary object of investigation is elucidation of the organization of talk-in –interaction as such …the presumptive relevance of standard sociological concerns …is suspended” (Ibid, p9). This does not mean that the wider context is of *no* interest: conversational analysis can illuminate how wider institutions are produced in interaction, although for purists, this is a secondary concern. Thus, whilst recognising conversation as contextually specific, CA locates the context as relevant by attention to how the context is made relevant by the speakers (Silverman, 2011). In social worker-client interaction, the contextual nexus is oriented to and made relevant by the work speakers are engaged in. The institution and client-hood are ‘talked into being’. Attention to talk reveals how this is accomplished by attending to the production of social order in conversation: thus the position or placement of utterances and the sequential order is salient to conversational analysis, rather than the content of the utterance.

Sequential Organization refers to the relative positioning of utterances, for example, turn-taking. It may also refer to the overall structural organisation of the conversation; for example, by reference to shape, greetings will be positioned early and farewells positioned later. Sequence Organisation is a type of sequential organisation. It depends on recognising what is being done by the speaker in order to monitor what action the next speaker needs to perform as a response. For example, if a request is done, acceptance or decline is made relevant next. It is through attention to the prior turn that the next speaker notices what the prior turn signifies and this shapes or makes relevant the next speaker’s response (Juhila, Mäkitalo and Noordegraaf, 2014). Conversation analysis thus stresses talk as an interactive process made meaningful in the interaction. Talk is a commitment between the participants towards getting things done (Schegloff, 1984). The sequential nature of conversation imposes responsibilities and (moral) obligations on each participant to attend to and respond in a mutual dance of alignment and reciprocity. Failure to comply with conversational rules leads to interactional difficulties (Heritage and Atkinson, 1984). Actions accomplished by talking get done in turns-at-talk. Sequence organisation includes turn taking as a central feature, along with adjacency pairs as a second key structural feature in conversation (Heritage and Atkinson, 1984).

Conversation Analysis is attuned to the order and placement of utterances as revealing that the recipient of the prior turn has done some work; they have interpreted the prior turn and then come to “some interpretive conclusions of their own” (Juhila, Mäkitalo and Noordegraaf, 2014, p.17). (And the prior turn speaker has designed their utterance for the specific recipient). The encounter therefore is interpretive: how the recipient weighs or interprets the turn prompts their response (Heritage and Atkinson, 1984).

The recipient interprets/weighs/evaluates: considers the utterance against one’s own ideas, prompted by ‘new ideas’ and reformulates a position and now responds (Schegloff, 1984). This is the very work that is being done in the home visit. This is the members’ ‘method’ with method as constituting interpretation. This is what clients do too. So the conversation encounter is jointly constructed. The purpose here is to illuminate the collaborative action needed to fulfil understanding in communication, so that talk as action is always oriented towards the other.

In this way, conversation analysis can provide insights into how ‘client-hood’ and the institutional identity of the social worker are constructed within interaction.

Where speakers do not attend to these rules there is scope for miscommunication and misunderstanding. Conversation analysis thus emphasises the co-production of meaning in conversation. Where meaning is ‘high-stakes’ such as in understanding the institutional requirements located in child protection plans, finding agreed meaning is of particular significance. The research question is concerned with how social workers ensure parents understand the institution’s child protection concerns, with understandings being productive of action (in that there is a requirement on the parents to demonstrate change) so that the way in which meaning is negotiated within such interactions is of central concern.

For Schegloff (1984), as indicated above, the defining importance is that utterances will occur sequentially: an utterance will have to deal with a prior utterance and may occur in a structurally defined place in conversation(Schegloff, 1984, p. 34). Adjacency pairs and second part speaker’s slots are such a structured place.

Of interest to the present study in the contentious nature of child protection practice (Ferguson, 2011) is how both potential disruption to adjacency and contiguity is avoided, and the repair work that takes place where contiguity is threatened; as well as which party works to achieve disruption to avoid conflict or ‘interaction trouble’ (Juhila et al. 2014).

Preference/dispreference organisation allows conflict to be avoided or at least provides a means of dealing with difference (Schegloff, 2007). Most preferred and dispreffered parts follow such observable patterns so that even short delays in the second pair are noticed and can be treated as interactional trouble (Juhila et al. 2014, p. 18). Attempts to avoid disallignment by dispreference work thus can be seen to attend not only avoiding or limiting breaks in contiguity, but also as seeking to avoid open conflict and also *to avoid offence*. The latter is not explicitly discussed in conversation analysis except in terms of structural alignment. Schegloff (2007) makes clear that what is at stake here is not Goffman’s conceptualisation of *Face.*

Goffman (1967) locates interaction as essentially performative of face by which he refers to the ‘line’ that performers enact and which is bound up with identity. To ‘lose face’ is to suffer a threat to identity so that the interactional endeavour is steered towards preserving not only one’s own face but that of others. To that extent, the interactional ritual is essentially moral (Goffman, 1967). Schegloff (2007) rejects attention to such considerations as lying outside of conversational analysis and as ‘not grounded empirically in the practices of interactional participants…but rather used as an interpretive analytic resource of academic inquiry’ (p. 94 note 22). The thread which links both, however, is the preservation of alignment between interactants and concern about how this may be breached where difference arises. Dispreference mitigators may be seen as akin to pre-emptive repairs as they deal with pending interactional trouble. However, texts on conversational analysis do not provide much in the way of discussion or examples of occasions where repair or misalignment is not only weak, but may be dismissed in favour of direct open disagreement or arguing: “We have (…) virtually no naturalistically grounded analysis of actual arguing of this sort” (Schegloff, 2007,p. 73, note 6). The suggestion is that interruption or immediate disagreement alongside the abandonment of any mitigators or softeners are likely to be apparent. The present study is located within what may be described as inherently contentious practice (Ferguson, 2011) and is therefore attuned to discovering whether this occurs and how it is dealt with.

Of further interest is how social structures (in this case, social work as an institution) are made visible within interaction, and how this impacts on achieving shared meaning in the context of child protection where such agreement is crucial to working with families.

By placing itself as a micro- sociological endeavour, conversation analysis claims to make explicit how social structures are not only reproduced in conversation but are actively oriented to, and that conversation is conditioned by, institutional constraints which are made explicit in the conversation (Heritage and Greatbatch, 1993). Conversation analysis aims to make explicit how such constraints are negotiated in practice and whether and how social workers are able to open up spaces for professional discretion (Hjörne, Juhlia, and van Nijnatten, C. (2010). As institutional encounters largely take place in the hearing of a public audience, this restricts variation from formal turn-taking procedures. Where institutional encounters are less publically situated, such as professional encounters that take place in the client’s home, it is possible that this may be subject to greater variation.

Additionally,how macro-institutions are made present will differ, so that individuals will make these institutions visible in different ways (Juhila et al., 2014). This may be by invoking/resisting the claims of the institution. Juhila et al. (2014, p. 20) draw on Heritage (1997) to note features of institutional interaction that are present in the encounter. These include ‘identity work’ as formulating professional/ client: such identities are asymmetrical, with professional expertise asserted within the encounter. The asymmetrical nature of the interaction is underlined where there is an enforced relationship, such as in child protection practice, as well as by reference to institutional frameworks. ten Have (1993) reports that the professional tends to monopolise the interactional style or may maintain control by withholding information. However, ten Have (1993) also suggests that whilst asymmetry dominates such interaction, it is not always present; instead it is present in particular parts of the encounter.

**Identity construction as an interactive accomplishment**

The present study asks questions of how professional roles that included sympathetic understandings are maintained within face-to-face encounters that are at once intimate and implicitly critical (Forrester et al. 2008). Hepburn, (2004) and Hepburn, Wilkinson and Butler (2012) identify the unfolding of emotions in everyday life as procedurally contained within the interactive structure. Hepburn, Wilkinson and Butler (2012) found that emotion display could be located in prosodic elements of interaction, such as elevated pitch, volume, word stretching and aspiration. ten Haves’ insight (1993) that asymmetry may only be present in particular parts of the interaction is relevant to the present study which envisages conversation analysis as a meaningful tool with which to explore these issues.

ten Have (1993) further notes in his study of doctor-patient encounters that patients make attempts to challenge and resist submissive roles. For example, patients ask questions in doctor-patient encounters but they are not couched as questions, but as a statement that the patient needs advice on. The suggestion is that patient initiated questions are dispreferred; ten Have does not view this as part of the institution at work but, instead, as enacted within the encounter with ‘both parties (having) the possibilities for less asymmetrical interaction’ (1993, p. 149). The patient (or social worker’s client) in such encounters is seen as resisting their submissive positioning and asserting agency. This suggests that the macro-structures are resisted within the micro-interaction, which holds the potential for agency and resistance.

Facets such as categorisation and boundary work, in particular, are Janus like in that they face both towards Conversational Analysis and Discourse Analysis and are represented in both. Categorisation developed by Sacks, (Butler and Fitzgerald, 2010) may be understood as how people make sense of each other in conversation (Hall et al. 2014). Categorisation operates as a way of sorting people into existing classes or types so that identifying someone as belonging to a particular type allows assumption to be made and which eases interaction.

Sacks (2001) refers to *membership categories*, which are culturally identifiable groupings; some membership categories are ‘activity-bound’ in that an action is inferred by the fact of membership (Hall et al, 2014). Membership categorisation has developed to become an analytic in its own right to the extent that membership category used to interpret members conduct could be seen to sits outside of conversational analysis, as it is not a characteristic of talk (Butler and Fitzgerald, 2010). However, a device that may be brought to bear within more traditional conversational analysis, is Schegloff’s concept of *recipient design*: that is, how people design their turn in conversation with relevance to who they are talking to, and although not widely used, it is relevant to research “on talk in institutional settings, which has sought to demonstrate how the identities of the parties involved are demonstrably oriented to within the interactions on a moment-by-moment basis*”* (Butler and Fitzgerald, 2010, p. 2463).

Categorisation is bound up with identity, thus the category of client and the sub-set of cooperative client/ non-cooperative clients carries consequences. Categorisation as a facet of interaction is understood as the outcome of an interactional process that allows professionals and clients to recognise how the client’s situation may be perceived institutionally (Hall et al. 2014). (However, this can be one sided: the client may not agree with the institutional perspective).

In social work-client encounters, Hall et al. (2014) propose that category construction is made visible by sequential obligations in so far as the professional must be supplied with information from the client (if the client is to be provided with help). However, in child protection situations, crucially, the potential child /client is not the person with whom the negotiation takes place and help (intervention) may be unsolicited and unwelcome. For Hall et al (2014) categorisation implies if not an equal, an interdependent relationship, as the client is presumed as accepting at least at some level, and that help is actively sought. In child protection encounters, categorisation may be negotiated up to a point; there is information exchange and an attempt to understand different perspectives and assign the situation to a known descriptive grouping, but there may be significant levels of resistance because of the implications of the *assigned* category. However the mutuality suggested by negotiated categorisation seems at best to apply only weakly in child protection situations. Whilst parents may resist categorisation; given that such relationships are fundamentally asymmetrical (Hall et al., 2014; ten Have, 1993) resistance is unlikely to lead to adjustment of the *assigned* category. Despite resistance, categories are imposed whether or not the parents in child protection cases agree to the categorisation (and not agreeing may be perceived as indicating lack of acknowledgement of the problem as institutionally categorised) and these affect how individuals are perceived and responded to as well as how they may perceive themselves, so that individual identity is implicated.

Munford and Sanders (2015) discuss how identity is constructed in relation to imposed categories, and in particular, the impact of ‘deviant’ categories that may be difficult to resist, and, which *‘*given the dominant social and political discourse of individualism and responsibilisation*’* (p.1575)*,* result in interventions that emphasise surveillance and which hold individuals to account. Categorisation of a child as ‘at risk’ correspondingly categorises the social worker as *a social worker for a child at risk* which also means they will be at fault if they fail to protect the child: there is the potential to fail to carry out the surveillance and control function of the category. Social workers too will therefore be under surveillance and held to account. Categories are therefore seen as enmeshed in binary relationships and impose a ‘call to action’ by virtue of category membership. Professional categorisation imposes expectations on individuals to demonstrate worthiness to belong. Furthermore, professional status may be bound up with assigning others (clients) to the appropriate category, thereby demonstrating professional knowing (Hall et al., 2014) and ensuring intervention is appropriate to the category (White, 2009). Determining the category a client belongs to is seen to have implications for individuals who become users of services and for professional accountability. Categorisation is thus bound up with accountability within interaction, in the same way that categorisation is oriented to within the wider institution.

Accountability is described as ‘how we do responsibility and how we take responsible action’ (Slembrouck and Hall, 2014, p.47). Accounting for, and explaining professional action and behaviour, can result in both excusing or justifying behaviours, and this may be done by positioning (or juxta-positioning) one’s action in relation to a less favourable moral category. Examples provided by Matarese and Caswell (2014) ‘use discourse analysis that draws from conversation analysis’ as well as utilising concepts such as face work derived from Goffman (p.48). As such, the identification of accountability is dependent on a hybridised mix of traditional conversational analysis and discourse analysis.

Slembrouck and Hall (2014) describe boundary work as ‘not essentially a concept associated with the analysis of discourse or interaction’ but which is nonetheless, ‘a persistent interactional feature of the social work encounter’ (p. 61). Hall et al. (2014) liken ‘boundary work’ as being akin to establishing a remit for what can happen within an interview and that this is negotiated within the client-professional encounter, though with the professional as the final arbiter of what is allowed within the final demarcation. Roles and identities are accomplished within boundary setting as different topics and different degrees of agency may be tolerated depending on the professional concern, with child protection concerns offering more limited scope for the exercise of client agency, for example, agenda setting. However this is also a constraint on the professional: the professional is constrained by their role and the institution’s requirements. The use of the term boundary is predicated on Goffman’s idea of ‘framing and footing’ (Goffman 1967). That these are present in the interaction order or ritual is revealed in the micro-level of social- interaction.

The use of conversation analysis is therefore relevant to the key research concerns of how social workers manage the face-to-face construction of practice. This form of analysis is uniquely placed to capture the construction of practice as it unfurls. Whilst some consideration was given to using only discourse analysis this would have failed to capture the actual construction of identity within the interaction and would have neglected the individual variation that takes place as social workers construct practice in collaboration with families.

Whilst conversation analysis was utilised to analyse the minute-by-minute construction of practice, it discounts the broader social context ‘that makes some forms of interaction possible and others unthinkable …as beyond its scope’... (Thus) it does not engage in why some discourses become authoritative and statements that challenge them erased from public discourse (Briggs, 2005). Whilst highly relevant to aspects of the research question, others are not addressed by an appeal to CA alone. Neither analytic on its own (DA or CA) seemed sufficient to answer questions concerned with the minutia of practice as well as the discursive context in which practice occurs.

**A hybrid analytic**

The interplay of practice as it happened, as captured by the home visits, and reflections on practice captured by the interviews and questionnaires, required an interrogation of the analytical process to be used across the data set to ensure methodological coherence. Discourse analysis was utilised to analyse the open data from the survey and interviews whereas conversation analysis was used as the main analytic for the home visits, which were also subsequently analysed using discourse analysis. This analytic adopts a hybrid approach as adopted in a number of studies including Miller and Silverman (1995), Healy and Mulholland (1998), Hepburn (2005) and Weinberg (2014), all of which adopt an interplay between conversation analysis and discourse analysis.

Although different theoretical constructs are apparent within DA and CA, a key factor is whether social action is the product of individual initiatives or whether individuals are the product of social forces. According to Wood and Kroger (2000) it is possible to look at people both ways. Foucauldian perspectives adopt the latter so that there is concern with power, ideology and discursive regimes. CA, however, emphasises the active joint construction of social practices. While these differing approaches may be seen as incompatible, Wood and Kroger (2000) suggest that they may conterminously exist; indeed, they suggest the possibility of drawing on more than one approach within a single study (Wood and Kroger, p. 24-25).

Gubrium and Holstein (2013) further advance that a pluralist approach allows different modes of interpretation and analysis, which are seen as complementary and mutually reinforcing. The analytic used in the present research allows a dialogue between the different approaches. This is in keeping with the emerging use of what has been called a hybrid analytics (Lincoln, 2010). By utilising such an approach it is envisaged that the complexity of social phenomena can be revealed. Thus the preferred analytic does not represent a synthesis of two different approaches; rather, it represents an integration whereby distinct analytical processes of analysis are applied to the data. Thus conversation analysis allows analysis of the interaction between the social worker and client, whereas discourse analysis allows the discourses drawn upon within the interaction to be made visible. By applying discourse analysis to the open data from the questionnaires and interviews, the interpretive competencies of social workers performing their institutional role is also attended to, as well as the micro understandings gained from CA.

Alvesson and Karreman (2000) encapsulate the problems of understanding discourse in relation to discourse produced in talk at a local and proximal level, and discourse in the sense of large scale integrated ways of constituting the social world. Alvesson and Karreman (2000) conceive of this relationship as a matrix, with distal and proximal contexts giving rise to different foci. The proximal context interests conversation analysists whereas the distal context is of interest to a Foucauldian concern with social discourses as historically and culturally situated. Each approach is constrained in that a micro approach whilst attending to local context ignores the wider social and political context that (arguably) gives rise to them. In contrast to this criticism, Schegloff (1997) cautions against imposing contextual understanding on the data as akin to cultural imperialism:

*This issue is not unlike those speaking of Columbus having discovered America, as if there were not already indigenous people living there* (Wetherell,2001,p. 385 citing Schegloff, 1997: 167).

Using the differing approaches therefore presents a challenge: however, an emerging conceptualism of these approaches as occupying complementary parallel paths (micro and macro understandings) allows the emergence of analytical dialogue (Holstein and Gubrium, 2013).

Thus, both of these sociological understandings are concerned with the construction of social order. The micro-sociological insights of ethnomethodology and conversation analysis demonstrate how this is performed through social encounters at an interactive level, whereas analysis executing a Foucauldian approach is more attuned to a macro-sociological analysis so that the ‘language turn’ is embodied within discursive understandings (Hall, 2011). Discourse is therefore inclusive of, but not confined to, language use but rather is a conceptualisation of ways of meaning making grounded in shared ways of thinking about experience. As such, discourse analysis utilising elements of a Foucauldian sensibility coheres with the additional aims of the current study of illuminating how social workers experience and make meaning of practice. Discursive understandings equate meaning with knowledge (which is here understood as ways of knowing) which are intrinsically linked.

Foucault’s genealogy of knowledge includes how meaning is historically situated and derives from dominant ways of talking about particular topics that achieves social recognition at a particular point in time (Hall, 2011). This infiltrates ways of thinking so that knowledge, meaning and practice are constructed through discourse (Hall, 2011). It is the discourse that gives meaning to objects, with meaning understood as ways of knowing. The link between knowledge and power as institutional currency derives in part from the impulse to apply efficiency and rationality in the organisation of society. This emerges as control within institutions by way of the regulation, categorisation and stratification of individuals (Foucault, 1972). Tracing the formulation of discourses illuminates that changes, at a societal rather than individual level, are embedded in which discourses come to dominate and control, and that different periods give rise to competing discourses. Topics are thus given new meanings within different historical contexts. To that extent the subject is imprisoned within the discourse. Identity is thus constrained by how the dominant discourse positions the subject within the discourse, which exerts control at the level of the individual by operating to ‘normalise’ modes of conduct and so regulate social behaviour (Foucault, 1972). In contrast, conversation analysis is not interested in language as in *parole – that is speech content per se-* and is rooted in the interactional order. It locates itself in the minutia of social order: whereas Foucauldian understandings attend to the historical shaping of social practices within discursively constructed formulations. This chimes with the aims of the present study, as in addition to the home visits, by including questionnaire and interview data it is possible that the latent discursive formulations that shape practice can be revealed. Non-naturally occurring data in the sense of being mediated by the occasion in which it is generated is open to challenge from a conversation analytic: this is countered in so far as the idea of naturally occurring data is critiqued within some discursive studies by the claim that no data is entirely ‘pure’ in interaction intention, as all conversations are to a greater or lesser extent interviews or representations or ‘truth games’ which thus may exist on any level. The current study therefore utilises two approaches across the home visits whereas the interviews and questionnaires are analysed using only a discursive analytic.

This is not to ignore or gloss over the differences between the approaches; as discussed there is a theoretical parting of the ways between ethnomethodology /conversation analysis and discourse analysis in that discourse analysis is attuned to the contextually and historically shaped discursive regimes whereas the concern of conversation analysis is the local construction of social order in interaction.

The interplay of macro and micro understandings

This thesis proposes that as discourse analysis and conversation analysis are epistemologically congruent both can be used in a single study as is advanced by a number of commentators. Wetherell (2001, 1998), Denzin and Lincoln (2005), Miller and Fox (2006), Lincoln (2010) and Holstein and Gubrium (2013) all concede that the limitations of a purely micro- analysis limit theorising about what is constructed and have advocated using a ‘hybrid approach’ where this is congruent with the research question and enables a fuller picture to emerge.

While respecting the distinct contributions both approaches offer, Miller and Fox (2006) attempt to show how these different analytics may be linked, so providing analysts with the possibility of extending their insights. Notwithstanding that the ‘how’s’ and ‘what’s’ of the social world may be conceived as two sides of the same coin; it may be useful to see the coin in its totality. Miller and Fox (2006) examine how links between ethnography, conversation analysis and Foucault can be used to inform analysis. A blending of the approaches is not envisaged but rather that the different approaches can mutually inform analysis. They also suggest that different data sets can be generated within the same study (p.45) and that broadening the analysis of, say, conversation analysis that positions members as more able to exercise agency with a Foucauldian concern with how individuals are imprisoned within the discourse, can, within the same study illuminate both the confines that actors operate within, as well as demonstrate how this is resisted within interaction.

Studies using a hybrid analysis

Theoretically and practically, there are precedents for using different analytical frameworks and different methodological antecedents within a single research paper. Some of these are referred to below, though there are more instances of such approaches within health related studies than within social work.

Healy and Mulholland (1998) demonstrated the application of discourse analytic methods to the study of social work practices. The study centred on young women’s experiences of violence and revealed the workings of power as contingent and nuanced within interaction. The study combined DA and CA and suggests that such approaches offer opportunities for highlighting the contingencies and complexities that are present within social work practice. Healy and Mulholland (1998) forcefully suggest that ‘in order to grasp the nuances of power, identity and change that occur in practice, analysists must attend to the local actions of the interactants’ (p.5).

Hepburn (2005) used DA and CA to analyse calls to NSPCC helplines, which analytical resource pointed to the importance of ‘alignment displays’ with young callers as well as discourses of being accountable in relation to perceptions of youthfulness. The integrated study thus revealed useful practice insights for social workers and ‘trouble recipients’.

Weinberg (2014) similarly used DA in addition to CA to highlight aspects of moral practice within social work as a profession and concluded that ‘through the analysis of talk as interaction it allows the complexities and ambiguities of ethics in practice to be laid bare’ (p. 96).

Miller and Silverman (1995) analysed data arising out of counselling sessions within clinical settings, initially using conversation analysis and subsequently analysing the data using a Foucauldian perspective, in order to uncover wider discourses that were present in the interaction. The data was analysed using conversation analysis as the main analytic but the interviews were then reconsidered from a Foucauldian discourse analytical stance to reveal how the wider context shaped and informed the interactions. Miller and Silverman (1995) explain that the aim was to pull together strands from ethnomethodology, conversation analysis and discourse analysis from not only a theoretically stance but at an empirical level. Miller and Silverman (1995) contend that conversation analysis and a Foucauldian discourse analysis are both well positioned to analyse power as it informs institutional life. A pragmatic use of relevant strands of Foucauldian discourse analysis combined with conversation analysis is advocated as a legitimate approach to extending the contours of each.

Other studies adopting both CA and DA within a single study design include Adams (2001) examining the social construction of risk for people with dementia by nursing staff, who combined the use of conversation analysis and discourse analysis: here, the separate approaches within the research study were synthesised rather than a separate analysis occurring. Adams’ approach represents a blending of the two approaches rather than an integration of conversation analysis and discourse analysis. Although the current theses considered blending the analysis, this was discarded in order to preserve the interplay between the micro-and macro approaches of each analytic.

Cowley, Mitcheson and Houston (2004) conducted research on health visiting in the context of home visits. Drawing upon Miller and Silverman (1995) the researchers utilised a synthesis of conversation analysis and a Foucauldian perspective in order to‘analyse how power relations are both embedded in institutional discourses and constructed within social interactions’ (Cowley, Mitcheson and Houston, 1995, p.505).

Other relevant research using both conversation analysis and Discourse Analysis oriented towards a Foucauldian approach include Winiecki (2008) who advocated that unity between the two approaches is not only possible but can offer meaningful insights into social realities (Winiecki, 2008, p.778).

Wilce (2009) explored how medical encounters are shaped by dominant epistemes and found it necessary to identify ‘discourse forms and ideologies circulating in and through local face-to-face encounters’ (p. 207). Similarly, Fejes and Nicoll (2011) subjected the data from interviews and naturally occurring conversations to both conversation analysis and Foucauldian Discourse Analysis.

At the stage of selecting an appropriate form of analysis, the growing catalogue of research using such a ‘hybrid’ approach was encouraging in respect of the research design.

The approaches described so far advocate theoretical distinction, though an integrated analysis becomes possible by allowing a dialogue between the two approaches for the insights both can offer. The present research follows the emergent tradition of utilising different parallel analytics within qualitative analysis, in particular, Conversation Analysis and Foucauldian (Holstein and Gubrium, 2013, p.261). Both ethnomethodology and Foucauldian approaches, as pointed out by Holstein and Gubrium (2013), are analytics rather than explanatory theories (ibid). It is the interplay of the “how’s” and “what’s” of social reality that attention to both conversation analysis and Foucauldian discourse analysis is able to contribute.

In taking up this position, there is some adherence to the idea of ‘hybridised analytics’ (Holstein and Gubrium, 2005) that centres on the *interplay* of discursive practices. Holstein and Gubrium (2005) identify these practices as the talk and patterns of everyday life that are central to an ethnomethodology informed analysis of social interaction in real time, with discourse in practice, which is identifies as Foucauldian in its emphasis on what the discourse constitutes as much as how (Holstein and Gubrium, 2005, p.492). Their analytic aims to document the interplay between the practical reasoning in constructing everyday reality and the institutional conditions and discourse that mediate interaction.

Holstein and Gubrium (2013) propose a Constructionist Analytics of Interpretive Practice as “a particular variant of constructionist inquiry”(p.255)that borrows from a range of methodologies including conversational analysis and ethnomethodology. Interests in the construction and maintenance of social order are a unifying feature. Ethnomethodology is not oriented to what members’ social worlds are composed of, but instead is attuned to how social worlds are constructed and reproduced through communicative interaction. It is attuned to structural form seen most forcefully in conversation analysis which eschews contextual detail that is not directly referred to within the interactive encounter. Holstein and Gubrium (ibid), however, reject the disregard for settings and cultural understandings and suggest that ethnomethodology could adopt a Foucauldian interest in the historically and culturally located social systems of power and knowledge which construct individuals and their worlds.

*Foucauldian considerations offer ethnomethodology an analytic sensitivity to the discursive opportunities and possibilities at work in talk and social interaction without casting them as external templates for the everyday production of social order* (Gubrium and Holstein, 2013, p.262).

That is, they propose an analytic that does not confine itself to only the here and now situated activity that takes place within the confines of the interactive encounter, but is alive to the historical and social contexts that shapes interaction. Concern with how social order is produced and reproduced at a micro level is supported by attention to relevant contextual discourses.

The overall approach to the whole data corpus was thus firmly located within the impulse to pay attention to both how individuals reflexively constitute their social worlds, whilst constrained by the discursive choices available to them.

A key consideration pertaining to frontline practice is seen to be the communicative encounter. Hydén (1999) insists that social work is an interactive practice and that it is through talk that social work is enacted. Similarly, van Nijnatten (2013) presents social work practice as centring on the communicative interaction. The context of the home visit is an important framework for child protection practice that exerts an influence on professional identity and practice and marks institutional practice within the private sphere. However, as indicated, there is little research on how social workers engage sympathetically with parents in this context whilst maintaining a focus on the child (Ferguson, 2011). This aspect of practice is a key focus of this study which draws on discourses in practice to interrogate these concerns. The next chapter will set out in detail the methodological approach underpinning the study.

**Chapter 4 Methodology**

**Introduction**

This chapter sets out the original study design including proposed methods, access plans, analytical strategy and ethical considerations. There follows an explanation of how the original design was subsequently adapted owing to fewer social workers agreeing to participate in the research than had been envisaged would be the case. The final section details the analytical process used in the research.

**The original design: methods**

The epistemological stance adopted within this research was interpretive and theoretically underpinned by social constructionism (Denzin & Lincoln, 2013). The study was a qualitative study that aimed to explore the nature of communicative encounters between social workers and families in the context of home visits to families whose children had a current child protection plan. This required accompanying social workers carrying out home visits. It was envisaged that social workers would agree to be interviewed following the home visit to explore social workers’ accounts of the home visits. However, although the participants would be ‘in-role’, such interviews would not constitute the actual practice of social work; in effect, social workers would be one step back as they accounted for and reflectively constructed practice.

The original research design thus included accompanying social workers carrying out home visits and carrying out post home-visit interviews.

It was intended that the home visits would capture interaction between the social worker and family that took place in real time which would provide a representation of practice that was as close as possible to actual practice. The focus was the communicative encounter so that interaction was the key area of interest. The home visits were to be audio-recorded to enable subsequent detailed analysis of interaction. A focus on the micro-context of interaction was preferred in order to make visible how practice is constituted within social workers’ encounters with clients in the context of home visits; with the home visit viewed as an important site of child protection practice (Ferguson, 2009; 2011; 2016).

It was also envisaged that the interviews with social workers would be used to identify the discourses that framed practice. This would enable a macro understanding of the wider context within which interaction takes place, so that the focus would be both on how practice is constituted but also what specific framings of the social world are used to accomplish social work as practice (Carey, 2013; Willig, 2014).

**Accessing the field**

It was envisaged that some ten home visits would form the body of the data along with ten interviews based on social workers’ reflections of the observed visit. The Local Authority that was originally approached (LA 1) supported the research in terms of allowing access to social workers to canvas interest in becoming research participants. To this end, I attended several team meetings and several area meetings as well as several management meetings to consolidate support for the research to take place. This took place over several months. Support at senior management level was forthcoming and individual social workers expressed an interest in the research. I was conscious that social workers were busy and often held high caseloads so I did not want to add to their work unduly and sought to minimise the burden of participation in the research. Social workers were made aware that a short introductory meeting would be needed with me to provide a pen-picture of the nature of their involvement with the family with whom visits would take place. Interested social workers were asked to contact the families they worked with to gain permission for me to contact families to discuss their participation in the research. A post-home visit interview with the social worker was also envisaged.

Despite attending several team meetings, my presence in area meetings as well as a departmental briefing about the research, only three social workers within the target local authority agreed to take part in observed home visits. Reasons were not given though work load and lack of experience of being observed within the home visit may have been a concern. Hepburn and Potter (2011) outline professional fears of exposure in allowing researchers access to their work with vulnerable clients, and cite professional fear of being judged against an ideal that they will not match up to; as well as concerns for vulnerable clients.

I had somewhat naïvely imagined that my former role as a social worker and team manager would allay such concerns: this did not happen. This may have been related to self-perceptions that do not match with that of others: to the social workers I was simply a researcher. It is possible that I spent too long trying to gain participants for the research as I was both frustrated that what seemed a good opportunity to discuss practice in details with an interested third person was so poorly responded to. I therefore attempted to make participation more attractive by contacting the social work regulatory body (HPCC) which agreed that participation could be counted towards continuing learning required to maintain professional registration. However, this still failed to expand the pool of participants.

Identifying appropriate cases was a further unforeseen obstacle. It appeared that many of the cases held were at the stage of Public Law Outline (preliminary steps to triggering care proceedings) and the feelings among social workers were that these cases were therefore not suitable. This reduced the pool of cases that may have been drawn upon. In addition, social workers were protective of the families in that they did not want to impose upon families by asking them to take part in a research study. This further limited the numbers of social workers that were willing to participate.

At this stage, only three social workers from LA1 had agreed to participate in the research. Several other local authorities were therefore approached to ask if they would be willing to participate in the research. None of these responded except for one additional local authority (LA2). As in LA1, senior managers and to some extent team managers were enthusiastic about the research. Several meetings took place with staff within teams over some a period of several months, but there was a lack of enthusiasm at social worker level, and the clearly articulated view that this would mean more work and little personal benefit. Ultimately, none of the social workers agreed to take part. A further complicating factor was that the ethical process was stalled due to LA2 being unable to locate documents sent; there were changes of personal assigned to responding to research ethics, and lack of response from key personnel when documentation was re-sent.

This entire process took place over an extensive period of many months but resulted in few social workers who were willing to participate. Managers were not inclined to instruct social workers to participate and this would have been ethically dubious had this occurred. However, it does raise the issue of how research grounded in routine practice can inform practice where there is an unwillingness to participate in such research. It is possible that an ethnographic approach that involved accompanying social workers over a preliminary period, without making research notes made may have been more productive, but this may have had a similar outcome and would have raised ethical isssues regarding the consent of the families so visited.

Social Work Records

The original design envisaged accessing social workers’ reports to child protection conferences that may have occurred during the course of the study with a view to identifying the extent to which such reports drew on aspects of the observed home visits. In the event, these were not made available due to concerns around confidentiality at team level rather than senior management concerns.

In addition, case notes pertaining to the accompanied home visits as well as supervision notes pertaining to these visits were included in the original design. These would have been used to examine whether social workers’ emotional responses to practice became part of the case recording or supervision record. There is a view that such responses should inform child protection assessments as containing important information regarding the emotional climate that constructs the child’s daily life (OFSTED, 2011; Tuck, 2013). There is also a view that supervision should address the significance of the emotional impact on the worker, as part of the organisation’s response to take care of practitioners in addition to using emotional responses to practice as a learning tool (Moesby-Jensen & Nielsen, 2015).

It had been agreed that I would be able to access social work case records: however, case recordings of individual visits were not separately recorded but amalgamated with a number of visits, so that the host authority did not feel it was practical or feasible to try to extrapolate records specific to these visits. Similar, supervision records did not refer to specific visits, so that such information was simply not available. (Though not the remit of this research this raises issues in respect of recording practices). These records were therefore not used as part of this research.

**Ethical considerations**

Ethical approval was given by Sheffield University Ethics Committee on 5th January 2012.

Ethical approval was given by the host Local Authority Research Governance Group on April 2012 subject to a satisfactory renewed enhanced DSB certificate which was completed May 2012.

Both of these approvals were gained following submission of an outline of the proposed research including its aims and perceived benefits, and required submission of the participant information sheets and consent forms for all participants. Ethical approval indicated that the research proposed subscribed to research standards that participants would not be disadvantaged by their involvement in the research. The benefit of the research was seen in terms of informing future practice as well as the opportunity to reflect on current practice. No direct benefit was seen to accrue to the family participants but an indirect benefit was the potential for the development of social work practice indirectly benefitting the families involved in the study.

The process of gaining consent from the host Local Authority

The host Local Authority senior manager responsible for research governance (SMRG) was contacted February 2011 by email, outlining my interest in carrying out the research within the Local Authority.

The SMRG advised that the proposal had been forwarded to the Assistant Director. Subsequently, the SMRG informed me of the Local Authority’s agreement to host the research and a requirement for the Local Authority’s ethical approval via a Research Governance Form. Thereafter, information regarding the proposed research was exchanged via email with the Local Authority SMRG and a meeting was held in June 2011 to scrutinise the proposed research framework. The Research Governance Form requesting ethical approval and permission to carry out the research within the council’s Children’s Social Care Services was submitted July 2011 with the approval of the SMRG. This form was also included in information to Sheffield University as part of the ethical approval process from Sheffield University Ethics Committee.

In September 2011, the SMRG facilitated my attendance at a senior management meeting to explain the research, where I delivered a short presentation about the proposed research.

Senior managers expressed their willingness to support the research, leading to my attendance at several meetings between September 2011 and December 2011. These were attended by the senior manager for the specific locality, the team managers and social workers. Following this, I met with individual team managers, and thereafter was invited to attend their team meetings between January and April 2012.

The process of gaining consent from Team managers and Social Workers

Individual meetings took place with team managers who were willing to meet with me to discuss the research. Team managers were provided with Information sheets (appendix 1a) outlining the research. Team managers who were interested in supporting the research agreed that I could attend a team meeting to explain the research to social workers.

The same information sheets were given to the social workers for their information during the team meetings (appendix 1a).

The team meeting was seen as an opportunity for social workers to ask questions about the research without having to make any personal commitment to the research.

Interested social workers were asked to let the team manager know if they wished to be involved. Three social workers were interested in participating. The team managers therefore contacted me and arrangements were made to meet individual social workers to explain the research and answer any questions, including the demands that participation would make on the social worker and potential family. At this stage informed consent to participate in the research was confirmed by the social workers signing consent forms (appendix 2a)

The *signed* consent of the relevant team manager was also provided (appendix 2b).

The process of gaining consent from parents

The three social workers who had agreed to take part contacted the families that they considered may be willing to participate in the research. The social workers were asked to discuss the research with the families and to give them a letter, whereby the identified families could indicate their agreement that I could contact them. A letter allowing me to make contact was provided (appendix 1b) along with a pre-addressed stamped envelope directly to Sheffield University, or the letter could be given to the social worker to forward.

Once the parents had signalled willingness to be contacted by me, I arranged a visit all three families unaccompanied by the social worker, to explain the details of the research and what would be involved should they agree to participate. It was made clear that participation was entirely voluntary and would have no bearing on the progress of their work with social services. Information sheets outlining the research was given to the parents during these visits (appendix 1c). As the parents were willing to participate in the research, they were asked to sign a consent form indicating their willingness to participate in the research (appendix 2c).

The process of gaining consent from children and young people

At the outset, it was deemed that depending on the age of any children, *assent* would be sought for access to the child’s file, as well as data collection involving any children in the family. This would take place in the visits to the families to obtain consent for the research to take place.

For children over 8 years old, it was envisaged that this would mean informing the child that the researcher would be visiting with the social worker in order to see how they do their job. An information sheet would be given to children, which would be read and discussed with them (appendix 1d). The child would be asked for their consent to the researcher reading the social worker’s written record of that visit (appendix 2d).

For children under 8 years old, consent would be mostly from their parent(s). It was not presumed that children less than 8 years old were unable to provide valid assent: however, their understanding of having a case file and its purpose was not certain. The assent from a child under 8 years old was therefore on a case by case basis, dependent on the parent and social worker’s view of the child’s understanding of why they have a social worker.

All of the consent forms included that should the researcher have concerns that a child or adult may be harmed, the social worker and/or manager would be made aware of this.

In practice, the child in family one was less than one year, and the child in family two was three years old so that their assent was not pursued. Family three contained four children, one of whom although less than eight years old may have been able to provide assent. This was discussed with the parent during the visit to obtain consent, but the parental preference for parental consent only was agreed as acceptable and complied with the agreed process of gaining children’s assent.

Recording

The home visits and interviews with social workers were recorded on an audio-recorder. The audio files and transcripts were password protected and stored in a locked building. The files do not contain any identifying data. Questionnaires were stored in a locked building and do not contain any identifying data. Ethical considerations of consent, anonymity, protecting the interests of participants and fairness of representation underpinned the entire research process (Denscombe, 2005; Robson, 2004). Care has been taken throughout to avoid including any features that would compromise the anonymity of the research participants and names have not been used or details that could lead to the identification of the participating authority revealed.

Dilemmas of consent and confidentiality

The informed consent of the social workers was provided once they had decided to participate. The families who were visited to ascertain their willingness to participate were keen to tell their stories, which belied the concerns of the social workers that families may not want to participate. One of the families indicated their willingness for visits to be audio recorded and informed me that they recorded the social worker when visited. This was an ethical dilemma as this information seemed important to share with the social worker. I decided to inform the social worker who addressed the issue with the family. This could have affected their relationship with the social worker and therefore have had a negative consequence and challenged the principle of protecting the interests of the participant. In this case, the interests of the participants conflicted and were differently affected. However, it was likely that the secret recording indicated some existing issues of trust which my involvement had illuminated rather than occasioned. I was conscious that the family concerned may withdraw from the research but this did not occur. This was experienced as ethically challenging and raised the issue of a moral conundrum as much as research ethics, so that a moral judgement was involved.

I was also conscious that some practice may not illustrate good practice standards and have been careful to avoid unduly negative representation of practice: however, the integrity of the research requires a faithful representation of practice. Thus some comments made by social workers that may represent questionable practice standards are included.

**Analytical strategy**

It was envisaged that conversation analysis would be used to illuminate how practice is constituted within the communicative encounters between social workers and client in the context of home-visits. In order to make visible how discourses operate to reflexively construct practice, discourse analysis was adopted as a relevant strategy to analyse the interviews with social workers. The original design anticipated the use of both of these tools as each is uniquely positioned to deal with the research questions. Chapter 3 provides a detailed discussion of the legitimacy of using these different analytical strategies within the same study.

**Adapting the research design**

Home visits

Of the three social workers, it was possible to accompany one of the social workers on a subsequent home visit to the same family. This was not possible for the other two families, as these cases escalated into care proceedings so that the social workers did not feel comfortable with the cases remaining sites for research. However, the number of participants was experienced as problematic, as although the quantity of data is not a primary consideration in qualitative research; nonetheless it was a source of concern.

In order to expand the range of experiences that could be included in the study, it was therefore decided to include a survey of the social workers in LA1. It was envisaged that questionnaires may elicit a greater response as they would be less intrusive, and social workers were less likely to perceive them as a threat. Questionnaires could be used to access social workers’ reflections on practice, which could be analysed in terms of the discourses that framed such reflections. Questionnaires were distributed to all of the social workers for children and families within the host Local Authority (LA1) using ‘survey monkey’. The questionnaires included the option of agreeing to an interview: it was hoped that on completing the questionnaire social workers would be reassured that the research was not about judging practice, but understanding practice. Although I had been at pains to emphasise this when canvassing partition in the research, it was possible that this still remained a concern for social workers.

The questionnaires were conceived as intrinsically valuable, as well as holding out the possibility of locating social workers who may be agreeable to interviews. This would enable more in-depth reflection and therefore better support the research question. The questionnaires were constructed after an initial reading of the transcripts from the home visits, and aimed to be congruent with initial attempts to make sense of the data from the home visits.

Of approximately sixty questionnaires distributed, nineteen were returned with sixteen fully completed. Seven social workers agreed to an interview, but one social worker then changed her mind, so that six interviews were completed. The interviews and questionnaires were important tools to access social workers’ reflections on practice, and how they made sense of their experiences. These reflections were then analysed to identity the discursive understandings that framed such practice.

Thus, although the home visits constituted the dominant data set in establishing how practice is constituted in real time, the interviews and questionnaires were central to the research question of identifying the discourses that constitute child protection social work.

Questionnaires

Although questionnaires are typically used to reach a large audience and to gain fairly straightforward information, they may also be used to collect more personal information with sensitive information being offset by the anonymity provided by survey questionnaires (Denscombe, 2003; Robson, 2002). Robson (2002) suggests that questionnaires may produce dubious data as the participants may select to present themselves in a good light so that validity is compromised. The questionnaires in the present research could be characterised as asking sensitive information; however the questionnaire design meant that social workers could select how much information they elected to disclose.

Although questionnaires are often used in large scale surveys and therefore often associated with collecting quantitative data, qualitative data can be included with smaller scale surveys; this is particularly reasonable where there is less likelihood of aiming to generate data that can be generalised. As this was not an aim of this thesis, the questionnaires consisted of open-text questions to allow for experiences and opinions to be presented. Closed questions were included to provide contextual information to support the analysis of the more qualitative data. Most of the open questions followed from initial closed questions in relation to grouped topics that allowed a gradual sensitising to the topic of interest.

The questions were formulated to provide information that matched the research question; hence, they focussed on experiences of hostility, manager’s responses, working in poor neighbourhoods and whether social workers thought that children saw them as trusted adults, as well as questions relating to their feelings towards the parents they worked with. It was hoped that some participants would agree to be interviewed: the questionnaire included the option of including contact details should participants agree to be contacted. An exemplar questionnaire is provided at appendix 3A.

A test questionnaire was delivered to two social workers who reported a relatively short completion time. The response rate to the survey was around 35% which is rather low (Robson, 2002). However, the completed questionnaires provided useful information both within the closed and particularly the open question responses. Given the nature of the responses received, social workers did not appear to have been influenced by aiming to present themselves in a ‘good light’. Rather, the responses appeared sincere and sometimes very heart-felt.

Interviews

Interviews were used as a data collection tool in order to obtain rich and detailed information from social workers in terms of their reflections on practice. The research focus favoured textual data so that interviews were well suited for capturing language practices utilised by social workers reflecting on their experiences. The interviews were audio-recorded to enable the uncovering of the latent discourses that frame practice to be revealed in the analytical process. The interviews conformed to semi-structured interviews. The interview questions aimed to explore in more detail some of the factors that were beginning to emerge from an early reading of the questionnaire data. It was envisaged that the interviews would facilitate detailed discussion and allow room to follow up on topics of interest within the interview, and to confirm understanding within the interview (Denscomb, 2003; Robson, 2002). The interview included a request to accompany social workers on a home visit if they chose: although some social workers agreed to such visits, when subsequently contacted to make arrangements calls and messages were not returned.

Interviews as a method conferred some advantages to the interviewee in that the place and time of the interview was largely determined around the interviewee’s preference and was arranged to trespass on their time as little as possible. A possible consideration as in most research is that there is some bias in terms of self-selection, in that it is possible that participants had particular issues that they wishes to voice so that the data may include an in-built bias.

This is also true for the researcher who may follow up on issues of relevance to the researcher. Qualitative research is a representation of a particular reality, requiring ever increasing circles of interpretation. To that end, research cannot rid itself of bias entirely though can aim to recognise the possibility of bias; this was done by aiming to focus on finding out practitioners’ views through asking open questions which represent a loosening of researcher control compared to closed questions though within the scope of the research aims.

The use of an interview schedule was helpful in that it provided a structure to the interviews and created a sort of metaphysical reminder of the need to focus on the research aims. The interview schedule is set out at appendix 3b.

Interviews were preferred to focus groups due to the aim of identifying discourse present in practice but also due to the practicalities of social work availability over a large urban local authority. Interviews enabled individuals to describe experiences within a relatively safe and confidential space that also allowed some recognition of such experiences.

Revised data set

The home visits that took place consisted of four instead of an assumed ten visits.

An additional unforeseen complication was the failure of the recording device during the interview of F3. The visit was therefore recorded by making handwritten notes of the interactions. This seemed to be a major problem and engendered reflection on whether the data could be used. Although the data no longer lent itself to conversation analysis discourse analysis was still relevant. However, it represented a limitation as CA was used for three instead of four home visits. Although not catastrophic to the analysis it was nonetheless experienced as a significant crisis and remains a regret. However, the data was captured by detailed handwritten notes and still capable of being included in the analysis.

Although some discussion was held with social workers after the visit, these were extremely brief due to pressure on social workers’ time and therefore of limited usefulness. Only one social worker participated in a pre- arranged interview, whereas the other two social workers were overwhelmed with volume of work, as the relevant cases had been escalated into care-proceedings and the social workers were unable to find the time for the interview. Due to the very limited nature of these discussions they did not become part of the data corpus.

The data as originally conceived thus shifted from several home visits with follow up interviews pertaining to these visits and the inclusion of case records; to multi-modal textual materials drawn from interaction within home visits, and textual data in the form of interviews and questionnaires. The social workers who were interviewed were not involved as participants in the home visits; this allowed a widening of the remit of the interview to incorporate social workers’ reflections on a wider range of their experiences of child protection practice.

Thus the data consists of the questionnaires which were completed by eighteen social workers, interviews of six social workers, and four home visits (to three families).

The interview and questionnaire data were capable of discourse analysis; recordings of the home visits, enabled conversation analysis of the micro-sites of practice. The data collection tools were therefore considered to be relevant and appropriate to the research aims.

The process of gaining participants was lengthy and sought as far as possible to comply with ethical concerns regarding not assuming any entitlement to accessing practice and being mindful of the sacrifices made to enable research access. I was and remain extremely grateful to all of the participants including the families who allowed access to their homes and aspects of their lives.

Review of the research design

As stated, the research design was adapted to take account of these changed circumstances. Qualitative research design may require a flexible approach that can accommodate change throughout the course of the study (Robson, 2002). This should be clearly articulated to ensure the research remains trustworthy (Koro-Ljungberg & Bussing, 2013) and has been specified in this section. The research aims were reviewed in consequence of the access to practice that was ultimately provided, but were not found to be incompatible with the revised data set. The research aims and research question were therefore unchanged. It was envisaged, however, that there would be some shift of focus as the addition of the qualitative sections of the questionnaires and the interviews, now uncoupled from the home visits, would enable consideration of a wider range of reflection on practice. The analysis as originally conceived also underwent some adjustment.

The original intention had been to use conversation analysis for the home visits and discourse analysis as the analytical tool to analyse interviews with social workers. The changed data basis provoked a review of the analytical strategy and led to a strategy similar to Holstein and Gubrium’s ‘Constructionist Analytics of Interpretive Practice’ (Holstein & Gubrium, 2013) so that conversation analysis was applied to the entire home visits, which were also analysed for discursive understandings.

The questionnaires and interviews were analysed using discourse analysis. This resulted in a rich and in depth analysis of the entire data set. Although not claiming that the data can be generalised: owing to the particular fullness of the analysis and the widening of the range of matters informing the questionnaires and interviews, it is hoped that the conclusions drawn from this research may be applied to similar practice contexts. There is very little existing research derived from observed home visits in the context of the English child protection system so that this research hopes to contribute to and expand this small body of existing research. Although qualitative research is often charged with lack of generalisability (Denscombe, 2003), where the practice background matches that of the research, insights from qualitative research may be illuminating for similar contexts (Silverman, 2011; Robson, 2002). The validity of qualitative research is often a key strength (Denzin & Lincoln, 2008; Flick, 2014) where validity is viewed as ‘the degree to which researchers’ claims about knowledge corresponded to the reality’ (Cho & Trent, 2006, p.320). The current research is an in-depth study of practice as it occurs in real time during the home visits as well as a detailed consideration of social workers’ reflections on such practice.

**Analytical Choices**

The final selection of conversation analysis and discourse analysis emerged after first considering epistemological coherence across a range of analytics. A theoretical justification for this approach has been put forward in Chapter 3. The following section indicates some of the considerations that underlined selecting the approach taken to data analysis.

In order to select the type of analysis which would best fit the overall research framework and would best answer the research question, a table was drawn up to highlight the advantages and disadvantages of each approach in terms of best fit to answering the research question, alongside of the predicted data that it was envisaged would be collected. The table below presents the strengths and difficulties that obtained if using only one approach.

**Table 1 Conversation Analysis: Advantages to the current study.**

|  |
| --- |
|  Table 1: The usefulness of Conversation Analysis for the present study |
|  | Home Visits:Weaknesses | Home Visits: Strengths | Interviews: Weaknesses | Interviews: Strengths |
| Conversation Analysis  | Focus on interactional structure and process in preference to content. Communication is disembodied from external context which is not of primary significance. Potentially theoretically limited. | Allows some focus on aspects of identity construction as revealed via language interactions. Illuminates construction and maintenance of social structures (of child protection practice) in everyday interaction. | Requires naturally occurring data which does not apply to research interviews. | Not applicable to research interview data. |
| *Reflection on use in social work research.* | May be of more use for more public practice (child protection conferences: meetings that take place on social work sites / arenas where practitioners are used to working in public) |
| Home Visits:  | Useful tool of enquiry but due to the difficulties in accessing traditionally ‘closed practice’ may be less achievable due to access issues. |
| Interviews | Not useful as requires naturally occurring data. |

**Table 2: Discourse Analysis: Advantages to the current study.**

|  |
| --- |
| Table 2: The usefulness of Conversation Analysis for the present study |
|  | Home Visits: Weaknesses | Home Visits: Strengths | Interviews: Weaknesses | Interviews: Strengths |
| Discourse Analysis(Critical DA or Foucauldian DA)  | Not primarily focussed on talk- as- interaction so that the construction of practice in real time is less minutely observed. | Coherent with an ethnomethodological approach | Does not use naturally occurring data *but this is less important to Critical DA and Foucauldian DA.* | Allows interviews as data  |
| Imposes some thematic categories external to the interaction so displaces the identification how social order is brought into being. | Aspects of talk-as-action are assumed. | Not concerned with the psychological aspects of being unless oriented to by the participants. | Coherent with an ethnomethodological approach |
| Not concerned with the psychological aspects of being unless oriented to by the participants. | Allows use of naturally occurring data which is consistent with many approaches to DA though of less importance for CDA/FDA |  | Aspects of talk-as-action are assumed. |
|  | Allows external thematic categories so acknowledges the relevance of the wider context. |  | Allows external thematic categories so acknowledges the relevance of the wider context. |
| *Reflection on use in social work research.* | * Useful as allows different texts to be analysed including interviews, naturalistic data and written text to encompasses many aspects of social work practice.
* Acknowledges the importance of language practices as well as the wider context
* Not concerned with the psychological aspects of being unless oriented to by the participants ( though within the current research, these aspects are present in the discourse)
 |
| Home Visits:  | * Useful as allows the wider context to be analysed
* Does not require an iterative process of data collection
* Less capable that CA of capturing of minutia of interaction
 |
| Interviews | * Flexible and attends to some aspects of context and interaction.
 |
| Future considerations:  | * The research interview would need to be carefully thought out to maximise the potential for free flowing narrative so that unstructured interviews may be preferable.
 |

The advantages and disadvantages of each approach meant that no single approach was capable of answering the research question, though the use of both CA and DA together, was almost uniquely capable to so doing. Thus, by using both approaches a full analysis of how practice is constructed in real time was achievable in the context of the situated home visit; as well as allowing an exploration of how social workers themselves made sense of practice. By using DA the wider context could be foregrounded, whilst using CA would attend to the interactive minutiae as constitutive of social order and social work practice which is a salient aspect of the Home Visit. Both approaches were coherent with ethnomethodology and had a good ‘theoretical fit’.

Gubrium and Holstein (2013), however, resist attempts at synthesising ethnomethodological and discursive analysis. Instead, their approach prefers a ‘parallel project’ whereby the analysis proceeds to use first one approach (conversation analysis) and then subjects the same data to the other (discursive) analysis. This requires a form of analytical ‘bracketing’ which refers to a moving back and forth between the different analytics, ‘making informative references to the other in the process’ (Gubrium and Holstein, 2013, p. 267). In this way, there is a dialogue between the analytics, allowing interplay between structure and process. This allows the politicising of the project as it allows room for the inclusion of the broader contexts that shape interaction, as undertaken in the present study, where one data set was subjected to conversation analysis before being analysed using discourse analysis. The findings from each approach were then considered from both viewpoints to allow interplay of the understandings gleaned from both approaches. This required a revisiting of the data to constantly check that the analysis matched in terms of findings, though the perspectives differed (Gubrium and Holstein, 2013).

Thus, conversation analysis was used as an analytic for the naturally occurring data accessed by audio-recording social workers undertaking home visits: while further analysing these interactions with sensitivity *to the discursive opportunities of* the interaction.The limitations of Conversation Analysis were thus avoided by attending to the wider discourse: this concurs with an epistemological position that is concerned with how people construct their world, but is sensitive to the choices and possibilities available to them.

The decision to apply DA first to the home visits was in keeping with using the ‘hybrid analytic’ across the entire data set; however, only the home visits had both CA and DA applied to so that it was especially important that this method worked with this data set. The home visit data aligned with the research aims and was already detailed following CA, so that the integrated analysis seemed to require congruence firstly with this data set. The home visit data was particular rich but potentially challenging as the discourses were less and the ‘topic of interest’ less defined compared to the interview and questionnaires which had a preconceived format. At first glance, it was anticipated that the home visits would result in more detailed findings. Consequently, DA was fist applied to the Home Visits. The methods that were expected to reveal more in-depth analysis were approached first to that the interviews were analysed after the home visits and lastly the questionnaires.

Interviews carried out with social workers generated non-naturally occurring data which generally is not considered relevant to conversation analysis where the interaction between the social workers/researcher is not a focus of study. Instead, the interview focus was to make visible how social workers reflexively construct practice so that discourse analysis was adopted as a relevant analytical strategy. Discourse analysis was also used to analyse the qualitative questionnaire data.

The analysis of each data set resulted in a high number of emerging themes which were condensed to a manageable number of themes across each data set but with care taken not to lose the nuances within the data. The emerging themes from each data set were compared against each other in a process of constant checking within and across the data sets to identify key discourses that were stable across the entire data. This process was extremely lengthy and required constant checking to ensure nothing had been lost across the data. The final discourses were then compared across the key themes that had emerged from the CA so that some themes were further collapsed into subthemes. At the end of this process five key themes were arrived at. As this analytic process was of crucial importance to the integrity of the overall research a detailed description of this process is provided.

**Analytical Process**

An overview of the process of analysis is set out below; there follows in Chapter 5 an in- depth analysis and discussion of the key findings.

This section summarises the analytical process applied to each of the three data set; followed by a description of the analytical process as applied across the entire data set. Consideration was given to only briefly describing the analytical process. However, as there are two analytics and three data sets, the description of the process began to lose coherence once divorced from the emerging themes. The section on the analytical process therefore includes identification of the key themes which have been retained within this section in the interests of an accurate presentation of the analytical process. The aim here is to retain some ‘feeling for the process of the analysis’… in this way the analytical story…is placed up-front’ (Robson, 2004, p. 511). This aspect of the *analytical journey* is presented in order to make the coherence of the integrated analytic explicit. The analytical process is deeply embedded in the emergence of themes from the data, so that these are included to maintain coherence.

Conversation Analysis

Process applied to Home Visits, (HV) Family 1 (HV 1 and HV 2) and Family 2 (HV 1)

1. Transcription completed without reference to Jefferson Transcription.
2. Read and re-read transcriptions and transcribed using a version of Jefferson Transcription.

(Features of the transcription are included in Appendix 9)

1. The transcripts were analysed for structural features relevant to conversation analysis.
2. Structural features were noted in a column next to the line by line utterances.
3. Family 1: The key structural events identified as occurring in Family One HV1 were listed. ‘Structural events’ refer to the activity that was being carried out in the interactions.
4. A chart was drawn up for all of the events that occurred across Family 1, Home Visit 1 (F1 HV1) showing where the event occurred by line number.
5. Steps 1-6 were also completed for Family 1 Home Visit 2 ( F1 HV2)
6. Initial coding was applied to the structural features identified in respect of F1 HV 1 and HV 2
7. Key Features or events were highlighted for each home visit. A table was constructed showing key features, showing text location for key features in relation to F 1, HV 1 and 2.
8. Completed the above for Family 2

Category construction

11. For each visit, the final list of features was examined and grouped into broad categories.

1. The category construction was devised by looking carefully at the key features summary. The key features are lists of what activity was being carried out in the interactions. The list of actions being accomplished through the interactions can be described as Action-themes or categories.
2. Family 2 was more difficult to categorise than the visits to family one, particularly in relation to the emotional aspects of the interaction: this engendered a reminder that the emotional context could be distinguished as a separate feature where the context was made relevant and was highly oriented to by both speakers. Whether to focus on the specific context relevance of emotion was problematic, as the emotional context could be subsumed within the category of sensitive issues which seemed more coherent with conversation analysis. However, the intensity of the emotional context that was displayed in Family 2 marked it as a unique feature, in that it highlighted how intense emotion in the context of pre-proceedings child-protection work is responded to in social work interactional encounters with families.
3. A decision was therefore reached to use the action-theme of how parties construct and respond to emotion
4. Allocating the structural features into action-themes or categories was complicated by the same actions being used to do different things: so for example, resistance could be towards an allocated role or resistance to institutional ways of working. The former resulted in being placed in the overall action-theme of identity construction; whereas the latter belongs in the action-theme of constructing the institution. This was true for many utterances which were doing more than one action: for example, maintaining alignment whilst accepting advice-giving.
5. The preliminary action-themes from each visit were tabulated.
6. The completed analysis identified five key themes from Conversation Analysis.
* Making the Institution visible: constructing the social reality of child protection
* Identity construction
* Marking sensitive Issues in the context of all issues being sensitive
* Emotional Context:how intense emotion in the context of child-protection work is responded to in social work interactional encounters with families
* Relevance of previous involvement with social services.

**Discourse analysis**

Much of the literature on discourse analysis refers to the research question as prompting the identification of the discursive object (Coyle, 2016; Willig, 2008). Although I had not necessarily established a specific discursive object there were, however, parameters in that the questionnaires and subsequent interviews were designed with a focus on the emotional context of child protection social work practice; so that the possibility of talk on other matters was necessarily restricted. These parameters reflect concerns with the extent to which social workers manage to prioritise the child’s interests whilst engaging parents within home visits amid a complex emotional context.

The approach to analysis was orientated to Foucault’s theory of discourse analysis. ‘In analysing discourses themselves, one sees the loosening of the embrace…of words and things, and the emergence of a group of rules proper to discursive practice’ (Foucault, 1972, p. 54)

Foucault describes discourse as embedded in the relations between who is accorded the right to speak and by whom; the position of the subject is defined by the situation that it is possible to occupy in relation to the various objects, and that this set of relations, whilst not a given is reflexively and mutually self-reinforcing by the use they make of each other (Foucault, 1972, p. 55-59). Foucault does not (and in fact carefully avoids) providing steps by which such discourses may be analysed, and instead elucidates an approach to conceptualising how things came to be the way they are.

The present research, in the first instance attempted to adopt a discourse analysis recognisable as oriented towards this approach: though it felt as if cast to sea without a compass. Analysis proceeded; but amid uncertainty. There did not appear to be very much in the way of sociological examples of Foucauldian analysis to offer guidance. Consequently, once met, Parker (1992), Willig (2008) and Walton (2016), though from psychology disciplines, became welcome sources of reassurance, as they provided a detailed stepped approach to carrying out discourse analysis, with an orientation towards a Foucauldian sensibility. This provided some legitimation of my preferred stance, which, whilst influenced by Foucault was not unreservedly committed to a fully-fledged Foucauldian approach. The approach to analysis as set out by Parker (1992) and developed by Willig (2008) was useful in providing reassurance in terms of providing a ‘comparison pathway’. Parker (1992) cautions that not all of the steps he suggests need be taken: Walton (2007) in his research thus selected those which most suited his research question. There appeared to be agreement that discourse analysis is not necessarily a prescriptive field, but rather an approach to analysis.

Interviews: Stage 1

Parker, (1992) comments that rather than finding discourses, ‘we find discourses at work within the text’ (Parker, 1992, p. 6). The object of the analysis is therefore to discover the terms in which individual experience is understood (Holstein and Gubrium, 2013), as well as ‘elaborating meanings that go beyond individual intentions’ so that the discourses are ‘transindividual’ (Parker, 1992, p. 5) in that the speaker is positioned within a particular discursive regime and draws on the discursive resources available. The first step was therefore to identify components that may together constitute discursive elements. Once more this felt as if there was little specific guidance within the literature so that a process similar to thematic analysis (Clarke and Braun, 2016) was utilised at this stage of analysis.

Accordingly, each interview transcript was carefully read through to identify potential discourses at work within the social worker’s descriptions of practice. Each interview transcript was placed within a two column framework to allow highlighting of potential discursive strands with comments to be made alongside the original interview rather than directly on the transcript. Comments referenced potential latent discursive strands present in the social worker’s descriptions.

This was an important analytical step as the potential discursive strands identified, to some extent, are inevitably filtered by the process (Willig, 2008). However, care was taken to ‘bracket off’ any assumptions in an effort to faithfully capture the social worker’s accounts, using the words of the social workers to preserve the language use which hinted at potential discursive threads that were in use or called upon (Holstein and Gubrium, 2013). Discursive threads are used to describe initial early stage potential discourses that may be present in the data (Holstein and Gubrium, 2013).

The comments were then re-read alongside the social worker’s descriptions and potential discourses that were noted were coded for ease of working through the transcripts. The codes were then listed alongside examples from the transcript. This resulted in extensive coding notes from each visit alongside examples for the interaction.

Illustrated Example

For example, interview two resulted in two columns and seventeen rows noting potential discursive threads. These potential discursive threads were examined for similarities. An extract of this table (Table 3) is produced below to illustrate this stage of the analytic process.

|  |
| --- |
| **Table 3** the process of initial identification of discursive ‘threads’. Extract from Interview 2. The numbers (9, 10, 11, 13 and 14) refer to the box number for of ease of locating the data. |
| Column 1.Transcription extract | Column 2.Potential discursive threads |
| 9.(Inv. 2,Tape 2, L180-188)So some families, like I say, *if they get caught* and have been drinking or they've had drugs, or the house is untidy or…they can become aggressive.But in the out of hours team we work in twos and sometimes it's a little bit like being good cop, bad cop. One of you has to be the one who's delivering the news, and the other one has to say, but you know, we know you're trying really hard because everything up until now has been okay, and trying to make them realise *that it's not always catching them out, it's about keeping them on the straight and narrow. You know, not…helping them stay and not falling by the wayside.* | 9. Surveillance role9. Care and control |
| 10. (Inv. 2, Tape 2, L 303-310)When we speak to a child, children, quite young children, say things and they don't know that they're getting their parents into trouble. We've got to leave them…children there, so we make it very clear to the parents that the children aren't in trouble, quite often leave a card with the child as well, and say to the parent, I've left the card with your child as well because they've got a right to call me as well.  | 10. Children as vulnerable/ needing protection as well as giving the child a voice. |
| 11. (Inv. 2, Tape 2, L312-317)We’ve had situations where we've gone in the front door and the children have told us that Mum's partner has gone over the fence. You know, we haven't physically seen them. We had a situation where my colleagues went out and they were asking about this father who shouldn't have been in the house and the 3-year old told them that he was in the kitchen cupboard, and he was in the kitchen cupboard.   | 11. Working with deception/ Children’s accounts to social workers as less veiled |
| 13. (Inv. 2, Tape 2, L408-412)You can double up, but it's something you've got to ask for. And it's also, (…), it's also like admitting that you were a bit frightened or a bit scared. I don't have that concept anymore because I don't…I'm not fazed | 13. Social workers experience of fear as being not-admissible. |
| 14. (Inv. 2, Tape 2, L416-423)We're not respected, which is unfortunate, but we're not. We're not portrayed very well in the media so people have already made their minds up about us. You know comments like, why are you coming after my family, why don't you go down the road because of Baby P, you’ve let children die. We're damned if we do, we're damned if we don't. Another one is, you only take children because you get paid £1,000 for every child you're taking. Hurtful comments and being told when you do a report that you're a liar.  | 14. Heteroglossia and intertextual comments: SW aware of media stereotype which families may be responding to. 14. Also how social work categorised as incompetent or morally suspect. |

Interviews: Stage 2

Each interview had a very large number of initial codes (for example, interview 6 had seventy eight initial codes). The codes were then grouped together where there was sufficient similarity which resulted in condensing the codes into a smaller number of discursive categories (for example, for interview 6 the seventy eight codes were condensed into sixteen categories).

The categories from each interview were set out in a table (Box 1 at appendix 6) so that similarities across the six interviews could be identified. This resulted in ninety categories.

These categories were repeatedly scrutinised to identify commonalties across the interviews which resulted in collapsing the eighty nine categories into thirty two broad categories. A further scrutiny of the categories ensued in order to identify over-arching discourses: this resulted in a further condensing to 5 key categories.

The resulting five discursive categories were:

1. Professional identity

2. Aggression and emotional context of practice

3. Accessing the child’s voice

4. The context of the home and neighbourhood

5. The meaning and status of the child protection plan

The final 5 discursive categories were reviewed against the data a number of times, to ensure that the categories represented the data, and to clarify that nothing had been ‘forced’ into a category. This resulted in considering whether four of the original categories were best conceived as stand-alone categories, or whether they were more appropriately considered as sub-categories of the existing themes.

The four categories were:

1. Sensitive/Insensitive practice (sub-theme of empathetic engagement whilst maintaining a focus on the child)
2. Representation of Social work in the media (subsequently part of emotional context of practice)
3. Working with men
4. Procedures as enabling and constraining (subsequently part of collaborative practice).

On considering these four categories, some were considered capable of being assumed within the existing categories, with the possible exception of *Sensitive/Insensitive practice.* The category *Procedures as enabling and constraining* was easily subsumed within *collaborative practice and its limitations*.

*Representation of Social work in the media*, though this could also be a stand-alone theme, was considered capable of existing as sub-theme of the *emotional context of practice* as this is where it has impact. *Working with men* as a category was left intact as a stand-alone category, so that discursive themes from the interviews were finalised as comprising of seven overarching discourses.

Final Discourses present from analysis across the six interviews with social workers

1. Professional identity

2. Aggression and emotional context of practice

3. Accessing the child’s voice

4. The context of the home and neighbourhood

5. The meaning and status of the child protection plan

6. Working with men

7. Sensitive/Insensitive practice

**Discourse Analysis: Home Visits**

The analytical process consisted of each transcript having been carefully read with extensive notes made about potential discourses identified. As with the analysis of the interviews, care was taken to ‘bracket off’ any assumptions in an effort to accurately identify potential discourses present in the interaction. The transcripts were re-read alongside the notes of potential discourses to check for congruency between the interaction and the notes made thus far. A further re-reading ensued, with potential discourses coded for ease of working through the transcripts. The codes were then listed alongside examples from the transcript. This resulted in extensive coding notes from each visit alongside examples for the interaction. A high number of codes were generated by each home visit. (For example, Family One, Home Visit Two generated twenty four initial codes).

The codes did, however, simplify the data into meaningful units of analysis. As the data had already been analysed using conversation analysis, and this was the first use of discourse analysis, it was difficult not to scrutinise the data utterance by utterance as in conversation analysis; so that the discourse analysis proceeded more slowly than perhaps might otherwise have occurred. The codes were then grouped together where there was sufficient similarity which resulted in condensing the codes into a smaller number of discursive categories (for example, the twenty four initial codes generated from Family One, Home Visit Two were collapsed into nine final discursive categories).

The key discursive categories present for each home visit were then tabulated to ease the process of locating commonly occurring discourses across the home visits. This resulted in a final identification of the discourses that were present across all of the home visits.

However, having completed the analysis of the interviews, a feeling of unease crept in that the analysis of the home visits had not been sufficiently reflective of a Foucauldian approach.

The home visits were therefore analysed a second time using Willig’s stepped approach (Willig, 2008) to consider whether anything may have been overlooked.

A similar process to that undertaken in analysing the interviews was therefore utilised. That is: each transcript was read through to identify potential discourses present within the social worker-client interaction. Each transcript was placed within a two column framework to allow notes to be made alongside the transcripts. The notes referred to latent discursive object construction present in the interactions. The notes were then re-read alongside the interactions and potential discourses were coded for ease of working through the transcripts. Similar to the interviews, each home visit had a large number of initial codes which were subsequently grouped together into discursive categories where there was sufficient similarity. This resulted in a smaller number of categories to work with across each social-worker-client interaction. The categories were tabulated across the home visits resulting in the identification of a final list of discourses present across the home visits.

This now resulted in two discourse lists for the home visits, with the later analysis using Willig (2008). Using Willig did not result in any fundamental difference in the identification of the discourses across the home visits. This was reassuring in that it provided some certainty that the discourse identified were grounded in the data and were represented discursive strands within the data. There were some small differences in the sub-themes, but these were more about labelling than substance. The twenty five discourses identified using Willig (2008) have been preferred as capturing all of the key discursive threads perhaps more succinctly. In addition, the main value in using Willig (2008) lay in elucidating object construction and subject positioning (Howitt, 2010), which had, in effect, been assumed within the early analysis, though without overt recognition that that this process was occurring. The value in revising the themes using this approach was it helped to distinguish the processes of object identification and object construction which had previously seemed to be occurring simultaneously. Using Willig’s stages of analysis (Willig, 2008) as a check highlighted that object construction is enmeshed within a Foucauldian analysis, and this was not a problematic issue, but part and parcel of such an approach. Twenty five discursive themes were identified which were collapsed into eighteen discursive strands. These are set out at appendix 7.

These were once again grouped together in terms of commonalities. This resulted in a final grouping of discourses present across the home visits. The 11 final discourses identified by searching for commonalties across the home visits are set out below.

Discursive categories across home visits

1. Approaches to Child Protection Practice
2. Constructions of Identities
3. Relationship work
4. Resistance and agency
5. Sensitive practice
6. Emotional context of practice
7. Separated Fathers
8. Child’s voice:
9. Degrees of cooperation
10. Children’s constructions of relationships with Social Workers
11. The context of the home and neighbourhood and sites of Disclosure

**Discourse Analysis: Questionnaires**

Although the questionnaires were sent to at least sixty social workers in the constituent Local Authority, only nineteen questionnaires were returned, three of which were incomplete, so that a total of sixteen questionnaires were capable of analysis. Questions which were analysed using discourse analysis were those questions which allowed open-text analysis. These related to experiences of aggression: feelings of alienation in those communities where practice was mostly situated; social workers perception of undertaking home visits; experiences of working with children and the emotional context of practice. The relevant questions were questions 4-7 (aggression), question 21 (poor neighbourhoods experienced as hostile to social workers), question 22 (advantages and disadvantages of carrying out home visits), question 28 (Experiences of working with children) and question 32 (Experiences of children discussing living with risk). These questions reflect the literature on the emotional context of practice (Reder and Duncan, 2004) and meaningful communication with children who are at risk of significant harm (Reder and Duncan, 2004: Komulainen 2007) as well as the importance of the home visit as located in neighbourhoods where social workers experience alienation from the community (Ferguson, 2010). The analysis was carried out by drawing up a grid to show the responses of social workers to each question. The resulting grid was carefully read to identify commonly occurring phrases or meaning. These were grouped together and placed within a second grid which was drawn up to highlight these and their location within the questionnaire data. From this it was possible to summarise the key discursive threads within the social workers’ responses to each question, and to identify an over-riding discursive formulation that contained the responses. This process was repeated for each question. A final table was drawn up indicating each of the discursive formulations relevant to each of the questions (See appendix 8, Table A). This resulted in six key categories, which were ultimately assumed within four key discourses as described below.

1. Experiences of aggression (questions 4-7)

Five questions related to social worker’s experiences of aggression within the last two years, which, from the responses appeared to be so frequent as to be routine. All sixteen social workers had experienced aggression within the last two years; with six social workers stating aggression was weekly /or had lost count of the number of incidents, or over one hundred incidents had occurred. Social workers had differing experiences of support from managers, with four social workers having felt supported but the remaining twelve feeling unsupported; with a reported attitude from managers that the social workers needed to ‘toughen up’ (social workers 8 and 19). Social workers commented that there was little opportunity to reflect and process the level of aggression that they experienced (social workers 9 and 18).

*The dominant discourse is the normalization of aggression as part of the social work role.*

2. Feelings of alienation in the communities where practice was mostly situated (question 21)

Question 21 focussed on feelings of alienation. The question stated: *some research suggests that social workers feel threatened by poor neighbourhoods and experience these as mostly hostile to social workers. Please comment on whether this research matches any of your experiences.*

Responses were analyseds to reveal three kinds of response ranging from identification with the communities that social workers worked in; acceptance if not a sense of belonging; and feelings of not belonging to the community; as well as feeling identifiable as social workers, with some neighbourhoods experienced as daunting.

These feelings have been described as discourses of belonging or belonging, as responses evoked in response to particular neighbourhoods.

3. Social workers’ perception of home visits as sites of practice (question 22)

Question 22 focussed on the value of home visits and asked: I*n your experience, what are the advantages and disadvantages of carrying out home visits?*

Home visits were mostly presented as giving rise to a better understanding of the micro culture of the family, allowing more genuine discussion with family members and giving rise to a more valid assessment of the overall risks to the child in their environment. The home visit was therefore tied up with authenticity and valid assessment of risk.

The disadvantages of home visits were seen as closely associated with risk for the social worker in terms of aggression or intimidation, so that the overriding concern was about risk of aggression towards the social worker as well as assessments sometimes being disrupted by chaotic home conditions or avoidance of contact.

This was identified as a discursive thread of the home visit as a site of practice that included notions of authenticity and valid assessment of risk. However, home visits also contain risks for the social worker in terms of unpredictable aggression and disrupted assessments.

4. Experiences of working with children (questions 28/32)

Questions 28-32 allowed some open text on social worker’s experiences of working with children.

Social workers described difficulties in accessing children and forming relationships with them as primarily centring on negative parental influence including being taken into care; and the child and family’s previous experience of social work involvement. Children were also positioned as capable of internal motivation based on the child’s view on the adequacy of their current care.

A theme of establishing relationships of trust in working with children was therefore present in this data set.

Question 32 asked: *when working with children who have a child protection plan, do you think children are able to tell you about their experience of living with risk?* Of the fourteen social workers who gave responses, eight said that children could tell the social worker about such experiences and six did not think children could do so.

Responses around the reasons why children may or may not engage in such discussions with their social worker clustered around key groupings of the extent to which children were restricted from speaking freely by parental influence so that their voice was restricted.

From the responses to this question, talking about risk may be seen as a continuum from restricted disclosure to open disclosure, with a parallel continuum of restricted agency and restricted voice, to agency and voice. There is also attention to *how* children disclose: which can be unconsciously or deliberately, and often indirectly.

These discursive threads were together considered as including Voice and agency, Indirect disclosure and Normalisation of risk and were viewed as centring on ‘The child’s voice’.

5. The emotional context of practice (question 11)

Question 11 asked social workers to comment on the emotions experienced as a result of your involvement in any aspect of child protection work. The responses described high levels of emotional response to undertaking child protection work with anxiety, frustration and sadness commonly experienced along with feeling unsupported by managers and sometimes by other professionals.

These were summarised The Emotional context of Child Protection work and the adequacy of Support Structures in place*.*

Final discursive threads from the questionnaires

From the discourse analysis of the open-text questions across all sixteen questionnaires, five key discursive threads were identified:

1. The Emotional context of practice including and the normalisation of aggression, and availability of support.
2. Neighbourhoods as places provoking challenge to identity.
3. Home visits, Anxiety and Assessment of risk.
4. Child’s Voice and agency, disclosure and, normalisation of risk

**Discourses across the data set**

Having completed the initial discourse analysis in terms of identifying discourses at work within each data set, the next task was to compare the discourses across each data set to note commonly occurring discourses as well as any discourse unique to a particular data set. This was completed in two stages. The first step involved an unravelling of the overall discourses identified within each data set, (that is: the discursive strands identified in the interviews, the discursive strands present within the home visits, and the discursive strands present within the questionnaires. A table was drawn up that enabled all of the discursive threads from across the entire data set to be scrutinised for similarities. From this a list of key discourses from the whole data was possible. The second step involved repeating the process, but using the final discourses that had already been identified for each individual data set. The purpose was to ensure that nothing had been lost from condensing the data. A second table was therefore drawn up to identify similarities from which key discourses from the whole data was listed. This demonstrated that the discourses had been systematically and accurately identified, and that as far as possible, all of the representations of specific discourses had been captured by the analytical process. The final discourses from across the data set are:

1. Approaches to CP practice, resistance and agency
2. Constructions of identity
3. Sensitive and insensitive practice
4. Emotional context of practice including aggression.
5. Separated fathers and working with men
6. Child’s voice and Child’s construction of working with social workers
7. The significance of Place

**Integrating the analysis: the Interplay of Conversation Analysis and Discourse Analysis**

Home Visits

The four key themes identified from conversation analysis were matched across the eleven key discourses identified from the home visits and tabulated (Table 4). Aspects common to both were labelled A. The themes from the discourse analysis not present in the CA of the home visits were labelled B.

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| **Table 4:** Matching CA themes with DA themes from the Home Visits |
|  **Home Visits**  |
| **Conversation Analysis Key Themes** | **Discourse Analysis: Key Discursive Themes** |
| **A Categories** |
| (Power of the) Institution made visible  | Approaches to Child Protection Practice |
| Identity construction (Resistance and agency present) | Constructions of Identities (Resistance and agency) |
| Sensitive Issues  | Sensitive practice |
| Responding to emotion | Emotional context of practice |
|  | **B categories** |
|  | Relationship work |
|  | Separated Fathers |
|  | Child’s voice:  |
|  | Degrees of cooperation |
|  | Children’s’ constructions of relationships with Social Workers |
|  | The context of the home and neighbourhood and Disclosure |

Interviews

The seven key discourses identified from the interviews were compared to A above. Discourses that matched were labelled A1. Discourses that did not match were labelled B1. These were tabulated below at Table 5.

|  |
| --- |
| **Table 5:** Comparing the discourses from home visits and interviews |
| **Interviews** |
| **‘A’ category themes**( Present in CA of Home Visits & DA) | **Discourse Analysis: Key Discursive Themes** |
| **A1 Categories** |
| Approaches to Child Protection/ Institution made visible | The meaning and status of the child protection plan |
| Identity construction(resistance and agency) | Professional identity |
| Sensitive Issues/Practice | Sensitive/Insensitive practice |
| Responding to emotion/Emotional context of practice | Aggression and emotional context of practice |
| **B1 Categories** |
|  | Accessing the child’s voice |
|  | The context of the home and neighbourhood |
|  | Working with men |

Questionnaires

The four discourses identified from the questionnaires were compared to A1 above. Discourses that matched were labelled A2. Those that did not appear are seen against A1. Discourses that did not match were compared to B2. This is tabulated below at Table 6.

|  |
| --- |
| **Table 6:** Comparing discourses across home visits, interview and questionnaires.  |
| **Questionnaires** |
| **‘A1’ category themes**(present in Home Visits using CA and DA: and in DA of Interviews) | **Discourse Analysis: Key Discursive Themes** |
| Sensitive Issues/Practice | **No match** |
| Approaches to Child Protection/ Institution made visible/ The meaning and status of the child protection plan | **No match** |
| **A2 Categories** |
| Responding to the Emotion/Aggressive Context of Practice | The Emotional context of practice including and the normalisation of aggression, and availability of support. |
| Identity construction | Neighbourhoods as places provoking challenge to identity. |
| **B2 Categories** |
|  | Child’s Voice and agency, disclosure and, normalisation of risk |
|  | Home visits, Anxiety and Assessment of risk. |
|  | Neighbourhoods as places provoking challenge to identity. |

**Themes from across the data set**

Themes present across the home visits are displayed in the tables below which also displays themes derived from CA and DA and shows the discourses that were present across the entire data set as well as those which are present only from discourse analysis.

Home visits

The distribution of themes from across the complete data set is shown in Table 7.

The table below displays themes derived from the conversation analysis of the home visits that closely match the discourses identifies as present in the home visits using discourse analysis.

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| --- |
| **Table 7**: Distribution of themes across the complete data set. |
| Home Visits: Common Themes from CA and DA present in Home Visits  | Home Visits: Common Themes from CA and DA present in Home Visits and also present in Interviews. | Home Visits: Common Themes from CA and DA (HV, Interviews, and questionnaires).  |
| Approaches to Child Protection/ Institution made visible | Approaches to Child Protection/ Institution made visible | \*Not present |
| Identity construction | Identity construction | Identity construction |
| Sensitive Issues/Practice | Sensitive Issues/Practice | \*Not present |
| Responding to emotion/Emotional context of practice | Responding to emotion/Emotional context of practice | Responding to the Emotion/Aggressive Context of Practice |

The interviews and home visits displayed a high degree of congruity. The open text responses in the questionnaire, however, noted concern about the emotional context and issues connected to place and identity. The comparisons show the centrality of the four key themes to social work practice in terms of key discourse, and these match very closely to the micro-practices realised in interaction.

Key discourses present within the home visits that were not matched by findings from conversation analysis are listed below at Table 8 as well as discourses that were confined to one specific data type.

|  |
| --- |
| **Table 8:** Discourses that were not revealed by CA, and that were confined to one specific data type. |
| Discourses as macro- influences present in HV not noticed by CA | Discourses as macro- influences present in interviews not matched to discourses present in home visits | Discourses as macro- influences present in questionnaires and not matched to discourse present in home visits/interviews |
| Relationship work | Accessing the child’s voice | Child’s Voice and agency, disclosure and normalisation of risk |
| Separated Fathers | The context of the home and neighbourhood | Home visits, Anxiety and Assessment of risk. |
| Child’s voice:  | Working with men | Neighbourhoods as places provoking challenge to identity. |
| Degrees of cooperation |  |  |
| The context of the home and neighbourhood and Disclosure |  |  |

The discourse of relationship work is not present in the conversation analysis except in that the construction of sensitivity encapsulates relationship work in the sense of the placement of mitigators/softener/ and alignment. This warrants relationship work being assumed within the conversation analysis them of sensitivity. Similarly, degrees of cooperation are assumed within sensitive practice.

The key factors present in the home visits that only the DA revealed pertain to working with men in the context of separated or legitimated relationships, the child’s voice, the centrality of experience of the context of the home and neighbourhood as safe/unsafe, and children’s’ constructions of relationships with social workers.

Other important discourses present from social workers reflexively constructing practice follow these themes, with the additional theme of the home visits as a site of assessment as well as anxiety.

These themes that are revealed only from using discourse analysis are important to the construction of practice. The overall seven themes from the entire data are set out below. Themes one to four are present from both CA and DA within the home visit data, and also exist independently in the interview data. Themes five to seven are only present from discourse analysis. These are set out in Table 9 which shows analytical integration across the data.

1. Approaches to Child Protection/ Institution made visible
2. Identity construction
3. Sensitive Issues/Practice
4. Responding to emotion/Emotional context of practice
5. The child’s voice
6. The centrality of experience of The context of the home and neighbourhood
7. Working with men/Separated fathers

|  |
| --- |
| **Table 9:** Themes that were present across the data set showing analytical integration. |
|  | Home visit | Interview Discourse Analysis | QuestionnairesConversation Analysis |
| CA | DA |
| Approaches to Child Protection/ Institution made visible | ✓ | ✓ | ✓ | x |
| Identity construction | ✓ | ✓ | ✓ | ✓ |
| Sensitive Issues/Practice | ✓ | ✓ | ✓ | x |
| Responding to emotion/Emotional context of practice and working with men. | ✓ | ✓ | ✓ | ✓ |
| The child’s voice |  x | ✓ | ✓ | ✓ |
| The context of the home and neighbourhood  | x | ✓ | ✓ | ✓ |
| Working with men | x | ✓ | ✓ | x |

Working with men/separated fathers was not well distributed throughout the data and was therefore disregarded as a key theme. Consideration was given to Place and Space as assumed within Emotional Contexts of practice as it is the emotional response that makes place relevant, or as an aspect of Identity, given that identity was equally implicated. However this was viewed as disrupting the tight integration of themes that were uniquely common to CA and DA. As this theme is highly relevant to the original research question, it was therefore retained but discussed in relation to discourse analysis as a sub-theme of identity. Similarly, the theme of the Child’s voice was only discursively present and was not considered of sufficient importance to the research question to retain as a separate theme. It is therefore only present where relevant to the emotional context of practice.

**Final themes from the integrated analysis**

**Approaches to Child Protection/ Institution made visible**

**Identity construction**

**Sensitive Issues/Practice**

**Responding to emotion/Emotional context of practice**

**Themes that were only discursively present**

**The context of the home and neighbourhood**

**The child’s voice**

The next chapter presents an integrated analysis and discussion of these findings arranged as key themes.

**Chapter 5 Institution made visible**

**Introduction**

As outlined in the section on the analytical process (Chapter 4) a constant working across the data set that was needed in applying the integrated analysis, which is illuminated in detail in the following chapters (Chapters 5-9).

**Making the institution visible in interaction**

Conversation analysis was used to identify how the institution of social work is constructed in interaction within the private space of the service user. The data from both the home visits and interviews were also discursively analysed and identified how macro social discourses constituted what was said and what was possible to say, both within interactions that took place in ‘real time’, as well as shaping how practice is reflexively constructed.

Home visits take place ‘off’ the formal institutional space so that many of the usual professional trappings are absent: the social worker does not wear a uniform and, if anything, avoids drawing attention the professional role. Nonetheless, the home visit is the site of professional practice that has enormous consequences for families as it touches on the privacy of the family and may disrupt how particular families are constituted.

In line with social constructionism social institutions are viewed as constituted and renewed in interaction. For the institution to function, its claim to legitimate existence has to be recognised. Conversation analysis highlighted how social workers and clients collectively constructed the institutional practice of social work by orienting to the functions associated with the institution.

The analysis discussed below highlights key functions of institutional practice as centring on ensuring the institution’s goals are met. These centred on ensuring procedural compliance; negotiating compliance and concepts of privacy and surveillance as applied, as significant factors that constituted and framed practice.

Discourse analysis of the interviews and questionnaires was less helpful in exploring this aspect of practice: instead, social workers’ accounts of practice were more intimately concerned with the identity positioning, responses to home visits as a site of practice and the emotional context of practice. This chapter therefore focussed primarily on the interactions between the social worker and parents in the context of home visits.

The analysis demonstrates that the institution of social work is made present by the ways in which parties orient towards the institution’s goals. This is through surveillance in the form of account holding; and by the extent to which parents acknowledge the institution’s legitimacy. The reach of the institution is shown to be negotiated in interaction. Aspects of collaborative practice are therefore relevant, through which partnership working is constituted though within asymmetrical power relations. The institution is seen to exert power though surveillance given concrete form through procedures which are oriented to during interaction and which on occasion dominate interaction.

Orienting to institutional goals

Home Visit Family 1.

The social worker’s involvement pertains to an 11 month old baby for whom there is a child protection plan. A pre-birth conference had decided that a child protection plan would be required once the baby was born. The plan was implemented following the birth and was ongoing, with a review conference due in a few weeks. The parents are given the pseudonyms of John and Jane.

The institution was made present in the social worker’s control of topic selection and how the topic was made institutionally relevant. Thus the topic of the child’s progress was approached as relevant to the social worker’s *professional* interest in the baby’s *development*. The social worker frames the baby’s development as typical (in terms of developmental stages) thereby displaying professional knowledge and claiming professional expertise. The father, John, agrees with the social worker’s assessment, as well as supplying further information. The social worker continues to frame the topic in developmental terms marking his interest in the baby as professional rather than personal.

|  |  |  |
| --- | --- | --- |
| SW | L29L30 | *I mean (.) everything comes at different sta:ges like but his mo::vement’s been really going up↑ in my view↓* |
| F | L31L32 | *[Yeah. Like from four month old he’s been able to sit up on his own and he’s just gone from there and he’s just( ..) ↑ And he’s got five teeth coming through.* |
| SW | L33 | *Fi:ve teeth now? (.) How i: s the tee: thing going?*  |

The social worker thereby aligns with the institutional goals of monitoring the baby’s development. The following data extract, which is also discussed in relations to delicacy/sensitive practice (Chapter 8), is useful in illustrating how agreement is reached where there is resistance to aspects of institutional practice. First, the extract shows how the social worker and the client (John) make the institution present in interaction.

|  |  |  |
| --- | --- | --- |
| SW | L48 | *Okay. Like you say (.) we’ve never had any concerns about him and how he’s d [no:oo]*  |
| F | L49 | *developing and everything (. ) That’s fine. How is the (.) e:r Wednesday/Thursday ti:me (.)↓*  |
| SW | L50 | *because obviously that’s the crux↓ of really where we are here,(.)↓ if you know what I* |
| SW | L51 |  *mean<<p>>* |

The institution is made visible within the interaction order by the way in which the social worker aligns to the institution by use of ‘we’ as well as control of the topic change at line 48; thereby framing the interaction as professional leader/client follower.

The institution is also discursively present in the way in which the child’s development is formulated as institutionally not of concern. The phrase at Line 48-49 is dismissive of the significance of the baby’s developmental progress in that the child’s physical care is peripheral to the institution’s concerns, which in this case, are not primarily about physical care. The social worker therefore aligns himself with both the institution and its concerns. Oblique reference is made to the Child Protection Plan by delineating areas for professional concern, as well as those areas that are not institutionally relevant. Thus the child is positioned through a narrow child protection lens.

An attempt at account holding by the social worker is contained within lines 49-51 which indicates the social worker implementing a key aspect of the social worker’s role. That the inquiry is meant as account holding is indicted by the sequential structure. However, the inquiry is prefaced by a pre-expansion in the style of a pre-request, that can both pre-empt a rejection, as well as make the request unnecessary by prompting the second speaker part to make the offer before the request has to be delivered (Schegloff, 2007). However, the organisation rules for seeking information that may be with-held, but which the professional feels entitled to be furnished with are less clear.In this instance, the social worker marks the subject as delicate by the use of hesitancy markers (van Nijnatten & Suoninen, 2014) but does not engage in working to maintain on-going sequence alignment beyond the hesitant delivery and risks misalignment by rushing in to demand that the information should not be withheld, invoking the power status of the organisation to support the demand. In this way the Institution of social work is made unequivocally present in the encounter by a direct appeal to the institutional goals (Atkinson &Heritage, 2003) with which the social worker aligns. The social worker thereby makes both the institution as well as the social worker’s role explicit in the encounter. The ‘Crux’ in Line 50 (crux of the matter) carries the most stress and identifies this as the salient information being delivered. Two aspects are accomplished: a request for information as well as couching the request with reference to the goals of the institution which the social worker aligns to. The request is given the force of an injunction, which reminds the second speaker (John) of the social worker’s entitlement to an explanation, by invoking the institution and the social worker’s role. The encounter thus provides structural hints of interactional trouble which is also hinted at by the prosodic marker of pitch change (Gee, 2014a). At the same time, the social worker also employs some distancing of personal alignment, by finishing the request for information with the use of informal language and an appeal (“if you know what I mean”, Line 50-51).

**Partnership, flexibility and conflict avoidance**

Subsequently, the social worker does not maintain an assertive stance in the face of the client’s resistance, as the client admits there is no written schedule. However, the client justifies the position taken by claims that the spirit of the agreement is being kept, but that the couple should not need a written document and instead should be able to rely on their word to each other. This is not contested by the social worker, who retreats from further interaction trouble by agreeing upon the need for flexibility.

SW L 59 *Okay. Of course it does need some bit of flexibility to it.*

The social worker has elected to avoid confrontation and uses professional discretion to designate which aspects of the child protection plan require full implementation. The social worker therefore allows control to oscillate between the client and the institution. That the institution has agreed to this in the interest of flexibility marks the actions of the client as accountable to the institution; but the reach of the institution is negotiated within in the encounter. It is of note that the implementation of the agreement is not at question, only the process of its implementation (by verbal agreement or written plan), so that although the institution is present, there is room for a degree of agency and this is on the part of the client *and the social worker.*

|  |  |  |
| --- | --- | --- |
| SW | L59 | *[Okay. Of course it does need some bit of flexibility to it.* |
| F | L60 | *Yeah and if we’ve got it on verbal then we should be able to rely on our word to each*  |
|  | L61 | *other then, do you know what I mean?*  |
| SW | L62 | *[yeah]* |
| F | L63 | *[I don’t think we need the piece of paper to say, well* |
|  | L64 |  *this is what we have to do.* |
| SW | L65 | *OK.* |
|  |  |  |

This is an instance of child protection work as a collaborative process where power can be distributed within the confines of the institution’s requirements.

Partnership working as goal sharing

Drawing on the wider discourse of ‘Partnership Working in Child Protection’ (required by statutory guidance , DOH, 1995b) applied to this particular family, the success of partnership working may depend upon the extent to which goals are shared by the institution, social worker and family (Roose, Roets, Van Houte, Vandenhole, and Reynaert, 2013). As seen in the example above, how the goals are implemented can be negotiated in interaction. Accordingly, implementing a child protection plan may be collaboratively arrived at. ‘Practice’ is made explicit in how the plan is being worked out in an approximationof partnership during interaction.

|  |  |  |
| --- | --- | --- |
| SW | 260 | *=Yeah because it’s about, (.)like I said, where we are with the child protection plan() so we know*  |
|  | 261 | *know and we feel ha:ppy that you can (.) de:al with these things appro:priately and*  |
|  | 262 | *tog:ether* |

The negotiation of how the plan should be implemented shows how the institution both provides a framework for action but how at a local level, agreement about how this will be implemented transforms aspects of the institution, so that there is a feedback loop between how the institution constitutes and is constituted in practice .

A discursive approach allows an interrogation of the language use which, in this instance centres on the use of the pronoun ‘we’. At its first use (L.260), ‘we’ is used to delineate the grouping of the institution, the social worker and the client, who are ‘in it together’ as it were; this is ‘where we are’. Its second use refers to a different configuration, with ‘we’ becoming the institution and the social worker, who are now separated from the client. Thus it is seen that the use of ‘we’ fulfils many purposes (Hall, Juhila, Matarese and van Nijnatten, 2014, p.20), so that ‘we’ is used in the first instance to group the institution, social worker and client as involved in achieving the same goals, but with different objectives, and positions the client as playing an equal role, but with power unequally distributed. Although the interactants are clearly orientated towards the institutional goals (Maynard and Clayman, 1991), they are not on an equal footing. The client is clearly positioned as ‘other’ (‘client’), with the use of ‘we’ and ‘you’, demarking the client from the institution. This is even though the groupings are involved in the mutually agreed goal of resolving how the couple deal with conflict. The use of ‘appropriately’ places the professional as expert, as it is the professional who is the arbiter of what is/is not to be deemed ‘appropriate’. The phrase ‘and together’ (line 261-262) serves to bring the absent partner back into the room, as well directing responsibility for the success of the plan towards the couple. The child protection plan is thus positioned as a joint enterprise, but a significant level of responsibility for its working belongs to the client-couple who are thus made accountable to the institution.

The encounters referred to above show how there is resistance as well as acceptance of some aspects of the child protection plan, but that this is towards the form of its implementation rather than towards its goal. It is flexibility towards the former that is being negotiated within these encounters.

That there is a degree of negotiation within child protection practice hints at some level of discretion or professional judgement occurring at many different levels of practice including what is deemed worthy of notice. Family One contains a number of instances where this is overtly articulated and includes lines 301-305 (F1 HV1) where the father is involved in offering a criticism of the food-stuffs offered to the baby by his partner:

SW 301 *It’s not something we’d be like shock horror at, if you know what I mean, but I can*

 302 *see how… [cross talking]*

F 303 *No, but if it’s on a regular occasion…*

SW 304 *[xxxx]…it’s something for parents to discuss together to work out how we do this*

 305 *kind of thing.*

The social worker here is clearly orientated to the institution of social work and is demarcating the proper areas for statutory *child protection* *intervention* *in family life.* This is reluctantly acceded to by John, who does not resist the social worker’s right to close the sequence or to initiate a new topic. There is thus a degree of collaborative production and reproduction of both the client and the social worker’s role. That this is made possible is owing to their shared understanding of aspects of child protection discourses that position the institution as having the right (or power) to scrutinise parenting and to determine which aspects of parenting may be open to surveillance. The father here appeals to the social worker’s judgement of his partner’s parenting and the social worker responds by delimiting which aspects of parenting are of concern in this particular family. Social work as an institution is thus seen to occupy a space between the private individual and the state, so that although empowered to ‘regulate’ individuals within the private space of the home, at the same time it is constrained by the discourse of the privacy of the family (Parton, 2003). The social worker here is actively constructing the limits of regulation and surveillance as well as operating within the discourse of the family as a private sphere.

**Surveillance, account holding and procedural compliance**

Family 1 Home Visit 2

That interactants orient to the power of the institution is also visible in the subsequent home-visit made by the social worker, when both partners and their child are present. The purpose of the visit is to discuss the report that the social worker has written for the pending child protection conference. The conference will decide whether the child is at continuing risk of harm and the need for a continuing child protection plan. The visit is dominated by the social worker going through the report and the institution is overwhelmingly oriented to within this visit by both the social worker and the parents. Lines 211-218 include 387 words spoken, of which 377 are spoken by the social worker. There are few opportunities provided for turn-passing, other than agreement sought with the report, which elicit one word agreements (yeah) which do not interrupt the social worker’s flow.

The social worker is going through a framework document and clearly directs what is relevant for inclusion in the report. Again, the social worker uses ‘we’ rather than ‘I’, so that the gravitas of the institution is used to support the social worker’s conclusions. The social worker is focussed (to the extent of preoccupied) on the procedure; the parents are accepting of the institutional requirements and are cooperating with the task in hand.

The social worker outlines the positive care given to the child by the parents (lines 211-212). However, at Lines 213-217, the social worker goes on to suggest that the parents attend a parenting course. The social worker does not explain why the parents are thought to require a parenting course despite the report indicating that the care of the child was good, and that there were no concerns about the child’s development. However, attention to social worker discourse may suggest that parenting classes themselves involve care and control: they may support parents, but also enable monitoring of parents about whom there is some level of concern (Frost and Parton, 2009; Pierson, 2016). Although this service provision may serve the aims of the parents, is also institutionally relevant in that such a service would enable continued monitoring should the child protection plan cease.

The delivery of the report can also be compared with ten Have’s work, which identifies limited interruption or questioning from patients in the delivery of diagnostic information in the context of doctor-patient encounters (ten Have, 1993) and which was seem to underline the parties’ orientation to institutional identity as passive recipients of ‘treatment’ and the knowledge held by the institution. The passivity in this section is at odds with the more active engagement and resistance noted above when discussing the need for a written schedule (above, page 3). Although this may suggest agreement with the first speaker part- as there is no attempt at this point to break sequential alignment, it may indicate only *structural* alignment. The social worker presents the report in a ‘story-telling’ format which positions the recipient as likely to support the ‘structural asymmetry of the storytelling activity, in which the teller retains the floor until story completion’ (Seung-Hee, 2016). Alternatively, the passivity may indicate the parents’ desire to avoid disrupting the conclusion that their child is deemed no longer at risk of harm in their care. That the family acknowledge the power of the institution to draw such conclusions is evident by their acceptance and cooperation with the formal process.

It is notable that during the time the social worker goes through the report, the mother (Jane) is less engaged than the father. Instead, she is primarily engaged with interacting with her child throughout the social worker’s delivery (lines 211-218). Simultaneously with the social worker delivering the report, the following interaction is occurring:

(M =Mother, C= Child, F=Father, SW= Social Worker)

211M>C *Can’t sit on it.*

*Child continues to play loudly babbling to his toys with mum engaged in his play.*

M>C *Come to mummy (.) Say night night. Say night nights now. Say daddy, say to daddy now*

*Daddy laughs*

M>C *Yeah!*

212 *Mother continues to play with the child.*

213 *Child cries*

M>C *run, run. ( …) C’mon.*

*Child’s mother continues playing with child (hell:ooo(.) Hell:oo(.) Child’s mother laughs and then claps for the child.*

*Child continues to play loudly babbling to his toys with mum engaged in his play.*

*C.SW (??)*

*L213: SW to child> Hello there!*

*Child’s father laughs.*

F >C*: Excuse me, can I have them?*

*Child continues to play loudly babbling to his toys with his mother engaged in his play.*

218 M>C *Ooh ( ???)*

The presence of the child is therefore a significant factor in the interactional configurations, so that in effect there are two separate conversations co-occurring. Jane is present but is primarily attending to the child. The institution though present, is vying with the mother’s concrete rather than theoretical parenting: for the mother, the latter role is dominant throughout*.* Jane does not contribute until the end of the delivery, where news of an extended period of child protection planning is suddenly attended to. Thus Jane suddenly contributes by stating (at Line 350):

*↑If he stays on this -- say if he does stay on this tomorrow(.) how long will it be(.) could it be for another six months*

The mother is therefore alert to the implications of the suggestion that a further period of child protection intervention may be required. This is due to the late availability of a required report from a different social worker and is primarily a procedural requirement. The social worker had already had confirmation from the other social worker that there were no significant concerns noted. The potential for further child protection planning is problematic for all parties in so far as the current social worker had given rise to the expectation of the ending of such intervention.

*Okay. This is a big positive where we are now right now, taking the kids off taking (child’s name) off the child protection plan. Like I said, (.) it's not my decision this is only a recommendation.* (SW; L. 359)

The reason for the possibility of an extended period of child protection planning is therefore not located in risk. The social worker, in consultation with the core group (key professionals with a child protection role) had judged that there was no continuing risk. The social worker, though aware of this incongruity, is unable to effectively challenge the institutional processes.

The discourse identified by news of a further period of child protection intervention involves an avoidance of the *language of risk*. In this instance, the avoidance of the term is useful to the institution, in that the social worker seeks to downplay the link between child protection planning and risk, in the interest of securing the family’s cooperation. The social worker appears aware that this may not seem coherent with a report that speaks positively of the parenting, so that the potential for ongoing child protection involvement is deemed to be procedurally required rather than linked to assessment of risk.

The discourse of risk is therefore silent. However, there is a danger that the balance between institutional control and family privacy could be disrupted as the link between risk and intervention is muddied. It is as if the family are required to go along with this potential outcome. It may be that the pre-existing positive relationship between the social worker and family promotes compliance.

This analysis so far has indicated that the power of the institution is not static even within individual home visits, and that it exists on different levels. However, the context of F1 was one where the direction was towards ceasing child protection planning. In Family 2 care proceedings are looming. Here, power and knowledge are less diffused and operate hierarchically.

**Orienting to the Care and Control Function**

**Family Two** involved a different social worker. Here, the child protection plan was due to domestic abuse inflicted on the child’s mother by the child’s father, from whom the mother had ostensibly separated, but by whom she is now pregnant. The following extract shows the social worker questioning the mother’s contact with the health visitor, implying her right to so question is based on her institutionally sanctioned role.

|  |  |  |
| --- | --- | --- |
| 110 | SW | *So how many sessions have you had with (the health visitor) then?* |
| 111 | M | *I’ve only seen her twice. I should have seen her in the core group, but obviously I*  |
| 112 |  | *missed it because I went to court.* |
| 113 | SW | *Yeah, but we knew about that.* |
| 114 | M | *Yeah, but then obviously today we’re rearranging for her to come and just put things* |
| 115 |  | *in a plan for her to come out. But I’ll get to see her. Even if I just ring her and say* |
| 116 |  | *“Look, we’ll go through it on the phone what I want you to do and then come out.”* |
| 117 | SW | *=So she’s not give you a plan yet then?* |
| 118 | M | *No:o* |
| 119 | SW | *=Because normally what happens is they meet with you, then they have a couple of* |
| 120 |  | *sessions and then write a little plan out, “We’re going to do this this week and that that week.”* |
| 121 |  | *We:ek* |
| 122 | M | *[We:ll I’ve bee:n throu: gh a lot.()I’ve been through all the pa:perwork with her,* *[Hmm* |
| 123 |  | *… putting a plan together. [child interruption]* |

At line 110 the social worker asks a specific question which is connected to the need to monitor the mum’s level of contact with agencies relevant to the child protection plan. The social worker thus asserts her right to be provided with this specific information. The mother’s response (above: Line 111) directly refers to the framework that bounds the social worker’s involvement, the core group being the regular multi-professional meetings required where a child has a child protection plan. The institutions of ‘Child Protection’ and ‘The Court’ are thereby explicitly brought into the interaction. The mother could be said to be vividly aware of the child protection system which includes the social worker, and her own place within it. In this exchange, the social worker’s questions demonstrate the social worker involved in account holding, whilst the mother recognises the social worker’s right to hold to account be furnished with an explanation. The asymmetrical nature of the social worker /client relationship is thereby brought to the fore, as well as the involuntary nature of the framework of the relationship.

The social worker reminds the mum that she needs to plan to ensure that she is available for other professionals to visit.

|  |  |  |
| --- | --- | --- |
| 147  | SW  | *Because it’s easier for you to plan then, isn’t it, if you know when people are coming.* |
| 148  | M  | *Yeah. It’s just a case I want to stick to everything. I don’t want to miss anything and I* |
| 149 |  | *want the best report that I can get, to be quite honest, just so I ca:n () protect him* ↑ |

The extract is of interest here in the way that the mother accepts the institution’s right to hold her to account. That the mother readily acquiesces indicates her acceptance of the child protection discourse of monitoring and checking, though her compliance in practice is a cause of dispute. Line 149 could be interpreted as a question about the kind of report the social worker or health visitor is likely to produce. The focus on ‘the report’ suggests the child protection plan is positioned by the mother as procedural and akin to ‘passing a test’. Thus, the social worker and mother are engaged in performing the role of client and social worker, and there are not even minor lapses of these roles being carried out.

This case differs contextually from Family 1 in that the focus there was towards not needing child protection planning, whereas for Family 2, the threat of the child being removed is present in the interaction, and explains the constant orientation towards the institution’s presence. The theme of emotion is writ large in this visit so that separating out the institution and the emotional context is problematic. Much of the emotional aspect of the interaction is bound up with fear of care proceedings being initiated to remove the child from the care of the mother, the preliminary stages of which had recently been triggered. Although conversation analysis is always contextually situated (Silverman, 2011; Maynard & Clayman, 1991), context is particularly present in these interactions. Discourse analysis allows a sharper focus on the external context that speaks of the powers of the social worker which is seen as ever present in this interaction. Thus the mother is anxious to convince the social worker that she is ‘doing all she can’ in her attempts to secure ‘a good report’. Where she becomes anxious that the social worker may not provide such a report, she hopes instead that the judge ‘will give (her) a chance’ (F2 Line 670 and L677).

The external participants in this conversation, drawn in by the mum though not present in the room, influence the way in which the mother seeks to present herself to the social worker. The mother is therefore both addressing the social worker but also rehearsing her argument for the pending proceedings so that there are multiple audiences to the encounter (Goffman, 2008). The mother’s assertion that she has answered the social worker’s questions honestly is responded to by the social worker as below:

*But we’d much rather you were honest with us and even if sometimes it’s not what we*

 *want to hear, we can work on that () It’s when you don’t tell us things that we worry.*

(L. 636-627)

The social worker’s use of the ‘we’ rather than ‘I’ which has been the preferred pronoun until this juncture, points to the social worker clearly speaking for (or even as) the institution. The institution (although at this point invoked by the mother) is retained and foregrounded by the social worker. The switch in language use also serves to emphasise this requirement as institutionally relevant. However, the use of ‘But’ is used here as a mitigator or softener, as the social worker pre-empts interactional trouble or disagreement and attempts to avoid misalignment (Schegloff, 2007). The use of the softener thereby avoids a direct assault, though the challenge remains. That the mother is aware of the importance of this statement from the social worker is indicated by the next utterance which is marked by a changed speech intonation and hesitancy, which indicates a struggle with this turn; the turn is marked by several slight pauses which is at variance with the mother’s previous speech rhythm. Her discomfort is also apparent in the slight, though frequent hesitations, as well as the slight stutter at line 628-9.

*↑=Bu-But it’s li: ke() you know when you asked me that question about drugs() I’ve not done*

*nothing since ()I were yo::ung.*

By challenging the mother with her lack of honesty, the social worker justifies professional concern, while at the same time shows the mother a pathway towards change. The social worker has challenged the mother by directly referring to a core aspect of the case, though in a way that avoids blame. The surveillance inherent in child protection practice is itself made transparent and constructed as reasonable in this interactional encounter. Child Protection in this home visit shifts between procedural compliance (passing a test) and discussion of difficult issues of trust, openness and judgement, which are intertwined with the power inherent in the social worker’s institutional role.

The social worker is also engaged in actively managing this boundary between the public and private space. The power of the institution thus converges at the interface of the social worker and family in the context of the home visit and is constituted in interaction.

Loss is also present as the mother understands that honesty is bound up with the reality of the continuing relationship with the children’s father. At lines 670 - 671 the mother spells out her assessment of risk.

*Because I’m not a bad mum, do you*

*know what I mean? I’ve just put him at risk because of his dad.*

The mother wants to be thought of as a ‘good mum’. Here she acknowledges some responsibility for the situation. The mother appeals to the social worker’s judgement, so that again the power of the institution (to pass judgement) is present alongside of an associated discourse of good/bad mother. The latter is returned to at Chapter 6 in relation to aspects of identity.

Some of these issues are also present in Family Three (F3) and made visible by discourse analysis. In this visit the institution was made vividly present as the social worker was confronted with bruising to one of the children, and was required to determine if bruising displayed by the child (child C) should be responded to as a child protection concern. Engaging with the child, as well as focussing on risk whilst attempting to preserve the relationship with parent, were all to the fore in this encounter.The social worker was involved in balancing the control/surveillance and care functions, the latter of which drive the impetus towards collaborative practice, symbolised by the principle of ‘working in partnership’ as required by statutory guidance (DOH, 1995).

A brief description of the incident is presented (for a full description of this encounter see appendix 4).

The social worker was invited to their bedroom by the children; shortly into their play child C (around 20 months old) showed the social worker extensive bruising to his legs which was unusually severe and extensive. The social worker expressed some alarm and asked what had happened. Child A said child B had done it by dropping child C. Child B did not respond to the social worker’s questions and in fact moved away from the social worker and began to look out of the window. Everyone then went downstairs. In response to the social worker telling the mum she had seen the bruises, the mother confirmed what child B had said and that the incident had occurred on the trampoline in the garden, which did not have a safety net. The social worker did not interrogate this explanation any further.

An extract from the contemporaneous notes that I made are presented below:

|  |
| --- |
| SW tells the mother she has seen (child C’s) bruises and asks her what happened.  |
| The mother explains that child C did it on the trampoline which does not have a safety net. The mother says that child B picked up child C on the trampoline and may have dropped him.  |
| Child B sits/hugs closely to his mother who is very soothing (strokes his hair). She tries to get B to explain how the bruises happened but he shakes his head. |
| The mother states that child B is lively and energetic and is up very early and wakes everyone else up. |
| Social worker begins to discuss PPR assessment.SW> You know I need to do 4 sessions with you, but maybe not here cos of the kids, for an hour.  |

The trampoline was in the garden: on leaving the house I noted that the lack of safety net did not appear to have been rectified.

The incident illustrated that social work practice is sometimes located within the unexpected: the incident could not have been predicted and there was little time to think through the possibilities or the most appropriate responses when confronted with a potentially problematic injury. The context included the presence of several children, and the social worker had no obvious recourse to advice. The existing passive hostility of the mother was a contextual factor as well as the continued need for her cooperation in the context of the pre-existing assessment. The mother’s response was to resist the social worker’s questions by pointing out child B’s unhappiness with having been questioned.

The social worker’s approach seemed to avoid confrontation: however, in this instance, a better response may have been to explain that the bruising would at least need to be recorded and shared with a manager which would have been a legitimate stance in respect of procedural compliance though may have risked misalignment and further resistance or confrontation.

The resumption of procedural discussion by the social worker in relation to a separate matter may have helped the social worker to gain a superficial control. The institutional presence in this encounter though prominent, was not always in control. However, the incident may have merited greater attention. The social worker’s investigative duties (Children Act 1989, sec. 47) required the social worker to find out what had happened. In determining what constitutes a child protection event a judgement is required that includes comparing the child’s situation against a ‘normative standard’ (Children Act 1989 sec. 31. 3). The mother furnished the social worker with an explanation in accordance with accepting the institution’s entitlement to such information. The explanation provided was not interrogated by the social worker. The context included that it was after 5pm on Friday, and the social worker was working alone at some distance from their office. There was arguably a lack of rigour applied to finding out what had happened to the child, so that there is a possibility that the care-control function may have been wrongly balanced on this occasion.

Ultimately, the social worker discussed the issue with her manager. However, the social worker did not conform to the categorisation suggested by Forrester et al. (2008) of “threshold competence” (p.49), that is, a concern is raised but the parent is not engaged; instead, the response, as well as the nature of the concern was more ambivalent, with the potential concern ‘shelved’ until after the social worker had created a space to reflect on the return journey to the office. The social worker created space to reconsider the incident in consultation with a manager, but failed to establish detailed an explanation that would have helped to identify what level of concern was appropriate.

During this incident, the care side of the care and control duo may have been unbalanced *for a time* in favour of care; this did not appear to be due to care being uppermost but is more likely to have been related to the social worker’s lack of certainty about whether the bruising was a concern, and unwillingness to unnecessarily provoke further hostility. It may therefore more accurately suggest that power or control shifts within various points of practice encounters. The social worker’s response may also reflect fear of ‘getting it wrong’ in terms of the consequences for the social worker’s credibility with the parent, as well as the impact on the already fragile parent-social worker relationship.

**The Institutions of Practice: the interface of the public and private sphere.**

The analysis has pointed to the institution at work in interaction between social workers and families as brought into focus by conversation analysis. In addition the integration with discourse analysis has illuminated some of the macro influences present within the context of practice. These influences are most visibly present in the surveillance aspect of the social work role.

**The Social contract and Surveillance**

The control aspect of the care and control function is embedded in acceptance of the state’s entitlement to intervene in the private sphere. However, the degree to which families accepted the right of the state to intervene in their private sphere was seen to differ markedly in the home visits in the present study, so that there was a continuum ranging from ambivalent-resistance in Family Three (Tuck, 2013), to muted acceptance in Family Two (F2) and mostly uncontested acceptance in one family (F1). Even within Family One acceptance was not straight forward and acceptance differed between the parents, so that although continued intervention was accepted it required explanation. Thus, in F1 HV2 lines 59-65, the social worker negotiated the family’s acceptance of further monitoring/surveillance in the event of the continuation of the child protection plan, which had become a strong possibility due to the incomplete report from another social worker. In effect, a further three months period of monitoring was therefore a possibility.

|  |  |
| --- | --- |
| F | *I'm a bit at a loss (sic) end now because I presume that report would have that in it.* |
| SW | *Well, I think (other SW) is just collecting a couple of things.* |
| F | *Right, because she said to me when she came out- I think three weeks ago- that she had about another week to collect them and another couple of weeks to (inaudible) them.* |
| SW | *I think so, I'm not sure -- I think she's not been able to be as quite as proactive as she may have been able to, if you know what I mean.* |
| F | *Okay.* |
| SW | *This is why -- I think it's basically 95 percent done.* |
| F | *Right.* |
| SW | *She can't say 100 percent now and we do in these conferences, we have to go with exactly what's going on, we can't really speculate, if you know what I mean.* |
|  | *(Overlapping conversation)* |
| SW | *I think pretty soon she'll be saying a little bit more* |
| F | *Cool.* |

Whilst the father makes clear that the other social worker should have completed the report, and although he accepts continued social work involvement, the father nonetheless has held the social worker to account in that an explanation was required. The social worker provides this but does not maintain the subject position of being accountable for long: a somewhat lame conclusion that appeals to the need for more evidence is presented, even though it was the absent social worker who should have produced such evidence. Despite some resistance to continued surveillance incumbent on the report not being competed in time, the father accepts that there is now a likelihood of continued monitoring, which acceptance is achieved in negotiation. The social worker’s justification is weak, but the social worker nonetheless recognises the need to justify continued involvement. After an initial foray into account holding the father resumes a more typical subject positioning and aligns with the client role in the encounter. The mother’s response was more assertive in that she seriously considered withdrawing from attending the conference, so that her understanding of which elements of monitoring were more or less acceptable were seen to be arranged in a type of hierarchy, with direct surveillance not contested, but elements of procedural compliance being more contestable. In effect, the mother was judging the reasonableness of the demands of the child protection system (Dale, Green & Fellows, 2005). The compliance with monitoring by F1 - where the social worker had admitted preference to dispensing with the child protection plan - is in contrast to F2 and F3, who were less amenable to the surveillance implied by the child protection status, but where the harm to the child had been assessed as more severe and where child protection intervention was to continue. Surveillance has become part of the landscape of child protection (Wastell and White, 2017) but like partnership, it is not an end in itself, and must be productive of change for the child. However, surveillance was differently appraised by the different families in the current study.

Surveillance, Accountability and Control

The analysis has indicated that while there was resistance by some parents to surveillance and monitoring (seen above in relation to F2 and F3) and resistance to the social worker’s efforts to hold parents to account (above in relation to F1) there was a general acceptance that it was a legitimate social work task, so that even though aspects of surveillance were contested, the general view was that such account holding was implicated as a key aspect of the institutional role. Thus, Halder and Engerbretson (2014) suggest that the shift in the relationship between the family, the state and the professions does not require intrusive surveillance, because individuals are willing instruments of their own surveillance. White and Wastell (2017) argue that ‘pathologising’ parenting has led to parents accepting their subjective positioning to the extent that they are self-regulating, so that governmentality, understood as ‘technologies of self-making actors capable of monitoring and controlling their own behaviour’ (Halder and Engerbretson, 2014) is complete. The current study saw different degrees of such submission, but also different levels of resistance.

It is at least a strong possibility that continued surveillance as a spin-off of parenting classes at least partly influenced the service being offered: the parent’s agreement to attend parenting classes in F1 though not necessarily consciously complying with surveillance, (it is unclear why the parents whose care of the child was not a concern would otherwise agree to parenting classes) nonetheless indirectly facilitated such surveillance.

This may be likened to Epstein (1999) who presents social work as involved in ‘managing and controlling’ populations in a democratic manner, so that ‘social work must produce effect without force...in social work noninfluential influencing is…its speciality’(Epstein, 1999, p.8).

This may also be relevant in relation to F3 where the social worker attempted to influence the mother to stimulate positive change for the child and, arguably, for the mother too. To an extent, co-operation and compliance with child protection intervention could be viewed as submitting to surveillance, though the voluntary nature of submission implied is contested by the data in respect of F2 and F3. Surveillance is not a neutral word and is associated in critiques of child and family social work practice with ‘policing families’ (Parton, 2010). The balance between caring for individuals and controlling or holding parents to account was nuanced in practice: thus as seen above social workers involved with F1 and F2 demonstrated care for parents by employing softeners and avoiding statements of blame; though all of the social workers were overtly mindful of risk of maltreatment of the children within these families.

Accountability, Power and Control

The social worker’s role in large part involves holding parents to account and this was highlighted during the home visits. This was achieved by invoking the child protection planning process in all four home visits carried out to the three families in this study. The social workers made clear that they expected cooperation from the parents, but were able to mark areas that fell outside of appropriate boundaries for scrutiny. For example, in F1 the social worker stated that the detail of the child’s diet was for the family to work out between them:

|  |  |
| --- | --- |
| SW | *I can understand the concern you had because he is far too young a baby and that’s a lot of fat to be consumed.* |
| F | *Yeah. Yeah, that is, one chip for a baby that size.* |
| SW | *It’s not something we’d be like shock horror at, if you know what I mean, but I can see how… [cross talking]* |
| F | *No, but if it’s on a regular occasion…* |
| SW | *[xxxx]…it’s something for parents to discuss together to work out how we do this kind of thing.* |

(F1 HV1, L. 298-305)

Thus they actively engaged in boundary work in terms of the public and private sphere which included self-limiting areas of appropriate concern.

Family 1 evidenced examples of how oscillation of control takes place within the social worker’s interaction with the clients. However, the context in F1 was one where the direction is towards ceasing child protection planning. In Family 2 the concerns are not resolved and care proceedings were looming: here, control was less diffused and operated more hierarchically in that the social worker was able to maintain control. This was notwithstanding that the mother dominated the amount of time spent in discussion of the problems she was experiencing: most of the interaction is taken up with the mother’s expression of her feelings. However, the social worker constantly linked such statements back to the child protection plan. The child protection plan therefore supported the maintenance of power and control within the encounter.

The home visit to F3 showed the social worker losing control on some occasions in the face of the parents’ passive hostility. The social worker worked to regain control with references to the child protection process. However, control in this visit was difficult to achieve and the level of client cooperation remained superficial. This pointed to the difficulty in practice of maintaining control even where power ostensibly remains with the social worker.

**Account holding as making the institution visible in interaction**

Holding to account was therefore achieved at different levels and with different success within the visits. A limitation of the present study is that follow up visits were only possible with F1 whereas it would have been useful to have been able to do follow up visits with F3, for example, as it may be that just as control oscillated within the specific home visits in F1, that control may oscillate between visits. This is very possible given that control oscillated *within* visits, so that a longitudinal rather than cross-sectional study may have helped to illuminate this issue. What the present study has been able to show however, is that control is not statically located within the institutional embodiment of the social worker but is constantly negotiated within interaction. Although the home visits showed that control may be negotiated, this does not necessarily equate with power, though the two are often enmeshed. The capacity of the social worker to hold clients to account is typically seen as asymmetrical; however, in the home visit to F3 the mother was able to exert power by holding the social worker to account for elements of practice and was able to resist account holding by the social worker in relation to providing a full explanation of the context of the injury to child C.

This dispersal of power aligns with Foucauldian conceptions of power as omnipresent (Murdach, 2008). However, in the context of social work practice with children and families the holding of the social worker to account by the client was evident within the home visits to F1 and F3: thus, in the home visit F1 HV2, the social worker was required to explain the possibility of the extended child protection plan. On occasion, the client holding the social worker to account may represent a tipping of the power balance towards the client, which in some instances was not easy for the social worker to recover from. Thus in F3, the social worker did not pursue an explanation for Child B’s bruises (incident detailed in appendix 2) but instead abandoned the attempt. The social worker was able to recover some control by withdrawing to procedural matters. Although the social workers in each home visit were also able to engage in accountability work, this was with different levels of success. This was possibly bound up with the extent to which they were able to exert authority. That is not to say that holding to account is the only criteria for success; however, in terms of a child protection, it is a central aspect of practice.

**The dispersal of power in interaction**

Power is involved in holding to account so that it cannot be removed from the encounter of the social worker and parents and children they work with (Mandell, 2008). The discursive binary positioning of professional and client implies power and powerlessness whereas, as seen in above in relation to F3, power is not necessarily static and can be exercised rather than merely possessed (Fook, 2011; Healey, 2005).

The home visits indicated that power was used differently in each visit and was differently presented within the interviews, so that power itself perhaps does not have static meaning.

Power, negotiated partnership and challenge

Holland and Scourfield (2004) propose that openness about the reach of power as well as is limits should be made explicit to families involved in child protection practice. This would sit more easily with notions of partnership as a contractual arrangement, in which openness and honesty are valued (as seen above in relation to F3 at lines 626-627). Partnership so conceived is about honesty rather than equality (Holland and Scourfield, 2014).

The current study saw that partnership was bound up with power and control, so that partnership working required some dispersal of power. In Family One (HV1) power remained within the ambit of the institutional role of the social worker, though this was not a constant feature of the home visit, and power was resisted by parents in different ways. As previously discussed, the father (HV1) was able to challenge the need for a written schedule which was accepted by the social worker, whereas the mother resisted attendance at the child protection conference (F1 HV2). On both occasions the social worker negotiated these elements of the child protection plan, indicating partnership can be about negotiating within the confines of the overall child protection framework. Such negotiation requires the social worker themselves to be sufficiently trusted by managers to operate some discretion within practice. The social worker also had some ‘stake’ in the success of the plan, in that the social worker was accountable to the institution for its success. Thus the social worker made a number of references to the need to address contentions issues, as well as recognising the need to be flexible in responding to parental concerns. The success of the plan is thus positioned as a joint venture with the level of concern negotiated within the encounter. However, the appropriateness of the father’s actions was not challenged: and the mother’s position and response were not pursued. Thus, to an extent, partnership was achieved by side-lining appropriate challenge.

As discussed above in relation to F1 HV1, although some elements of the child protection plan were not contested the means of implementing them was negotiated. This indicates that whereas child protection goals are agreed, there may be negotiation about how the goals are implemented.

The home visits to Family One indicated partnership working as akin to collaborative practice with some dispersal of power. The situation was one where the risk had been assessed as moving towards no longer needing a child protection plan, which may have enabled this to take place. The type of partnership achieved was supportive of some level of ‘self-actualisation’ in that it recognised the autonomy of the parents to determine some aspects of how they worked with the social worker.

In Family 2, partnership-working in practice was demonstrated by the social worker’s openness and honesty. The initiating of the Public Law Outline meant that the social worker’s concerns were explicit, and the extent of the social worker’s powers was very much in evidence. However, in the absence of agreed goals, the partnership was similar to bargaining in that the mum was ‘bargaining’ in terms of what she wanted from the social worker. Thus the mother indicated her compliance: what she wanted in return was a ‘good report’ from the social worker. However, she was unable to commit to ending her relationship with her partner, who no longer lived with her but was presumed to be active in her life. (It had been the mother’s pregnancy that made the continuation of her relationship with her partner impossible to continue to deny). Honesty from the mother was the key missing element of the partnership, which, though acknowledged by the mum was left floating as a currently irreconcilable trouble. In this visit the mother appeared to be contemplating change. Power and control was located within the social worker, though the mum was accorded respect in how the social worker responded to her concerns.

In terms of supporting self-direction, the social worker gave the mother choices but these were limited. These included ending an abusive relationship and the consequent opening up of other possibilities: that the mother was not able to make such choices can be contextualised in terms of the structural inequalities that framed her experiences. Thus leaving a partner-provider may have acted as a constraint on parental decision making in child protection. While Berlin’s ideas of negative and positive freedoms (Berlin, 1992) may be helpful for conceptualising the ethical issues involved in intervention in the private sphere, they may be less helpful in exploring issues of social inequality brought into relief where parents may feel unable to end relationships that provide basic material comforts.

**Summary**

The key way in which the institution was made present was orientation towards the function of care and control as constructed in the home visits by social workers holding parents to account, and parental acknowledgment of the institution’s entitlement to hold them to account. This was evident in that all of the parents cooperated in terms of outwardly aligning with the institutions presumption of surveillance and account holding. However, there was also resistance to the institution though this varied between different families. In addition, resistance indirectly made the institution visible by acknowledging its power. The power of the institution was therefore attended to by the social workers and parents even while the latter were resisting aspects of institutional power.

Power was mostly claimed by the social workers in terms of what topics were relevant and who could introduce topics, as well as account holding, advice and judgement belonging exclusively to the social workers.

The operation of power and control in client-social worker encounters within the context of child protection social work was also seen to be complex and not always linear. The power and control that resides within the institutional practice of social work was manifest at many different levels and differently attended to at different junctures. In the present study, power was more easily shared where there were less serious child protection concerns: however, in all cases the social worker was the more powerful partner, though control sometimes oscillated in F3, and to a lesser extent in F1, by clients themselves making the social worker accountable.

The home visits evidence examples of social workers insufficiently holding parents to account in some instances. The discretion afforded by practice that is outside of professional space can therefore support some independent professional judgement: however, skilled and confident practice is needed to ensure appropriate account holding as seen in F2.

The child protection process was a ubiquitous presence so that procedural compliance, though required of families, also influenced what was possible for social workers in their practice with clients. However, by invoking processes implicated with the child protection system, social workers made their authority subtly present within interaction, which enabled them to maintain or regain control in some situations. Institutional social work requires social workers to work in partnership with parents (Children Act, 1989; DOH, 1995b) so that aspects of collaborative practice were noted in interaction. This included negotiating the implementation of the child protection plan (F1) and determining what aspects of the plan were not negotiable, in F2. In addition, the social worker in F1 pushed back some responsibilities on the parents to ‘work things out together’ so that collaboration could include identifying areas that were not relevant to social work scrutiny. Procedures were seen as important practice frameworks; however on occasion procedural compliance became unduly important and in F1 replaced risk assessment. This highlights the importance of the process being used for the purpose of protecting children and not as a tool to support surveillance. Effective management is essential if the process is to serve the child protection purpose and to challenge inappropriate procedural dominance. Beddoe (2012) refers to the need for accountability in the context of supervision of social workers which requires supervisors who are adept in challenging on behalf of service users as well as ensuring compliance with agency procedures.

This analysis has identified dominant discourses in practice as centred on surveillance and risk, but with notions of care inhabiting aspects of partnership and collaborative practice, variously worked out with different family members and with different families.

In summary, the analysis indicated how the institution is constructed via surveillance and account holding as constitutive of practice, negotiated within the discursive spaces of interaction.

The research aimed to illuminate the micro-practice of social work in terms of addressing child protection concerns within the context of home visits. The theme of making the institution of child protection visible begins to address this by showing how both social workers and clients orient to the institution of social work that takes place within the home, and how the power of the social workers in implementing child protection planning is constructed in interaction.

**Chapter 6 Professional and Parental Identity Construction**

**Account holding as a troubling aspect of professional identity**

Professional Identity is constructed within the interactional encounter by the way and extent to which parties display orientation to or divergence from the institutional goals so that professional and institutional identify are entwined (Zimmerman and Boden, 1993). In the extract below, (F1 HV1) the social worker’s performance aligns with the institution’s goals.

The context is a pending child protection conference charged with reviewing the need for continued child protection involvement: the father (in F1, hereafter given the pseudonym John, with Jane the pseudonym for the mother) had called the social worker to complain about the care given to the child by his partner. In the social worker’s absence a voice mail message had been left detailing the concerns. The extract is from the first visit made by the social worker following receipt of the telephone message. The institutional task is to assess the importance of the concerns and significance of the call in terms of the couple’s relationship.

|  |  |  |
| --- | --- | --- |
| SW | 214 | *Speaking on moods or actually (.)Before I move on I’m just going to move on to* |
|  | 215 | *some of the practicalities like health visitor stuff but I’ve go:t to as:k(..) Some of the stuff* |
|  | 216 | *that you said on the phone to me about xxxx(.) was* |
|  | 217 | *that kind of out of frustra:tion more than anything else?* |

The social worker assumes control of the sequence and the inquiry identifies with the institution’s goals. The social worker first signals a topic change. That this is sequentially unexpected, and will be perceived as such by the recipient, is apparent in the social worker’s use of a misplacement marker at line 214*: ‘or actually (.) Before I move on’.* Although the topic change is softened by ‘hesitancy’, implemented by a slight pause, control of the agenda is assumed by the social worker, who displays a ‘taken for granted’ right to control the direction of the conversation. This accords with ten Have’s observation of professional control of the agenda in doctor/patient encounters (ten Have 1993). The speaker’s role is oriented to the institution: at line 215, the social worker refers to his professional role: ‘I’ve go:t to as:k’ .

Nonetheless, the extract is also marked as ‘delicate’ by the hedging in the pre-sequence talk (delay markers). According to Schegloff (2007), the sequence is how action is realised, so that to maintain alignment is to get the action accomplished: preferred responses result in the action being accomplished, whereas a dispreferred response risks the action not being completed. The response of the second pair part thus either maintains or breaks alignment with the design of the first speaker, though not usually with the person of the speaker. The first speaker therefore may design the utterance to achieve the preferred response (Butler and Fitzgerald, 2010; Schegloff, 1997). The data extract displays both hesitancy, marking the subject as delicate, and also employs preference organisation to secure agreement with the object of the speaker.

However, in analysing the lines at 214-217 (F1 HV1), the reason for marking the request as delicate and subsequent hesitancy in delivering the request is not immediately apparent. Prior to the completion of the sequence, different interpretive possibilities are opened to the recipient (Schegloff, 1980). Thus, the thing marked as delicate may be the matter of ‘stuff said on the phone’ or may be the social worker’s discomfort in addressing a delicate issue. A related possibility is that the subject is delicate in that if the concerns were seriously meant, the consequences could potentially require a revision of the current child protection plan. Schegloff (1997) advises caution in attending to contextual matters to make sense of interaction; while he does not dispute that context has relevance, the point is made that many contextual details are likely to be implicated in interaction. However, the danger is that which specific contextual detail is attended to by the analysis may privilege the interests of the analysist and may not be the context most relevant to the interactants. However, the context that is relevant is that which the interactants make relevant (Silverman, 2011). In this data extract, the context is made relevant at lines 260-263 F1,

HV1:

|  |  |  |
| --- | --- | --- |
| SW | 261 | *=Yeah because it’s about, (.)like I said, where we are with the child protection plan(.) so we know* |
|  | 261 | *and we feel ha:ppy that you can (.) de:al with these things appro:priately and* |
|  | 262 | *tog:ether* |
| John | 263 | *=Yeah.*  |

The data extract Lines 214-217 above is therefore located within the overall sequential structure that makes the pending review of the continuing need for the child protection plan relevant. At line 218 (below) the social worker’s recipient design provides a justification for John’s voicing what may be categorised as unfounded concern. This accords with Drew (2006), who, examining GP responses to ‘out of hours’ calls, found that doctors appeared to ask questions built to presume a non-serious problem. In the data extract above, the social worker adopts a similar style, in that the question seems to be designed to presume that a serious problem does not exist. As discussed, the question is couched to indicate the preferred response, so that the first speaker constructs the utterance to invite agreement with the speaker’s project. The social worker thus invites agreement that what was said was said out of ‘frustration’. John can select to agree with the object to the first speaker or provide a dis-preferred response. John selects agreement which serves to ‘de-escalate’ the seriousness of what had been said, that is, that the things said were not meant to be taken seriously, but were voiced out of frustration.

 L. 218: *More out of frustration, do you know what I mean? (.)*

That the social worker makes possible a means of de-escalating the seriousness of the level of concern raises the question of why the social worker chooses to do so. The social worker did not need to provide this possibility. However, the use of the preliminary to herald a delicate matter and the subsequent justification provided, allows the social worker to avoid the need to fully hold John to account. The inquiry about what happened is set within a context where the social worker has indicated that the preferred response is to down-play the concern and this subsequently takes place.

There follows an extended sequence where the father in F1 (John), in response to the social worker’s linking of the implied outburst to frustration, provides further clarification (F1 HV1)

|  |  |  |
| --- | --- | --- |
| John | 218 | *More out of frustration, do you know what I mean? (.)* *(Father goes on to discuss mum sometimes giving the child ‘unhealthy foods’ until L.223)* |
| SW | 224 | *Yeah. But I mean the stuff you said, some of the stuff you were worried a little* |
|  | 225 | *bit about some of the care that (child) had been giving and stuff like that. That’s what I* |
|  | 226 | *really want to knuckle down to, if you know what I mean* |
| John | 227 | *Yeah.she. Yeah.(..) she’s mi:ssed a cou:ple of things, but again I just ho:med in on them points* |
|  | 228 | *do you know what I mean (.) just like as a point of argument kind of thing. But again(..)*  |
|  | 229 | *we a: ll miss little bits and bobs↓* |
| SW | 230 | *Exactly(.) but it’s no:t(.) you’re no:t overly concerned.* |
| John  | 231 | *=No no no(.) I’m not(.) I were just(.) You know what it’s li:ke when you’re in an* |
|  | 232 | *argument and you’re a:ll frus:trated and you’re all…* |
| SW | 233 | *[Yeah Yeah That’s what I was thinking and why I really did want to be open and chat with you* |

At lines 224-226 the social worker again tries to hold the father to account. The social worker begins by using hesitancy display (yes/but), marking the issue as delicate, but then asserting the responsibilities of the professional role to hold the parent to account for his actions by requiring a more detailed explanation of the concerns that led him to contact social services. The social worker then attempts to reassert his right to ask for an explanation at line 225-226 (that’s what I really want to knuckle down to) but it follows upon hesitancy, suggestive of unease with this aspect of the professional role, in that account holding is marked as delicate. At lines 227- 229 the father voices some concerns and suggests that he had exaggerated: his partner had simply ‘missed bits and bobs’. This is readily agreed with by the social worker at line 230 and 233 who immediately agrees without further delay.

In effect the social worker has accepted the father’s account (‘John’), and John’s assessment that there is nothing to be concerned about. The overall sequence organisation highlights unease with the more interrogatory aspects of the professional role implied by the pre-sequence utterances at lines 215-217 and 224-225.

The social worker’s reluctance to follow through on holding John to account indicates some degree of dissonance where the institutional goals are at odds with some aspects of the social worker’s objective. This appears to be geared around avoiding reviewing the child protection status which, at the point of the home visit, is that the social worker is recommending an end to the child protection plan.

However, the ‘crux’ of the matter is still not discussed, and there is no detailed reference by the social worker to the substance of what John may have complained of regarding how his partner cared for their child. The social worker aligns to a professional identity that is supportive rather than interrogatory: the decision about the appropriate level of concern in this encounter is made almost exclusively by the client-parent.

The justification provided by the social worker for John’s complaint about his partner’s care may be viewed as making aspects of the couple’s relationship appear unremarkable, or ordinary. This serves to down-play what might otherwise be regarded as an unusual action. A Foucauldian perspective enables identification of the discourses referenced within interaction. For example, in respect of the argument referred to above, the social worker infers that it is understood that all couples argue:

*‘All couples have arguments. Dealing with arguments well kind of thing is what we’re after’* (F1 Lines 150-151).

However, despite having complained of his partner’s parenting to social services, he then explains that he does not want to appear critical:

*‘With (Jane) being a first time mum and being young, I don’t want her to think that she’s a bad mum’. (*F1 Line 277-278)

John thereby categorises his partner as lacking experience and therefore liable to make mistakes because of her inexperience, rather than *not being good at being a mum*. His partner is thus located in relation to implied social understandings of first time mothers as prone to mistakes: this is subtly linked with the discursive category of ‘good/ bad mothers’. Although John states that his partner (Jane) should not be thought of in this way, nonetheless, by directly referring to notions of good and bad motherhood, an association is drawn and a question raised. This inference is not challenged by the social worker and could therefore be understood to betoken agreement with the inference of *this particular mother* being liableto make mistakes*.* Jane is implicitly categorised as young, inexperienced and prone to make mistakes, and by contrast, John may be positioned more positively, that is, somewhat older and an experienced parent. His judgement is therefore likely to be more reliable. Thus, Jane is defined by a negative categorisation which determines what it is possible to be (Mills, 2003) and the discussion has become implicated with the categories of being a ‘good or ‘a bad mother’.

**Constructions of motherhood**

Part of John’s complaint was around Jane not being sufficiently at home. Jane is symbolically embedded within a traditional discourse of what it means to be a good mum and by extension a good ‘partner/wife’ as ‘being there’ or *being available* when John finishes work: and this legitimises John’s expression of hurt that his partner has not upheld the obligations of her role. Thus, there is some tension between John’s idea of the couple’s relationship and its reality.

|  |  |  |
| --- | --- | --- |
| SW | 69 | *You were very upset about how things were and so you phoned me saying “I’m really*  |
|  | 70 | *upset. I’m really worried here. Things are happening and it’s a bit out of control.”* |
| John | 71 | *A bit out of control and it was getting to that stage and it was getting to the point* |
|  | 72 | *where we’d been before, do you know what I mean, and it just felt like I’d come in* |
|  | 73 |  *from work… and fair enough, I’d been working nights, but as soon as I’d come in Jane*  |
|  | 74 |  *had gone straight out and it just feels like at that point [xxxx]… [you] were doing that*  |
|  | 75 | *every day kind of thing and it just felt a bit too much then. It were like “Where’s our*  |
|  | 76 | *time?” kind of thing. And xxxx her niece, was staying over quite a lot and I just felt*  |
| SW | 7778 | *like we were being infringed then, do you know what I mean?**Yeah* |

John is clearly unhappy with the time available to the couple on their own without friends or family. His representation of himself as reasonable contrasts with the way he represents his partner. The comment ‘do you know what I mean’ (L77) can be read as an appeal to the dominant discourse of family members having a right to the expectation of time together, away from non-family members: this is John’s version of ‘being a family’ which Jane is transgressing by not subscribing to what John positions as a cultural norm. That he understands this to be a shared perspective is evident in his appeal to the social worker, who acknowledges this shared understanding. Jane’s failure to live to this cultural norm is presented as a legitimate complaint. The social worker however side-steps this appeal, and instead focusses on the need for the couple to talk through this source of conflict. The social worker does not attempt to disrupt the discourse of ‘normal’ family life and this lack of challenge to the dominant discourse thus confirms and renews its dominance. The meaning of family life as couples being at home without outside interference is therefore both constituted in the discourse and reproduces the discourse.

John continues to present his claims as ‘reasonable’ by presenting ‘evidence’ to warrant his claims. He subsequently recounts a conversation with his brother-in-law where John’s grievance is validated by his brother-in-law, and again, at lines 189-191, John also cites Jane’s sister (Sarah) as agreeing with him. Sarah is described as *like a voice of reason for (Jane)*; so that Jane, in contrast is cast as unreasonable. There are clear hints here of Goffman’s dramaturgical performance present in is telling of events, with John as the central character taking a ‘reasonable line’ (Goffman, 2008). John strengthens his case by drawing upon wider social discourses that categorise women as unreasonable/emotional in contrast to male reason and rationality. In this encounter, the social worker is also male, so that the positioning of the (absent) mum in this way may have been more easily accomplished.

Consequently, Jane’s alleged refusal to accept her behaviour as unreasonable is positioned as unwarranted. John’s subsequent frustration may be accounted for by the extent to which each of them identifies with dominant discourses of family life. The social worker does not address this tension.

Jane is not present during this visit, and the subsequent home visit (researcher accompanied) did not include an attempt to elicit Jane’s version of what happened. John has already located Jane’s care within the discourse of being a young mother and therefore apt to make mistakes. Thus when the issue of Jane’s care is raised, it is already contextualised within this discourse. Jane is not given a significant voice by the social worker, in constructing her assigned identity.

John’s paraphrasing of Jane's sister’s comments to Jane as: *'You need to think about home now'* suggests that this is a shared world view, held not only by John, but by others in the wider family. This positions Jane as standing outside of the shared cultural understandings or discursive understandings of locally shared cultures. In this example, the absent parent is not accorded sufficient ‘voice’ in identity assignment or in determining the significance of the recent argument. The visit highlights ways in which the discourse of natural or ideal family life constructs parental roles and that this can remain unchallenged within social work practice.

The social worker’s aim is revealed to have been to establish how the couple deal with the conflict; whether the argument had led to a temporary separation and to ascertain that they are able to access support networks. However, the social worker’s conclusion is based only on John’s version of events.

**Social workers as accountable**

Furthermore, as noted earlier, an additional factor that appears to underscore the social worker’s assessment is the social worker’s existing categorisation of the case as no longer requiring child protection monitoring, so that how the recent argument is interpreted may impact upon whether the social worker’s current recommendation of ending the child protection plan remains appropriate. This example locates practice as locally situatedin that meaning is achieved in interaction but that meaning is shaped by wider discourses that may be unveiled as present in language practices (Hall, Slembrouck and Sarangis, 2006). Thus the social worker’s assessment is conceived with an eye to the existing plan to scale down the level of required monitoring of the couple’s relationship.

The social worker’s professional identity is also fashioned in interaction (Juhila, Mäakitalo and Noordegraff, 2014) so that to form a judgement within interaction is to enact professional identity. However, the social worker’s professional identity is dependent on recognition by the institution, which both enables and constrains practice (Hall, Juhila, Matarese and van Nijnatten, 2014). This is problematic where there is dissonance between the institutional goals and those of the individual social worker.

During the social worker’s subsequent visit to Family One, Home Visit Two, the social worker is charged with informing the parents that there is a possibility that there will be a further period of child protection planning required, whereas the social worker had indicated to the family that this would not be the case. Conversation analysis of this extract (F1, HV2) highlights the social worker’s attempts to reconcile these aspects of professional judgement and the institutional requirements.

|  |  |  |
| --- | --- | --- |
| L 350 L 351- 1  | Jane SW | *If he stays on this -- say if he does stay on this tomorrow**how long will it be, could it be for another six months?**Ah well bearing in mind that I've sa:id*  |
|  2 |  |  *I don't want him to be on a* |
| 3 |  |  *child protection plan (.) I would advocate* |
| 4 |  |  *for the smallest time physically* |
| 5 |  | *possible.* |
| 6 | John | *[Yeah]* |
| 7 | SW |  *Which maybe three months, but I*  |
| 8 |  | *don't know how -- the child*  |
| 9 |  | *protection chair has the ability to call* |
| 10 |  | *the plan within anytime within six* |
| 11 |  | *months, kind of thing, depending on*  |
| 12 |  | *the needs of the child. But (.)*  |
| 13 |  | *anything other than three months*  |
| 14 |  | *we'd say () aye up, why would you* |
| 15 |  |  *want a child protection plan for two* |
| 16 |  |  *months if you're thinking -- the whole*  |
| 17 |  | *point of calling the review is () at that*  |
| 18 |  | *point in time, we look at where we* |
| 19 |  |  *are, and the hope is () the child*  |
| 20 |  | *protection plan can end. If not, we'll*  |
| 21 |  | *look at the way we need to go.* |
| 22 | Jane | *[Yeah ]* |
| 23 | SW | *But if you're saying he doesn't need*  |
| 24 |  | *to end the child protection plan now*  |
| 25 |  |  *bu:t in two months we will, I would*  |
| 26 |  | *sa:y what more are we going to do in*  |
| 27 |  | *those two months, if you know what I*  |
| 28 |  | *mean,*  |
| 29 | Jane | *[ye:ah(mum)]* |
| 30 | SW | *that we couldn't do on a child in need*  |
| 31 |  | *basis; what mo:re’s going to need to*  |
| 32 |  | *change* |

The social worker’s response to the first speaker part (Jane’s request for information about how long the child will need a plan at L.340) is marked by a degree of elaboration, which indicates that a dispreferred response is being delivered (that is: the child protection plan possibly continuing for 3 months, then a consideration of possibly six months, and finally the possibilities become almost unintelligible so that lack of clarity is provided to Jane’s question. That the social worker has interpreted the question (about how long the plan will be needed) to mean that Jane is unhappy with this possibility is apparent in the social worker’s struggle to provide the preferred response.

The social worker, whilst exhibiting professional knowledge about the system, distances himself from the less favoured outcomes that are institutionally possible. The social worker is thus displaying alignment with the project of the first speaker (Jane) and John (who contributes at line 6) that a plan is no longer needed: the social worker’s use of ‘we’ at line 14 displays the social worker allying himself with the parents’ preferred outcome in preference to alternatives that are institutionally possible. The deployment of the elaboration to herald a dispreferred response alerts the (parents) to the potential for ‘bad news’ whilst hesitancy in its delivery emphasises the social worker’s misalignment with the institution’s project. The social worker seeks to maintain professional and personal credibility whilst distancing himself from the institution. The social worker’s role, though bound with the institution, sometimes evokes challenges for professional and personal identity when the goals diverge.

This is similar to the dissonance noted earlier: however, discourse analysis allows an interrogation of context. In this example, the social worker could have been expected to have worked with the second social worker involved (with John’s child from a previous relationship) to ensure that there was a closer coordination of reports; or at least have been able to flag up at an earlier point that there was a potential obstacle to ending the child protection plan for this family at this time. The social worker opts to ‘save face’ (in terms of personal and professional credibility) by locating the cause of the problem within the institutional processes. The social worker proceeds to present himself as an advocate for the family against institutional processes. This is partly attempted by a claim to knowledge which serves to reinforce the social worker’s professional standing. Claims to knowledge may be used to bolster the social worker’s expert status in the face of this threat to credibility (Cornaggia et al, 2012). Nonetheless, the social worker owes his authority to the institution so that the social worker’s professional identity is also dependent upon the credibility of the institution.

Professional and client identity are thus seen to be constituted within the encounter. This is similarly apparent in the home visits to Family 2.

**Constructing professional and client identity**

Family 2

That professional and client identity are reflexively present in the interactional structure is seen by the way that interactants both construct and orient to these roles within the encounter. This is evident in the extract below, taken from Family Two. The interaction occurs after preliminaries have taken place and is at a relatively early stage in the home visit and sees the social worker holding the mother to account in terms of ensuring that the mother has planned a series of contacts with the health visitor.

|  |  |
| --- | --- |
| L.144 M. | *So yeah, it’s just a case of getting a plan* |
|  | *(There follows further talk about contacting the HV)* |
| L.147 SW. | *Because it’s easier for you to plan then, isn’t it, if you know when people are coming.* |
| L.148 M. | *Yeah. It’s just a case I want to stick to everything. I don’t want to miss anything and I* |
| L.149 M. | *want the best report that I can get, to be quite honest, just so I ca:n () protect him↑* |

The extract displays the unequal nature or asymmetrical roles being oriented to by the parties (ten Have, 1993), so that the social worker’s right to hold the mother to account is responded to by the mother’s readiness to demonstrate accountability towards the social worker.

The mother also attends to her role as ‘Client’ by positioning herself as needing professional approval (line 149). At Line 144 above, the mother is seen to resume an earlier topic; this is signalled by ‘so, yeah’ which is similar to ‘as we were saying’, and therefore notes the interruption which had previously occurred, and which sequence the mother now attempts to close. Closure of a sequence needs to be attended to by both parties, and in this instance, the social worker does not accept the mother’s move to topic closure and instead extends the sequence to reinforce advice. The extent to which the professional controls topic choice and closure embodies the asymmetrical nature of the professional/client identity as in this extract.

The interaction at lines 689-695 indicates both the social worker and the mother aligning to their institutional identity as professional social worker/client and mother.

|  |  |
| --- | --- |
| L.689 M | *It is the only fact that I’ve lied about [child’s father], ain’t it, why I’m in this mess.* |
| L.690 SW | *Well, it’s based on your ability to protect, ain’t it, ↑which i: s concealing your* |
| L.691  | *relationship with [child’s dad].* |
| L.692 M | *[And lying.* |
| L.693 SW | *=Not recognising the risk you were putting [child ] through.* |
| L.694 M | *Yeah. So that’s the only reason why I’m in this mess- not because I’m actually a risk* |
| L.695 M | *to [child’s name] myself or a bad mum, is it?* |

The social worker gives a dis-preferred response prefaced by a delay (well) to soften the dispreference response: the key concern is the mother’s inability to protect her child. The change of pitch (↑) stresses that the salient point is the preceding utterance (Gee, 2014b) so that the final clause (concealment) of itself is the secondary issue; the mother’s interruption is not responded to by the social worker, who continues to respond to the question at line 689. The social worker maintains a firm grasp of topic control in this information delivery sequence (a judgement – or diagnosis - of the mother’s ability to protect her child) which is in accordance with her professional identity. That the mother asks for the social worker to pronounce on her parenting both constructs and reflects her role as client. Hence, the mother positions herself discursively as the subject of the discourse on ‘motherhood’: the discourse thus constitutes the subject position. Hereafter, the mother recognises discourse of motherhood categorised within child protection discourses of abuse, culpability and harm to the child: hence, she seeks reassurance that she is not directly responsible for inflicting harm. The mother seeks to have herself vindicated as a ‘good’ mother. The category of ‘good mother’ is in itself a discursive formulation with categorisation constituting child protection practice. The mother wants to identify with the social category of being ‘a good mum’: the status of child protection is an affront to this. It is therefore important to her that she can separate out her relationship with her partner (the issues being about domestic abuse impacting on the child) from her identity as a mother.

In lines 696 referred to below (Being Ordinary: F2), the social worker provides this reassurance by singling out the mother’s ongoing relationship with her partner as the basis of concern. In contrast, the mother’s ‘actual parenting’ (line 696) is not of concern; aspects of the child’s care therefore fall outside of child protection notice and may be viewed as ordinary.

**Resisting Client Identity: Being Ordinary**

Client identity is implicated in standing outside of normative (culturally understood) standards of parenting so that the child protection plan positions parents outside of the socially approved ‘good parent’ category. There follows moves towards identity construction as ‘being ordinary’ (Sacks 2007) which was apparent in both F1 and F2.

Being Ordinary: Family 1

In Family 1 the father (John) is concerned to present the arguments between the couple as not significant in terms of child protection notice, and as unremarkable and within the norm of ordinary relationships. Thus, John down-plays the significance of the apparent argument as merely a typical spat, common between couples but not of any consequence - ‘you know what it’s like’ (F1 HV 1 at line 231). In this way the client is presenting the context as not something that distinguishes this particular couple: the argument was ordinary and the couple are just like other couples who sometimes argue. As seen above, who assigns the category is of significance: here it is the client. This may point to some role confusion in that it is the father who places the argument within the continuum of ‘not out of the ordinary’ and therefore not of a child protection concern.

Interestingly, when the social worker next visits, both parents, as well as the child are present. The following encounter takes place:

235(19) SW *↑Realistically every couple has disputes*

236(20) J *Yeah, of course.*

There is an intonational change which accompanies the social worker’s contextualising the families’ difficulties; here, the social worker takes up the father’s ‘normalising’ of the couple’s disputes. The intonational change at the beginning of the utterance also marks the subsequent utterance as salient, that is, the family’s difficulties as being part of ‘being ordinary’ which the social worker now represents as a type of explanation for the current level of couple conflict. The social worker and especially John have categorised John’s referral to social services as contained by or part of the argument; they are no longer two separate issues. In addition, by the social worker’s acceptance of the argument as part of ‘what couple’s do’, John’s version of events has become the accepted truth.

Thus, the client/John readily accepts the ‘normalisation’ offered (Line 235-236 (20)). The social worker thus allows the argument to be placed in the context of ‘ordinary’ problems; the social worker and the father have together made the issue one of ordinary rather than unusual difficulties and crucially, therefore outside of the institution’s concern.

Family 2

As noted, the social worker for Family 2 acknowledges that mother’s care of the child is good; there are a few issues, but nothing of professional concern. The social worker places these concerns on the level of no different to any other parent: in this way, the parenting issues that do exist are ordinary in nature. Sacks (2007) identify how participants naturally view their stance on things as typical, given their experiences of the world. The social worker thus reflects back to the mother aspects of being ordinary:

|  |  |  |
| --- | --- | --- |
| 696 | SW | *Your-your act: ual pa: renting, yeah, there’s a few issues, but there is with everybody’s* |
| 697 | Mum  | *parenting* |
| 698 |  | *[nobody’s perfect↑* |

The mum here latches on structurally in that agreement is rapid and overlaps the social worker’s comments. This indicates mum’s acceptance of her parenting as *ordinary* or, in social work terms, *good enough*. Discursively significant is who is entitled to pronounce on the adequacy of the mother’s parenting. Here, it is the social worker who categorises the mum’s ‘actual parenting’ as acceptable and ‘ordinary’. Thus, the social worker and the mother accept the expertise of the social worker and that this entitles the social worker to pronounce on the mother’s parenting abilities. In contrast to F1, the social worker also retains professional control by reserving the right to pronounce on whether the care is ‘ordinary’.

Being Ordinary and Resistance

Resistance is likely to be differently approached by different clients. In the interactional encounter in F1 HV2 below (lines 355 (1-3) the mother (Jane) aligns with an alternative discourse, which is couched as an ‘ordinary’ and compelling counter claim to attendance at the child protection conference. Jane avoids misalignment by providing mitigators in the form of an ‘ordinary’ reason for her non-attendance. In this way the mother aligns to a competing notion of ‘ordinariness’ through which resistance is accomplished. This may suggest that ‘being ordinary’ is as much about performing resistance as it is performing being ordinary.

Jane’s question at line 350 may be interpreted as a challenge, and indicates resistance to the notion of further child protection status and accords with Juhlia, Caswell and Raitakari (2014) that resistance may take the form of question seeking.

*If he stays on this -- say if he does stay on this tomorrow*

*how long will it be, could it be for another six months?* (Line 350)

Jane thus expresses misalignment with the possibility of further child protection planning: the social worker then becomes concerned that this may influence Jane’s attendance at the child protection conference, which was to take place the following day.

*I know you're worried, are you going to be able to come to this one -do you feel or do you not want- It's really good if one of you come. It would be good for you if you both came. I can understand if you don't want to* – (Social worker: Line 351)

The social worker is inevitably constrained by the child protection process but has seemingly made an error in raising expectations of the ending of the child protection plan before ensuring all of the assessments required to facilitate this were available. This is now likely to impact on the outcome of whether the child continues with a child protection plan, and which now seems in doubt. The social worker here acknowledges some slight shift in the subject positioning of the parents: they are seen as having a legitimate reason to criticise and resist the claims of the institution.

It is the mother (Jane) who understands this small shift, so that her response, whilst not able to unequivocally resist the power of the institution (which requires her attendance at the meeting), presents a competing claim; she is required to attend to her health needs, which need is generally accepted as incontestable:

*I'm thinking about going to hospital tomorrow instead of going there*. (F1 HV2, Line 355)

Resistance is thus accomplished by presenting a competing discourse and displays the possibility of agency where there are competing discourses that can be manipulated to resist a particular dominant discourse (Juhlia, Caswell and Raitakari, 2014). Jane has managed to make her attendance conditional in a way that she cannot be criticised for. She has accepted her subjective positioning as client but has also resisted some of the associated attributes. The Social worker has attempted to resist subjective positioning bound closely to the dictates of the institution, but perhaps ironically, less successfully; and is more constrained by his institutional-professional identity.

Family 2 Resistance

In Family 2 the mother resists the conclusion of being a ‘bad parent’ and this is shown in the following sequences:

|  |  |  |
| --- | --- | --- |
| 153 | SW | *(.)So how’s he been at the nursery today?* |
| 154 | M | *=Lovely(.) Nursery have never really got any concerns over [xxxx].*  |

The rapidity of mum’s response and the stress contours are indicative of strong agreement with the position taken by the nursery that mum is not parenting in a way to present concern. Subsequently, ( lines 572-573), the client tells the social worker that others who are close to her also ‘know’ that she is a really good parent, thereby strongly resisting the categorisation implied by the child protection status (and move to legal proceedings) of not being a ‘good mum’.

 L.572 *My nanan’s o:ld now and to se:e the posi:tion that I’m in with my chi:ld and*

 L.473 *she knows tha:t I’m a really good mummy*.

The mother here presents herself as emotionally vulnerable but as a good/caring person. In this home-visit the client’s identity as a mother is to the fore; she wants to be categorised as ‘good’ but is struggling to comply with the requirements of the institution as represented by the social worker.

Identity Construction: Mistrust and ambivalence

During the Home Visit F3, the social worker orients to professional identity throughout the visits. The atmosphere between the mother and social worker is mostly unsettled and tense. The entire visit of approximately 90 minutes evidenced no examples of the social worker or the mother stepping outside of institutionally relevant discussions; there are very few examples of easy agreement and no examples of advice seeking. The client is thus indicating a reluctant tolerance of social work intervention and discussion is confined to procedural compliance in respect of the existing assessments.

The social worker thus aligns with the institutional and professional role which is acknowledged by the mother’s responses to the social worker’s questions, indicating her acceptance of the social worker’s role right to hold the family to account in respect of the current assessments. Some agreement is reached regarding the older child’s potential contact with her father, but the agreement reached is within a context of suspicion, rather than cooperatively achieved, as indicated below.

The mother mostly accepts the role of the social worker as the children’s social worker in so far as the social worker’s role includes attending to the wishes and feelings of the children, though there is possibly some reluctance also present. The extract below is from a transcription of handmade notes of the interaction that occurred during the visit:

|  |  |
| --- | --- |
| L.33  | *SW asks child A directly if she would like to see Daddy.*  |
| L.34 | *A says ‘Daddy. I do want to see him’.* |
| L.35 | *SW>Child A. ‘I need to tell you that it is a judge who will decide. I need to talk to you and (child B)’.* |
| L.36 | *Mum>’Child B doesn’t want to see him’.* |

The mother does not oppose Child A’s stated view although it is dispreferred. However, she immediately asserts Child B’s views as being similar to her own. There may be some resistance to the idea that she may not be relied upon to represent her child’s view.

As stated, the mother’s current partner is being assessed; the mother does not engage in this discussion but comments that she has ‘been here before with several previous social workers’. The mother positions herself as ‘knowing’ in contrast to the discourse of clients as ‘unknowing’: she is able to tell the social worker (who raises cost as a barrier to supervised contact) what the costing is for the service she insists upon. The mother thus positions herself as competent and capable and the social worker as correspondingly less competent or knowing. The social worker’s role as ‘expert’ is therefore subtly discredited.

|  |  |
| --- | --- |
| L. 64 M | *I don’t want a contact centre as it’s not supervised and he will walk off with the kids ‘cos there’s no-one to stop him.* |
| L.65 SW | *If I assessed it, he wouldn’t. Would you trust my judgement?* |
| L.66 M | *He wouldn’t bring them back. (We) had to smash the window to get child B back* |

This extract shows the social worker attempting to make an overture that is both inviting the parent to make a move to trust in the social worker as a professional but also this particular social worker, so that the appeal is both professional and personal. However, the mother does not move to trust the social worker; instead, she prefers her own judgement based on her previous experience of her partner, for the mother the past speaks for itself. The mother had previously indicated that her ex-partner had not returned child B from contact, and the police had to return him. She queries whether the social worker has asked her ex-partner about this, which either the social worker does not seem to have done, or the ex-partner has denied. The social worker states: *‘I can only go on what I can see: so I can’t say’* (line 49). The social worker is stressing her impartiality and, as such, aligning to her professional identity.

However, the social worker’s professional judgement is discounted by the mother in favour of her own experience: the social worker is cast as unable to judge, and as not paying sufficient attention to the partner’s past actions. For the mother, the social worker’s assessment therefore lacks *rigour*. Thus the mother trusts her experience above the social worker’s professional judgement.

This exchange was interrupted by the children wanting to show the social worker their bedrooms.

During the latter part of the home visits the interactions with the mother are in relation to institutional processes and procedures. The social worker is able to make arrangements for visits to carry out assessment tasks in relation to the mother’s current partner; although the mother cooperates, as indicated above there is a feel of ‘going through the process’, though with little trust in the social worker’s assessment skills. The social worker’s identification with the institution is visible in the social worker’s focus on procedures. However, the attempt to open up the possibilities of a more collaborative relationship are rejected by the mother based on her mistrust of an assessment that does not seem to sufficiently take account of her experiences.

**Face work, relationships and identity**

Interview data

The analysis across the interviews indicated a range of ways in which social workers constructed client and professional identity. Not all of the social workers made direct reference to their roles or professional identity, but where they did, a range of views were expressed.

Social worker Inv. 1, referring to a specific child protection case, positioned the mother as lacking knowledge of child development and in need not only of guidance but also of correction. The extracts below (L. 109-144) show the way in which the social worker positioned the mother as deficient as a parent and maintained a somewhat rigid adherence to the professional role. In addition, the way in which the social worker approached developing the mother’s parenting skills illustrates how intervention may undermine aspects of the client’s identity through indirect assaults to self-esteem, as well as affecting the ‘public face’ and ‘public identity’. The example displays how the home as a ‘private’ or ‘confidential space’ may be differently appraised by different communities; and that identity is dependent on the ‘face’ that is reflected back by the community.

In this case, the social worker was working with a family where the cultural and community practices were different from the majority culture. The social worker was aware of these differences, but there was a blinkered view of how difficult the intervention of an external agency was for this family. The social worker viewed it as the family’s problem, rather than whether practice could be appropriately and reasonably adapted to take account of the mother’s expressed concerns. There was a negative impact on the relationship between the child and the child’s mother consequent upon the social worker’s approach to intervention, in that by showing the mum how to support her children’s development in *front of the children* undermined the mother in the eyes of the oldest child. The impact of intervention also included lowering the esteem in which the mother was held in the community. A lengthy extract is presented as best exemplifying these concerns. (Grammatical anomalies are faithful to the interview).

|  |  |
| --- | --- |
| SW Inv. 1 | *What mum's very concerned about the impact it has on the children, and then hearing these things within that…hearing mum being told…mum was concerned about the effect it was having in the children…* |
| I. | *You were telling her how to parent her children?* |
| SW Inv.1 | *Yeah. And to kind of just stressing things about the plan in front of the children, she was very concerned that they would kind of…that the eldest one who's just turned six, that he was getting a bit more of an understanding and that he was kind of taking things out of the conversation and taking them out into the community and that kind of thing**(L.109-118)* |

And later: *(L. 124-131)*

|  |  |
| --- | --- |
| SW Inv.1 | *And she was getting really concerned about that, the impact on him and also* *their status in the community could be affected. Which I could understand…* |
| I. | *It was more about the children talking outside of the home about what had happened inside the home?* |
| SW Inv.1 | *Yeah. And I suppose as well, yeah. Part of it being her like say her credibility* *that her son was hearing that his mum was being challenged in front of them.* |

And later, (L.332-344) the social worker comments:

*I do see how it must be difficult and it must be horrible thinking that people are talking about you all the time and this sort of things. Because they are in a very close knit community, but I said ultimately, you know, I emphasised to her that my role is to make sure the children are safe. And so unfortunately whilst that is a concern it comes quite far down my list of concerns in relation…my involvement with the family and I also try and work with her as best I can to avoid I suppose humiliating her as she feels she's being, there are those things that I have to do for the children and that they come a lot further up the list than unfortunately her dignity in the community. Which is really sad and it's a horrible thing to say, but like I say, my role is to protect the children. So unfortunately for her that is what's going to come first.*

The social worker’s acknowledgement of the impact of intervention could have prompted a change of approach, in recognition of the impact on the mother-child relationship, and that intervention in one aspect of family life was causing problems in another. In addition, the social worker was aware that the family’s perceived status within the community was affected.

Minimising the chances of the family being isolated within the community should have been an important practice consideration, alongside of attending to the identified threat to self-esteem and social identity (DFE, 2015). However, these were not seen as sufficiently relevant to the social worker’s remit. Although the social worker was conscious of the dilemma caused for the family by having a social worker involved, and wanted to avoid making things difficult for the family, nonetheless appeared at a loss as to how to do so. Belief that the interventions would ultimately make things better for the child was used to resolve this professional values dilemma.

Social worker Inv. 1 seems to demonstrate a rather extreme example of identification with the child protection role as being to protect the child in opposition to attending to the needs of the family:

*‘I emphasised to her that my role is to make sure the children are safe…* *my role is to protect the children’.*

This social worker therefore constructed her professional role as working ‘on’ rather than working with, so that practice is imposed rather than negotiated. Despite the emphasis on the child, the child’s identity formation vis-à- vis the relationships made possible with his/her parents is not a focus of concern.

In contrast, the social worker Inv. 6 was aware of the impact of social work intervention on the family’s ‘community standing’:

*If we're going somewhere that we don't very often, like, ( area) posh areas ( area) , I'll put my badge away until I get to the front door because I've had parents say can you not let the neighbours know who you are. I'll tell them that you're the health visitor* (Inv. 6 L. 919-923).

This indicates the discursive meaning that having a social worker involved as associated with personal and moral failure as a parent. This reflects social understandings of parenting as an essentially private matter, so that to have merited external surveillance is associated with personal and moral failings. The parents discussed by social workers Inv. 1 and Inv. 6 were ‘shamed’ by the need for such intervention. In addition, the contrasting approaches suggest different understandings of the power that inheres in the social worker role; so that for Inv. 1 the controlling aspects of intervention were oppressively present.

Social workers’ identity as child protection experts was thus given different effect by different workers. Social worker Inv. 5 related to the social worker identity as embodying substantial decision making powers that required compassion for both children and their parents. Although the social worker was highly aligned to the role as a children’s social worker, there was significant level of emotional stress contained within the social worker’s complex role with parents, which was seen as contradictory and emotionally difficult. Commenting on the social worker’s role, the social worker explained:

*I see my role is I have to address those uncomfortable subjects and I think for a lot of children, it's...actually acknowledges and validates their experience.* (Inv. 5 L. 624-626)

Whereas, at line 244 the social worker referring to his relationship with parents comments:

*it helps the parent to ‘not see me as a friend….(and) re-establishes the role as an official person’*

And further discussing carrying out parenting assessment the social worker reflected:

|  |  |
| --- | --- |
| SW | *It was...it's a very difficult one because the role of the social worker is to get that* *information and then use it against him, unfortunately.* |
| I. | *And how does that feel?* |
| SW | *The friend that stabs you in the back, you know. (L1048-1051)* |

This struck me as a sad and fleeting picture of honest reflection of role incongruence. This extract refers to the emotional context of practice and indicates how it is difficult to separate out the social worker’s identity from experiences of practice. Thus for some social workers, the emotional and ethical contexts of practices were here seen to be deeply enmeshed with the social worker’s identity.

Questionnaire data

There were few examples of what could be viewed as identity discourses within the questionnaires but an interesting link emerged between with identity and place. This may be summarised as the micro-culture of place as provoking challenges to identity. The questionnaire data is therefore fully reported and discussed in Chapter 7 in relation to the home visit as a site of practice.

**Identity and Identity challenges**

The following section discusses some of the key themes to have emerged from the analysis in relation to parental Identity: discourses of motherhood, client identity, resistance and stigma and social worker identity. The analysis highlighted that social work child protection practice poses an identity challenge to parents. Social workers were aware that child protection intervention posed a challenge to parents, but this was not conceptualised as challenging *identity*.

Parental Identity and threats to ‘face’

The analysis highlighted that threats to aspects of identity are evoked by the status of having a child who is subject to child protection intervention. Identity is viewed here in accordance with symbolic interactionism including Goffman’s concept of ‘face’ (Goffman, 1967/2008) which pitches an individual’s ‘public face’ as central to self-approval and which is maintained or otherwise in encounters with others .

In the present study, an emerging theme from the home visits and interviews with social workers was that the stigmatising label of having a child subject to child protection ‘status’ threatened constructions of identity or ‘face’ associated with parenthood.

In the context of the home visits which child protection interaction, the social worker represents a threat to face or to the social self and self-image.

As indicated above, face is situational, in that the situated self is embedded in particular situations within interaction (Goffman, 1967/2008). In this conception, actions which disrupt the integrity of the performance present a threat not just to the micro-interaction but also present a threat to *the personality* (Goffman, 1959/2008). Consequence to the personality is owing to the self-conception around which the personality has been built becoming discredited in interaction (ibid, p. 126). The self is conceived as a ‘dramatic effect arising directly from the scene that is presented and the characteristic issue is whether it will be credited or discredited’ (ibid, p. 127). Thus the father in F1 was concerned to present his actions in complaining about his partner to social services as reasonable despite his actions being capable of being assessed as unreasonable.

Peräkylä (2015) points to a cross-situational continuity in face work, so that the assault to face may be carried over into other situations, and does not remain situated in the interaction giving rise to the offence.

In the present study this is vividly described by Inv.1. As noted in the analysis of identity, the social worker responded to the mother’s concern that the visibility of the social worker was causing her to lose face in her community. In addition, the assault to face was thus carried over to other situations in the community and not only that, but indirectly threatened her six year old son’s conception of his mothers’ competence. The assault to the mother’s identity was intensely interactional: the face presented to her child was now questioned by the child, lowering her esteem in the eyes of the child as well the esteem in which the family was held in the community. There is a suggestion that it also was an object of ‘playground talk’. The extract from SW Inv. 1 encapsulates this:

SW: *She gets very concerned about visits because of the amount of people who kind of went…go in and out of the home and what people in the community would be thinking. And, you know what the people in the playground are saying*. (L.137-140)

The carrying over of this status into the community shows how the making of the private can become into a publically visible matter. How the (confidential) child protection status becomes visible for some communities is demonstrated in this interview, as home-visitors from outside of the community were a source of speculation, and the mother appeared to have felt accountable to the community. The additional *cultural shame* that came from the community *knowing* was a further burden for the mother in this family. The subjective discursive positioning of being a good mum and *respected member of the community* was confronted by the social worker’s presence. This echoes the work of Sykes (2011) who found that feelings of stigma and shame were closely associated with having a child with a child protection plan.

Identity as a ‘good mum’ was a recurrent theme in the home visits and interviews. This was despite the presence of the father in F1. This is partly explained by the father’s positioning of himself as cooperative and as having made progress as a person and a father. His self-concept has been *positively* adjusted.

*I still didn’t appreciate what my actions were, do you know what I mean, and now I can see that now and I’m very aware of that and it’s like if we do feel like we’re going to argue we don’t. We just don’t speak to each other, but we don’t keep a tension in the air because if (child is) here he/she’ll pick that (up) straightaway.* (F1 HV 1 L. 623-627).

As seen in the analysis, his positioning of himself sometimes was placed in contrast with his partner so that discourses of good/bad motherhood were drawn upon. Motherhood is imbibed with cultural expectations and traditions around ‘maternal instinct’, associated with self-sacrifice and female virtue (Grunow and Veltkamp, 2016). At the same time, deviation is strongly disapproved of. Having a child with a child protection plan excludes parents, and particularly mothers, at least temporarily from competent parenthood so that exclusion serves to preserve intact the notion of what it is to be ‘a good mother’ which remains a socially desirable categorisation (Evertsson and Grunow, 2016).

It should therefore not be surprising that to have the label of child protection is a source of social shame, and this may be especially so for mothers. At an individual-micro level, face and identity are implicated. For the parent to acknowledge the validity of child protection concerns therefore requires some turning of oneself inside-out: the challenge is to self-conception. This may provoke an identity crisis as the public face one has presented is taken away. In this context, the social worker’s role is delicate, as it requires manoeuvring a change that does not wholly discredit the conception of the self as a parent. The task is to ‘guide the expression of disagreement so that it will convey an evaluation of the other that the other will be willing to convey about himself’ (Goffman, ibid, p. 11 at note 5).

Thus in the home visits to F1 and F2, the social workers make positive comments in relation to the parenting skills of the parents: the evaluation is not wholly negative. In the home visit to F2, the mother articulates her struggle with identity in interaction with the social worker: she wants to preserve her self-identity as a ‘good mum’ so that it is important that this is recognised by the social worker; thus she states:

*Yeah. So that’s the only reason why I’m in this mess; not because I’m actually a risk to [name] myself or a bad mum, is it?* (F2: L. 693-694*)*

The social worker responds by providing the mum with some verification:

*Your actual parenting, yeah, there’s a few issues, but there is with everybody’s*

*parenting, nobody’s perfect. But your basic care of (the child) is good*. (F2 L.695-696)

As seen in the analysis, the social worker thus maintains conversational contiguity but also provides some buffers to the disruption to self-concept.

Discourses of motherhood: motherhood as identity

As discussed in Chapter 3 post modernism sees the social world as fragmentary, fluid and diverse; this includes identity construction, so that the self exists in relation to others and to the discursive environments through with the self is formulated (Gubrium and Holstein, 2000).

The prevailing discourse of motherhood, despite shifts in the social positioning of women has been slow to discharge notions of women as natural home-makers and carers (Grunow and Veltkamp, 2016). This was borne out by the present study where the conflict within the couple’s relationship in Family 1 (F1) was discursively approached from this standpoint which provided a moral justification for the anger felt by the father (John) when his partner (Jane) was not at home on his return from work.

Thus, the father in F1 complained of his partner’s absence from the home in relation to role expectation and drew in comments ascribed to his ‘sister-in-law’ to support this view. (‘*You need to think about home now’* F1 HV1, L. 190-191). Despite the shift towards working mums (Ruhm, 2011), discourse on motherhood as a nurturing role retains its hold and thus includes role conflict (Grunow and Veltkamp, 2016). Motherhood as opposed to parenthood thus occupies a special moral status, with psychological nurturance at its core. The mother in F1 is ‘rated’ in her absence against less desirable constructs of motherhood: young, inexperienced and thus likely to make mistakes.

Social workers, involved in surveillance within the confines of the home, implicitly monitor and construct conceptions of good and bad mothers (Lister, 2010). This binary positioning is important in the success of normalizing 'good motherhood'. Thus, the base-line of mothering is to nurture o the child's physical and emotional wellbeing: not to do so is to risk being stigmatized as a 'bad-mum'. The social stigma is deeply discrediting (Hacking, 2004) so that to have a child protection label is to question the validity of one's mothering. For many parents who come to the attention of social services, and for the parents referred to in the present study, this identity is the single socially approved status that is held. The threat to this status may be particularly threatening.

The mother in F2 is anxious to avoid the threat to her self-construct as being a ‘good mum’, which the ‘child protection’ category threatens to disrupt. In this respect, having to contend with a child protection social work intervention may be viewed as posing a significant threat to constructions of the self. To work with the social worker therefore means more than working to protect the child: it involves a ‘reformulating of the stories we tell ourselves about who we are’ (McLean, Wood and Breen, 2013: Sutherland, Breen and Lewis, 2013).

It is therefore suggested that identity threat is an aspect of child protection that is not sufficiently understood and which may act as a significant inhibitor of change.

Identity, resistance and stigma.

Child protection as a public status makes the private public, which presents an identity threat in that the parent can no longer maintain her habitual face. Sykes (2011) suggests that one way in which mothers respond to this assault to identity is to refute the premise on which the status is based. The interviews with the social workers provided examples where parents resisted the child protection label. This can include undermining the credibility of the social worker to pronounce judgement.

In some cases this was by comparing themselves with extreme cases that have been in the media:

*Why are you coming after my family, why don't you go down the road because of Baby P, you’ve you let children die.* (Inv. 2, L416-423)

This phenomenon has been described as ‘*associational distancing’*  by Sykes (2011) as mothers:

*‘pointedly exclude themselves from the group of inadequate parents warranting CPS attention, even as they acknowledge the need for CPS to police some neglectful parent’* (p.451).

This ‘associational distancing’ may be conceptualised as resisting threats to identity.

Given the vulnerability of many parents known to social services, this may be an assault on a fragile construction of self. The parent is required to review constructions or narratives of the self associated with parenthood. Underwood (2011) refers to biographical narrative as involving facework, in that the narrator in telling their story selects from possible self-images that are most likely to elicit the desired response. Face and Identity are therefore seen as fulfilling similar functions (Underwood, 2011, p. 2215). The child protection conference is similar problematic as it includes a narrative of parenting that is reported by others and which the parent cannot control. Furthermore, the narration takes place in front of ‘others’ whose presence is not within the remit of the parent to exclude who hears. In this respect the child protection conference is bound up with presentations and constructions of identity. Thus it is perhaps unsurprising that the mother in F1 unexpectedly faced with a continuation of the child protection plan ‘recalls’ a medical appointment that may affect whether she is able to attend the conference.

During the home visit to F2 the social worker discussed the mother having pretended to end her relationship with the child’s father: the mother conceptualised this as ‘lying’ and the social worker as ‘failing to protect’ her child. The mother’s preferred framing of the issue as a moral failing- that is, ‘lying’- could be distinguished by the mother as only indirectly related to her conceptualisation of parenting; whereas for the social worker it was fundamentally a parenting issue. By viewing her actions in this way, the mother may be engaged in constructing a preferred identity: making a poor moral choice being preferred to poor parenting. Selecting a competing category to counter the proffered stigmatised category may be seen as a type of category resistance (Juhila, Caswell and Raitakai, 2014) as, although a deficient category, it is preferred to the one publicised by the child protection label.

*Indeed, each helping profession, with its underlying disciplinary commitment to a particular view of troubles and solutions, is the source of a distinctive kind of troubled identity* (Gubrium and Holstein, 2000: 110)

In relation to F1 and F2, the mothers may thus be seen to have engaged in resisting stigmatising identity constructs implied by the child protection label. The mother in F2 prefers to couch her actions as ‘moral’ or even as ‘human’ failings rather than failing as a parent. The mother in F3 similarly resisted a stigmatising identity by contesting professional forms of knowing as inadequate and not grounded in the reality of direct experience of specific families. Here, the mother in F3 resisted her position as inexpert in comparison to the social workers by dismissing the value of the social worker’s claim to ‘system knowing’ and instead privileging ways of knowing that may be described as ‘relational knowing’. Winter (2015) describes this as a type of subjective relational knowing claimed by parents that is woven through the fabric of family life and therefore ‘inaccessible to the social worker’ (Winter, 2015, p. 197). This demonstration of ‘authentic knowing’ was used by the mother to challenge the social worker’s ‘inauthentic’ claims to knowledge, which in any case, the mother sought to discredit, for example, by advancing her superior ‘system knowledge’ in relation to costing for contact sessions.

**Social Worker Identity positioning**

The analysis of aspects of identity construction has indicated that social workers’ identity was context dependent, in that different aspects of professional identity dominated at different points within single home visits and across different situations as described in the interview data.

The home visit, Family One Home Visit Two, evidenced some dissonance between the institutional goals and the social worker’s goals in that there was potential divergence between the institution and the social worker about the period of further child protection planning that was required. The analysis (in relation to F1) highlighted the social worker’s attempts to reconcile these aspects of professional identity and institutional requirements. In this example, identity as a social worker was made possible by institutional recognition but was simultaneously confined by the institutional requirements. The social worker attempted to remain at once aligned with the institution whilst maintaining the role of advocate for the family. The analysis indicated that the social worker’s concern was geared towards ending the child protection plan and that despite the new information of a further argument (the extent of which episodes had been one of the reasons for the original child protection plan) the social worker was concerned that this should not de-rail the current move to de-escalating the case. The process was therefore occupying centre stage rather than the social worker taking a step back and carefully reviewing the appropriateness of the current plan towards ending the child protection plan. This may in part be explained by the social worker’s positioning as advocate for the family, which may have impacted on the control function of the social worker’s role. However, this also accords with ‘moving out’ from the construction of client-hood or ‘declientification’ (Messmer and Hitzler, 2011) that accompanies the move towards ending the client relationship, which the social worker may have anticipated as following from the pending review child protection conference for F1. However, the analysis has indicated that the social worker for F1 sometimes struggled with the interrogatory or account holding role, and was more comfortable with advocacy elements of professional identity.

The social worker for F1 was seen to struggle with aspects of the care and control function related to the control aspect that requires holding parents to account. This was apparent in the ‘playing down’ of the seriousness of concerns. Social workers remain the lead agency for child protection (Children Act 1989; DFE, 2015) so that analysing the significance of new information is a key skill required to effectively protect children deemed to be at risk of harm; however, concerns with parental reaction and with maintaining parental relationships may have inhibited the social worker’s focus on the control aspect of the social worker’s role. Munro (2008) suggests that practitioners frequently fail to review their decisions despite new evidence that should promote re-assessment of risk. Thus in F1 HV1 the social worker made attempts to get to ‘the crux’ of the matter but mostly without success: instead the social worker adopted ‘face-saving’ on behalf of John and presented John with a reason, frustration, for his actions. It was left to John to determine the seriousness of the argument. The home visit to F3 showed the social worker attempting to balance the needs of carrying out a number of assessments in the face of the mother’s reluctant compliance.

In contrast the social worker for F2 was able to assert her authority and was comfortable with this aspect of the social workers’ role. The home visit for F2 evidenced orientation towards asymmetrical professional and client identity throughout the visit, so that both professional and client identity were clearly marked. The visit was not dominated by the social worker who provided room within this visit for the mother to control aspects of the agenda.

The home visits indicated the need for authoritative social work and that concern with maintaining a relationship with clients can become an end, with some loss of sight on the purpose of such relationships. Social workers were aware of their authority as inherent to their professional identity, though this could be differently oriented to by different social workers, as well as by the same social workers at different points in the interactive encounter.

The social workers who were interviewed similarly differed in the extent to which they aligned to the care/control function of their role. Thus some social workers were comfortable with the dualism implied in the care and control function and by focussing on the experience of the children they worked with were able to manage the tensions inherent in their role: however, for some social workers the vulnerability of the parents they worked with whilst not intruding on the child as their primary client provoked feeling of distress due to the impact on some of the parents with whom their relationship had been as a proxy-counsellor.

For some social workers the tension was managed by a primary focus on the control function; thus Inv. 1 was able to dismiss any difficult feelings of sympathy for the parent’s dilemma, whereas Inv. 2 was able to view the parents as capable of making life-style choices.

The interview data indicated that different social workers aligned to their identity as social workers along a continuum of care and control with therapeutic support included as part of the care aspect. For these social workers this was productive of distress where they felt that they may later betray the trust of parents and this feeling persisted even though the social workers felt that this was inevitable if the children they worked with were to be adequately safeguarded. Thus, the social worker Inv. 1 adopted a narrow conception of social worker identity that substantially avoided the need to engage in such practice dilemmas.

Other social workers were more comfortable with the caring aspect of the role but this was not always compatible with their primary safeguarding function. This did not result in dismissing safeguarding concerns but as noted in the home visits, it could result in playing down the seriousness of such concerns.

A single construction of social worker identity did not emerge but rather a distribution of positions along the care and control axis.

**Summary**

Construction Professional Identity

Professional and client identity construction is seen to be evident within interaction so that attention to micro-sociology makes visible how this is enacted in routine practice. Discourse analysis highlights how social and cultural environments are key contextual factors that are drawn upon which fashion the resources from which identity is interactively constructed. Professional identity is seen to include orientation to the institution which enables practice to take place but also frames practice possibilities and therefore places constraints upon practices. For some social workers the institutional framing of practice provided a degree of certainty in that it bolstered professional role identity and could be used as a reference point to explain and justify practice.

However, this could result in processes becoming overly important as in Family One (F1) where concerns were tested against the child protection process rather than the meaning of parental actions for the child. The social workers viewed themselves as the child’s social worker, which identity was viewed as an important foundation of their professional identity. However, the complexity of the balancing of care and control functions inherent in this role for some social workers was experienced as role incongruity, in that sensitivity to parental concerns could give rise to feelings of betrayal of parents, where prioritising the child’s needs resulted in causing distress to parents who were themselves vulnerable.

For some social workers, most in notably Inv. 1, a narrow focus on the child obscured attention to the impact of intervention as discrediting the family’s ‘public face’ and potentially having a negative impact on the parent-child relationship. This was contrasted with social workers’ whose approach was more sensitive to issues of ‘face’ associated with ‘shame’ and community status.

Judgement and Discretion

Social workers exercised professional judgement and were seen to do so by the families they worked with so that decision making was strongly oriented to as part of the social worker’s professional role.

Social workers were seen to make sense of situations that required assessment of levels of concern, and this included some discretion in selecting what to notice and how to response to events.

However, this also included ‘downgrading’ of concerns within the communicative encounter, by offering alternative explanations that attached less serious consequences. This resulted in some instances in a fractured account holding and failing to fully hold parents to account, which for some social workers, was suggestive of unease with aspects of professional identity implicated with challenge or control functions. The care and control function was something parents were variously aware of and which had relevance to the nature of the social worker-client relationships.

Resisting client identity

The analysis has also highlighted the ways in which parents resisted stigmatising identity constructs associated with the ‘child protection’ label: this included avoidance of the child protection conference (F1) which determines the category of harm to the child and thus the nature of the parents’ culpability as well as orientation to different and less stigmatising categories (of ill health as in F1 or dutiful grand-daughter as in F2) or could include making favourable self-comparisons with more deviant (public) cases (e.g. Inv. 6).

Resistance to deficit identity constructs also included undermining the social workers’ credibility as in F3; though hostility and mistrust of social work practice was implicated.

Resistance to client identity, as a deficit identity, could also include moves to be seen as ‘ordinary’. Social workers also used this strategy to de-sensitise concerns in terms of marking potential sensitivities as normative, for example, of family arguments or making mistakes in life; so that aspects of disclosures were re-positioned as not posing threats to how the self may be perceived by others, and therefore maintaining a creditable and coherent identity. However, as noted above, marking actions as normative could also be used to under-play the significance of legitimate concerns.

Constructing Motherhood

Client identities are constructed in relation to whether they are good/bad parents and this construct was oriented to by clients well as by social workers. However, client identity construction and has indicated that constructions of parenting are given meaning predominantly in the context of motherhood as the dominant social construct of parenting. The data does not provide examples of social workers challenging this discourse. This identity has been shown to be highly valued by mothers where this identity is threatened by the child protection label and by the associated stigma. For the mothers represented in the home visits data, this resulted in struggles to resist such identity threats; in some instances resistance included reframing the concern as not directly related to the parent-child relationship; and querying procedural aspects of the child protection process.

Professional and client identity as analysed across the data set were seen not to exist as a priori constructs; the analysis has highlighted that identity is constructed in interaction and reflexively consolidated and mutually reinforced.

**Chapter 7 The home visit as a site of practice**

**Introduction**

The mobilities paradigm (as noted in Chapter 2) suggests that movement can be understood politically in terms of choice and enforced movement (Kaplan, 2006: Abrams, 2010). The home visits involved three families all of whom had recently moved house: F1 in accordance with the child protection plan and two had chosen to move. All of the families had extended families nearby, some of whom were present during the observed home visit (F2) or visited (F2 and F3) during the process of obtaining consent. For these families, movement was within a relatively small geographical area so that extended family links were not disrupted. However, in terms of social work taking place in contested spaces, the findings were of interest in terms both of neighbourhoods of practice and the meaning of the home as contested space.

Most social work practice is with families who face multiple disadvantages and takes place in poor neighbourhoods. This was reflected by the current study where the home visits took place in locations with high deprivation and the social workers whose practice made up the study typically worked in poor neighbourhoods. Ferguson, (2009; 2011) describes feelings aroused by neighbourhoods as intensely anxiety provoking. Social work is described as taking place in neighbourhoods filled with ‘*menace and pervaded by uncertainty, anxiety and fear* (Ferguson, 2011, p.44). This is even before contact with the family takes place. Ferguson (2011) prioritises the home as the main site where practice takes place. Moving around the home is seen as a core aspect of engaging with the spaces that children occupy, so that social workers need to not only assess but experience this environment to understand life for the child. Ferguson (ibid) further suggests that touch in conditions that provoke disgust can lead to workers distancing themselves from the child (p. 63). A motivation for the present study was to explore how far this description chimes with current practice. The following analysis therefore relates to social workers’ experiences of working in deprived neighbourhoods and to working within service users’ homes.

**Neighbourhoods as sites of practice: constructing belonging**

Home Visits Data

Social workers who were accompanied on home visits did not report feelings of unease within the neighbourhoods they encountered.

The social worker for F1 shared the car journey back to the office with me, in preference to their usual bus journey. The social worker was used to travelling around by bus and there was no indication that the social worker felt threatened or intimidated in the neighbourhood visited. The family home was a semi-detached house on an estate of council/social housing and which fronted onto a grassed area akin to a ‘village green’, though over-grown. The estate was in a low income area and one from which many social work clients were drawn. There were a number of teenagers riding BMX bikes on the BMX ‘rough –ground’ nearby. The neighbourhood therefore was typical of many (white) working class neighbourhoods within the city. The social worker (white, male) seemed entirely at ease in this neighbourhood.

The social worker for family F2 (white, female) visiting a different part of the city, similarly reported not to have found the neighbourhood where the home visit took place as intimidating. The area was ethnically mixed. The home visited was a flat or maisonette, so it was situated within an ‘apartment block’ or block of flats amid a number of others, accessed by an external staircase of four flights of steps. The neighbourhood was a working class/ low income area. The social worker for F2 reported not finding the area intimidating and commented that the lighting on the external stair-case was good.

The home visit to F3 was to a home that was located in a neighbourhood that was similar to that for F1 and backed on to an open field. The mum felt the location made it vulnerable to break-ins. The (white female) social worker for F3 reported not finding the neighbourhood intimidating. None of these social workers seemed to feel anxious or menaced in these areas.

Interview and Questionnaire data

In contrast to the home visits, the data from the interviews and questionnaires showed a more diverse response to place. (A summary of responses to this question is presented at appendix 5a).

The interviews and questionnaires highlighted responses to neighbourhoods as clustering around identification with the neighbourhood, or alienation. This was drawn around lines of class and culture, which I have theorised as relating to ideas of belonging or ‘otherness’ that are linked to professional and personal identity, but also bound up with the emotional response to the home visit as enmeshed with practising in neighbourhoods that for some social workers were productive of anxiety. Social workers’ responses to neighbourhoods of practice corresponded to:

1: Identifying as/with working class and disadvantaged communities.

2: identifying as ‘other’ but not challenged by ‘otherness’.

3: ‘Other’-does not connect with the neighbourhoods visited and experience the geography of practice physically and personally and productive of anxiety.

Applying this framework to the interviews resulted in the following categorisation.

|  |  |  |  |
| --- | --- | --- | --- |
| Social worker | Category 1 | Category 2 | Category 3 |
| 1 |  | ✓ |  |
| 2 |  | ✓ |  |
| 3 |  | ✓ |  |
| 4 | ✓ |  |  |
| 5 |  | ✓ |  |
| 6 | ✓ |  |  |

The framework applied to the questionnaires resulted in the following categorisation. (Questionnaire respondents are numbered as QR (+ number). QRs 2,3,4,8 and 11 either responded incompletely or skipped this question, or provided problematic answers (for example, not yet) so 14 questionnaires responses were able to be categorised.

|  |  |  |
| --- | --- | --- |
| Category 1 | QR | 7, 14,18 |
| Category 2 | QR | 1,6,10,13,14,15,17 |
| Category 3 | QR | 5,9,12,16 |

Combining the questionnaire and interview responses indicated that of 20 social workers, 25% identified as/with working class and disadvantaged communities, 50% identified as ‘other’ but not challenged by ‘otherness’. If category one and two are combined as not experiencing neighbourhoods as productive of anxiety then 15 of the 20 social workers (75%) did not report experiencing neighbourhoods as sources of anxiety. On the other hand, 25% identified as ‘Other’ and did not feel a connection with the neighbourhoods they visited and experienced the geography of practice as physical, personal and productive of anxiety.

Social workers categorised as Identifying as/with working class and disadvantaged communities did not see a class or cultural difference between themselves and clients they worked with. This is illustrated by the extract from the interview with the social worker

Inv. 4 below:

*And I see myself as part of the same group of people who might have social workers involved. I don't see myself from a higher social group* (Inv. 4 L. 591-594)

*I don't feel uncomfortable about people in an area …I don't think I'm more at risk of being assaulted walking around in a certain area than I would be anywhere else or at home* (Inv. 4 L. 599-603)

Similarly, social worker Inv. 6 commented:

*I think because I'm born and bred in (place). The areas where I work are not a million miles away from where I live. And I think...I don't feel uncomfortable in their areas and I think that's a lot to do with why I do get along with a lot of my families pretty well because …I'm not somebody who has graduated; gone to A Levels, been...I'm not one of those people.* (Inv. 6, L. 902-908)

The questionnaires produced similar comments of identifying with client communities:

*I strongly identify as a member of the working class and do not feel communities are hostile to social workers in the same way they might be hostile to the police.* (QR 18)

The social workers who were categorised as ‘other’ but not challenged by ‘otherness’ saw themselves as inhabiting different social spaces but were not uncomfortable with this. Thus, although social worker Inv. 5 commented, ‘Culturally, we come from very different worlds’ (Inv. 5: L. 978) and went on to say ‘I do understand what it is to be poor; I've been there. I do understand what it is to be unhappy’.

It is important to note that though three of the social workers who were interviewed (Inv.1, 2 and 3) reported not feeling intimidated by the areas they worked in, they described colleagues as having experienced hostility (or example, having tyres let down or the car windows damaged). One social worker who was categorised as 2 (identifying as ‘other’ but not challenged by ‘otherness’) did not feel fearful when visiting poor neighbourhoods, but was conscious of the possibility of some hostility from local youths, based on previous experiences.

*I'm not frightened. I would say that I'm conscious that they're there* (Inv. 2 L.623).

This may be akin to adapting to the micro-cultures of environments that is part of everyday practice. However, the same social worker continued:

*I've had my car spat at by local youths because...had I been in an area where...I think more prominently when it's two females, they kind of recognise that you're two social workers*

(Inv. 2, L. 802-805).

Of interest was how some social workers responded to working in more affluent environments: thus social worker QR 14 commented, ‘Poor neighbourhoods are more likely to be open to social worker intervention. More affluent neighbourhoods tend to be more resistant to intervention’. This chimes with the experience of Inv. 6 (referred to in relation to sensitive practice) who had commented:

*If we're going somewhere that we don't very often, like, (name) or posh areas ( named) I'll put my badge away until I get to the front door because I've had parents say can you not let the neighbours know who you are. I'll tell them that you're the health visitor* (Inv.6 L.919-923).

This suggests that while some social workers may feel displaced by the physical environments of practice, some families may feel out of their familiar cultural environments when faced with social work intervention. This is raised as an area of client experience that may warrant further exploration but is outside of the scope of the present study. Some of the social workers who were asked about the environments they visited coupled poor environments as located within structural inequalities; responses to poorer neighbourhoods for some workers were therefore couched politically:

*Poverty is a major social ill- it is a form of oppression which social workers should feel able to challenge on behalf of services users. I personally do not feel threatened by poor neighbourhoods but do acknowledge that poverty is a major contributory factor to child neglect and maltreatment where parents/carers are already disadvantaged in many respects* (QR 7).

However, other social workers though aware of inequalities did not think structural issues were central to practice: *‘*So I think when you start looking at deeper down, I don't think it's just about socio-economic, I think it's about a lot more than the areas we...work in’ (Inv. 5, L. 693-694). A link was also made with social work as an institution as existing at a cultural distance from the communities who make up most service users:

*I don't think we're part of the community in that way as support services. People will say I don't want to have support workers and social workers and stuff because that's not normal and that's not [inaudible 00:42:32]. And it is very much targeted intervention with specific families that creates a disconnect and perception by those families* (Inv. 4, L. 618-623)

The notion of place as giving rise to an emotional response appeared to be implicated with aspects of professional identity and values. Thus, for some social workers discussion of place engaged conceptions of the role of the social worker in terms of challenging structural inequality that linked with the nature of service provision. For these social workers ‘analytical distance’ was replaced by ‘analytical proximity’ so that there was an engagement with the reality of inequality as a factor within the lives of the families they worked with.

However, as indicated, not all the social workers in this study were comfortable within disadvantaged environments: and for some social workers the sense of difference added to the stress of practice. These social workers categorised as ‘Other’ did not connect with the neighbourhoods they visited and experienced the geography of practice as physical and personal and productive of anxiety as exemplified in the extracts below:

*Often there are gangs of people in certain areas who always recognise social workers. This can be intimidating* (Social worker QR5).

*One family who told me that in their neighbourhood social workers were considered ‘vermin; and they would rather a child be mistreated than report concerns to social care* (Social Worker QR 16)

For some social workers, neighbourhoods of practice were experienced as stressful. Although the data did not provide strong confirmation that place was typically experienced as menacing, this was the case for a minority of social workers.

Experience of Place: movement and Identity

Tentative links are drawn with studies of *cultural* migration, in that experiences recounted by the social workers in the interview and questionnaire data seemed to express feeling as if they were interlopers entering the host community of the client’s world. Who ‘owns’ the space is therefore implicated.

Power, normally external to the migrant community, in the context of neighbourhoods of practice home visits is more diffuse. Power relations may be temporarily balanced in the favour of the client-population who ‘owns’ the space: and who may intimidate the professional within that space. In this way the social worker becomes the migrant who enters the client-host community. As described in the analysis, some social workers in the present study appeared to feel intimidated by the neighbourhoods they worked within.

The notion of habitas as an internal disposition formed by social experiences (Virkki, 2008) appears to be relevant to understanding how some social workers responded to communities and places that challenged and displaced feelings of connectedness. Thus some social workers experienced a ‘disconnect’ with neighbourhoods of practice.

As highlighted in the analysis, for some social workers in the present study, feelings of ‘otherness’ inhabited how they responded to neighbourhoods and experienced practice which Ferguson (2011) relates to class differences. Although this reflected the experience of a minority of social workers in the present study, most social workers did not experience pronounced social dislocation when visiting disadvantaged neighbourhoods. Social workers who identified themselves as ‘other’, that is, different from the communities they visited, but did not feel challenged by this, may have been engaged in an adaptation to the cultural norms that is akin to a suspension of normative habitus.

Aries and Seider (2005) describe the feelings of low income student accessing higher education as requiring the supplanting of the individual’s normal habitus: there may be a temporary suspension of normative habitas that accompanied social workers in the present study, who subscribe to what I have termed the category of ‘other’.

Similarly, Ivers and Downess (2012) refer to a study by Carter (2005) who found different levels of embracing of newly met cultures could be categorised as full embracement or rejection; with a straddler category that embraced both the old and new cultural identities. In terms of cultural success, Carter’s ‘straddlers’ were the most successful in accommodating ‘hybrid’ identities. This reflects the categorisation applied to the social workers in the present study; that is, social workers who responded to ‘disadvantaged neighbourhoods’ along trajectories of identification with working class and disadvantaged communities, or who identified as ‘other’ but were not challenged by ‘otherness’, and finally, ‘Other’, social workers who had no connection with the neighbourhoods they visited and who experienced the geography of practice as productive of anxiety. Social workers who were categorised as ‘other’ described greater emotional disconnect and trepidation as inhabiting their experiences of practice. For these social workers this feeling of ‘otherness’ is likely to have added to the stress of practice.

As seen in the analysis, for most social workers the experiences of ‘other’ was diluted in that they were not uncomfortable in their working environment, or they identified themselves as working class or connected with working class communities. This was linked to structural understandings of the impact of difficult life experiences so that three of the six social workers interviewed made a direct link to structural inequality and class issues.

Ferguson and Lavallette (2004) suggest that social work should be organised as ‘neighbourhood or community social work’ and that this would lessen the possibilities of alienation between practitioners and clients.

The analysis has linked constructions of identity and emotional responses to practice as connected with response to neighbourhood and place. Although conversation analysis has highlighted that identities of client and professional are co-constructed in interaction, discourse analysis allows the inclusion of the macro-context of places and spaces as also shaping how conceptions of identity may be shaped and challenged by emotional interactions with environments of practice.

However, for the majority of social workers the overwhelming response to place was not to neighbourhoods, but to the clients’ homes. These private spaces were often associated with aggression and hostility.

The analysis of response to neighbourhood indicates that aspects of response to place are closely linked to identity but also to the emotional context of practice; and points to some social workers experiencing feelings of intimidation before any interaction within the space of the home takes place. This is a reminder that the themes identified and separated out for discussion, in practice are entangled and simultaneously experienced.

There follows an analysis and discussion of the service user’s home as a site of practice in respect of movement around the home and the use of space within the home during the home visits; as well as the extent to which social worker physically engaged with the children they visited. Data from the questionnaires and interviews is then considered in respect of social workers’ experiences of being in the clients’ family home, and how this impacted on the their relationships with families and holding parents to account. This is constituted as reflections on home visits as sites of practice.

**Home visits as a site of practice: movement and interaction**

Moving around the home is a practice expectation in terms of informing statutory assessments about the child’s living arrangements and home conditions (DFE, 2015). This has been taken to include the need to assess the suitability of the child’s sleeping arrangements. In all of the families where home visits were observed, the social worker went into the child’s bedroom. The social worker for family F1 accessed the child’s bedroom to ensure it was suitable as part of the visit (HV1) and on the subsequent visit (HV2) the father asked the social worker if he would like to see the child’s bedroom. The social worker declined this invitation on the basis that the bed-room had been seen the previous week. The social worker for F2 was invited to the child’s bedroom by the parents; and the social worker for F3 was invited to the children’s bedroom by the older child. In terms of observed visits, access to the children’s bedrooms was not restricted or opposed at any level.

As stated, the social worker for the family F1 (F1 HV1) asked to see the child’s bedroom during the observed visit, which was readily agreed to. In this visit there was a good degree of harmonious interaction between the social worker and the father. Explicit references were made to the home in terms of health/safety risks relevant to a newly walking 11 month old child: so for example, there were references to stair gates and lack of ‘clutter’ on the floors to prevent tripping hazards. These discussions take place without any awkwardness, and much of the information was volunteered or pointed out by the dad, rather than requested by the social worker. The social worker moved between the living room, child’s room and bathroom, though did not go into the kitchen or other bedrooms during the two observed home visits (F1 HV1/HV2). These unvisited areas may delineate the remit of where the social worker has the expectation of being allowed ‘access’. The child’s bedroom was somewhat sparse, but the family had moved to the property only three weeks previously. The motive for moving coincided with the child protection plan’s target of distancing the family from the paternal grandfather, who had been convicted of offences against children. The house move was approved of by the social worker, and the family were satisfied with the move. There had been some diary mix-up and the family were not expecting the social worker on the day that this visit took place but the father nonetheless cooperated with the visit taking place.

Family 2 had also recently moved. In contrast, this was not viewed as entirely positive by the social worker, as there was concern with frequent moves compromising the child’s routines and disrupting professional support networks. During the observed home visit the kitchen was being decorated by extended family members, prohibiting access to the kitchen. The social worker mostly stayed in the living room, but began the visit by going to the child’s bedroom at the mother’s invitation. The mother wanted to show the social worker the effect of the decorating of the child’s room, and was perhaps seeking some recognition that the child’s room looked very well set out. The home conditions were not of concern other than the social worker intimated to me that there was some concern that the standard and nature of goods in the home suggested that the mother’s income level was being supplemented by the mother’s partner, as had previously been the case. (The mother and her partner were caught up in a conflictual and violent relationship which the mother had told the social worker was ended but this information was doubtful given the mother’s pregnancy). The social worker did not comment on the relatively high standard of the home, with the social worker commenting only on the need for stability for the child, rather than the regular disruption of re-decorating and house moves. However, the social worker was not restricted from accessing the child’s bedroom or living room.

During the visit to Family 3 the social worker was similarly accorded unrestricted access in the home. All of the downstairs rooms (living room and kitchen) were accessed as well as the children’s bedroom; the latter on the invitation of the children, which the mother did not oppose.

The home visits therefore indicated that all of the social workers viewed the children’s bedrooms without any constraints. This aspect of the role was taken for granted by these families, even though there were significantly different relationships at play between the parents and social workers. Not only were the bedrooms viewed but nor did access around the home appear to be contentious.

In respect of engagement with the child, in F1 there was minimum interaction with the child (less than one year old) on either of the observed home visits, other than a brief occasion when the child began to look in the social worker’s bag. However, during the home visit HV2, the social worker noted a red mark which the parents said was caused by ‘drooling’ due to teething. The social worker was therefore attentive to the child’s presentation. In addition the parent-child interaction was appropriate and the mum in particular was involved in playing and talking to the child. The child was active throughout and played and vocalised. There was eye contact with both parents and the child was appropriately demanding of notice. However, the child did not approach the social worker as may have been expected in relations to a known adult.

The child in F2 did not seem very interested in the social worker. There was occasional interaction but nothing that was sustained for any period. The social worker offered to help the child with putting on a jumper, suggesting the social worker was not reluctant to engage physically with the child. During the visit, there was no concern raised regarding the child’s physical wellbeing, which did not appear problematic given the movement and play that the child engaged in. However, as with F1, there did not seem to be an established relationship with the social worker in that the child did not spontaneously approach the social worker though the social worker made some overtures to the child.

In contrast, the visit to F3 was one where the social worker was very well known to the older two children. The oldest child oriented to the social worker throughout the visit and leaned against the social worker during the visit. This visit was one where concerns about bruising were raised so that there were examples of physical contact between 2 of the four children and the social worker.

The home visits therefore witnessed unrestricted access within the home and movement was not a source of conflict. This contrasts with Ferguson (2009: 2010: 2011) who suggests that the home is fraught with anxiety in terms of accessing different parts of the home. In terms of physical contact with children, this was limited except in relation to F3. However, during this visit, three of the oldest of the four children were all highly mobile and lively and their physical presence was responded to by the social worker who noticed and commented on their appearance. However, other than home visit F3, in relation to the children A and C, touch was limited though there was no indication that this was due to distaste or repugnance.

The data from the home visit indicated that the home as a site of practice was not experienced as giving rise to anxiety in respect of Families F1 and F2. The experience of social worker for F3 was more complex in that different family members related to the social worker differently. There was some level of ‘passive’ hostility from the mother, which was itself variable and occurred at different points within the visit relative to the degree of perceived challenge. In relation to F3, the social worker’s relationship with each child also differed, so that there were different levels of engagement with each child throughout the visit. In respect of holding the parent to account, the social worker suspended interrogating the account given for the bruising to child B. Whether being in the client’s home influenced this situation is not conclusively identifiable from the data: however, this was the context where lack of holding to account took place within a relationship that was superficially cooperative. Unwillingness to fracture the low level of cooperation and to avoid open conflict seemed at times to permeate the encounter.

The home visits that form part of the research data do not support Ferguson (2009; 2011) that social workers’ movement around the home is restricted or opposed by parents during home visits. However, in contrast, social workers who were interviewed reported that requests to access bedrooms triggered anger and aggression in some instances. This resulted in anxiety regarding personal safety, as well as anxiety that home visits were managed in such a way as to make it difficult for children to talk freely. Thus, social workers who were interviewed recounted many instances of confrontation centring on either asking to view the child’s bedroom, but more particularly requests to talk to children in their bedrooms as a ‘private’ space within the home. This contradiction in the data does not undermine the accounts of practice described in the interview and questionnaire data, but allows a patchy picture to emerge where some visits are experienced as more or less threatening, and that the memory of such visits may inhabit subsequent home visits.

**Reflections on home visits as sites of practice: Questionnaires and interview data**

Ferguson (2009, p. 475) comments on the home as service users’ space so that to step into their space is to:

*step across a boundary into another world…. (so that) this transition across a boundary can cause confusion. Creating order, stillness and gathering yourself so as to perform the core task of remaining child-centred requires a highly skilled performance.*

Because the social worker is involved in entering many homes, each with its own micro-culture, there is a constant adjustment to make on a daily basis. However, with one exception, all of the social workers who completed the questionnaires and all of those interviewed felt that there were significant advantages to home visits. Nonetheless, despite these advantages the practice of home visits was described as frequently stressful and marked by experience of hostility or aggression.

The questionnaire and the interview data identified similar benefits and challenges to carrying out home visits, though the interviews allowed more detailed discussion. These clustered around providing access to the authentic experiences of the child’s living environment and relationships. This was also expressed as allowing a better understanding of the micro culture of the family, thereby allowing more genuine assessment of the overall risks to the child in their environment.

The questionnaires asked social workers ‘*In your experience, what are the advantages and disadvantages of carrying out home visits?*’ (Questionnaire Participants are coded QR 1-18)

The social workers who completed the questionnaires described home visits as conferring advantages that children could be seen ‘in their natural environments’ (QR 4,5,7,13,16,) where the family were more likely to be at ease or relaxed (QRs 4,5 8,13, 14, 15). The home visit was thus depicted as enabling a more authentic picture of family life to emerge (QRs 1 and 7). Some social workers commented that the home visit also enabled ‘observation of the parent-child interaction’ (7, 14) and allowed ‘greater understanding of the family culture’ (QR 4). A number of social workers commented that home visits allowed ‘assessment of the home and available environment resources’ (QRs 7, 12, 13, 14, 15) which was similarly described as enabling access to a ‘real picture of home conditions’

 (QRs 1, 7). Some social workers also commented that home visits allowed the family to have control (QRs 7, 13).

Home visits were thus described as allowing access to the ‘Real picture’ which may suggest a discourse of family assessments otherwise lacking authenticity. The questionnaire data therefore positioned the home visit as giving rise to a better understanding of the micro culture of the family; allowing more genuine discussion and assessment of the overall risks to the child in their environment.

This was replicated in the data from the interviews of the social workers: for example, the social worker Inv. 4 commented:

*It’s not just about what the child is saying, it's about what they're doing in their environment and we can only get that from seeing them at home* (Inv. 4, L. 313-315).

The home visit was therefore seen as implicated with authenticity giving rise to valid assessment of risk. These included factual matters such as checking who was actually in the house but mainly centred on the physical, interactional and emotional environment that comprised the child’s daily life. For example, social worker Inv. 6 stated:

*You need to know how they are around their parents, how they are in their house, how they are around their siblings. For instance, do they go into the fridge without asking, do they turn on the television on without asking. It’s silly things like that that you have to look for because they give you a sense of what's going on in the house.* (Inv. 6, Lines 485-514)

Although these advantages reflected common advantages noted in local protocols in respect of carrying out ‘statutory child protection visits, the home visits were, in addition, recognised as conferring advantages for parents in that the parent had some control over the physical space. This could be used to prepare for the social worker’s visit, which, despite the risk of the visit being stage-managed, could alleviate parent’s anxieties in some cases. Social worker Inv. 4 explained that formal venues and meetings were difficult for some parents: ‘whereas a visit they could prepare for that and make an extra effort’(Inv. 4, L 465-468).

Planned home visits as enabling preparation may therefore be a positive factor from the parent’s perspective. Although most social workers felt planned visits allowed visits to be staged, and hence interfered with gaining an ‘authentic picture’, one social worker commented that if the visits was planned for (in terms of making the home presentable), rather than this being designed to give a false impression, this was understandable, in that most people prepare their home for visitors:

*But I think to some degree any sensible parent would want to show their best picture to a social worker.* (Inv.4, Lines 94-6)

The point about making an effort is interesting as it cuts across the usual discourse of planning being deceitful, and may point to the parent’s awareness that the purpose of the visit is to form a judgement so that impression management can be positioned as ‘ordinary’ rather than deceitful.

Parents’ ‘preparation’ included ensuring that the home was appropriate in terms of levels of hygiene and the child’s physical environment. Nonetheless, social workers did not always follow a ‘predicted; path and asked to see more ‘private’ areas of the home. Thus social worker Inv. 3 commented:

*I think there are times when families clean up because they know that you’re coming. Or they’ll do certain areas of work, I mean –this- the same family had cleaned the children’s bedroom and the living area. So I asked to see the rest of the house as well, and that was pretty poor. So we discussed about, obviously, it’s not just about the bedroom and the living area where I’m going to be seeing. It’s about the entire house being clean and appropriate for the children.*

Social worker Inv. 2 also described asking to see parent’s bedrooms, which indicates that some social workers are particularly thorough in viewing the entire home.

*I said well because your child goes in your bedroom, so I need to see each room where your child goes. And it was...there was no floor space, it was filthy, there were bottles of vodka, bottles of Jack Daniels, filled with cigarette butts* (Inv. 2, Tape 1, and L.64-74).

However, despite the general view that home visits were more likely to lead to authentic assessments of the child’s experiences, this was alongside of significant disadvantages. These clustered around restricted access to the child, space being controlled by parents, and in many cases, the family’s response being aggression or hostility. Chapter 5 described incidents of intimidation and the suggestion made there was that such experiences were compounded when such incidents occurred in the home. The findings discussed in the remainder of this chapter confirm that the home visit was particularly associated with aggression.

Families were described as sometimes evasive (QR 7) or avoiding the social worker by not being at home for planned visits: *‘*hostile or non-cooperative families can actively avoid home visits whether they’re announced or not’ (QR7, Q22). The same social worker commented that disadvantages of home visits included that ‘hostile or non-cooperative families can refuse access to the child’ (QR7, Q22). There also appeared to be a common view that holding parents to account was challenging where the physical space was controlled by parents:

|  |  |
| --- | --- |
| SW | *What I would do is plan a visit ahead of…I’d plan the next visit and say, ‘Next time I come out, can I see you folks on your own because it’s a bit busy? I’m struggling to understand what everybody’s saying and you’re all talking at me. It makes things very difficult.’* |
| I | *And would it**have an impact?* |
| SW | *It did. When I went on the next occasion I do recall one of the daughters, the older adult daughter being there, and as I came in she said, ‘Oh, I’ve got to go because she’s told me I can’t stay.’ So it just created more animosity really* |

Home visits were seen by some social workers as facilitating risk assessment in relation to the presence of individuals who may pose a risk to children and therefore were not meant to be in the home. This typically resulted in hostile reactions from parents when suspicions were raised about such individuals being in the home. Social workers (Inv. 2 and 3) recounted finding men in the home who were had been excluded on the basis of risk they presented to children. Social worker Inv. 3 described several occasions where such incidents had occurred and which resulted in denial and hostility towards the social worker. Where such individuals had been only fleetingly observed their presence was often denied by the parent (Social workers Inv. 2, Inv. 3).

*And when we were knocking at the door he was going over the back fence to where he lived*

(Inv. 2, L.506-507)

*We have on occasions gone in and found people there…. that shouldn't be there*

 (Inv. 2, L. 234-45)

Some social workers (Inv. 3: QR. 6, 13, 14) also expressed anxiety about who was likely to be present in the house: for example, QR 6 stated feeling ‘Not *sure who is in the house or who will arrive’*. A prevailing concern was about risk of aggression (QR 5, 6, 7, 13, 14, and 16) and this included the unpredictability of aggression and confrontation. For some families, home visits and request to see the child’s bedroom challenged the family’s conception of privacy and control (Inv. 2, 3 and 4) giving rise to a hostile response. For example, Inv. 3 described the father reacting with intense hostility by head-butting the door on being asked to access the child’s bedroom. Experiences of aggression resulted in anxiety both during the event but also regarding the possibility of future aggression: ‘As a long term social worker home visits I have not had concern; as a duty worker I felt you never knew what you could be walking into’ *(*QR 6).

**Experiences of aggression within home visits**

Accounts of experiences of aggression were prominent in social workers’ descriptions of home visits in the present study.

*I’ve had families that have slammed doors. I’ve had a family, one member of a family who head-butted a door during my visit.* (Inv.3, L. 52)

The social worker had continued to visit, though with another social worker, but felt this was counter-productive:

*They always picked faults with the other workers that I took and it became the focus of the visit* (Inv. 3, L. 166).

*I think I dreaded the visit because they were so difficult to work with. The whole family would be there during visits. They’d have aunties and uncles and there’d be other children there. So it was constantly busy* (Inv. 3 L. 144)

Describing a different family the social worker Inv3 reported that:

*I felt extremely nervous and frightened….*

*I’ve had lots of difficult phone calls with families. And I think it does just generally raise your stress levels and your anxiety levels about other day-to-day issues. And what I tend to find for me is, I’m fine at work; I can deal with difficult families absolutely fine. But I go home and the slightest little thing and I’ll burst in tears (Laughter). Yeah, you know how it is. And it is obviously related to the level of stress that you’re under day in, day out. And I think you do, kind of, just go into a mind-set of, ‘I’ve just got to deal with this, this, this and this.’* (14. Inv.3, L218)

Expectation of coping

The culture of being seen to be strong is given voice to in several of the interviews. Social worker Inv. 2 explained that fear was not easily admissible:

Inv. 2 (L 408-412) *You can double up, but it's something you've got to ask for. And it's also … like admitting that you were a bit frightened or a bit scared*.

The issue of being seen to be ‘strong’ may be the subjective position taken up by some social workers who encounter aggression: that is, being able to cope becomes part of the social worker’s perception of their role, and this becomes bound up with the identity as a being a particular kind of social worker. Social worker Inv. 2 did not feel that aggression should inhibit challenge. This contrasted with social worker Inv. 1. whose approach was more calibrated according to perceived risk:

*I've learned (…) just do those bare minimum things that you needed to do on that visit and go. Because you're just provoking the parent even further and making them angry which is not helpful for anybody* (L 533-536)

Asked if management support was sought after difficult visits, the social worker Inv. 1 cast supervision as not an appropriate arena in which to air the emotional impact of practice:

*I'd want some time to reflect on it myself before kind of…if it upset me, I'd want to kind of get to the bottom of why it upset me, what had caused it. Because I don’t tend to become emotional after a visit. So for it have had that effect on me Id' want to kind of reflect on it myself first before kind of discussing it with a manager. ….I suppose I'd want to avoid being emotional about it in front of my manager because I'd be thinking about why is that having that effect on me?* (L.746-753)

The social workers, who were interviewed, whilst having different attitudes to confronting violence, shared a view that aggression was an inevitable aspect of practice. Giving way to feelings of distress was not acceptable: and in any event, supervision was not necessarily seen as a helpful context to discuss *feelings* arising from experiences of aggression.

The social workers therefore differed in their expectations of managers’ responses to aggression as well as their own responses to aggression.

Explaining aggression

Social worker Inv. 1 interpreted that aggression from parents was a result of negative emotion provoked by the combination of the social worker’s authority and the client’s lack of control about access to their own home:

*‘they see you as some form of authority… (I) kind of forget that I carry that with me when I walk around, walk into their home’* (L.578-589)

The social worker (Inv. 1) also explained her view that, for some families, aggression was a result of insufficient verbal fluency to articulate frustration when faced with challenge by the social worker. In terms of the social worker’s response to verbal aggression, to some extent this related to whether hostility was unexpected which made managing one’s own feelings more difficult. In addition, the nature of the relationship with each family was also relevant:

|  |  |
| --- | --- |
| SW  | *You end up tolerating…have different tolerances for different families. I don't know if that's a good thing or not.* |
| I  | *But that's how it is.* |
| SW | *Yeah. I suppose it depends…I suppose it's in any relationship, isn't it? You know how that relationship works and you know…and so every family you have it's a slightly different relationship with them so you know I suppose what you can get away with…not get away with, but what you can push probably more with one family than you could with another. And, yeah, you know what their thresholds are* |

 (Inv. 1)

For many of the social workers interviewed, some level of aggression was not seen as unusual but as part of normal practice.

The normalisation of aggression.

Social workers’ experiences of aggression, and more subtle manifestation of hostility, were described as frequently present within home visits. In addition, being expected to cope by the institution was a significant characteristic present in the interview and questionnaire data, as well as the institution’s expectation of hostility. This can be discursively described as the *normalization of aggression*, in that in many cases the institutional response, as reported by social workers, was one of unwillingness to address social workers’ experiences of aggression and anxiety. Social workers’ coping strategies centred on making sense of aggression by theorising about the psychological antecedents in the clients lives that gave rise to aggression, or alternatively social workers chose to maintain perseverance by focusing on the child’s needs. Most social workers did not regard supervision as a space for emotional support or containment.

Social worker (Inv.3) provided further insights into how aggression becomes expected in a way that gives rise to the normalisation of aggression and the expectation of coping with aggression that begins to infiltrate the organisational discourse.

*So I think, yeah, it is normalised in social care. I think that’s because it has to be. Because I think if you’re dealing with so many families, if the organisation put another body on every visit where you’ve got a slight aggression, there won’t be enough resources. So I think to a certain extent, it’s because that’s the way it has to be* (Inv.3, L234).

Anxiety and unpredictable aggression

Where aggression was expected it could lead to anxiety about subsequent visits though unpredictable aggression was also highlighted as difficult to manage.

Social worker Inv. 1 (above) intimated that aggression was more difficult to cope with where it was unexpected, and that unpredictability was a source of anxiety. Social worker Inv.6 recounted a home visit where unexpected verbal aggression by a male client (in this case a grandfather), had taken the social worker by surprise, so that she felt *out of control* of the situation. The social worker’s recounting of aggression was in other respects similar to that of other social workers. However, in this example, the social worker experienced feelings of helplessness, and was made to feel almost infantilised by the show of aggression which appeared to have engendered feelings of powerlessness:

*And I felt really powerless and silly. I suppose it made me feel a bit stupid and a bit sort of I don't know what to say now. I didn't like it; I really didn't like it. And I just felt I'd been qualified two minutes instead of six years and I didn't like that.* (L289-292)

*Yeah, for that period of time it certainly didn't feel like I was in control of that visit.*

 (L. 301-302)

The social worker also reflected that: ‘I then got... it sort of helped understand why mum was so passive’ (L.237-238).

The social worker was able to draw upon this experience which was used to understand how the mum in this case had been parented, and its impact. This indicates the use of power and aggression within families and how it may be used to control different family members including adult members. The social worker was therefore able to validate the mum’s response to the aggression she had endured and subsequent passivity. In terms of processing her experience of what had occurred, the social worker was able to discuss and work through these feelings with colleagues. The social worker did not describe discussing this with managers.

Working to develop trust

In contrast, Social worker 4 did not feel aggression was typical, but that it was more likely in more complex cases.

*When you work on a case I think you expect some level of verbal abuse and then to try and turn that into a constructive conversation about what needs to happen* (12, Inv. 4, L 401-403).

The social worker described the task of the social worker as having to work constructively with parents despite the circumstances. The social worker attempted to minimise abusive responses to being confronted with child protection concerns as something that could be expected and was an understandable reaction but one which was short-lived and could be worked through.

For some social workers attempts to address concerns about aggression with parents (mostly males) had been unsuccessful in achieving a less conflictual relationship. Continuing to visit families where there was open aggression, not surprisingly, provoked anxiety:

|  |  |
| --- | --- |
| I. | *It still can be difficult?* |
| SW. | *Yeah.* |
| I. | *How does that make you feel?* |
| Sw. | *Anxious (laughing), yeah.* |

(Inv. 4, L. 368-374)

Anxiety appears to be a frequent emotion in social worker’s account of practice.

These examples of experiences of aggression indicate that social workers are often personally vulnerable within routine practice. There was a mixture of attempts to avoid blame which may have enabled social workers to continue to work alongside hostile clients and this was sometimes without experiencing sufficient management support.

Intimidation as control

The analysis indicates that visiting clients in their homes could be productive of anxiety, though implicitly productive of anxiety for clients too. The home holds meaning as a space of privacy from where the authorities are usually excluded (Valentine, 2013) so that to allow the social worker to enter this space is therefore to abdicate some control. As indicated, this is problematic for some families as the social worker represents unwanted control and authority (also see Chapter 5 Institution made visible). As indicated in the analysis above, and evidenced in the data relating to accessing children, some adults were unwilling to relinquish control of the private space of the home so that requests to access bedrooms provoked angry responses from some parents. However, it is also noted that control exercised by powerful family members included control of less powerful individuals within the private space of the home, as described by Inv. 6 above. Intimidation of visiting welfare workers can be likened to attempts to impose similar control to that experienced by vulnerable household members. Littlechild (2005) and Ferguson (2005) refer to attempts to control visiting practitioners by intimidation and fear as a deliberate practice designed to deter intervention that may threaten the abuser’s arena of control. This was apparent in some of the experiences described by the social workers interviewed, as illustrated above in relation to Inv. 6.

In addition to threats and experiences of aggression, social workers’ concerns commonly centred on the context of the home as restricting what could be said in relation to the ‘difficulty of having challenging conversations with parents if the child is present’(QR 10) but more particularly, social workers expressed concern about what they saw as deliberate constraints that challenged effectively communicating with children during home visits.

**Constraints on communicating with children**

Social workers’ accounts of the constraints experienced by social workers in communicating with children included their accounts of the child’s views (or voice) as deliberately suppressed or manipulated.

The analysis of the questionnaire data identified similar issues to those identified within the home visits and interviews. A framework indicating these themes with examples of how they were arrived at is presented in appendix 5B (Child’s Voice).

Child’s voice deliberately suppressed or manipulated

Parents were attuned to the fact that the child had knowledge that could be constructed as evidence of poor care. In some cases, social workers believed that the child was instructed or manipulated to mistrust the social worker and to withhold information. The data contained a significant number of examples of social worker’s experiences of parents restricting the possibilities of meaningful communication with children.

Some parents were described as subtly curtailing the social worker’s contact with children by presenting it in opposition to play; for example, Social worker Inv. 4 described parents telling their child they can’t go out/ play on the computer until they speak to the social worker:

*There might be something.., like; you need to speak to them before you can play on your computer game* (Inv. 4, L. 324-326)

More typically, social workers described more overt control. This included restricting access to the child’s bedroom as a place for communicative encounters, which in effect denied access to the only part of the home that provided a private space to talk to the child.

|  |  |
| --- | --- |
| SW | *During the visit they were very difficult about seeing the child on their own. When they did allow me to do that they’d stand outside the door and make it very obvious that they were stood outside the door.* |
| I. | *Why would you be seeing her in the bedroom if…?*  |
| SW | *No, in the living room because they refused to allow me to go upstairs and see her.* |
| I. | *Right. Oh they wouldn’t let you go upstairs to see her?*  |
| SW | *No. They reluctantly allowed me to see the bedroom, but they wouldn’t let me speak to her on her own in the bedroom. So they’d stand outside the door so I couldn’t get any work done with her. So I ended up seeing her in school on her own* |

 (Inv3, L. 178-182)

The social worker continued in describing a different family; Like when they said, ‘’you want to take us away from mummy’’ (Inv3, L.116).

Questionnaires

The questionnaires asked social workers about their perceptions of children talking to social workers about their home situation. Responses were coded and referenced as Questionnaire Respondent (QR) followed by a number corresponding to the respondent number. Responses clustered around *constraining Parental influences* and *experience of previous social work involvement*.

Examples of social workers’ perceptions of constraining parental influences included children being told they would be taken away by social workers (QRs 5,6 7, 12,16,18); for example, QR 5 responded, ‘Parents at times influence their children to believe social workers are there to take them away. This can make them fearful of our involvement’.

Where social workers believed the child’s voice was restricted, this also included ‘children being told what to say by parents’ (QR 6) or what not to say - ‘children may not talk about specific incidents especially if they have been told not to’(QR 18) and ‘threat of foster care’ (QR 6).

These examples show the basis on which the social workers felt that the child’s voice was being deliberately repressed, or the child’s capacity to form a relationship with the social worker deliberately obstructed. In this way the parents were portrayed as resistant to social workers not just by direct aggression, but by disrupting their child’s ability to form an open relationship with them.

Other social workers felt that whether they were trusted by children related to the child’s motivation; QR 7 suggested it ‘Depends on your relationship with each child’ and QR 8 considered that children ‘make their own risk assessment’ so that there was some alignment with children as actively engaged in decision making. Some social workers therefore commented on the child and family’s previous experiences of social worker involvement (QRs 7 and 10) as well as children’s differing perspectives about their home situation (QRs 7, 8, and 14). Children were also described as not recognising the situation that they were living in as harmful, so that risk became normalised and not identifiable by children as unusual or as risk; from this perspective, there was no risk to discuss as for the child it was a ‘normal way of living’ (QR 15).

There was some discussion about how children tell their stories and that this was more likely to be indirectly (QRs 17, 18). Other children were described as being able to talk freely depending on the child’s situation, for example, if in care (QR 6).

Two social workers responding to the questionnaire commented on why children would decide to trust social workers; this was stated to relate to the child’s view that things were ‘not fine’ (sic) in the family, and that the social worker was trying to make things better (QR 8) or that it would depend on the relationship between the social worker and the parent (12). Even though most social workers felt they were trusted by the children they worked with, most comments sought to explain why they may not be trusted which may point to the effort taken to overcome the barriers they saw themselves as having to surmount to achieve trust, as well as the barriers children also have to negotiate in order to trust.

Supporting children towards expressing a view: Addressing parental constraints

Enabling children to have a voice includes working with parents to address the issue. Examples were given of social workers attempting to do so:

*I will say to a parent I think you might be telling these children what to say...And I think it's because of this, for example, and it's really important that the children can tell us* (Inv. 4, L.150-154)

Social worker 7 stated that, confronted with suspicion of ‘coaching’, parents usually denied this and that the response could sometimes be aggressive but the social worker also could recount cases where the parents had admitted coaching: ‘And they stopped doing it and they made a lot of positive progress’ (7, Inv. 4, L 161).

Parents were mostly positioned by social workers as exploiting the child’s vulnerability in a way that denied the child’s agency.

The responses to the questionnaires therefore closely matched the interviews and home visits in that the responses clustered around similar themes of constraining factors that affected accessing children’s voices.

These experiences reflect the experiences of the social workers who were interviewed as well as aspects of the home visits. Thus, children were perceived as being deliberately prevented from forming relationships that promoted disclosure.

Children not talking about their experience of risk is theorised by social workers (QRs 9, 13 and 15) in terms of children being inhibited due to parental loyalty or fear of parental reaction: this is similar to restricted disclosure.

**The home as a safe space for talk?**

It is notable that private space of the home was often not seen by social workers as an environment that facilitated children talking freely about their lives. To avoid these disadvantages, in addition to home visits, social workers also interviewed children in alterative places, typically in school.

*Because even if the parents aren't in the room, it's their home and they've got that sense of loyalty and they're around all their things. And they're not going to tell you anything negative while they're in their home. And sometimes being at school they're more likely to tell you things that they wouldn't tell you at home because they know their mum's not there or their dad's not there or whatever's not there* (Inv. 6 L. 493-498).

School was generally the most favoured alternative environment to talk to older children as it was regarded as less prone to parental constraints on the child speaking freely as well as a place of familiarity to the child.

One social worker discussed the office as an appropriate venue to interview parents in order to discuss traumatic events in a neutral space from which the parent could return to home, so symbolically leaving the trauma outside of the home.

*And I think sometimes it's better for people to go, right, that was there, now I'm gonna (sic) go home* … (Inv.5, line 250-251) *So that they're leaving those... leaving that difficult thing behind you.* (Inv.5, Line 254)

The data from the interviews and questionnaires emphasise a perception that the home is not necessarily a safe place for all family members, and was often viewed by social workers as a place where disclosure was sometimes likely to be compromised. The home of the service user frequently provoked feelings of anxiety for social workers faced with hostility of aggression.

Local protocols in setting out the requirements for child protection visits often include the desirability of sometimes seeing children in different settings to the home, and although reasons are not stipulated, the assumption is that this enables some mitigation of constraints to the child expressing their views. Most of the social workers who were interviewed (four of the six) described children as having their voices suppressed by their parents, so that although interviews of children took place in the home, most social workers also interviewed children in alternative environments. The social worker for the home visit to F3 also arranged to talk to the children outside of the home environment. This reflects findings from Serious Case Reviews that children need an environment away from their carers if they are to be supported to speak of their concerns (Ofsted, 2011, p.7). The social workers in the present study were proactive in talking to children away from their home environments as seen in the interviews, and in relation to the home visit F3. It was in these external environments that older children sometimes disclosed abuse (Inv. 6).

Home as a neutral environment or where children were likely to speak freely was therefore contested by the social workers who were interviewed. This was less evident in the questionnaire data. However, the dominant response from the interview data was that the adult’s control of the space within the home presented a challenge in terms of experiences of aggression, but could also act as a barrier to talking to children.

The present research concurs with the need for a safe place to optimise the chances for the child to feel safe to discuss their narratives of their lives. However, to ensure the child’s voice can be reached requires sensitivity to the child’s need for emotional and physical safety (Healy and Darlington, 2009) and this includes for longer than the duration of the visit.

**Summary**

Identity and alienation

One of the aims of the research was to consider whether social workers were alienated from the spaces and neighbourhoods they visited, and whether this acted as a significant source of anxiety that was constitutive of social work practice and identity as a social worker. The social workers involved in the present study did not present a unified body in that responses to place were differently experienced. The categorisation of the social workers into feelings of belonging, otherness and alienation were drawn around the extent to which social workers identified as ‘other’ and what this meant for them in practice. To some extent, the macro-context of places and spaces was relevant to conceptions of identity, which for some social workers was bound up with values and alignment with disadvantaged communities and relative feelings of acceptance by the communities they worked with. Ferguson (2011) posited that neighbourhoods of practice were experienced by social workers as ‘menacing’ and giving rise to anxiety. Whilst this was evident for a minority of social workers in the present study, for the majority, working in disadvantaged communities was either addressed in a matter of fact way, and for some confirmed structural inequalities as productive of disadvantage. For the majority of social workers there did not appear to be a sense of dislocation within the neighbourhoods they visited. However, this was not the case for a significant minority who described experiencing hostility within the areas they visited and this appeared to be a source of significant stress.

The home as controlled space

For most social workers, the physical space of the home was more likely to be productive of anxiety than neighbourhoods. This was related to experiences of aggression and hostility within a confined space that was controlled by the adults in the home.

The routine nature of such experiences was surprising even though some degree of hostility from some families was not unexpected; the level and prevalence was unexpected. This suggests that how power is used to intimidate social workers requires more open discussion. In addition, that this gives rise to profound difficulties for social workers in accessing and communicating with children may be significantly under-estimated.

Accessing the child’s story within this context was seen as a significant challenge for many of the social workers in this study.

Power and aggression

The purpose of the relationship between social workers and parents is perhaps very different from many other professional relationships between ‘caring professions’ and clients, in that the parent is not the main client, so that the relationship with the parent is secondary to the object of achieving change in the interest of the child. This is a troublesome equation which makes the social workers’ relationship with the parent subject to achieving change for the child. Implicit in this is the power/control inherent in the social worker’s role. However, as noted above in the present study, despite the power attached to their role, social workers routinely experienced high levels of hostility and aggression, so that, at a personal level, social workers sometimes felt intimidated and undefended. This study has indicated that the home is often a site where social workers experience aggression, so that the lack of immediate support makes aggression in this context particularly anxiety provoking. In this context institutional power is held by social workers but parents also may be personally powerful:

*‘we cannot remove power from the encounter of the social worker and parent…no risk assessment tool on the one hand, nor widely discretionally model of child protection that I am aware of on the other, can eliminate the vulnerabilities on both sides when mandated worker meets parent and child in order to make potentially life-altering judgments’* (Mandell, 2008, p. 243).

The literature on social workers as agents of control tends to underplay that much practice takes place in the home of the client, and the power adjustments that this occasions.

Ferguson (2009, 2010, and 2016) has made a case for working in the client’s home as engendering feelings of alienation; as discussed above, the present study indicates power/control is recalibrated within the service user’s home so that power cannot be assumed to be static and permanently to reside within the person of the social worker.

The practice of social worker is thus a result of a conflux of influences at an organisational and situational level which may be experienced as a collision of vulnerabilities and power during home visit. The context of the home visit is thus seen as a significant communicative context where the nature of the interactional context has significance for what can be accomplished.

**Chapter 8 Sensitive Practice**

**Introduction**

The relevant data includes the home visits to F1 (HV1 and HV2) and F2 as well as interview data. The data from the home visit to F3 has not been included as mostly pertaining to issues reflected in the discussion of the other key themes and having less direct relevance to sensitive practice. The questionnaire data does not lend itself to identification of sensitive practice.

**Sensitivity as an interaction achievement**

Sensitivity towards parental concerns has been identified as recognising the dignity of autonomous individuals (Webb, 2005). The way in which sensitive or delicate issues are dealt with is of interest given that child protection intervention is a sensitive issue by its nature. It is therefore useful to examine how such issues are dealt with in real-time by social workers. In conversation analysis the term is used with reference to situations where a barrier exists to accomplishing some objective and these barriers are being negotiated in the interaction. Pilnick (2003) uses delicacy as a framework to consider the construction of advice and information giving. Utilising conversation analysis, Bredmar (1996) concluded that topics were configured as sensitive through conversation. This concurs with van Nijnatten and Suoninen (2014, p. 138) who suggest that ‘delicacy is an interactional phenomenon… (and) the task is to identity which issues in the interactions are marked as delicate rather than deciding beforehand’. Conversation analysis of the home visits has highlighted that a number of topics were marked as delicate by the way in which the interactants approach the issue. Thus, caution was noted where sensitive topics are discussed: the deployment of mitigators and preference organization is evident in such interactions, including indirect approaches to potentially sensitive matters and a reluctance to confront or challenge (Schegloff, 2006; van Nijnatten &Suoninen, 2014). These aspects are evident in the following interactions.

**Sensitivity and Holding to Account**

Lines 49-55 (F1 HV1) and lines 49-51 (which are also presented in Chapter 5) sees the social worker trying to address whether the parents have managed to keep to a previously agreed schedule to ensure ‘family time’ as protected time. The speakers orient to this as a sensitive issue. That the social worker is aware this is a sensitive issue is marked by the delay and indirectness with which the subject is approached so that instead of asking a direct question the social worker uses a euphemism: *the Wednesday/Thursday time*. Although at line 50 the social worker highlights that this is a critical issue, this is quickly softened by the pitch change and use of informal language (if *you know what I mean*).

|  |  |  |
| --- | --- | --- |
| SW | L49 |  *How is the (.) e:r Wednesday/Thursday ti:me (.)↓*  |
|  | L50 | *because obviously that’s the crux↓ of really where we are here,(.)↓ <if you know what I* |
|  | L51 |  *Mean>* |
| F | L52 | *?Yeah-We’ve so:rted it out now(.)↓**? We’ve sorted the schedule out now (.)↓**-So (.) we’re back to* |
|  | L53 |  *keeping that schedule cos (..)* |
| SW | L54 | *Could I maybe have a look at it?* |
| F | L55L55b | *[No, we don’t write it down↓.* *We just did(. ) like a verbal agreement you know between us.* |

The social worker recognises this is a delicate issue but one that must be addressed so that the social worker attempts to avoid a dispreferred response. However, the father (‘John’) at line 52 also employs a pause that signifies the potential for misalignment. The response is a delayed rejection of the social worker’s information request, which threatens misalignment with the object of the social worker. The social worker does not, however, employ further softeners to reframe his request at line 54, which could have been expected once the issue was noticed as sensitive (van Nijnatten &Suoninen, 2014; Bredmar, 1996). Instead, the social worker makes what could be construed as an insensitive request, in that John’s attempt to stall the request at line 52 is not attended to. At line 55 John expresses annoyance and complete rejection of the repeated request, accompanied by a slight pitch change. The repeated rejection of the invitation once again threatens to disrupt contiguity with the adjacency pairs (offer/acceptance). John’s utterance at Line 55 does not engage in any of the delay tactics which usually are evidenced in formulating a dispreferred response. Instead his response is so prompt that is almost treads on the toes of the first speaker, so that the turn passing does not admit the minute pause that traditionally heralds the transition point. This indicates the seriousness of the rejection *and is akin to arguing.* At line 55, though a rejection, thereafter John indicates acceptance of the sequential obligation to provide the preferred response by providing some explanation for the ‘dis-preferred response’ at Line 55b.

The conversation continues as below:

|  |  |  |
| --- | --- | --- |
| SW | L56 | *[Okay. And do you feel that works alright? You don’t feel that it written down would* |
| SW | L57 |  *b:e() b: e↓* |
| F | L58 | *[N:o, I think the verbal would be better because at least then we don’t have to have a bit of paper…*  |
| SW | L59 | *[Okay. Of course it does need some bit of flexibility to it.* |
| F  | L60 | *Yeah and if we’ve got it on verbal then we should be able to rely on our word to each*  |
|  | L61 | *other then, do you know what I mean? [yeah]I don’t think we need the piece of paper to say, well* |
|  | 62 |  *this is what we have to do.* |
| SW | - | *OK.* |

The social worker provides a type of proforma agreement at line 59 before proceeding to re-offer the invitation to have a written schedule; the need for a written schedule has been reinterpreted as a *suggestion* rather than a requirement.

At line 59 and 60 the social worker avoids disallignment and maintains contiguity by acceding to the reformulated way of carrying out the suggested way of working. Although sensitivity is present in the interaction, the social worker could be seen to have avoided confrontation. Although alignment is maintained by displays of sensitivity the usefulness of a ‘written agreement’ as a practice tool to address couple conflict is not attended to.

**Sensitive practice as supporting engagement**

In contrast, lines 607-622 display a high level of consensus between the social worker and the father, despite the topic having the potential for misalignment due to the topic of couple conflict previously having been oriented to as a delicate issue.

|  |  |  |
| --- | --- | --- |
| F | 607 | *Yeah. We all have our flaws and we all have days where things are wrong when*  |
|  | 608 | *everything’s wrong in the world kind of thing.* |
| SW | 609 | *Yes and it’s making sure those days don’t impact on (xxxx) which, <to be honest> is* |
|  | 610 | *Wha:t we were worried about before: and were really thinking about.* |
| F | 611 | *=Yeah and we’ve been very open with that and we’ve made sure it’s not impacting on* |
|  | 612 | *(xxxx) because (…)* |
| SW | 613 | *You’ve done a lot of work over these last few months from the last conference to this*  |
|  | 614 | *One* |
| F | 615 | *Yea::h (.) and I don’t want (.) (xxxx)to have the same problems like (.) with (dad’s older child) had or may have* |
|  | 616 |  *in the future because of me and ( ex-partner) arguing in front of him, do you know what I*  |
| SW | 616b |  *[[Yeah* |
| F | 617 | *[[mean?* |
|  | 618 |  *And that has a very negative impact (.) and we don’t want that on ( xxxx)(.)*  |
| SW | 618b |  *[[No* |
| F | 618 | *↓And you can see it in (xxxx) he doesn’t… [cross talking- inaudible]…* |
| SW | 619 | *[That’s always been (.) even when we kind of think around maybe around, you know,*  |
|  | 620 | *those times with ( ex-partner) and stuff like that. We’ve never had a concern*  |
|  | 621 | *about (xxxx)*  |
| F | 621b |  *[[No* |
| SW | 621c | *and that’s always been (.) a really big positive*  |
|  | 621d |  *[[Yeah* |
|  | 621e | *to build on and move* |
|  | 622 | *forwards.* |

At lines 609-610 the social worker responds to the parent’s downplaying of the concern (couple conflict referred to earlier) by reminding John that the key issue is the impact on the child. However, by locating the concern in the past, the social worker avoids issuing a contentious statement while reminding the client that, should the issue resurface, it would be of significance from a child protection perspective. In this way the social worker avoids misalignment while retaining a focus on the child-protection ‘businesses’. John immediately responds to reassure the social worker of his motivation to address the concern. The social worker and the father are thus correspondents in a joint project, so that the delicate issue is steered to a mutually agreeable conclusion.

The social worker agrees with John’s assessment at line 613, so that there is a favourable environment constructed for the discussion of sensitive topics. There follows positive contrasts made by John with how he now manages conflict compared to his previous relationship, which had also seen social work involvement. The social worker’s contribution is mostly to agree with John and to offer encouragers for John to continue the narrative (lines 616b and 618b). John’s positive reflections are agreed with. It is likely that the positive comments by the social worker as seen in this extract ‘paved the way’ for talking about more sensitive or contentious issues. Noordegraaf, van Nijnatten and Elbers (2009) found that constructive relationships can be built in the context of dealing with delicate subjects. They suggest that ‘sandwiching’ negative comments between positive comments provides a less confrontational way of working and supports a safe place for disclosure of sensitive or delicate issues. At lines 615-616 above, John proceeds to acknowledge that a conflict-ridden relationship with his previous partner had affected their child and this is something he now hopes to avoid. This admission is thus facilitated by the supportive interaction context.

The social worker continues to orient to the subject as delicate by the use of hedging and indirect utterances, so that conflict in John’s relationships is treated with caution by the social worker, and is referred to by implication rather than by explicit utterance.

At lines 252-271, HV2, the topic is marked as delicate by the ways the parties orient to the topic, but on this occasion both parents are present. The issue discussed is particularly sensitive for the mother, Jane, as it concerns her family background:

|  |  |  |  |
| --- | --- | --- | --- |
| **252** | 39 | SW | *I do have to say -- I do have to touch on, you know the wider extended family.*  |
|  | 40 |  | *I said that now that you're here they are able to play a more active part in ( child’s) life**? as extended families do kind of thing.* |
| **253** | 41 | F | *Yeah, yeah.* |
| **254** | 42 | SW | *But from the last case conference, you're still looking at maybe the- not supervised at your mum- at his maternal grandma -- at your mum's address() But I'm say:ing the fact that they're aro:und that's a more- is a positive an improvement, but at the mo:ment they're not able to provide maybe all the care that they sometimes could.* |
|  | 43 |  | *But that may cha::nge as things go on, but this is right now at the mo: ment, if you know what I mean.* |
| **255** | 45 | F | *=We(.)we've discussed that haven't we?* |
| **256** | 46 | SW | *Yeah, it’s about discussing it together. Are you okay with me saying that ( mum)?* |
| **257** | 47 | M | *↑Yeah, it's fine yeah* |
| **258** | 48 | F | *=We've discussed it, haven't we?* |
| **259** | 49 | M | *Yeah.* |
| **260** | 50 | F | *We said because if the child protection comes off the rules get a bit relaxed, don't they?* |
| **261** | 51 | SW | *Yeah.* |
| **262** | 52 | F | *So what we've said is if he is to go down to your mum's at any length of time during the day, he will be managed by (a family member) -- sorry I keep calling her xxx because of xxxx. (family member) will look after him there and be a constant -- you know what I mean. It's the same with my nana, isn’t it, it's just -- we both agree on that and we thought --* |
| **263** | 53 | SW | *[That's fine.* |
| **264** | 54 | F | *And it still gives us time to get away from him; you know what I mean (laughing).* |
| **265** | 55 |  | *Overlapping conversation)* |
| **266** | 56 | F | *So we can miss him.* |
| **267** | 57 | M | *So we can miss him. ( laughter)* |
| **268** | 58 | F | *Yeah, the heart grows fonder.* |
| **269** | 59 | SW | *Yeah, and that's the right thing to do. If you're talking about him -- if you're talking about maybe someone there for you to supervise that's fine, that's all good kind of thing.*  |
|  | 60 |  | *I know -- it comes to when we move off the job of child protection and further down the line, it will come down to your judgement between the two of you, if you know what I mean.*  |
|  | 61 |  | *And so it's about being able to make that together kind of thing, but at the moment that is something that will be discussed because I know it's hard for you to sometimes hear about --* |
| **270** | 62 | M | *↑Yeah() it is* |
| **271****272** |  | SW | *It's just what I'm saying, but if you've got something there you talked about that. That's good, that's definitely practical and thinking about.* |

This section shows that the subject is understood as a sensitive issue by all parties by the sequential structure of how the topic is progressed. The social worker approaches the requirement for supervised contact of the child when at the home of the mother’s/ Jane’s extended family indirectly and with caution. There is delay and hesitancy at line 252(39). The use of a pre-sequence marker (that is, a preliminary projection of the coming action in order to prepare the speaker ) to warn the speaker of what is to come - in this case, the need for supervised contact- is deployed. Where preliminaries are used prior to discussion of a delicate issue, Schegloff (2005) suggest these may be seen to be marking the next thing said by the speaker as ‘delicate,’ and can therefore be termed ‘pre-delicates.’ (p.151). The issue of the need for the child to be supervised when at the home of the maternal grandmother is preceded by a number of pre-delicates, including noting as a positive feature that the extended family can be more involved. The social worker seems to say that the contact should be supervised, though actually utters *not* supervised; that this is a mistake is apparent in the recipient’s response at line 262 (52) that they have made arrangements for such supervision to take place. Line 254 (42) is marked by mitigators, including presenting aspects of the contact as positive- ‘that’s a positive improvement’. This illustrates how the social worker addresses the institution’s requirement for contact to be supervised and highlights that including positive comments as well as addressing negative aspects of the assessment, supports a less conflictual discussion of sensitive issues (Noordegraaf, et al. 2009). The social worker thus acknowledges and supports the issue as being delicate; although formal aspects of the child protection plan are oriented to, the social worker exhibits a sensitive approach which recognises the topic as emotionally stressful for the parents. The topic is thus formulated as sensitive by the interactants (Bredmar, 1996).

At line 254 (43) the social worker suggests the situation may change in the future: it is not clear what the social worker means here, other than to ensure the child is supervised only for the duration of the social worker’s involvement. If this is what is intended, it would undermine the child protection plan. The latching on at line 255(45) is of significance as it points to the issue being one which is important to the family, and confirms the issue as a delicate subject in that it has been a topic of discussion that has consequence for child protection planning. Although John passes the turn to his partner, the social worker usurps Jane’s turn by claiming the transition point at line 256(46). *‘Yeah, it’s about discussing it together’ and then: ‘Are you okay with me saying that (mum)?* It is not clear what the social worker means here: Jane’s response suggests she has interpreted the social worker to mean the supervision requirement. That the social worker directly askes Jane if this is a discussion that can take place, formulates the subject as delicate. Social workers therefore conformed to conversational rules concerned with delicacy in interaction that warned the parents that the issues to be discussed may be sensitive (van Nijnatten & Suoninen, 2014). The question serves as a pre-sequence or pre-delicate, which is attested to by the subsequent interaction which expands on the topic of supervised contact. John expects the plan proposed by the parents to be accepted, which is seen by the limited transition opportunities created for the social worker to comment. John at this point in the interaction - (lines 262 (52) to 268 (58) - appears to prioritise maintaining alignment with his partner. The social worker’s contribution is limited to agreement for most of this extended sequence. That the topic is differently sensitive for each parent is revealed by the way in which John addresses the subject directly, in contrast to the hedging noted by the social worker.

John has worked to include Jane in this section of the discussion by turn passing to Jane at lines 255 (45) and (48) and at 264 (54) and 266 (56). This occurs at points where the issue is particularly sensitive for Jane*.* The use of humour by John at lines 264 (54) to 268 (58) is well received by Jane, and offers a non-serious or playful tone that disrupts the potential for conflict to emerge, or for progress on the issue to become stalled (Norrick, 2010; Norrick & Spitz, 2008).

It is also open to interpretation that John’s intervention at lines 264-268 is not seen as important by the social worker, who continues as if he had himself not been a party to the parental exchange. This reflects Norrick and Spitz (2008) who suggest that where two parties are engaged in a humorous interchange, this may not serve to diffuse conflict with a third. That this is so is evident from the subsequent interaction. The social worker at line 269 (59) restates his agreement with the parent’s solution to the problem of supervised visits, but at line 269 endangers the alignment reached by restating that the issue will be discussed at the conference, and notes that Jane is likely to find this difficult. Jane’s response to the social worker confirms that the discussion is indeed ‘hard …to hear about’ (*↑Yeah at line 270 (62)*; the raised pitch indicates not only agreement but is interchangeable with obviously, it marks the subject as of obvious delicacy. That this is understood by the social worker is evident in that the social worker adopts the strategy of immediately down-playing the contentious issue, by repeating that the parent’s resolution is acceptable (line 271). The actual words used are not in themselves especially intelligible; the effect, however, is one where the social worker’s use of caution and avoidance of confrontation mark the subject as sensitive and the social worker approaches it as such. By treating the subject as delicate, reassurance, akin to comfort, is being offered.

The extended sequence is brought to an end by the parties’ agreement to the identified solution, though the potential for conflict to arise on future airing of this issue appears to remain. Jane’s response to the social worker at line 270 suggests that having to discuss this issue at the conference remains problematic for her.

During the interaction described above, the social worker provided regular positive evaluations. Where more contentious issues were addressed, this occurred in a context where the interactants had practiced negotiated conversational encounters, and controversial matters were often located within a network of positive comments. Thus, F1 HV2 included checking that the family were compliant with the requirement that their child be supervised when at maternal grandparents. This was oriented to as a sensitive issue, so that the use of hedging and indirect references as well as reflecting on positive aspects of parenting were used to manage this delicate subject. The social worker was able to achieve cooperation with the institution’s objectives in that the parents indicated that they had made arrangements for this. In this visit agreement was reached in the context of the issue being approached as delicate and cooperation was fully provided.

This issue was sensitive primarily for Jane, so that different family members may respond differently to discussion of delicate issues. In this situation, John had supported Jane by using humour and playfulness to enable discussion of the issue that was sensitive primarily for the mother. This accords with Norrick and Spitz (2008) that laughter can ease ‘troubles telling’. Thus one parent was seen as supporting the cooperation of the parent more directly affected by aspects of the child protection plan. In this example, the social worker did not join in the playful interchange and to do so would have been to intrude on a conversation in which the social worker had been temporarily assigned an observer role. This is suggested as an appropriate response in sensitive encounters where a third party may temporarily take on a subsidiary role in interaction (Norrick 2008). The social worker demonstrated sensitivity to this aspect of the conversational encounter. Thus parents may be seen to have an exclusive conversation within the main conversation, which the social worker sensitively allowed to take place and avoided intruding upon. This facilitated agreement on a delicate aspect of the child protection plan. Thus ‘doing delicacy’ can be achieved by attunement to the interactional context so that awareness of turn passing, including foregoing the turn-pass, may facilitate the supportive contributions of others.

The analysis also showed how the social worker and father ( F1) reached agreement that a written schedule was not needed to ensure ‘couple time’, which was facilitated by the social worker’s sensitivity to the father’s concern to be viewed as an ‘ordinary’ couple who do not need regulated time to talk. This ‘desensitisation’ enables the discussion of topics that otherwise may prove problematic to confront.

By attention to sensitivity markers, the social worker avoided conflict and facilitated parental cooperation with aspects of the child protection plan.

**Sensitivity usurping challenge**

A further point to note is that the social worker constructs issues as delicate or sensitive that may be viewed as potentially challenging. Holding the family to account, in terms of compliance with the child protection plan, are areas marked by hesitancy and caution. This may indicate some level of difficulty in using authority, so that appropriate challenge may be in danger of being usurped by caution. Thus, when it emerges that there is no written schedule, this is not challenged despite the earlier agreement that such a schedule was appropriate. Similarly, the discussion about conflict is discussed in the past tense; although this allows a difficult subject to be sensitively addressed, the purpose of the social worker’s visit was to interrogate a very recent episode of conflict. The social worker is satisfied that the child had not been placed at risk; however, the agreements about couple time which triggered the conflict could have been set against the rejection by the parents of the need for a written schedule. Challenge and Sensitivity thus collide in F1 HV1 with sensitivity overtaking challenge.

Sensitivity is the result of language interactional strategies and in particular, expressive caution (Van Nijnatten and Suoninen, 2004). The use of such interactional devices can be used as strategies to avoid open conflict (ibid) which in the home visit to F1 was used on a number of occasions. However, the social worker for F1 appeared to struggle to balance sensitivity with the need to hold the father to account, as was seen in the attempts to address how the couple dealt with conflict. However, the avoidance of conflict may have resulted in not fully addressing the thorny issue of how the couple managed conflict within their relationship. As this was a significant issue in terms of the child protection plan the social worker could have been expected to explore the impact of the argument further in terms of where the baby had been or what had happened when the baby returned home. These aspects were not explored so that the immediate effect of the argument on the care of the baby was not enquired in to.

Alternatively, as noted earlier, this may be linked to face-saving on the father’s behalf and as such a type of delicacy (Goffman, 1967/2008). The social worker does not make direct reference to the language of risk and harm in the subsequent visit (F1 HV2) to inform the family of the content of the report written for the child protection conference scheduled to take place the following day. This is concerning because the conference must decide about the risk of significant harm. A subject may be marked as ‘delicate’ by the deployment of ‘expressive caution’ prior to the delivery of the turn which focusing on the delicate matter (Yates, 2011): in this home visit there were several occasions where expressive caution was not followed by such delivery, so that expressive caution served as the thing itself.

**Sensitivity and ‘Face’**

A danger of addressing delicate issues at arms-length is that, potentially, it opens the door to misunderstanding and confusion. It is not clear whether avoiding conflict has become a key aim in itself, or whether it represents the social worker’s treatment of sensitive issues. In terms of supervised contact with the maternal grandparents, the family have actively cooperated with the requirement. Consequently, it may be the social worker did not see the need to confront the issue and, by oblique references, managed to maintain a relationship where the family cooperated with this key requirement, even if the nature of the risk was not continually spelt out. That the fact of the maternal grandfather’s offences against children is never directly spoken by the social worker locates this issue as one of discursive importance. Jane’s difficulty with attending the conference is suggested by the social worker as linked to this issue. It may be that social work as a practice is not sufficiently alert to the sensitivity of such issues for the families involved, the public airing of which results in the matter never reaching closure for the family. In terms of ‘face’ the family are not allowed to present the selves they want to be so that the ‘dramaturgical performance’ (Goffman, 1967/2008) means that the ‘off stage’ performance must be performed at front of stage. The child protection conference is thus akin to a public unveiling; the mother’s response is to prefer the health appointment.

**Insensitive Practice**

During this home visit Jane indicated that she may not attend the child protection conference and may go to hospital instead. The interaction is problematic as the subject is one which traditionally is accepted as a sensitive issue as it pertains to the mother’s gynaecological health problems, and which, culturally, is not a topic that would be discussed openly between men and women unless in a *medical encounter*. The subject of health is referred to indirectly by Jane, but is addressed directly by the social worker. To an extent, the mother/ Jane initially marks the subject as delicate by saying she is going to the hospital, but does not say why. It is the social worker who does not treat the subject as delicate; he brings the subject out into the open at line 358(4).

|  |  |  |
| --- | --- | --- |
| L356 | SW | *Really are you Okay mum?* |
| L357 | M | *Yea::h ( laughter)* |
| L35812345 | SW | *If you're thinking of going to the hospital, don't brush -- we've talked about not brushing stuff under the carpet. Are you feeling all right? Has the bleeding come back?* |
| L359 | M | *Yeah* |

Jane could have expanded in her subsequent turn at line 357, but she uses a delay tactic: the answer is short, and a kind of contradiction of her earlier statement. The utterance is accompanied with laughter. Jane’s pace is slower than the social worker here allows. The subject is thus marked as delicate by Jane but is not treated as such by the social worker. The laughter at line 357 is not random and invites interpretation. Jefferson (1984) identified that laughter occurring when people talk about their troubles serves an identifiable purpose and follows an identifiable pattern. The purpose is to signal that despite the troubles, the teller is able to deal with them and they are manageable. Adelswärd (1989) identifies laughter as additionally signifying the speaker’s awareness of incongruity at some level. It may be that Jane is aware of the incongruity of this discussion in this context; the discussion of such a personal issue seems to be almost in itself *in*delicate in that an elaboration of the nature of the health issue may not have been sensitive to the mum’s entitlement to privacy on some matters.

This raises the question of what is legitimate enquiry and who decides. Hesitancy and delay is a strategy that supports discussion of delicate subjects; but on this occasion the social worker’s failure to include any ‘pre-delicacy markers’ may indicate the social worker did not note the issues as sensitive. The parents did not respond to the matter raised by the social worker regarding the impact of Jane’s health on their physical relationship; they may have chosen to ignore the issue raised, but as their response only related to Jane’s imminent health issues and there was no break in contiguity, this suggests that neither parent noticed such an allusion had been made. This aspect of assessment is not referred to in statutory guidance (DFE, 2015) for social workers undertaking child in need /child protection assessments, though the topic may reflect previous discussions held with the couple.

Sensitive practice was therefore not continuously deployed within extended social worker- parent encounters. For example, the social worker in F2, although mostly adopting caution towards sensitive issues, nonetheless made a clumsy reference to the mother’s expected baby as likely to stretch the mother’s coping resources and which prompted a swift challenge:

SW: *And it’s still going to be hard because you’ve got another baby on the way.*

M: *I can’t wait for this baby to come because it’ll complete me and [child] and I know at the end … I pray to God that somebody’ll just give me that chance to be a mum to both my children.* (F2, L.675-678)

The lack of sensitivity is unexpected as the social worker had not otherwise raised matters that were insensitive without preparing the way by the use of expressive caution that had previously marked the approach to such matters. The mother’s reaction is to issue a challenge of her own: the lack of delicacy markers has therefore catapulted the interaction into angry conflict and confrontation. The mother’s preceding comment had been in relation to how hard it was to leave her partner, so that the social worker’s comment may have been a reminder that she has not left her partner. Although the comment lacked sensitivity, it may also suggest that sensitivity is not an on-going requirement for the entire interview.

**Sensitivity supporting challenge**

Family Two included interactions marked as delicate by the way in which the social worker deployed mitigators and softeners to discuss delicate subjects, though in this visit the social worker was far less directive in leading the agenda. There had been a recent meeting where the social worker had informed the mother that the case would now enter a pre-proceedings stage (Public Law Outline) which is a formal meeting with the parent (usually with legal representation) whereby agreement is sought in working with the Local Authority to protect the child and avoid the need for Care Proceedings. The meeting was not referred to by the social worker and it was not until well into the visit that the meeting was brought up, and then, by the mother.

|  |  |
| --- | --- |
| M | *[Because I just felt that shit from coming in and then* |
| SW | *=Well it had been a big day for you, hadn’t it, [ because we’d had our appointment* |
| M | *[But it’s like you asked me questions and I answered honestly and then I’m thinking* |
|  | *What if they’ve got an opinion about me and they don’t think I’m good enough for my* |
|  | *son?* |

 (F2, Lines 620-622)

The social worker’s turn is an interruption which provides a reason for mum’s distress as related to the pre-proceedings meeting. Although the social worker approaches the problem sympathetically, the issue of proceedings is not confronted immediately. The social worker uses a euphemism which marks the issues as delicate. The social worker avoided taking up her turn at the transition point (at line 623) which encouraged the mum to continue to express her view. Sensitivity to the ordering of sequences marks this sequence as delicate. Direct reference to the nature of the social worker’s concerns wasnot made by the social worker which allowed the mother to continue to focus on the difficult issue of care proceedings. The social worker also avoided presenting a negative assessment at this point, (Noordegraaf et al., 2009) which subsequently enabled the issue of honesty to be openly discussed and supported further disclosure, in that the mother states that she was in this situation due to ‘’lying’’ about her relationship with the child’s father (line 693 below). In this sequence the social worker confronts one of the issues in this case, but also recognised the positive aspects of the mum’s parenting. However, in this example early expressive caution did not replace direct discussion of contentious issues, though it took place sometime after the ground had been prepared. However, this was congruent with much of the social worker’s delivery when discussing non-delicate matters, so that the ground is constantly worked towards a fertile soil in which to address sensitive issues.

M *It is the only fact that I’ve lied about [child], ain’t it, why I’m in this mess.*

SW *Well, it’s based on your ability to protect, ain’t it, which is concealing your relationship with [ child’s father].*

M *And lying.*

SW *Not recognising the risk you were putting [child] through.*

M *Yeah. So that’s the only reason why I’m in this mess; not because I’m actually a risk to [name] myself or a bad mum, is it?*

SW *Your actual parenting, yeah, there’s a few issues, but there is with everybody’s parenting, nobody’s perfect. But your basic care of [name] is good. We’re not saying that that’s… But it’s that ability to protect that’s the issue. (F2 L. 689-698)*

The social worker allowed the mother to lead the agenda for almost the entire visit so that the visit could be said to evidence sensitivity, in that the mother was encouraged to engage in lengthy narratives. The social worker’s share of speaking was significantly less than the mother’s.

Applying a discursive analysis allows recognition of the macro context shaping the emotional context given voice to. As discussed in Chapter 6, the mother’s concern is with identity: categorisation as a ‘bad mum’ represents a threat to the narrative or stories we tell ourselves about who we are (van Nijnatten, 2010). The social worker clarifies that the key issue is the mother’s ability to protect, which is bound up with being open with professionals, so that in this case, child protection includes moral categories related to truth telling. The effect is that the mother is able to identify what the goals of the institution are, and is able to self-assess how she measures up. The social worker softens the mum’s self-measurement by stating that ‘nobody’s perfect’ but focusses the mum on the central requirement of honesty. By attending to issues marked as sensitive the social worker was able to address contentious issues with minimum confrontation. The social worker’s use of the strategies of expressive caution meant that it was the overall encounter built up over several sequences that provided or paved the way for open discussion of sensitive issues. Delicacy was therefore addressed sequentially over the whole encounter.

This case differs from F1 in terms of that case escalating to proceedings whereas F1 was moving towards no longer needing a child protection plan. Both cases illustrate sensitive practice but in F2 challenge is achieved within a sensitive framework; sensitivity here supports the effectiveness of the challenge rather than replaces challenge.

**Parental engagement as a moral choice**

In Family One the social worker sometimes struggled to focus on challenge: the need to preserve the worker-client relationship was sometimes a barrier to challenging practice, so that sensitivity became almost an end in itself. The status of the case (F1) may have reassured the social worker that this was not detrimental to the outcome of protecting the child. In Family Two, these factors were more nuanced and here, although a shared understanding of risk was reached, the mother was unable to commit to the requisite honesty. Letting go of an important relationship was something the mum struggled with. The meaning of this relationship for the mother perhaps needed deeper exploration in terms both of loss, but also the alternative life proposed by social work intervention but that the mum was perhaps unable to imagine. This may reflect what it means to be a single mother of two young children in severely disadvantaged circumstances. The discourse of single parenthood is negatively presented within almost all literature and press reporting. The mother is being asked to select this status, in a context where the family support she can draw upon to replace her adult relationship with is compromised by her own neglected childhood. Choosing single parenthood may stretch this mother’s emotional resources. The social worker demonstrates sensitivity within the interaction but the social worker maintains a clear focus on the child protection requirements and the issues of loss for the mother are not referred to. The mother’s ‘lying’ is seen as a moral choice.

Sensitive Practice within Families One and Two are thus bound up with the status of the case, use of authority and control, as well as some shared understandings within the context of a *responsive* relationship. In F2 a *responsive relationship* with the parent prompts a shared understanding of risk.

In respect of Family Three, the context was one where the parent appeared resistant to engagement. Sensitivity in this encounter remained primarily geared towards the children. However, in relations to interaction between the parent and social worker, Family 3 did not present instances of issues marked as delicate: this may underline the mother’s resistance to engagement. This may suggest that the nature of the relationship affects the possibilities for interaction and engagement and that the relationship may exist in the contours of the parent’s relationship with the institution rather than the individual social worker.

The following section discusses the interviews with the social workers but first a concise summary of the key factors from the home visits is made.

The key Factors noted from the home visits include that there is a close link between sensitive practice and challenge; so that for some social workers sensitivity could overshadow appropriate account holding; whereas for others, sensitive practice supported account holding and encapsulated moral practice. The home visits indicated that different issues may be differently sensitive to different individuals. This concurs with Bredmar (1996) that topics are reconfigured as delicate within interaction so that issues are marked as sensitive within the interaction and cannot be presumed beforehand(van Nijnatten and Suoninen 2014). The analysis vividly illustrates issues of identity as implicated in sensitive practice. A final point to note is the sensitivities that can make case conferences akin to public *shaming.*

A review of the interview data reflected many of the factors identified above.

**Moral dilemmas and sensitive practice: Interviews with social workers**

Several issues emerged from the interviews regarding sensitive practice. In many ways, the interview data was particularly rich in detail regarding sensitive issues. This construction differs from sensitivity as understood in conversation analysis, in that the latter attends to how social workers mark issues as delicate, whereas discourse analysis attends to what issues are marked as sensitive. The interviews showed that social workers understood having one’s child subject to child protection planning was of itself a sensitive issue for the parents concerned. Social workers were also aware of the impact of the difficulties that parents were facing, including substance misuse issues or having experienced traumatic childhoods, and that these affected their ability to provide safe care to their children. Discursive understandings of abusive parenting centred on explaining abuse as an effect of traumatic childhoods. At the same time, the discourse of the child’s best interests as the primary concern was strongly aligned to by the social workers who were interviewed. Thus, social worker 5 commented:

*I think people don't mean to be abusive most of the time. It's usually the product of ignorance or something they're missing in their own childhood and experiences that lead to them having abusive behaviour. (L860-863) The social worker continued: Obviously, you're empathetic and you're sympathetic, but at the same time we are there to make decisions.* (Inv. 5, L.1015-1016)

This seems to capture what most of the social workers expressed and recognised (though the extent to which there was *attunement* to the parents’ difficulties differed). Some of the social workers revealed a highly empathetic stance. For these social workers their practice was similar to emotional containment (Bion, 1962) in that they provided a safe space for parents to talk about traumatic experiences. However, this information was then used to assess the parent’s future care of their children, so that it was very different from a wholly therapeutic intervention, as the main client (the child) lay beyond the present encounter. This could result in dissonance for some social workers in that they were desirous of supporting the parents, but at the same time the primary focus on the child could mean acting in a way that may cause the parent distress. This is reflected in the extract below. It should be noted, however, that the emotional sensitivity of most of the social workers interviewed did not result in loss of focus on the child (and in only one case was there an absence of empathy for the parent). Social workers repeatedly returned to the primary purpose of their involvement as ensuring safe care for the child. This balance figured particularly strongly for three of the social workers, and they expressed actively trying to achieve a balance between emotional containment for the adults and ensuring safety for the child. The extract below though lengthy encapsulates this struggle:

*I did a visit this morning where I was talking in detail to a parent about her experience of being parented, her experiences growing up and some really, really traumatic experiences she went through and that's being shared and you're using skills to listen and to reflect back and check and make sure that she has an opportunity to say that. And at that point you're not offering any critique and you do that...during assessment you do that several times, and you'd have to have that as part of the relationship. I know with this particular case that further on, down the line, it’s unlikely to be positive in my assessment. And it is likely to have quite dramatic implications for her and I think her children are not that likely to be returned to her care. But I have to adopt a certain approach and actually when I'm sharing those kinds of things which isn't...which has to be a sort of positive relationship. So I think I have to separate that then, which you could say maybe that's disingenuous to the parents, but that's how I do it. So I'm trying to be...so that parent may feel that she's convincing me, but actually what's she doing is confiding what she's been through.*

(Inv. 4, Lines 210 -226)

This extract illustrates the social worker’s attempt to engage sensitively with the parent in a way that helps the parent to make sense of their past, and its impact on their parenting in the present. At the same time, this information was used to evidence that the parent was not yet at a stage where they could safely care for their child. The ethical dilemma of using such information to then construct a negative assessment was something that the social worker was very conscious of. Whilst this social worker recognised relationships with parents as an important context of child protection practice, the social worker also expressed concern that over time, for some social workers, this could lead to collusive practice, or at best failure to challenge.

For some social workers the children’s situation was very prominently to the fore, so that although not unsympathetic to the parents’ difficulties, a less therapeutic relationship was forged and the focus on the child was more foregrounded. This seemed to relate to some degree to the social worker’s role, as of the three social workers where this was most apparent, two of the social workers held investigative and short term roles rather than having long term involvement. However, for all of the social workers interviewed, rather than the parent’s difficulties being a distraction from focussing on the child, focus on the child seemed to allow the parent’s difficulties to be viewed from a different angle. For some social workers, coping with this complexity whilst witnessing the child’s distress required a dampening of responsiveness to parental distress to enable a focus on the child to be retained.

*I think that's how we can be so harsh on parents sometimes by weighing up actually you can sit and cry, but actually I've been with your child and that's where my feelings are.* (Inv. 6 Lines 423-425)

However, Social worker Inv. 6 also made a clear case that respectful engagement should be a starting point:

*And I think I always like to think, you know, anyone can have a knock on the door, how would I feel if it was me and how would I like to be treated. I would like to be treated with respect.* (Inv. 6 340-341)

The social workers’ reflections on their practice highlighted that social work is an ethical practice in that social workers deliberately adopted a values position. This can also be seen with reference to the social worker (Inv. 1, L. 338-344), discussed in Chapter 6, who had not foreground respect for the parents’ entitlement to dignified autonomy.

This approach contrasts with the social worker involved in F2 who was able to use sensitive practice to support challenge; the interview data does not evidence how the social worker approached the parent in actual interaction but is suggestive that the social worker was unlikely to have managed to balance sensitivity with challenge. The social worker was aware of the dilemma but had not managed to find a way forward that respected the dignity of the parents as well as attending to the legitimate concern regarding the children’s significant developmental delay attributed to poor parenting. Nonetheless, the respect of individuals was sadly lacking in this example. The insensitivity noted reflects Forrester et al. (2008) regarding lack of empathetic engagement but also challenges Tew (2002) in that although power was used in the interest of the more vulnerable child it was nonetheless oppressive in its application.

The social worker Inv. 1 conformed to the typology suggested by Forrester at al. (2008) of ‘threshold competences’ in that the parent had some clarity about issues of concern, but there were problems in engaging empathetically with the parent. As seen previously (Chapter 6), the intervention produced some negative effects in terms of the mother-child relationship. The social worker in this example was not experienced in child protection practice so that this also reflects Forrester et al. (2008) who suggest that inexperienced workers may struggle to balance authority with empathetic engagement of parents.

The situation described by the social worker Inv. 1 was, however, complicated by the mother’s first language not being English, the children’s developmental delay and the mother’s learning difficulties. Empathetic engagement mostly tends mostly to assume shared language and the linguistic competence of both parties. Erikson and Weigård (2003*)* posit that Habermas suggests that communicative effectiveness requires equality in communicative and social competence; however, this may be difficult to achieve where the power relationship is such that the interactants are unequal/involuntary communicants but also *where resources including language are unequally distributed*. The effect of the linguistic competence and potential for communicative competence is therefore a dimension of practice that may be increasingly to the fore in the context of diverse, multiple language communities. The combination of language barriers and the lack of child protection experience of the social worker Inv. 1 raises the question of sufficient support for social workers and this includes allocation of cases that do not outstrip current levels of competence. The capacity for empathetic engagement therefore must require some appreciation of care of parents as well as parents’ receptiveness to such care.

The social workers who were interviewed exemplified that the dominant discourse of the child’s best interests, interpreted as prioritising the child, was apparent throughout. For some social workers, a parallel discourse of abusive parenting as an effect of traumatic childhoods or traumatic adulthoods underpinned how they explained abuse, and, whilst this did not appear to limit prioritising the child, allowed sensitive engagement with the parents’ struggles.

**Summary and Conclusion**

The home visits and interviews indicated that social workers were aware of child protection intervention as a challenge to the parents they worked with.

Conversation analysis showed collaborative practice accomplished within the interaction in the home visit F1. Although it has allowed the identification of what issues were marked as sensitive, it is somewhat less helpful in illuminating why particular issues were approached sensitively. On occasion it was not clear if some issues marked as sensitive were related to the topic discussed, or that the social worker was uneasy with the potential confrontation that discussion of sensitive topic may engender. It has, however demonstrated that sensitivity in interaction could overwhelm challenge in some instances. That sensitivity could replace or support challenge appeared in part to depend on the skill and confidence of the social worker.

In some instances, marking subjects as delicate enabled sensitive topics to be discussed within a context that was non-confrontational. In F2 the social worker was able to address more challenging issues though within a context where positive aspects of care were included. There were some indirect references to contentious issues, but these were then approached more directly so that a type of ‘desensitisation’ occurred which may have made disclosure of sensitive information more possible. Thus in F2 sensitivity paved the way for a more direct approach rather than replaced it.

Sensitivity in interaction was differently achieved both by different social workers and at different points in the interactive encounter. Sensitivity was noted in F2 as not an on-going requirement for the entire interview, though care is needed in ensuring that even unusual insensitivity does not result in a breach of contiguity. However, the overall interview was marked by sensitivity so that insensitivity could be recovered from during the overall interactive encounter.

The home visits indicated that different issues were differently sensitive for different family members so that a nuanced approach was needed to maintain alignment within interactions where there were multiple contributors to interactions, as in F1 and F3. The social worker for F1 was thus aware that attendance at the child protection conference was personally difficult for the mother, owing to the sensitivity of the matters discussed in a semi-public arena.

However, insensitive practice could include trespassing on personal matters without permission, and with greater consequence. Some insensitive practice was such to indicate that, for some social workers, notions of respect for individual dignity can become mistakenly confounded with the child’s best interests, so that the separate, though closely linked, moral issues become confused. Though not common among the data, a narrow focus on the child could undermine the dignity of the parent which did not necessarily promote the child’s well-being.

Nonetheless, most of the social workers were sensitive to the impact of their practice on parents and were sensitive to parental concerns.

The extent to which social workers attuned to the parent’s complex histories prompted care about parents so that values were implicated in that parents were respected as individuals in their own right.

Most of the social workers who were interviewed demonstrated sensitivity to the parent’s situation in terms of the difficult experiences many parents had faced in their personal histories and present lives. For some social workers this resulted in personal emotional stress (for example, social worker Inv. 5).

An interesting point that arose from the data was how social workers oriented to practice as a moral endeavour. Thus the social worker and client in F2 constructed the issue around the risk of the child witnessing domestic abuse in moral categories of honesty and lying so that failing to protect the child is constructed as a moral failing. The interview data revealed instances of moral judgements in relation to culpability being diminished in the eyes of the social worker, where the parents’ difficult childhoods had undermined their capacity to parent, as described by Inv.5. Although this did not preclude prioritising the child’s needs, it highlighted practice as including ethically engaged decision making.

As noted in Chapter 2, Webb (2006) conceives of social work as a moral activity. The social workers who participated in this study were actively involved in considering their practice enmeshed in value judgements with the child’s best interests as a moral and legal imperative to assist in making sense of ethical complexities.

The difficulty seems to lie in the conundrum that in child protection some decisions have negative impacts on vulnerable parents. This does not mean that the decision is not an ethical decision. However, the imperative to consider the parents as stakeholders entitled to serious and reasoned consideration should not be side-lined in service to the child’s best interests. Lonne et al. (2001) favour the explicit consideration of the impact of decisions on parents as a way of making accountable decisions that may nonetheless prioritise the child.

The interviews with social workers indicated that social workers mostly were able to make decisions that were ethically accountable: thus the social worker Inv. 4 was painfully aware of the need to hear the parent’s ‘story’ but that this could be ‘used’ against the parent in constructing an assessment. The ethical dilemma was very much to the fore for a number of social workers who were concerned about the impact of decisions on parents but their decisions gave voice to such effect. However, Inv. 1 was unable to balance the competing needs of the parents and children so that a short-cut to avoiding engaging in the dilemma was to adopt a blinkered child protection focus. This ultimately failed to consider both the children and adults as entitled to have their concerns taken seriously, in accordance with ethical considerations that require respect for the dignity of all family members. However though of concern, this was an exceptional case within the present data. Sensitive practice may be likened to the principle of the importance not only of what is done in practice but how it is done (Lonne, 2001). This does not replace an ethical framework but may be a starting point.

Practice was thus seen to include complex interactions and reflection which drew upon not only process and procedures but was also interwoven with competing values that constituted practice as ethically complex.

The overwhelming conclusion from this analysis and discussion is that sensitivity, which includes moral practice, is achieved in interaction.

**Chapter 9 Emotion and Communication in Practice**

**Introduction**

This analysis firstly aims to locate how emotion is constructed and responded to in the micro interaction of practice. The literature review highlighted empathetic engagement as not routinely practised (Forrester et al. 2008) which has stimulated examining actual practice interactions. This section considers the emotional context and experiences of practice that are involved in routine child protection social work. Conversation analysis allowed a focus on the organisation of emotion in everyday encounters between social workers and parents.

Secondly, discourse analysis is used to consider how the wider context is made relevant in interaction. The interview and questionnaire data allows a ‘stepping back’ in that social workers reflected on their experiences of practice wherein emotional aspects of practice were foregrounded. At the same time, distancing afforded by talking about practice is viewed as discourse-in-action; this is similar to what has been described ‘in Foucauldian terms, [as] *discourse-in practice* (Holstein & Gubrium, 2013; 267) so that talk *about* practice becomes constituent *of* practice.

**Emotional Validation**

The analysis identifies validation of parent’s emotion as an important constituent of the practice of home visits. There follows an account of the way in which the display of emotion has been shown to follow interaction rules which are then applied to data extracts.

Hepburn, Wilkinson &Butler (2012) have found that the display of emotion follows interaction rules, so that emotional display can be identified within the sequential structure of conversation, with emotional validation serving to maintain contiguity (MacGeorge, Guntzviller, Branch, and Yakova, 2015). The present study provides examples of emotion display which are responded to with different levels of validation of emotional affect at different points within extended interactions.

The notion of validating emotion also arises in MacGeorge et al.’s analysis (2015) of relatively dissatisfying advice interactions between friends. Four interactional trajectories of advice and resistance were identified: sustained resistance, advisor persistence, irrational resistance, and contesting the problem. Advice that was least satisfying and least likely to be followed was found to be associated with not only the content of the advice but more especially with advice that posed a ‘face-threat’ (threats to autonomy and competence) and perceptions of the advice giver as lacking expertise or trustworthiness.

The trajectory *contesting the problem* is of particular interest in the context of social work interaction as a common trajectory encountered in what may be termed ‘resistant clients’ (Forrester et.al. 2008).

This trajectory is described as occurring where the problem is differently judged by the interactants, and therefore the proffered advice fails to validate the client’s experience. Questions of responsibility for the problem are also contained within the recipient’s stance. The issue at stake includes who has the ‘right to identify a solution but also who has the privilege of defining the problem’ (MacGeorge et al, 2015, p.17). This is significant for the present study where Family Two and Three saw a clear difference between the social worker about what was considered to be a concern.

Stevanovic and Peräkylä (2014) hold that knowledge, power *and emotion* are central to interaction. These are described as epistemic, deontic and emotional, which are not only present but mediate the temporal interactions and relationships between people. Although all are present within the encounter, it is likely that one aspect will be dominant at different stages of interactions. The epistemic and deontic aspects are similar to membership categorisation as giving rise to asymmetrical interactions at various junctures, though this can shift within an interaction. The emotional order follows similar structural rules, in that the degree of intimacy between interactants governs the symmetry of emotional expression, so that where there is an institutionally governed relationship, such as doctor and patient (or social worker and client) the expression of emotional stories is asymmetrically bound. Stevanovic and Peräkylä (2014) suggest there is less research on the sequence organization from the perspective of emotion; however, they suggest that “when people tell stories they tend to expand their sequences, possibly to achieve a point where their emotions are recognized” *(p. 201).* This is seen in the current study as discussed below.

MacGeroge et al. (2015) and Hepburn, Wilkinson and Butler (2012) suggest that the validation of the teller’s emotional experience is central to maintaining sequential contiguity which Stevanovic and Peräkylä (2014) also link to Goffman’s formulation of ‘face’ (Goffman, 1967/2008), in that an action is composed with reference to the implications for the face of the self and others. These aspects are relevant to the current study where issues of face and stigma-bound categories of good/bad parent have been implicated in child protection categories and practice.

Wetherall and Stubbe (2015) utilised the work of Hepburn (2004) on calls to a child protection help-line, which showed that prosodic elements including aspiration were present in displays of emotion. Sympathetic responses could include sympathetic-sounding turns - o:::h/ Tch for example. The study (ibid) suggests that where the recipient is unable to validate the caller’s emotion, the caller gives up on the recipient. The caller may have experienced lack of emotional alignment as an assault on ‘face’ to the extent that their self-validation has been threatened (Goffman, 1967/2008). Hepburn (2004) also examined displays of emotion for what was being done and found that the action being done was closely bound with complaining, or legitimising the cause of the complaint (that is, the emotional impact lent legitimacy to the complaint, as it caused the negative emotion). Furthermore, self-disclosure was also identified as a means of impression management in further legitimising the complaint, in that the impact of the event complained about was widened to include the caller’s personal circumstances. This strategy is displayed in the current study (Family 2) at lines 657-660 as discussed below.

Emotions within interaction encounters may be displayed by elements of prosody and increased aspiration: responses to such displays in normal conversation could be expected to produce the second part response of affective alignment. This did not occur in the study described by Wetherall and Stubbe (2015), where instead, the call-takers responded to the institutionally relevant aspects of the call and avoided empathy responses. This often resulted in the callers intensifying the emotional display. Where affect alignment still failed to occur, in one example, the occurrence of affect alignment was deferred until towards the end of the interaction where the institutionally relevant business had been completed.

Wetherall and Stubbe (2015) suggest that although this could potentially disrupt the sequential organisation of adjacency, it does not disrupt the overall sequence organisation of the project as a whole (at page 288). However, failure to display emotional alignment was found to lead to an escalation of the emotional intensity.

In these examples, the complainers all sought some validation of their emotional stance. Where this was not forthcoming Hepburn, Wilkinson and Butler (2012) found that this could result in the caller terminating the call. In the situation of social worker/parent-client, where there is a child protection plan, failure to validate emotional display may disrupt the client-social worker relationship. However, the social worker may be unable to validate the client’s stance, as the problem may be differently appraised by the interactants (MacGeorge et al., 2015). In addition the social worker as interlocutor may be seen as causal of the problem by some clients, as discussed below.

The relative dominance of elements of power, knowledge and emotion may influence the extent to which interactants engage in repair work to maintain continuity in the face of lack of emotional validation, although it appears that some level of emotional validation may be crucial to maintaining productive communication. This is a difficult balance where the interactants’ appraisal of the problem differs, as in the case in many of the situations in the present study.

The example below (F2 L. 569-604) presented as two extracts: L 569-594, and L594-604, shows elements of these factors within the interaction. Here, the mother displays emotion throughout the entire sequence:

|  |  |  |
| --- | --- | --- |
| 569 | SW | *You’ve been down?* |
| 570 | M | *Really, really, really down ()to the point I’ve made my nanan ill() really ill (.) This week* |
| 571 |  | *I’ve been alright. I’ve spent a bit of time with my mum and my brother and my sister* |
| 572 |  |  *and ki:d but i:ts- My nanan’s old now and to se:e the position that I’m in with my child and* |
| 573 |  | *she kno:ws that I’m a really good mummy-*  |
| 574 | X | *Child interruption* |
| 575 | M | *It breaks her heart because it’s took its toll on me↓ I went to the doctors. I weren’t* |
| 576  |  | *sleeping.* |
| 577 | X | *(Child interrupts)* |
| 578 | SW | *What did e:r the doctor say?* |
| 579 | M | *He wanted to put me on tablets bu:t my nan don’t think tha:t’s good for me and I don’t* |
| 580 |  | *want to be reliant on tablets (xxxx)cos things are going bad* |
| 581-593  | X | *Interruption by grandmother arranging to take the child out to play.* |
| 594 | M | *But yeah, I’ve been really down.* |

The sequence is opened by the social worker seeking information about how the mother is feeling, which results in a display of emotional affect. The social worker’s response at line 578 is similar to responding to the institutionally relevant aspects of the utterances and avoidance of affect alignment. The social worker treads a delicate balance between responding sympathetically and maintaining neutrality, whilst not risking misalignment altogether. However, it is the social worker who had noticed that the mum may want to talk about her feelings, and had invited her to do so. This immediately positions the social worker as a recipient to ‘troubles telling’. At the same time the social worker avoids complicity, for example, by not taking the mother’s part which could potentially compromise the child protection plan. In this instance, the social worker finds a neutral position by asking about what the doctor had said. That the mother finds this response inadequate is seen by her response, which is to escalate the emotional display (lines 578-580). In addition, the mother presents an implied causal link between her need for tablets as consequent upon the escalation of the child protection concerns associated with her pregnancy. (There had been a recent decision to initiate preliminary legal action that may result in removal of the mother’s current child and, potentially, the expected baby). The sequence is interrupted by the grandmother’s arranging to take the child out to play, and then ended by mother’s reiteration that she has been ‘really down’.

Line 594 marks a clear transition turn point which the social worker takes up, and could use to validate the mother’s emotional status.

|  |  |  |
| --- | --- | --- |
| 594 | M | But yeah, I’ve been really down. |
| 595 | SW | *But sometimes in the first stages of pregnancy as well you can be quite emotional.* |
| 596 | M | *[[Yeah, I think I’d rather not be pregnant. I’ve been really emotional, but I think I’d rather not be pregnant at thi:s mo:ment* |
| 597 |  | *in time because it really… I mean you know how bad it’s hit me anyway* |
| 597a | SW | *[[em,em* |
| 597b | M | *and it’s hit* |
| 598 |  | *everybody bad* *my >>nanan were absolutely distrau:ght, ↑ab:solutely. I fell in her arms* |
| 599 |  | *and I was crying my eyes out .I couldn’t brea:the. They had to take me outsi:de to calm me* |
| 600 |  | *do:wn. Then [ child] was there so I’m having to put that big, fake smile on for him. Me* |
| 601 |  | *nanan had to be took straight to the doctors. She were just in a mess, ab::solute mess.* |
| 602 |  | *Then I’m feeling really guilty because I;m putting my nanan-↑not only am I putting myself and my nanan*  |
| 603 |  | *through th:is, but my nanan’s everything to me and if… [cross talking]* |
| 604 | SW | *Yeah, but she wants to be there to help you, don’t she?* |

The social worker again is engaged in balancing the need to remain focussed on the child protection remit whilst not discrediting mother’s feelings by failing to acknowledge their legitimacy. The social worker acknowledges the mother’s emotional state, but suggests an alternative reason outside the child protection context: that feeling down could be primarily pregnancy related. The mother rejects the social worker’s formulation, and there is a further escalation of emotional intensity. The mother states how extreme the emotional pain is for her: the unjustified position she has been put in is under-scored by the emotion it has occasioned. Thus the client legitimises her complaint by displays of emotion (Wetherall &Stubbe, 2015). However, there is an initial absence of the prosodic features that Stevanovic and Peräkylä (2014) have indicated as marking such affect displays, though there is some limited aspiration markers evident at line 598. That this follows from the social worker’s sympathetic encourager at line 597 may be significant. This could be expected to de-escalate the intensity of the emotional response, but it may be that the findings of Stevanovic and Peräkylä (2014) referred to so far are within different contexts.

**Sympathetic Deflection**

The social worker-client role is qualitatively different to help-seeking telephone calls, and contains elements akin to counselling, as well as interaction taking place within an on-going relationship, which is absent from much of the research on conversation analysis of interaction and emotion. The mother uses the sequence to complete the ‘trouble-telling’ but the social worker’s response at line 604 is again a *sympathetic* *deflection* from emotional alignment with the mother’s definition of the problem (MacGeorge et al, 2015). It may be that *sympathetic deflection* is a valid response to emotional affect. It does not break contiguity, though provides enough validation of the other’s emotional affect to avoid loss of face and a break-down in the client- social worker relationship.

As stated above, the extract from F2 begins with the social worker directly asking the mother about her feelings. This distinguishes the extract as the emotional display is not merely a consequence of a substantive matter but *is* the substantive matter. The mother has accepted the offer to talk about her *feeling* state. To this extent some additional features of emotional display may be expected to be present, but there are no additional features noted in this extract, with the exception of the emotional display being located within expansions. Expansions are instances of “long and complex sequences” that have the effect of extended sequences “in service of telling stories in conversations” (Juhila, Mäkitalo & Noordegraaf, 2014. p.19). The mother proceeds to tell her story of her feelings and her response to the ‘position that she is in’. The social worker accepts the story telling as an extended sequence, and signifies her acceptance by providing continuers (Hmm, hmm), which are agreement pointers for the teller to continue (Atkinson & Heritage, 1984). In addition, they are intended as sympathetic, and treated as such by the mother; they are examples of sympathetic turns noted by Hepburn, Wilkinson and Butler (2012) as constituting a type of emotional validation.

At line 573 the mother refers to a witness to her ‘good parenting’ and so refutes the social worker assessment without directly disagreeing, which would risk breaking alignment with the social worker’s stance. Given the asymmetrical roles and subsequent power imbalance, the mother may prefer not to issue a direct challenge or risk misalignment. Instead a challenge is subtly issued.

This is similar to the trajectory of *contesting the problem.* The mother here challenges the social worker’s definition of the problem, as the mother invokes the category of ‘’a good mum’’ and places herself within it. This is in contrast to the social worker’s assessment of the mother as placing her child at ‘risk of significant harm’ and therefore outside of the ‘’good mum’’ category. By emotional display, the mother does not only describe her affective stance but questions the legitimacy of the assessment. A ‘’bad mum’’ presumably would not be so devastated by being in this situation. The mother is also resisting ‘face threat’ at being mis-categorised into a stigmatised group. The mis-categorisation has additionally affected the child’s grand-mother, who, as well as the mother had to seek medical help. The emotional display serves to rebut the social worker’s assessment of being ‘a bad mother’ and conforms to the trajectory of *contesting the problem.*

However, the social worker, whilst not aligning with mother’s assessment, acknowledges that she is suffering emotional pain. This suggests that in the context of an extended interaction (the home visit lasts over 60 minutes) that there are opportunities for different levels of affect alignment. That the social worker has responded to the mother’s prior statement of ‘ being down’, places the interaction in a context similar to counselling rather than mere advice giving, and this may affect the contours of affect display and alignment. The social worker’s response to the mother’s emotional display is managed without alignment with the mother’s appraisal of the problem’s cause, even though her emotion is validated. Validation of the emotional state avoids threatening the sequence organisation at the level of adjacency pairs as well as at the level of the overall sequential organisation of the encounter. However, as the problem is differently appraised, interaction trouble may be located in the mother’s response to the trustworthiness of the social worker’s advice. This is explored below.

Following the child’s interruption at line 573, the conversation is resumed at line 651 by the mother’s discussion of how the current situation is negatively affecting her grandmother. There follows a further extended sequence concerning her fears about the potential for her child to be removed from her care, at lines 651-679 (p.259-260) below.

At lines 651-2 (p.259 below) the social worker offers reflective advice to the mother that contains elements of emotional validation as it recognises that the situation is stretching the mum’s resources and a similar observation is made at line 668 (p.260 below). On each occasion this results in an expansion wherein the mother’s emotions are poured out, rather than de-escalated. This again points out that while emotional validation is important in maintaining affect alignment, it is not necessarily associated with de-escalation of emotion, *though validation of strong emotion may be useful in avoiding emotional intensity becoming confrontational*. The social worker’s responses at lines 651 and 668 do not deny the mother’s emotion or entitlement to intensity of emotional response: however they do seek to channel these emotions more productively, and in ways that are institutionally relevant. This is not the same as only responding to the institutionally relevant facts (Wetherall & Stubbe 2015) as there is a clear attempt not only to attune to the mother’s distress, but also to find a solution that is compatible with the institution’s objective.This results at lines 652-667 and 670-675, among other things, to further self-disclosure. This reflects Wetherall and Stubbe’s contention (2015) that self-disclosure serves to legitimise the emotional reaction given the situation that it is a response to; this is seen in as legitimising a complaint. In the current extract, the mother here is complaining about the actions of her ex-partner and her description of her emotional response serves to underscore the extremity of what she had been put through. This is extended to include his family who did not offer help, and whose offer to care for the child now, to avoid removal into care, is seen by the mother as outrageous given the lack of help offered when it was needed. This fits with the pattern explicated by Wetherall and Stubbe (2015) that emotional display is bound with legitimising the cause for complaint.

That these *emotional self-disclosures* immediately follow sympathetic affect validation (also 597a) may be significant. In the literature examined regarding telephone complaints, the purpose is to legitimise the complaint: in the current study *additional actions are performed*. The mother is accounting for her decision making and seeking to amend the social worker’s judgement of her as a ‘bad mum’, so that at line 671 she states ‘I’m not a bad mum’, and that moving on from a relationship that meant so much had ‘’been really hard’’.

In effect the mother is trying to legitimise her previous actions by placing them in context as she sees it.

*Emotionality* is apparent in the structure of the utterances in that the entire interaction is marked by a number of instances of prosodic elements that mark the emotionality of the sequences (lines 654, 655, 656, 658, 662, 665, 678 and 674 are all marked by aspiration or prosodic features).

**Judgement appeals**

Lines 676-679 are problematic as they are capable of a number of interpretations. However, the interpretation open to the analysis is the one given by the second part speaker (Atkinson and Heritage, 1984) so that the mother appears to hear the social worker’s response as a rejection of her efforts to amend the social worker’s judgement. The social worker’s comments are not heard as validating the mother’s difficult choices, but as non-validating and contesting her description. This is evident in the mother’s response: the response is immediate, and, rather than agreeing that the expected baby presents a challenge, she emphatically states her acceptance of the expected baby. However, the utterance is emotionally delivered with a number of short pauses and aspirations. The effect is to threaten alignment with the first speaker’s design as well as to openly link the social worker as causal for the emotional pain that the mother displays.

This further highlights the difficulty of maintaining a child-protection focus in the face of the client’s emotional distress, where too great an affect alignment may be inappropriate to the institutional demands, and where the balance being too obviously tipped towards the institution risks misalignment and disruption of the relationship, within which effective child protection planning is required to take place.

|  |  |  |
| --- | --- | --- |
| 651 | SW |  *[But for you to be there for[child’s name] you need to look after yourself as well, don’t you?* |
| 652 | M | *=I’ve star:ted to, don’t get me wrong, but it’s hard, (name). It’s easy somebody saying* |
| 653 |  | *you need to look after yourself when() my fear is my chi: ld() and i-it touches me because,* |
| 654 |  | *you know, when he comes in, hi-hiss mardiness and his moodiness I’d rather put up with* |
| 655 |  | *that all day than not have him. [**SW Ye:ss**] I really honestly would<< because he’s>> m:y* |
| 656 |  | *Son .h and it’d kill him () ↑you know, if I left him hh Ask my mum. If I go to leave him he’s* |
| 657 |  | *having a fit. He ne:eds to kn:ow where I am. And there’s bits about his life where I left* |
| 658 |  | *him for weeks because I-I-↑ ( SW’s name) there were times when I didn’t want him () because* |
| 659 |  | *I’d had enough of his dad () that much I felt like “Just take him ()↑ if it’s going to ma:ke my* |
| 660 |  | *life easier. Take him() but now it’s come to that point and they want my son I won’t* |
| 661 |  | *give up on him because I just feel like I’m in this position and they want him.**SW: Hmm, hmm.* |
| 662 |  | *To be honest they think .hh No, don’t put him in care.()He can stay with us. ()↑Tha:t’s just li: ke the last* |
| 663 |  | *resort I would ever do (..) Never because .h ↑I’ve go:ne th::rough a:ll thi::s and they’ve a:ll seen* |
| 664 |  | *it. They’ve treat me no better than [child’s dad ] has themselves and they think they could* |
| 665 |  | *ge:t ( ) all of my life That’s my life. No, I won’t allow it. I told my mum today, I said “I’d* |
| 666 |  | *rather him be put in care↑(.) than they get him.” [emotional]. I don’t want him put in care.* |
| 667 |  | *I don’t want him gone from me and I’ll do whatever I have to do.* *[ye:ss* |
| 668 | SW | *Yeah, but you need to focus your energy, don’t you, on what you’re doing rather than* |
| 669 |  | *worrying about anybody else.* |
| 670 | M |  *{Anybody else. I don’t give a shit. Just as long as I get to keep my son I’m not bothered()*  |
| 671 |  | *I ho:pe I will. I hope a judge’ll sit and look and… .h Because I’m not a bad mum, do you* |
| 672 |  | *know what I mean? I’ve just put him at risk because of his dad. I’ve not* |
| 673 |  | *acknowledged things. I’ve been too wrapped upm() mentally. Physically it was easy* |
| 674 |  | *coming away, but mentally it was hard to handle coming away from somebody that* |
| 675 |  | *I’d dedicated s:o much of my life to and had a child with() It’s been really hard.* |
| 676 | SW | *=And it’s still going to be hard because you’ve got another baby on the way.* |
| 677 | M | *=I can’t wait for this baby to come because it’ll complete me and [child’s name] and I know at* |
| 678 |  | *the end(.) and I pray (.) to God, that somebody’ll just give me that chance.h to be a mum to* |
| 679 |  | *(hhh) both my children because if you took [child’s name] I know you’d take this babyhhh (tears)*  |

The expanded sequences are notably lengthy and include little interruption or comment by the social worker. This gives the interaction the flavour of a counselling session or troubles telling within the context of the child protection visit. The usual contours of sequence expansions as outlined by Juhila et al. (2014) note that expansions tend to take the format of question and answer displays or interview format or advice giving / information receiving format. The extent to which the mum is advice seeking is limited, as the mother is not actively seeking advice but instead is providing an account that seeks to move or change the social worker’s assessment. The sequence is therefore likely to have been intended to influence the judgement of the social worker.

The sequence is also of interest in that the mother’s emotional delivery is responded to by the social worker with what could be termed as offers of advice (lines 651, 668 and possibly 676), which are not so much rejected as dismissed as not relevant. The advice offered is couched as supportive suggestions in response to the mother’s dilemma. However, the approach to advice giving formulated by Heritage and Sefi (1992) as a stepped approach is not evident in this exchange, as the advice is neither received as ‘news’ nor considered as meaningful. Hall and Slembrouck ( 2014) suggest that advice in the context of social work practice is “part of ongoing discussion and negotiation” so that although it may be formulated in the context of trouble telling encounters, it is more properly seen as part of the “longer term establishment of agreements and ways of thinking” (p. 116). This formulation seems to capture the combination of advice and agreement as negotiated within troubles telling that is played out in the above extract.

Of interest is that both parties are engaged in seeking to change the other’s assessment. The mother states at line 667 that she will do whatever she has to do *to change the social worker’s assessment*.

However, at line 676, the social worker is seen by the parent to deliver a dispreferred response without any delay markers, which is at variance with the usual delay strategies associated with dispreferred responses. This suggests that either the social worker had not intended the utterance to be interpreted in this way and hence had not needed to employ and dispreference mitigators or had intended to challenge the parent’s narrative. The mother’s response shows that the latter interpretation was employed. This produces a challenge for the next speaker - here the mother - who can choose to engage in repair work or to risk open argument.

The mother’s response to the perceived challenge is to choose misalignment. At line 677 she immediately latches on with what may be seen as a challenge of her own; there is a rejection that the expected baby will make things hard, and instead there is a confirmation and endorsement that the baby is wanted - even longed for - and that far from making things hard the baby will be a kind of salvation: *it will complete us as a family*. The choice of misalignment over repair may here be linked to the subjective importance of the contested issue (in this case, the meaning of the pregnancy).

At line 679 Social worker role is made interchangeable with that of the institution. The mother has not selected repair work and perceives that the social worker has not changed her assessment. The mother responds with distress and voices her fear that if her child is removed, her expected baby will also be removed from her care.

The mother here shows intensified emotional display and is crying at this point. She goes on to say that people have told her that when social services remove one’s child, subsequent children are also removed. This is formulated as a statement but is responded to as a question, as in ten Have’s conception of question formulation where there is an asymmetrical institutional relationship (ten Have, 1993). The social worker provides reassurance that every case is different. A discussion ensues about the cause for the social worker’s concern being the mother’s pretence that the relationship with her partner had ceased, rather than concern with other aspects of her parenting. The mother here shows that she understands the social worker’s assessment of the risk as concentrated on this relationship; however, she is very concerned that her parenting in any other respect is not implicated.

|  |  |  |
| --- | --- | --- |
| M | 688 | *It is the only fact that I’ve lied about [ dad’s name ], ain’t it, why I’m in this mess* |
| SW | 689 | *Well, it’s based on your ability to protect, ain’t it, which is concealing your* |
| M | 690 | *relationship with [dad’s name].* |
| SW | 691 | *And lying.* |
| M | 692 | *Not recognising the risk you were putting [child] through* |
| SW | 693 | *Yeah. So that’s the only reason why I’m in this mess; not because I’m actually a risk* |
| M | 694 | *to [child] myself or a bad mum, is it?* |
| SW | 695 | *Your actual parenting, yeah, there’s a few issues, but there is with everybody’s* |
| M | 696 | *parenting, nobody’s perfect. But your basic care of [child] is good.* |

At Line 694 the mother repeats a recurring theme that she is not a ‘bad mum’. As discussed previously, this threat to ‘face’ by being placed into this stigmatised category is a recurrent concern for the mother and highlights the severity of the assault to self-identity that having one’s child on a child protection plan entails (discussed further in Chapter 6). Emotional validation is linked to face-work, so that the task for social workers is validating the complex emotional journeys parents are often negotiating. In this home visit, this was approached by offering advice that attempted to steer the parent towards alternative choices. How successful these attempts are may be related to the parent’s motivation to change, and this may be related to their investment in maintaining their narrative in preference to that offered by the social worker. As the mother in the above encounter states: change is ‘really hard’.

**Establishing relationships of trust**

Turning to discourse analysis allows a focus on the significance of the context of practice. The trust-worthiness of the advice giver (in terms of expertise or credibility) has been seen to be a factor in the willingness of advice recipients (F2 mother) to accept advice. Similarly, F1 HV1 highlighted the importance of the relationship with the social worker from the client perspective, which for the father in F1 was inextricably bound up with trust. This led to the father positioning social workers as good/bad social workers according to whether the father felt they were trust-worthy. The social worker in this case challenged the good versus bad social worker discourse, and pointed out that one of the previous social workers had established a good working relationship with the family. However, where there has been previous social work involvement that families have perceived as negative, developing a relationship of trust was seen to be particularly difficult from the family’s point of view:

|  |  |  |
| --- | --- | --- |
| **F** | 705 | *Yeah because we were both really nervous when (PW2) came on board because Jane’s* |
| 706 | *had nothing but bad experiences from past social workers and I was very wary of them (F1 HV1)* |

A discursive approach allows the father’s narrative to be foregrounded. The father’s discourse of professionals as not trustworthy reflects his extended contact with professionals throughout his life, that is, social work involvement with his older child, the child of his current relationship as well as recently completed psychiatric assessments and psychiatric assessments in the past. Trust is a significant issue for this father, both within professional and personal relationships. The father had previously struggled to work with some of the social workers involved, which he relates to personality clashes. That this can undermine engagement is a view shared by one of the social workers interviewed, where the social worker stated that a change of social worker can be an effective response to ‘personality clashes’ (Inv. 2 L. 427-431: 443-444). The context of extensive and extended previous professional intervention is an important factor that may affect the establishment of a relationship of trust in current encounters, where previous relationships are negatively perceived. However, the current social worker has managed to form a relationship of trust. This may be related to the social worker’s efforts to provide sympathetic engagement: the social worker validates the father’s emotional affect on several occasions. The social worker and the father appear attuned in that their language reflects one another’s, with the same phrases taken up by the next speaker, so that the overall effect is strong emotional validation. The father goes on to refer to the couple’s previous fears of losing their child (into care) so that there was risk of negative judgement involved in being open with social workers

*Yeah and we’ve even aired our bad laundry in front of you. I mean we’ve brought it out and that’s been hard work to do that because saying the things we’ve said we might think “Oh God, we’ve gone and put ourselves in a situation here. Are we going to lose baby?” but we’ve relied on them and we’ve come and told them. So yeah, it’s been good. It’s been a good experience* (Lines 716-720).

The father in this encounter locates a significant factor in overcoming this fear as the nature of the relationship with the individual social worker and this may be located in past experiences of agency involvement. Thus when the social worker becomes involved with the family the client may hear not only the words of the present social worker but echoes of the words and doings of previous social workers. In this way, the present social worker is not just establishing trust in the present relationship, but reframing how social work is positioned and attended to.

Examining the entire extract (F1 HV1 lines 695-721) serves to illuminate the centrality of relationships at least for the dad in F1. Whilst this is only one case examination it points to the importance of relationships from the father’s perspective, which is perhaps not well discussed in the literature.

|  |  |  |
| --- | --- | --- |
| **F** | 695 | *I have a lot of contact with (Other SW-5). 5 changed that because before (5) there was*  |
| 696 | *Another social worker and we didn’t get on. We really didn’t get on, full stop, and*  |
| 697 | *when (5) took over the case it were like a new kind of fresh air, so I sat and listened*  |
| 698 | *To (5) and we both got on really well. So yeah, it’s moved in the right direction*  |
| 699 | *finally after like nearly three years it was going in the wrong direction. But again*  |
| 700 | *learning from (5) then I met (two other previous SW’s 4 and 3) and everybody else and we’ve kept that good bond,*  |
|  | 701 | *haven’t we?*  |
| **SW** | 702 | *Yeah and I think (2), the previous worker (PW 2) she did a lot of the pre-assessment work*  |
| 703 | *and that would be the really hard time, but I think she involved you very well in that and you*  |
| 704 | *got that experience [xxxx].* |
| **F** | 705 | *Yeah because we were both really nervous when (PW2) came on board because (mum’s)*  |
| 706 | *had nothing but bad experiences from past social workers and I was very wary of them*  |
| 707 | *after that and when we met (PW2), again she was fantastic. She reassured us every step*  |
| 708 | *of the way kind of thing and then we met ( other PW 4) and ( other PW3 ) and you took over, didn’t*  |
|  | 709 | *you?* |
| **SW** | 710 | *Yeah.* |
| **F** | 711 | *And ever since from that point there we’ve always felt like we can go to you now and*  |
| 712 | *talk to him and tell him.* |
| **SW** | 713 | *And you have. It’s a credit to you yourselves, both of you. You’ve been going through*  |
| 714 | *ups and downs, but we have seen you progress [xxxx] last time very well and moving*  |
|  | 715 | *forwards.* |
| **F** | 716 | *Yeah and we’ve even aired our bad laundry in front of you. I mean we’ve brought it*  |
| 717 | *out and that’s been hard work to do that because saying the things we’ve said we*  |
| 718 | *might think “Oh god, we’ve gone and put ourselves in a situation here. Are we going to*  |
| 719 | *lose (child)?” but we’ve relied on them and we’ve come and told them. So yeah, it’s*  |
| 720 | *been good. It’s been a good experience.* |
| **SW** | 721 | *Like I say, I’ve not finished writing the report yet…….* |

The previous involvement of social services for the family is couched in relationship terms: for the father, it is the nature of the relationships with the various social workers that guide progress made. The father makes this point despite the social worker’s attempt to focus on the part played by the clients themselves, but this is resisted by the father who makes the nature of the relationship central to progress. This is achieved by preference responses that are first provided and then qualified so that the father makes his point without misalignment occurring. The social worker similarly resists misalignment by first agreeing with the father at line 702 but then immediately pointing out relationships with previous workers that were positive. Thereafter, the social worker is able to avoid agreeing with the father’s theory of previous lack of progress being down to poor relationship; and instead agrees with the points about progress made. The social worker and dad choose to find agreement and avoid direct misalignment.

An approach using only conversation analysis allows the significance of previous social work involvement as relevant only in so far as it is attended to by the parties: in this analysis, although it is attended to by the father, it is resisted by the social worker as being of no relevance to the current situation, so that the social worker moves to closure at line 724, but this is resisted by the father so that closure is not achieved until line 721. The conversation analysis therefore attends to the father’s resistance to closure but does not fully attend to the significance of the content. Discourse analysis allows the father’s narrative to be foregrounded, and allows the significance of relationships to be highlighted. Although the father is engaged in valuing the current relationship as one that has enabled change, the social worker is not comfortable with seeming to have to agree that previous workers may have been responsible for lack of progress. The discourse of clients needing to engage in change does not include the nature of the relationship requiring some ‘emotional congruence’ between the client and worker, so that the social worker cites the relationships that have ‘worked’: the social worker is both ‘defending’ other workers and therefore the institution, as well as resisting that previous social workers may have brought something to the encounters that made engagement problematic.

Alternatively the father failed to engage. It is likely that the latter discourse may have greater credibility in terms of a professional assessment of problematic engagement. This raises the issue of the importance of relationships as vehicles for change, as well as what professionals contribute and that being prepared to consider the ‘fit’ between the professional and client may be legitimate.

The social worker Inv. 2 commented:

*But if you've got a social worker that is presented to a family and there's a clash of personalities, which happens, you know, in every day walks of life that happens, then a social worker's on a hiding to nothing because the family dislike you anyway. You know a lot of times families don't even know that they can ask for their social worker to be changed* (Inv 2, Tape 2, and L428-432)

The social worker Inv. 2 locates responsibility for ‘personality clashes’ with the family which fits the discourse of the social worker as objective; however, the social worker does indicate that the relationship can stall where there is lack of emotional ‘fit’ between the parents and social worker and that a change of social worker should be provided. Similar concerns were noted by some of the social workers interviewed so that, although not frequently referred to, this was raised as a potential problem which may require careful analysis by social workers to conclude whether the social worker themselves are inadvertently raising barriers to forming a positive relationship.

The impact of the worker-parent relationship on engagement is perhaps something that could be considered as potentially having the effect of stalling progress.

Having routine opportunities to co-work at different points in the assessment may be a valid consideration, particularly given the current analysis that suggests that parents engage in ‘weighing up’ the risks of honest disclosure and that this occurs in the context of relationships.

The risk in honest disclosure and shared goals

Social workers generally understand that families may be wary of social work involvement, but that families deliberately and consciously weigh up the costs of openness versus remaining silent is perhaps not sufficiently attended to by social workers in terms of the fear that families need to overcome in order to be ‘honest’. This was directly referenced by one of the social workers interviewed who commented that parents may have difficulties in admitting problems due to fear of negative judgement:

I think it’s very difficult for families to discuss some of the issues that they think they’ll perhaps be judged for or penalised for, if you like *(*Inv. 3 L. 44*)*

The theme of honesty as a calculated decision is clearly apparent in the home visit to Family 2 where the mother is able to acknowledge lack of honesty in her dealings with the social worker:

|  |  |
| --- | --- |
| M | *It’s only the fact that I’ve lied about [child’s father], ain’t it, why I’m in this mess*. |
| SW |  *Well, it’s based on your ability to protect, isn’t it, which is concealing your**relationship* *with [child’s father]* |
| M | *And lying.* |
| SW  | *Not recognising the risk you were putting [name] through* |

 (F2 L 688-692)

The mother here comes close to admitting culpability for ‘this mess’ (referring to the possibility of her child being removed). However, she appears to conceptualise risk differently from the social worker in that, although she seems to accept some culpability in relation to ‘lying’ to the social worker, she does not voice agreement that the impact of domestic abuse may present a risk to her child’s wellbeing.

Emotional harm may be hard for parents (as well as professionals) to identify as having an impact as it does not necessarily produce clear and immediate evidence, and the impact of emotional abuse can be difficult to identify as causally linked to harm in specific individual cases (Glaser, 2000; 2011). In addition, the popular discourse of child abuse tends to be associated in the public mind with parents who are intentionally cruel and deliberately harm the child (Shull, 1999). This is reflected upon during the interviews with the social workers. In relation to the language of harm social worker Inv. 6 commented:

*A lot of them really, really dislike it. They hate it because...because of the wording child protection, ‘’my child's not at risk’’. … so I think there's a really negative connotation with the word, child protection plan -they think they've failed and (...) think they've done something wrong. And I think the category (of harm) is massively important because everybody...if you say the word neglect…there's not a nice category, is there.*

(Inv. 6 20-735)

The mother in Family 2 therefore is seen to struggle with reaching an agreed formulation of harm.The social worker’s sympathetic responses (for example, L. 651-668) result in further disclosure. However, the mum’s emotional expressiveness could also be read as an appeal to the social worker to review her opinion of the mum’s culpability. As noted in Chapter 8 there can be a danger of sensitive practice becoming collusive practice if challenge is sacrificed: where there is strong identification with the emotion of the parent this could also occur. In this case example, the social worker manages to find a balance between sympathetic response to the mum’s emotional turmoil whilst not downplaying the child protection concern.

The search for a common view of the child protection concern

Trust has been identified as providing fertile ground in which to negotiate goals: the analysis thus far indicated that, for relationships of trust to be effective, this requires some common view of the problem and validation of emotional experience. In the case of F2 the former is not shared and in F3 there was lack of emotional validation.

The background context for the mother in F2 includes that, as a child, the mother had experienced extensive social worker intervention due to neglect. As noted above, the positioning of the social worker as trustworthy or not takes place within the client’s experience of social work: the present encounter has its seeds in previous encounters and experiences. However, this was not referred to other than the mum’s frequent reference to her grandmother as having a key role in her upbringing. The mother’s difficulty in trusting the social worker may be grounded in these earlier experiences of social work intervention.

The emotional context of practice is also evident in the home visit to Family Three, (F3) though here the dominant emotion could be said to be hostility, as well lack of trust or confidence in the social worker’s judgement (discussed in Chapter 6 in relation to identity).

The mother in F3 referred to previous incidents of extreme violence from her previous partner. Although her description of violence did not display prosodic elements, there was an escalation in *the nature* of the concerns that she referred to. The social worker’s responses, though impartial and goal focussed, lacked emotional validation of the mother’s stance. The context was one where it was questionable whether the mother was motivated to work with the social worker given the extent of the contesting of the problem.

In addition, in this case there was no agreement on the nature of the problem. This is predictive of lack of progress in reaching resolution to the problem prompting social work intervention. MacGeorge et al. (2015) suggest that different problem appraisal prompts or confirms mistrust in the credibility of the advice giver. In the home visit F3, the mother appears unreceptive to advice and, as discussed earlier, does not trust the adequacy of the social worker’s advice compared to her own judgement based on experience. Resistance in this context, though subtly present, may have undermined the social worker’s ability to find common ground and may have been implicated in the social worker’s insufficient challenge.

The Interview data reflected some of the themes noted in the home visits in terms of social worker’s perceptions that for some families there was risk involved in trusting social workers with ‘discrediting’ information. In some cases, lack of trust was related to previous experiences of social work involvement.

Social workers also recounted experiences of working in contexts where parents had themselves experienced difficult circumstances: although for most social workers this provoked empathetic responses, social worker Inv. 6 explained that this could include emotional ‘cut-off’ to prevent being emotionally over-whelmed.

*obviously we're not blank people, we've all had situations and felt things… we have to turn off that part of you that's going to cry every time somebody cries I think, otherwise you'd be forever in floods of tears.* (Inv. 6, L. 362-369)

The interview data attested to the highly emotional context of practice, with social workers attempting to validate parents’ emotional experience, but that this could be overwhelming on occasion.

Experiences of aggression that were not located within home visits

Discourses that were only present in the interviews and questionnaires included *aggression* as a significant experience of practice.

Analysis and discussion of aggression that social workers recounted as taking place within home visits is provided in Chapter 7, which focusses on this context and which was the site where aggression was more commonly experienced. However, aggression is discussed below in relation to experiences of aggression in environments other than clients’ homes.

Although these examples were located outside of the home, they remain relevant as the social workers mostly continued to work with the parents in the home, and these experiences were seen to have informed home visits.

One of the social workers in this study, although had ceased to be the social worker for the family, had been subjected to continued harassment to the extent that charges were brought. This was at the instigation of the social worker and not by the organisation; the social worker believed the organisation would have been unlikely to press charges. This points to lack of confidence in the organisation in terms of toleration of aggression towards social workers. This perspective was not unique to this social worker so that experiences of aggression were sometimes compounded by perceptions of lack of management support.

QR 18 commented *‘*I have always found (supervisors) were more interested in decisions on cases rather than the impact on me’*.*

Social worker Inv. 5 had also experienced harassment from a client, in this case via text messages:

*I pick up my phone and there (sic) I've been getting texts from this guy who's been making all sorts of threats and accusations and what have you*. (Iv5, L.754-756)

In this case the social worker had consulted with the client’s probation officer, after which the harassment had ceased, and the social worker Inv. 5 had continued to work with the family.

Social worker Inv.5 also recounted a situation where the social worker’s concern was the impact of domestic abuse on the children; the mother’s involvement in a violent relationship was the main reason for the child protection plan. In this case, the mother had been verbally aggressive towards the social worker within a meeting that took place in a school. The social worker vividly recalled:

*She was screaming at me, and I was****......****I remember shaking from inside ….and in the end I said, look, I'm going now.* (L. 793)

The social worker further explained:

*It was difficult because she'd use aggression to obfuscate, to push us away from the issue. So as soon as we started touching on things she knew weren't right, she'd get really aggressive with people…she'd keep you at bay by screaming.* (Lines 800-807)

The social worker thus theorised the reasons for the mother’s anger and attempted to understand her perspective. When asked how it felt to carry out a visit subsequent to one that had been aggressive or hostile, the social worker responded:

*Oh, it's horrible (laughs) And I think ( the client is ) using aggression to push me away from those things, but I'm always gonna be upfront with you, and this is me being upfront with you, if you know what I mean*. (Line 814-823)

Social workers were thus seen to experience aggression and hostility from parents in the context of assessment of parenting capacity. The social worker theorised the reasons for aggressive behaviour which could be interpreted as sympathetic, though at a personal cost. However, such personal cost appears insufficiently acknowledged in terms of public and management discourse (Hunt et al., 2015).

Assessment as counselling

In contrast, describing a different case, the social worker recounted that the father had seen the social worker’s intervention as a form of counselling:

*But I had a guy the other day who I'm doing the risk assessment on and he was like...he...I was saying, oh well, you need to see a counsellor. He said, well I don't need to cause I come and talk to you* (Inv.5, L1022-1026).

Thus, when trying to make sense of individual histories that impact on parenting, the social worker may also be in a quasi-counselling role with parents, prompted by facilitating personal disclosure about life-experiences that may impact on the parent’s ability to meet the needs of the child.

In articulating this dual role of quasi-counsellor, whilst remaining focused on the child, most social workers in the study explained how this conundrum was negotiated by maintaining a focus on the daily experience of the child.

However, some social workers were also painfully aware that parents were sometimes engaged in entrusting social workers with deeply personal information so that the desire to help parents as a humane response conflicted with the need to make what may appear harsh judgements where the parents were unable to care for their children. Thus, as referred to in Chapter 6, one of the participants commented:

*I know with this particular case that further on, down the line, it’s unlikely to be positive in my assessment and it is likely to have quite dramatic implications for her and her children are not likely to be returned to her care.* (Inv. 4, L.217-220)

Moral and emotional complexities are thus seen to encompass social work practice. The combination of emotional dependency of some clients on social workers, sometimes alongside of hostility and aggression in the context of on-going home visits (that often take place alone), may constitute a particular feature of social work practice: ‘And I think there's no other profession would ever be treated the way we're treated and just get on with it’ (L.965-966).

Stoicism thus becomes part of social workers’ shared approach to practice, and incorporated as something exclusive to the social worker’s identity. Perhaps distinct from other professions, the social worker cannot walk away or otherwise exclude the adult from the assessment process as the main focus remains the child. The data from this study suggests that alongside their powerful professional role social workers also experience high levels of personal vulnerability. This aspect of practice is compounded where such experiences take place within the home.

The analysis so far has pointed to emotional validation as a key factor in promoting engagement. Alongside of this, the analysis has highlighted that trust is a significant element in establishing relationships between parents and social workers; trust in this sense was about ‘entrusting’ social workers with information that may be used to construct a negative parenting assessment. Thus, parents in the home visits were seen to be actively engaged in assessing the risks of engaging with social work intervention. In addition, power as diffuse was operative at different levels and was a constant presence that shaped interaction and was implicated in social workers’ experiences of aggression, including those that take place outside of the home. There follows an attempt to interrogate these concepts.

**Acknowledging parents’ experiences of child protection intervention**

The current study distinguishes between how social workers responded to the emotional distress as experienced by families they worked with on the one hand and experiences of threat and intimidation on the other.

Forrester et al. (2008) suggest that social workers may lack empathetic responses to parents and focus only on child protection concerns; Waterhouse and McGhee (2009) also suggest that responding only to the agency’s agenda tends to limit opportunities for empathetic engagement. The conversation analysis of the home visits explored what happens in situated practice in relation to empathetic engagement. A central finding was that emotional validation characterised empathetic engagement and that this was commonly practised in the observed home visits. This corresponds with Waterhouse and McGhee (2015) who posited that active listening was more likely to lead to engagement; although emotional validation could be said to contain such elements, it is perhaps more attuned to child protection practice that requires a careful balancing of care and control functions (Featherstone et al., 2012).

The conversation analysis of the interaction in the home visits (F1 HV1, F1 HV2 and F2) highlighted how emotional validation is sequentially constituted: that is, emotional validation following emotional display maintains alignment and contiguity and avoids interaction trouble. Empathetic engagement in F1 was founded upon emotional validation despite the context of different perspectives on the management of the risk posed by the parental relationship.

It was also noted that differing appraisals of the problem may affect emotional validation, so that where parents contested the problem as identified by the social worker, providing emotional validation was sometimes problematic in practice. Thus, where the parent contested the need for a child protection plan, as in F2, the social worker sometimes struggled to provide emotional validation where this compromised the child protection goals. In the home visit F2 (L. 564- 604) where the social worker failed to provide emotional validation there was an escalation of emotional display; in this instance, the neutral emotional stance initially adopted by the social worker had failed to provide emotional containment for the parent. However, open conflict was avoided by the social worker’s *sympathetic deflection*, so that although empathetic to the mother’s distress, the social worker avoided alignment with the client’s version of the cause of the problem (social work intervention). Instead, the social worker provided emotional validation *of the parent’s emotional or feeling stance*.

This home visit displayed several instances of the social worker providing emotional validation. This confirms the findings of Forrester and colleague’s study (2008) that displays of empathy are more productive of engagement, but also highlights how this is achieved in actual practice. Forrester et al. (2008) draw on Lishman (1988) to conclude that positive expression supported engagement, whereas confrontation serves to limit engagement.

Thus the analysis indicted that where the social worker appeared to make a comment that threatened continuity with the object of the first speaker, and so was akin to confrontation, this resulted in escalation of emotional intensity.

In the present study, empathetic engagement thus required more than positive engagement by the social worker, and additionally required emotional validation, the absence of which resulted in escalation *towards* confrontation.

Emotional validation acts as confirmatory evidence for the parent of the legitimacy of their distress. The social worker avoided discrediting the goals of the child protection intervention whilst at various points, validated the mother’s expression of emotion as legitimate experience.

Notwithstanding the social worker’s empathetic approach, it was notable in this home visit (F2) that where the social worker and client differently appraised the problem, there was a reluctance to accept the social worker’s advice. This may have indicated some ambivalence in trusting in the social worker. This was despite the social worker’s attempts to find solutions to the issues presented. Nonetheless, different perceptions of the problem did not preclude the social worker from mostly engaging with the mother’s feelings. The interaction moved between emotional alignment and alignment caution, reflecting dissonance between how the problem was differently appraised by the social worker and parent.

As seen in the analysis, the mother was unable to commit to changing her perspective on the relationship with her partner as presenting a risk to her child; consequently, there remained a gulf between the problem as identified by the social worker and by the mother. However, there were episodes of ‘disclosure’ where the mother was able to reflect on the social worker’s assessment of risk and the degree to which she felt culpable. Where self-disclosure did occur, this followed from emotional validation. This suggests that emotional validation is a necessary but not sufficient condition for change.

In addition, the social worker succeeded in providing an interaction context which did not result in closing down opportunities for expression, so that the door remained open to future disclosure. The inclusion of positive comments within this interaction also allowed ‘face-saving’ which enables interactants to maintain a socially approved self (Goffman, 2008). Although referencing the child protection plan, the mother’s emotional struggle was taken seriously which the social worker displayed by providing emotional validation. Thus, although the mother remained fearful of the social worker’s judgement, the extent of the emotional validation provided in F2 allowed some containment of the mother’s distress. This provided a relational context that resulted in some disclosure and reflection, and therefore the possibility of future change (Waterhouse and McGhee (2009).

Empathy as involving validating the emotional experiences of parents was therefore made explicit by conversation analysis of the home visits. These evidenced social workers providing empathy to the extent that they were able to legitimise the emotional experience of the parents they worked with. Emotional validation could de-escalate emotional intensity and there was some evidence that it could act as a limit on confrontational interactions. Emotional validation appeared to promote disclosure in F1 and F2 and supported a context for the possibility of future disclosure. In many respects emotional validation provided containment of parent’s strong emotion, as seen in F2, despite the absence of differing appraisal of the problem. However, the discourse analysis indicated that this was absent in the face of hostility, as noted in home visit F3.

**Risk, trust and relationships: assessing the risk involved in working with social workers**

As seen in the analysis fear of negative judgement was associated with whether the social worker could be trusted with information that cast the parent in a negative light, as exemplified by the home visit to F1 above (F1 HV1, L. 716-719).

The risk for the parents was whether disclosure would provoke censure rather than support, so that parents were actively engaged in weighing up the risk involved in developing an ‘open and honest’ relationship. The analysis highlighted that for relationships of trust to be effective, in addition to validation of emotional experience, it also requires some common view of the problem. The literature on this issue is brief, as much of the literature concentrates on parents’ experiences of involvement with child protection systems and does not dwell on ‘internal inhibitors’ to disclosure. The parents as actively engaged in weighing up the risk of ‘honest’ discussion not been predicted to emerge from the research findings. Once the issue is stated it seems obvious, so that it attracts the status of the mundane and every day that is so common-place as to go un-noticed, but which turns out to be a pivotal issue.

For the parents in F1, F2 and F3, there was a risk assessment involved about whether to be open, which involved trust. Gladstone et al. (2012) and Arbeiter and Toros (2017) considered factors that facilitated engagement between parents and child protection workers. Being able to trust the worker was emphasised as key to successful engagement, with Gladstone et al. (2012) identifying trust in the worker as the strongest factor that was statistically significant in their study. The relationship between the parent’s assessment of risk involved in disclosure, and trust in the sense of how social workers will respond to such disclosure, is a problematic issue. Thus in F1, as indicated earlier, the family had taken the risk of trusting the relationship with the current social worker whereas the mother in F2 may be described as actively engaged in this ‘risk assessment’. In contrast, the mother in F3 declined the social worker’s invitation to trust in the social worker’s judgement in terms of assessment of risk from current and previous partners. Here the social worker was keen to present the assessment as impartial and transparent, which, in the absence of any other relational foundation may have some success in the establishment of confidence in the worker. Gladstone et al. (2012) indicated that honesty and transparency was highlighted by parents as more likely to facilitate engagement.

However, the social workers who were observed carrying out home visits were not always able to overcome parental resistance or develop trust within the observed interactions. Differences in appraisal of the problem appeared to be a significant barrier to meaningful engagement. Differing appraisal of the problem appears to have promoted anxiety in parents who feared that discreditable information would be used to negatively assess the parent’s caring capacity. This was implied by the mother in HV 2 and HV3, and was also confirmed by interviews with social workers. This was exemplified by Inv. 5 as discussed above:

*And he's not spoken about it with anyone. It was...it's a very difficult one because the role of the social worker is to get that information and then use it against him, unfortunately* (Inv. 5, L. 1047-1049)

This extract also shows that empathetic engagement whilst promoting parent disclosure can give rise to feelings of guilt or betrayal on the part of the social worker where such disclosure does in fact result in a negative assessment: *the friend who stabs you in the back* (Inv. 5, lines 1051), suggesting that the anxiety of parents in risking disclosure may be realistic. Not surprisingly then, disclosure could be resisted where parents did not trust how information would be used, and were concerned that it may be used to discredit them as parents. At the same time, the analysis highlights the relational nature of social work so that even where there is openness on the part of the social worker, a shared appraisal of what needs to change may remain elusive, as in F3.

Responding to the emotional needs of parents and avoiding collusion

At the same time, some social workers believed that concern to demonstrate sympathy for the parent may provoke risk of collusion. Thus the social worker Inv. 4 in referring to colleagues stated:

*I think really frequently they (social workers) fall into the trying to support the parent and then collude because you're trying to have a relationship. And over a period you see them (parents) regularly you could easily fall into that* (10, Inv. 4, L.199-206).

This suggests that for some social workers concern for the parent may overshadow concern for the child: though the social worker Inv. 4 voiced this opinion, examples of this did not appear in the other data. There were, however, many examples of social workers describing what amounted to therapeutic practice which made assessment of harm emotionally demanding. Statutory guidance requires assessment of the parent’s ability to provide for the child’s needs which includes the impact of the parent’s history (DFE 2015). Social workers described such work as similar to ‘counselling’, so that social worker Inv. 4 described a father with whom he was working as dismissing the need for counselling as that was provided by the social worker. Social workers Inv. 5 and Inv. 6 described also practice that was akin to therapy.

Broadhurst and Mason, (2014) suggest that the ‘embodied presence can bring familiarity and intimacy.… and is thus highly conducive to engaging children and families in the process of change (p. 583). Whilst not contesting this, the present study suggests that such intimacy can also make negative assessment more emotionally demanding of social workers as seen above (Inv. 4).

Social workers thus were engaged in intimacy of care for parents but this was experienced by some social workers as emotionally problematic when ‘further down the line’ such disclosure did in fact result in a negative judgement. This intimate emotional aspect of social work is thus embodied in the nature of the relationships formed within the communicative encounter.

Thus, as implied by the above examples, although relationships are ‘vehicles for change’, for some parents change will not be achievable in timescales that will enable children to be cared for by their parents, despite relationships of trust (Darlington et al., 2010). However, where assessment has reached a negative conclusion and where parents have been open with social workers, it is suggested that there is a moral imperative to continue to work with parents post-proceedings including post-adoption proceedings. This is morally justified practice but also makes sense in the likely context of subsequent children that the parents may have (Featherstone et al., 2014).

As indicated in the analysis, rather than collusion with parents being the common response to emotional conflicts for social workers, the more common strategy was to focus on the child so that an understanding of the child’s experience was an oft quoted strategy that enabled the social-workers in the present study to manage the care/control aspects of their role. This contradicts prevailing public discourses that social workers focus on the parents’ needs to the detriment of children’s needs, as well as findings from Serious Case Reviews (Radford, 2010). However, the data presented in this thesis is from mundane routine practice that is likely to include a broad continuum of practice; the examples reported in this data was of social workers awareness of what could seem like duplicity in their approach and which was a source of stress. Whilst social workers were concerned about how this was experienced by parents, this may have been mitigated to some extent by keeping the purpose of such engagement to the fore. Mistrust is more likely to develop where parents perceive social workers to have been manipulative or malicious (Darlington et al., 2010).

**Dispersed power and aggression**

A starting point to considering the emotional context of practice requires explicating the power relations inherent in practice. A Foucauldian perspective is likely to locate power as diffuse and situational though geared towards maintaining the dominant discourse. However, although the wider discourse positions social workers as powerful, it is perhaps more accurate to describe power as residing in the institutional role. The questionnaire data indicated that in response to the question about who social workers saw as the most powerful in their relationships with parents (i.e. either the social worker or the parents), with one exception all of the social workers stated it was the social worker. However, experiences of fear and intimidation recounted in the interview data suggest the reality is more nuanced, and that on personal level, social workers were very often vulnerable.

In addition, though four of the social workers who answered the questionnaires had found managers supportive in dealing with hostility and aggression, most social workers were either ambivalent or did not feel that managers were likely to support social workers in coping or managing aggression. This suggests that social workers experience vulnerability as a result of a conflux of influences at an organisational and situational level, despite the ostensibly powerful role they occupy.

Although some social workers attempted to understand motivation for parental aggression, determining the cause of hostility was seen as complex (Barbalet,1998) though there was acknowledgement that parents could be fearful of the power inherent in the social worker’s role (F1 HV1, F2 and social worker Inv. 3).

Analysis of the home visits, interviews and questionnaires indicated that social workers are aware of the power inherent in their role. This was seen in how the social workers aligned to the institutional role as outlined above, and by the ways in which social worker and client identity was constructed in practice. However, Okitikpi (2011) suggests that, despite awareness of the power inherent in their role, it is the care component of the care/control function that social workers are most comfortable with.

This has been evidenced to some extent in the present study. For example, many of the social workers interviewed sought to find explanations for parental problems that avoided pathologising the parents, and there was some avoidance by the social worker in F3 of provoking conflict by avoiding the use of the control powers inherent in the social work role.

Although the data confirms that social workers were aware of their powers, the *use of power* was not foregrounded in their reflections on practice. In practice, the home visits indicated that power was mostly implicit rather than made explicit. It was implicitly visible in the interactional order and the discursive positioning within the social worker-client dyad (also discussed in Chapter 5), though it could be made explicit at different interactional points (for example, explicitly holding clients to account, as discussed earlier in Chapter 6). At the same time, the analysis has shown how power and control could oscillate within a single home visit, as discussed in relation to F1 HV1, wherein the social worker allowed the father to determine not the child protection plan, but how aspects of the plan could be implemented.

However, despite the power that adheres to the role, the analysis has indicated that social workers can also feel vulnerable when faced with intimidation or the expectation of intimidation, as described both in the questionnaires and by the social workers who were interviewed. Despite social workers locating power as residing in the social worker’s role, power in terms *of ability to act freely* without *fear* was not always available to the social worker. This was demonstrated in relation to social workers Inv. 4 and 5 and is further demonstrated in relation to intimidation within the home (discussed in Chapter 7).

The emergent understanding of power points to the personal experience of power as nuanced and ambiguous, with experiences of aggression or intimidation capable of rendering the worker feeling powerless, despite the institutional power residing in the role of the social worker. Social workers were powerful in terms of decision making powers embedded within their institutional role. Power is also relational (Samsumsen & Willumsen, 2015) so that the social worker may be rendered individually vulnerable at an emotional and physical level when confronted with client aggression. The social worker may thus feel vulnerable even where the client experiences social workers as powerful, as well as feeling vulnerable in interaction with clients who present as personally powerful within the interactive encounter.

Organisational support

Experiences of hostility and aggression have been identified as not uncommon (Littlechild, 2016; Ferguson, 2009, 2010) and this is reflected in the current study.

Social workers reported seeking support from colleagues as a first point of call rather than by the organisational processes where they had experienced an incident of intimidation. As discussed in Chapter 2, the wider organisational climate can operate to erode trust between front-line workers and managers, if there is seen to operate a management climate that tolerates a level of aggression (Calder, 2016). This was apparent in relation to the perceptions of the majority of the social workers interviewed and in most questionnaire responses. These highlighted that supervision and manager support was not always valued by social workers in contrast to support from colleagues. The current study indicates that, for some social workers, the organisational culture in its response to intimidation was experienced as uncaring.

**Summary**

The emotional context of communication

Social workers were able to engage empathetically with parents, often within contexts of intense emotion. The analysis has highlighted that confirming parents’ emotional experiences of child protection intervention, theorised as emotional validation, is significant for effective engagement. Empathy as involving validating the emotional experiences of parents was made explicit by conversation analysis of the home visits. Emotional validation did not always result in de-escalation of emotion, but, combined with sympathetic deflection, could lessen the likelihood of confrontations.

It was also noted that sympathetic deflection allowed the focus to remain on improving the child’s situation. This enabled social workers to respond to the emotional needs of parents whilst maintaining a focus on the child. This locates effective practice as deeply dependent upon the communicative skills of the individual social worker at this micro-level of practice.

Where the interactions are not one-off events, but take place within a continuous relationship, this may affect how clients are responded to within different interactive encounters. In addition, the relationship between the social worker and the parent may impact on responses to unexpected challenges.

 The importance of establishing relationships of trust has been highlighted as a key interactional process; however, parents were seen to actively engage in assessing the risk involved of honest engagement with social workers. For some parents, where there was different appraisal of the need to change, as in F3, such engagement was not forthcoming.

Previous negative experiences of professional intervention including social work intervention were additional factors that affected the establishment of trust. Social workers were sometimes able to overcome such obstacles, as in F1, where there was empathetic engagement with the parents’ conception of their difficulties.

Social workers experiences of aggression (external to home visits)

Additional findings that emerged from the data analysis include how power was seen to exist in different forms that could be described as institutional power which adhered to the social worker’s role, and personal power which was distributed between social workers and clients and which could be used to rebuff intervention by intimidation. For some workers in this study, intimidation went so far as to constitute criminal behaviour, so that social workers were personally vulnerable to aggression and intimidation. Practice therefore frequently took place in a context of anxiety so that this challenged the degree to which relationship of change could be realistically predicted.

Organisational responses to aggression

This research has highlighted that the emotional needs of some social workers were not always adequately taken care of by their organisation. Despite the levels of anxiety discussed above, most of the social workers who responded to questionnaires and who were interviewed did not feel supported in their role by managers. Managers may inadvertently collude with normalisation of aggression through a lack of robust responses (Littlechild, 2008).

Some social workers did not feel able to bring issues of intimidation to managers and some social workers did not have confidence that their fears would be taken seriously. This accords with Taylor, Becket and McKeigue (2008) who found that avoiding workers’ anxieties was a common but ultimately unproductive organisational response to staff anxieties.

However, the questionnaire data indicated that four social workers had found managers very supportive when they had experienced intimidation. This variation suggests that it may be individual managers’ responses to aggression that differ, suggesting that the organisation framework does not have a policy that is consistently implemented by managers to support workers’ experiences of aggression.

A related factor may have been that social workers tended to demand a level of stoicism from themselves that came to inhabit their identities as social workers. In fact, this is likely to indicate an accommodation to levels of stress that should be a concern for the organisation in terms of staff well-being.

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**Chapter 10 Conclusion**

**Introduction**

This thesis draws attention to child protection front line practice as an essentially communicative encounter and highlights the central importance of the home visit as a key context of social worker-parent interaction.

**Key themes**

This study has attempted to address the question of *the extent to which social workers engage sensitively with clients whilst addressing child protection concerns in the context of home visits.*

In order to answer this, several sub-questions were considered relevant, which points to the complexity that belies the simplicity of the research question.

Table 10 below summarises the research sub-questions and presents them alongside of the themes identified in the analysis, along with the significant findings in relation to each theme. Additional themes that arose from the analysis included *how the institution of social work was made visible in interaction during home visits,* as well as *the construction of professional and client identity in practice*. Consequently these are included in the table below. There follows conclusions in respect of these themes along with implications for practice and areas that may merit further research.

|  |
| --- |
| **Table 10 Research Questions, Analytical Themes and Key Findings.** |
| Research Questions | Analytical themes | Significant findings |
|  | The Institution made visible in interaction. | Care and Control as constitutive of practice.The interface of the public and private sphere as contested space bound up with surveillance and account holding. |
|  | Parental and Client identity construction | Child Protection Status was a challenge to identity.Child protection as a stigmatised status was variously resisted by different clients. This included the struggle to ‘be ordinary’ and could include preferred identity constructs.Discourses of motherhood were implicated in child protection status.  |
| How do social workers respond to movement and place as sites of practice?  | Spaces and Places of Practice | Social workers in the home visits were not impeded in movement around the home. The interview and questionnaire data indicated movement around the home could trigger hostility and aggression which linked with the private sphere as contested space.Social workers were not reluctant to move to touch children and there was no evidence of distaste of physical contact.  Neighbourhoods of practice were differently responded to: a construct of belonging and alienation was drawn up to explicate this finding which linked with identity constructs. |
| How do social workers engage sensitively with clients when addressing child protection concerns? | Sensitivity in Practice | Most social workers addressed sensitive issues as delicate by sensitivity markers in interaction. Social workers were skilled in this aspect of practice and were able to identify and respond appropriately. However there were occasions when sensitivity overwhelmed appropriate challenge. There were instance of insensitive practice that undermined aspects of effective child protection engagement. |
| What is the emotional context of practice and how is this managed in interaction and as constitutive of practice? | The Emotional Context of Practice | A construct of emotional validation and sympathetic engagement was found to inhabit practice which supported parents to manage emotion and helped to avoid conflict. Social workers experienced high levels of aggression which some social workers did not feel were adequately addressed by the organisation.  |
| What are the discourses that inhabit practice? | Public and Private Sphere/Care and Control in Social WorkMotherhood/Shame and Identity/Social work as moral practice | Care and control remained key aspects of practice and though power was held by social workers at an institutional level, at a personal level power shifted so that social workers could be personally vulnerable |

**Key themes and Implications for Practice and Future Research**

**Surveillance and Monitoring**

Surveillance and monitoring are often termed as the control aspect of the care and control function. This study has suggested that surveillance as the operation of institutional power remains a source of tension that indicates the need for constantly renewing the claim to intervene. The public and private sphere marks the limits of the state’s right to interfere. However, intervention where children may be at risk of harm represents a compromise between non-intervention and the recognition that the home may constitute an arena of harm for vulnerable members (Marinetto, 2013). Nonetheless, this compromise remains uneasy and may suggest that individuals variously align with the idea of negative and positive freedoms. Alignment with negative freedoms will predict resistance to state interference (Holland & Scourfield, 2004). The Human Rights Act (1998) has been suggested as offering a compromise that allows all parties equal status in balancing different rights. However, even then, the infringement of another’s right must be justified so that the conundrum of interference to protect the child remains unresolved. This study has attempted to excavate whether surveillance associated with child protection has become accepted and concludes there is a very uneasy truce. For some parents, the surveillance aspect of the social worker’s role in relation to crossing the threshold of the private sphere remained a contested practice. That children have a right not to be harmed and to have lives that are free from abuse is not controversial, but the means to achieve this remains contested, as there is reluctance to sacrifice freedom from state interference. The right not to be unjustifiably held to account is an important legal principle that upholds the autonomy and dignity of the individual.

**The home visit as a contested space**

The challenge for social workers is to acknowledge that their presence in the home in itself constitutes a challenge for some parents and that entry to the home should be respectfully negotiated. The home visit as a context of practice not only lies at the boundary of the public and private sphere but constructs and shifts the boundary, so that some resistance to the home visit may reflect this boundary alignment. It is also important to determine what is being resisted. The social worker Inv. 6 established it was failure to remove shoes that led to resistance to entering the home, which indicates some resistance to external control in the private sphere.

Undertaking child protection practice within the private sphere has perhaps not been sufficiently theorised in social work education. Education and training on observation and communication has largely ignored the context within which interaction takes place, which the present study has highlighted as exerting an influence on the possibilities of the communicative encounter. It is the interactive contours of the home visit that gives this aspect of social work practice its flavour.

It is therefore suggested that education and training should include attention to this important context of practice.

Implications for practice and research

The home visit as challenging this boundary and shaping the communicative encounter is an area that would merit more consideration both in practice and as an area of further research.

**Account Holding**

Although social workers in the present study were able to hold parents to account, there were examples of parents wresting power from social workers and avoiding being held to account. This could be despite outward procedural compliance as seen in the home visit to Family Three (F3) where the child protection plan was narrowly adhered to, but there was little engagement with change. As social workers are charged with ensuring procedural compliance, there is a danger that this is more likely to be prioritised in practice (Harris, 2012: Munro, 2011). To some extent, the social worker in F1 also prioritised procedural compliance at the expense of engaging with the cause of conflict in the couple’s relationship. This suggests the persistent dominance of a performance management culture that risks the process becoming more important than more nebulous aspects of practice that are less easily measurable.

The interview and questionnaire data indicated that social workers frequently encountered hostility and aggression within routine practice. The questionnaires asked social workers how many incidents of aggression or hostility had been experienced in the past two years: responses include ‘lost count’ and ‘over one hundred’. Three of the incidents reported in the interview data required police assistance. In some cases it is likely that the cumulative impact affected social workers’ ability to deal with challenge and effectively hold parents to account.

Although these examples are clearly situations that can be identified as incidents of aggression, the experience of more nuanced hostility should also be recognised. The home visit to F3 was marked by low level hostility that produced an atmosphere of unease. In this situation the social worker did not fully hold the parent to account in the context of an ambiguous antagonism that was difficult to challenge. The parent’s appearance of process compliance in relation to other aspects of the case meant it was difficult to challenge the lack of genuine engagement with change.

**Compromised holding to account and potential child protection errors**

These examples highlight the difficulties of holding parents to account. Where the atmosphere was one of hostility, account holding within the home visit was experienced as particularly challenging.

In this context social workers responded by opting to fall back on account holding in respect of elements of the child protection process that they felt more able to control as in F3, or alternatively, social workers could down-play concerns, which occurred to some extent in F1. The discretion afforded child protection practice is such that some incidents may not be constructed as a child protection concern if the consequences are too high for the practitioner, as may have been the case in F3 and to some extent in F1. Both strategies resulted in conflict avoidance which, in some situations, could result in child protection errors. This may have occurred in relation to F3, which could result in children not being adequately safeguarded.

Implications for Practice

It is suggested that joint home visiting or sharing cases at the level of home visits may support confident practice, in particular where there are relatively inexperienced workers holding child protection cases and that this is imperative regardless of the experience of the social workers where there are elements of active or passive hostility. In addition, where a child protection case is nearing closure, joint visits could support social workers to openly raise concerns and fully discuss these in a context that is more likely to support a focus on the child.

**Movement in the home**

The home visit has been identified as a significant context of practice: however, movement in the home and engaging with children has been seen to be problematic in some instances. Many of the aggressive responses noted in the data stemmed from movement into and around the home. Although a number of fatal child abuse inquiries note that such movement is required in order to ensure the child’s safety (Reder & Duncan, 2003); nonetheless such movement requires negotiation and permission seeking in order to uphold the dignity of the parents as an ordinary human need. Most social workers demonstrated appropriate respect for the private sphere, but this was not universal throughout the data.

Many of the detailed descriptions of aggression followed from requests either to see the child’s bedroom or in relation to attempts to talk to children within the home, particularly in the bedroom as a more ‘private’ or personal space. This appeared to have been linked to both perceptions of intrusion as well as parents’ efforts to control the reach of the institution and constrain what was said to social workers. Examples were also given of family members attempting to control social workers in ways that replicated control over family members which could undermine effective practice (for example, Inv. 6 recounted being made to feel silly and childish) and had the effect of instilling anxiety in conducting home visits.

Despite the home visit being frequently associated with episodes of aggression, most social workers valued the insights into the lives of children that home visits provided. How social workers constructed experience of home visits therefore varied, though all social workers with one exception valued this aspect of practice as allowing authentic assessment of the child’s situation to take place.

**Neighbourhoods as extended contexts of the home visit**

An important research aim was to establish how social workers responded to neighbourhoods of practice. An unexpected finding was that emotional responses to neighbourhood were implicated with constructions of identity. For some social workers this created a tension between professional and personal identity that has been theorised as aspects of belonging. Twenty five percent of social workers in the study expressed feelings of alienation from the neighbourhoods in which the home visit took place.

Implications for practice and research

The challenge for social workers is to acknowledge that their presence in the home itself constitutes a challenge for some parents. Consideration of the meaning of social work home visits for the family should inform the approach to home visits which may be viewed as a negotiated encounter within the private space of the family.

This study has noted that experiences of aggression may result in anxiety which undermines the effectiveness of practice. Supervision or management of staff could usefully include a focus on the wellbeing of the worker, including support for the management of anxiety which has been seen to impact on social workers at a personal level, as well as affecting professional practice and judgement. This would support a caring culture to develop where attention to feelings that may arise from difficult home visits is viewed as part of the organisation’s responsibility to staff.

This could include reflecting on the implications of stressful home environments for the children who live there.

The communicative encounter has been identified by conversation analysis as pivotal to child protection social work. However, social workers need not only to be skilled communicators but to be able to communicate within the context of home visits that may be emotionally fraught, and where the control usually vested in the professional requires negotiation in interaction. The context of the home visit supports holding difficult discussions but also imposes particular constraints on what can be accomplished within interaction. Education aimed at developing communicative competence should therefore include the context of communication.

The significance of the home visit as a site of practice that influences interaction within child protection practice is not sufficiently researched and requires greater understanding as a significant practice influence.

**Engaging and communicating with children**

This study was interested in discovering whether social workers found the physical space of the home, and the children they were professionally responsible for, aroused distaste such as to prevent them touching and moving to reach the abused child, as suggested by Ferguson (2009). This study was unable to confirm this as a reported or implied experience. The home visits did not evidence social workers physically interact with children except in one home visit (F3) though with only one of the four children in the family, though the social worker in F2 offered to help the child put on a jumper. In fact, it was noticing the child’s distress that promoted perseverance in trying to access children sometimes in the face of high levels of hostility and aggression.

As noted, aggression was linked to attempts to talk to children within the home, particularly in the bedroom as a more ‘private’ or personal space. Social workers’ accounts of the routine nature of such constraints on the child’s voice was concerning. Much of the literature is based on how to communicate with children and the importance of building relationships (Lefevre, 2015; Ruch, 2014), but is more limited in noticing these particular constraints on the child’s freedom to communicate. Parents may have been fearful of how social workers interpret what children may reveal. However, displays of intimidation often occurred in the presence of children, which suggest that concern for the child is at best inappropriately displaced. It has been noted that intimidating behaviour could lead to social workers avoiding home visits (Branden et al, 2009). This was not apparent in this research but it did impact on the relationships that were possible with children (as in Inv. 3 where children had been told the social worker was a witch and was going to take them away).

In this thesis, the home was not always seen as a ‘safe place’ for open discussion of concerns, though social workers nonetheless valued the home visits as conducive to accessing the child’s authentic experiences.

Social workers may need time to work with children to address the considerable barriers to overcome mistrust and fear.

Further Research and Education

Social worker failures to engage with children have been noted in other research studies; however, the practical obstacles in terms of displays of aggression and negative constructions of social workers by parents have not been sufficiently acknowledged as significant barriers to communicating with children.

Some parents may fear the purpose of social work intervention so that overcoming fear is inherent in the communicative encounter.

Research on how social workers can negotiate these barriers may help to support more effective engagement with children that could inform future social work education.

**The Emotional Context of Practice**

The analysis revealed that most social workers were not confident in discussing their emotions with managers; some who did so reported being told to ‘toughen up’, which does not suggest that the organisational culture would have been receptive to feelings of alienation when carrying out home visits.

This aspect of organisational culture is out of step with best practice (Beddoe, 2010), which suggests that effective organisations are ones where workers are able to express anxieties associated with practice and where supervision can support containment of strong emotions associated with practice (Ruch, 2007). However, the analysis and discussion of the emotional context of practice also included experiences of aggression which a minority of social workers stated that were able to discuss in supervision and felt well supported. This suggests that different managers within the same organisation were able to address these aspects of practice effectively. It may be that the organisational culture depends on the approach of individual managers rather than the existence of a supportive working culture, which it is suggested as more conducive of alleviating professional anxiety and supporting good practice (Taylor, Becket and McKeigue, 2008).

In terms of the emotional context of practice, social workers frequently encountered distress which some social workers described as affecting them when they were at home and impacted on their emotional wellbeing. In addition, social workers described feelings of betrayal and ambiguity in terms of their role as quasi-counsellor for parents, when information gained in this context was used to support what was often a negative assessment. In addition, dealing with parent’s distress as well as dealing with aggression for one social worker was summarised as managing the working day but crying at ‘any little thing’ (Inv. 3) when they went home and indicates social work practice as impacting upon wellbeing. Revell and Burton (2015) point out that such emotional distress is likely to result in practice errors.

Implications for Practice

The centrality of the care and control function is to the fore in interaction, with control bound up with surveillance and account holding. However, holding parents to account takes place within a context where there may be hostility or aggression.

As indicated above, there is an organisational imperative to ensure that the emotional wellbeing of staff is given greater priority within the organisation, including promoting a culture that facilitates sensitive responses to staff experiencing emotional stress.

Responses to the emotional context of practice, and the experience of aggression in particular, has been seen to vary depending on individual managers.

Some social workers in the present study perceived an over-emphasis on case management during the supervision processes at the expense of worker well-being. Thus the worker was only of interest in terms of the organisation’s goals.

There is an ironic parallel with Serious Case Reviews which have identified not seeing the whole child as a significant failing in many child deaths from maltreatment (Brandon et al., 2009: OFSTED, 2011). It is speculated that the organisational response could be mirrored in social work practice with poorly supported professionals unable to adequately assess situations of risk to children.

In addition, most social workers recounted experiencing high levels of emotional stress due to the nature of the work they carried out, as well as attempting to fairly balance the conflicting needs of parents and children, which was achieved with different levels of success. Within this context, many of the social workers in this study did not however feel ‘taken care of’ by the employing organisation.

The organisation as a whole should therefore ensure that effective responses are not dependent on individual managers. Procedures should be in place for and consistently applied, with incidents discussed at a senior level to ensure adequate response and support for staff becomes embedded in the organisation’s culture. Organisations could review training practices in respect of staff appointed as managers and that such training should include responding to the emotional impact of practice. This could inform staff supervision.

**Sensitive Practice**

Social workers were mostly sensitive in how they approached issues that were delicate for parents and showed sensitivity towards what issues were likely to be contentious, including distinguishing between issues that were differently sensitive for different family members. Such approaches supported positive relationships with parents.

Sensitive practice was seen to have been achieved in the interactive encounter by the way in which social workers approached issues indirectly or with expressive caution. Parents were allowed to set the agenda for aspects of home visits which could be extensive sections of the visit, and concerns when expressed were approached over an entire sequence rather than abruptly and without warning. In this way some desensitising occurred so that challenging topics could be approached gradually. In addition, positive comments were included so that the interactive contours were supportive and at times comfort was offered. This approach facilitated parental engagement.

However, as seen in the analysis, concerns with parental sensitivities could, on occasion, overwhelm the need for appropriate challenge. Thus sensitivity could slide into lack of account holding as occurred on a number of occasions in F1 as discussed in Chapter 8.

Conversely, insensitive practice was equally damaging in terms of the objective of both protecting the child from harm *and* improving the child’s wellbeing.

Insensitive Practice: Attending to conflicting needs

Forrester et al. (2008) found some social workers unable to adequately respond to the conflicting needs of parents. The social worker in Inv.1 was inexperienced in child protection practice so the situation left her with insufficient resources to manage the differing needs of the parent and child that ultimately impacted negatively on the mother’s standing in the community and affected the parent-child relationship. The social worker was able to justify this by reassuring herself that she was making life better for the child by improving the quality of the parenting.

However, insufficient regard was paid to the impact of intervention as trespassing on the dignity of the parent, as well as how this could of itself undermine the child’s welfare, holistically understood. Whilst well intentioned the social worker did not appreciate the extent to which the family context was significant.

Practice implications

Social workers may need to be more attentive to the impact of intervention on the family holistically conceived as nestled in communities that may be supportive and important to the family’s overall well-being. This is not to advocate ‘downgrading of concerns’ but to suggest social workers may need to advance their understanding of the communities they work with.

Social workers including those with less experience or experienced workers taking on unfamiliar child protection roles may need additional support with the complexities of the child protection role. In addition, supervision needs to be sufficiently robust to identify where workers are struggling with some aspects of their role.

The research has found that social workers were skilled communicators who could sensitively engage with parents to address delicate issues; however, this was not always apparent. There were also examples of avoiding challenge as well as insensitive practice. This suggests that social workers may benefit from education/training that promotes sensitive practice in interaction.

**Identity and Categories: shame and resistance**

The research has demonstrated how professional and client identity is fashioned in interaction and by orientation to, and acceptance of, the dyadic relationship between the social worker and parent. This includes the right of the social worker to hold the client to account as well as category assignment. Social workers were dependent and constrained by alignment with the institutional goals. Client identity was constructed in interaction by the extent to which parents accepted their subjective position within interaction but also resisted aspects of identity positioning. This included resistance to stigmatised categories as well as contesting the institutionally determined category. Goffman’s concept of ‘face’ is useful to support understandings of how stigmatised categories of themselves can be destructive of public and private esteem (Goffman, 2008). Child protection status imposes a shameful identity that is perhaps insufficiently attended to in social work literature (Sykes, 2011). This study suggests that constructions of client identity in child protection social work imply negative category assignment which parents (frequently mothers) may work to resist. The alternative is to accept the burden of an unwanted identity category. Discourse analysis was useful in highlighting discourses of shame and good/bad motherhood that impacted on identity (Evertsson and Grunow, 2016) so that parents resisted such categorisation. Thus, parents were reported to shun the label of their child ‘being at risk’. Alternatively, parents aligned with non-stigmatising categories or by positioning themselves as ‘ordinary’ or as expert in their own or the children’s lives. Social workers could validate these alternative identities by the extent to which they accepted them as authentically co-existing identity constructs.

Social workers were differently sensitive to parents’ concerns regarding their public and private identity so that face work was differently approached by different social workers.

Some social workers experienced discomfort with aspects of professional identity that presented a moral challenge, in so far as reaching negative judgements about parents they worked with was described as a “betrayal of trust” which was difficult to reconcile with their professional or personal values.

Professional and client Identity are presented as interactive constructions that require mutual validation. Cooperation with child protection assessments may involve an identity challenge as the private self is made public. Thus, some parents may resist the threat to constructions of the self.

Implications for practice and research

To engage in child protection planning may therefore require confronting core aspects of the self and give rise identity ‘reconstruction’. Social workers may need to consider acknowledging this in terms of how parents are supported to engage with change. This is only likely to be possible where there are shared goals that allow the development of relationships of trust, supported by sensitive practice.

Further research may be useful in terms of understanding and supporting how social workers can support identity challenges implicated in child protection intervention.

**Sensitive Practice and the Emotional Validation of Parental Experience**

Although ‘the emotional context of practice’ was identified as a separate theme it over-lapped with many of the other themes identified so that the emotional context of practice was seen to inhabit practice, in terms of social workers’ emotional responses to practice, and as a key aspect of performing social work in terms of managing parents’ emotion in interaction. As the latter is sympathetic to the theme of sensitive engagement with parents in the context of addressing child protection concerns, these aspects of practice are discussed together in the following section.

As stated earlier, though there were examples of insensitive practice, most social workers engaged sensitively with parents. Interaction practices reflected counselling strategies that were present in sequential organisation in terms of muted topic control or passing topic control to parents during aspects of the overall interaction sequence. Delicacy in interaction marked topics as sensitive by indirect approaches and hesitancy which allowed sensitive topics to be approached in a way that ‘de-sensitised’ the issue and allowed discussion of sensitive topics. Social workers who were interviewed were able to recount episodes where they had engaged parents in discussion of difficult life experiences, and some parents had equated such sessions as obviating the need for counselling. However, as discussed, this could also leave social workers feeling troubled when such information was used to construct negative assessments.

Emotional validation (MacGeorge et al. 2005) and sympathetic deflection are suggested as potentially useful ways of managing strong emotion in interaction, whilst maintaining a child protection focus. As discussed in Chapter 9, emotional validation was not always productive in de-escalating emotion, but provided a sympathetic response that appeared to prevent emotional escalation from becoming confrontational. Where this was combined with sympathetic deflection it could support maintaining a focus on addressing the child protection concerns.

Forrester et al. (2008) found that social workers did not engage sympathetically with parents in simulated interviews with parents. This study has found that counselling techniques were not sufficient to manage the complexity of the social worker’s relationship with parents that could include a quasi-counselling role, but where the parent was not the primary client or concern. An alternative approach described by social workers mirrored counselling, but was in the end less committed and required a ‘holding back’, in that the object was to promote change in the parent in the interest of the child. This was emotionally demanding as most social workers were sympathetic to the narrative of parents’ lives. This is similar to the approach outlined by van Nijnatten and Suoninen (2014) who suggest that “doing delicacy in social work is securing an interactional space in order to enable progress with regard to the institutional goals ‘behind’ the conversation” (p.152). The present study concurs with this formulation but adds the practice of emotional validation combined with sympathetic deflection as a key way in which some social workers were able to engage sensitively with clients whilst addressing child protection concerns in the context of the home visit.

Whilst recognising that social workers need to adhere to the institutional requirements, it is equally important to provide an emotional space in which the parents can articulate their concerns. The technique of emotional validation and sympathetic deflection enabled practitioners to create sympathetic spaces to engage with parental concerns. In some cases, this may in turn promote engagement with other aspects of the child protection process.

However, social workers may need support in balancing the institutional requirements of ensuring parental adherence to procedural recommendations, whilst at the same time engaging parents in ways that validate their emotional experience of child protection intervention. This research has noted that emotional validation and sympathetic deflection facilitated parental engagement, and supports managing the potential for confrontation. It may enable engagement with parents’ concerns whilst not down-grading child protection concerns. However, it is not offered as a panacea for all cases; some parents may be unable to engage in change or may exhibit a level of hostility or aggression that makes engagement problematic. In addition, these are tentative conclusions as the data set on which this finding is based is small.

Implications for Practice and Research

Social workers need to communicate with parents in ways that acknowledge child protection intervention as extremely challenging for parents.

Further research could be useful to examine emotional validation and sympathetic deflection based on a larger data set, as potentially the approach could support this aspect of child protection practice.

**Social Work as a Moral Practice: working in an ethical framework**

Professional identity includes a moral element that involves willingness to engage with and understand the perspectives of others (White and Featherstone, 2005). Webb (2006) conceives of social work as a moral practice and goes so far as to suggest that the legitimacy of social work rests on its ethical intent or *practice of values* (ibid, p.33).

The findings in respect of sensitive practice indicated that social workers adopted a moral positon in so far as social workers positioned clients in relation to macro discourses of moral culpability. Parents’ culpability was positioned in relation to the extent to which parents were seen as able to exercise agency in their personal lives, in the context of past life experiences and within their current circumstances. This highlights how moral judgements are attended to and actioned in practice. Ethical practice was apparent in the extent to which practitioners were actively aware of the implications of decisions (Banks, 2011: Stanford, 2011) and took these into consideration when making decisions. This was an active element of practice for many of the social workers in this study. Most of the social workers across all of the data sets commented on the need for respecting parents. Some social workers articulated the emotional burden of balancing care for parents with action to safeguard children whose situations were compelling evidence of failed parenting.

However, there was at least one example of practice that was inadequately attentive to upholding the individual dignity of parents. This perhaps exemplifies the moral conflict that can make practice challenging, as competing claims set up emotional and ethical tensions that are not easily processed, particularly within an institutional culture that simplifies the impact of managing competing needs by reducing the complexity to simply prioritising the child’s best interests.

It was the social workers who were actively attuned to the child’s needs whilst nonetheless aware of the implications of their decisions who exemplified defensible ethical decision making. This accords with Epstein (1999), Featherstone, White and Morris (2014) and Webb (2006) who suggest that in absence of a coherent theoretical practice framework, consideration of the ethical implications of decisions may constitute ethical practice.

The interviews evidenced variability in the extent to which social workers reflexively considered the ethical implications of such encounters. Where such considerations were to the fore, this was bound up with the social worker’s identity as a moral actor capable of reflexively engaged in practice; though the social worker’s positioning as the child’s social worker was seen to have emphasised foregrounding the child. Winter (2004) suggests that for some children, harmful parenting impacts on autonomy by eroding the child’s identity: a search for ethical practice therefore needs to take account of the child as an autonomous individual, no less than the parent. The home visits revealed social workers in practice taking account of the concerns of parents within interaction. This reflects the findings of Stanford (2011) who suggests that it is within personal encounters that moral practice is brought into being.

Most social workers involved in this study were aware of working within a contested ethical arena and though for many social workers there was a strong orientation to support parents who were struggling, this was muted in face of the child’s distress.

Social work is therefore viewed in this thesis as an inherently moral activity so that the integration of personal and professional ethics within practice constitutes social work not just a moral practice but a moral identity.

Although prioritising the child’s best interest remains a core social work value, the organisation can inadvertently minimise the implications this has for parents as well as the emotional impact of decision making on practitioners. This can result in staff experiencing high levels of stress or, alternatively, may lead to a diminished sensitivity to parents.

Judgement has been seen as a fundamental part of social work inherent in the control function. This derives from the need to ensure that the rights of one group do not erode that of others. Hardy (2015) suggests that rather than competing components, care and control are complimentary. In this conceptualisation the care aspect of practice is not so much marginalised when exercising power as reformulated, so that within an individual case the balance is constantly changing (Hardy, 2015, p.171). Control here is understood as in the interests of a social good: so that protecting the child is a legitimate use of the control function. However, this research has indicated that there continues to be unease among some social workers with the exercise of power and control in the lives of vulnerable parents.

Ethical practice in this context is not straight forward, so that although the moral base of social work is attracting renewed academic interest, a theoretical moral base that attends to conflicting needs remains elusive. This is sketchily translated into practice guidance and merits further consideration both in terms of research and policy.

Implications for practice and research

Practice debates regarding the emotional and ethical dilemmas involved in practice may support developing ethical awareness within the organisation.

There continues to be a need for a coherent ethical guidance that recognises the complexity of decision making in contexts significant vulnerabilities and needs.

**The contribution of a hybrid analytic**

This research has attempted to contribute to understandings of a key aspect of front-line practice, which remains under-researched, despite its key importance to assessment that mostly takes place in private and without observation. The home visit as a site of practice has been seen to feature heavily in social workers’ accounts of child protection intervention within this study, and is presented as an important event for social workers and the families that they visit. Adopting a social constructionist epistemology, the home visit as a context of the communicative encounter has been highlighted as impacting on the nature of the interactions that are possible, and which themselves constitute practice. In addition, study of actual real-time social worker-client interaction remains infrequently used in research studies of social work practice and of front-line child protection in particular, so that empirical research on this micro-aspect of practice is not well developed. Conversation analysis has made visible the complexity of the communicative encounter and the means by which practice is performed in interaction. Applying conversation analysis has illuminated how practice takes place: it has demonstrated meaning making at a micro level as located within social worker-client interaction. This thesis therefore reveals how child protection social work is essentially a communicative practice.

The inclusion of Foucauldian oriented discourse analysis within the framework of a hybrid analytic has enabled the macro as well as micro influences that are present within the encounter to be made clear, and has traced the interplay of these influences within practice. Foucauldian oriented analysis has revealed the discursive constructs that frame the choices and perspectives that are available and that can be discussed in interaction. The interviews and questionnaire data made visible how social workers gave meaning to their experiences of communication within home visits. Interaction within the home visits can be seen to be embedded within this reflexive process; integrating CA and DA across the interactions that occurred within the home visits, along with analysis of social workers’ accounts of home visits, has supported an authentic understanding of this important aspect of social work practice. This thesis highlights frontline practice as composed of an integration of reflection and performance, so that reconstructions of practice come to inhabit and are not separate from practice. Social discourses have been seen to inhabit and influence these contexts.

At the outset, the methodological decisions were complicated by the focus on interaction within the home visit as well as attending to social workers’ reconstructions of their experiences that may influence the interactive encounter. The decision to use a hybrid analytic enabled a lens to be applied to both the micro and macro influences present in frontline practice, which facilitated an in-depth exploration of social work practice in the context of home visits where children have a child protection plan. An alternative analysis may have resulted in different interpretations and foregrounded alternative and even competing claims. However, a social constructionist account avoids claiming to present a single truth. Instead, this thesis has tried to present a coherent and theoretically congruent account of social work child protection practice as constituted through communication within the context of home visits.

The utility of integrating CA and DA to understanding social work practice

The usefulness of the analytical strategy is embedded in the key findings established in this study. The complementary use of DA and CA illuminated the interplay of the macro-influences of wider discourses and the micro-practice of communication as constitutive of practice. CA showed how power, accountability and control as well as features such as empathy and emotional validation, repair work and conflict avoidance, were differently oriented to at different points in the home visit. Thus, CA showed that client’s alignment with the institutional goals varied at different points within different interactional encounters, and allowed a focus on which aspects of the institutional goals there could be agreement on.

The integration of DA and CA therefore involves a shifting in the analytical stance that favours an analytical gear change or slowing down, facilitating the application of a reflective gaze that privileges a focus on the minutia of interaction. This allows a detailed interrogation of how account holding and practices such as care and control are managed in situ, and the extent to which social workers offer opportunities for engagement and collaboration, as well as the extent to which these are resisted. Interactional structures that underpin CA, such as sequence organisation (offer/acceptance, repair work/mitigators), are the tools used to achieve interaction alignment. A detailed examination of transcripts of interactional encounters in combination with DA therefore offers a multi-layered analysis of child protection encounters that can be used to develop and improve professional knowledge and practice.

It is therefore posited that the integration of CA and DA can be utilised as a learning tool for practice.

**Limitations of the research**

Recruitment of participants

The limited number of home-visits was unforeseen, so that a greater number of accompanied home-visits may have supported the validity of the research conclusions. It is possible that more time been spent with social workers prior to undertaking the research may have resulted in more social workers agreeing to participate in this study. However, in practice it is unclear how this could have been achieved without further trespassing on time, and may have created a burden for practitioners in terms of isssues related to client confidentiality and constrained informal case discussions that typically occur within teams.

In this context, the support of Senior Managers responsible for Research Governance (SMRG) was critical in achieving access to social workers as participants. Building links with personnel who were both responsible for and supportive of research/knowledge development within the Local Authority (combined with tenacity) was of key importance to access in this study. This was also facilitated by the interest of the SMRG in the research focus. Despite this support, the limited number of home visits remains a limitation in this study.

The difficulties encountered in recruiting participants for interviews and home visits were explored with participants who had agreed to be interviewed. Factors that were suggested included available time, practitioners feeling over-burdened and unwilling to take on an additional burden, alongside of lack of perceived benefit and with no additional time allocated to enable participation. This reflects Tarpey (2006) who noted that research may be seen by as yet another burden to shoulder, and Clarke (2010; 2008) who noted similar reasons for non-engagement with research, including pessimism about whether the research would lead to change.

The limited number of home visits nonetheless resulted in gaining meaningful data. However, a more extensive number of participants for the home visits may have provided a greater variety of the kinds of cases social workers experience, which in turn may have affected the nature of the interactions that took place. Future research in this area could usefully include reference to the nature of child protection cases to be targeted, as part of the research design.

Ethics Design

Children as participants in this research was a problematic issue, in so far as children were not the direct focus of the home visits, which focused on social workers’ communication with parents; but children could be present. This was acknowledged in the research design which stated the parameters for gaining children’s assent. In the present study assent may have been appropriate in respect of one child (Child A in Family 3). In F3, the parent preferred to provide only legal consent. This left a sense of unease as the children and especially child A and B became vividly present in this home visit. Although there was no requirement on the children to do anything, so that the impact on them was minimal, their presence enriched the research. This suggests that there may need to be further debate about the status of indirect child participants in the research process, where children are not the main focus of the research but are ‘by-standers’, and therefore implicitly implicated.

**Reflection on the dual role of social work professional and researcher**

This research enquired into social work practice which stemmed from my former career as a social worker, so that it was important to recognise that this role could intrude in to the research process. The dual role of social work professional and researcher resulted in some adjustment to ensure that the researcher role was dominant throughout the research. This was partly achieved due to the nature of the analysis which allowed a focus on the institution of social work, so that the institution has not been accepted on its own criteria. Applying a Foucauldian lens has supported a critical approach to the construction of child protection practice and clienthood, and has required some ‘bracketing off’ of a professional lens, enabling a detached, or, at least a less inhibited focus upon practice.

Lumsden and Winter (2014) suggest that professional assumptions may nonetheless exist as ‘blind spots’ in research analysis. It is possible that an unconscious bias could have influenced the selection of the questions asked in interviews and questionnaires, as well the interpretation of the data. I have tried not to let my professional background or personal perspectives influence my approach to the analysis, but to let the data speak for itself. Although to some extent, the hope of finding examples of ‘good practice’ accompanied the data analysis, I have not allowed this to influence my interpretation of the data by ensuring that the findings are embedded within the data.

In addition, both psychological and sociological understandings dominated my former training as a social worker and influenced my approach to practice, so that there was an impulse to look for meaning behind behaviours and language, which had to be kept in constant check. This has been achieved in part by avoiding unfounded inferences and ensuring fidelity to the data and through constantly asking questions of the analysis. I have tried to adopt a ‘virtual accountability’ to all of the participants involved in this study, by considering how they would respond to my interpretation of the data, and the degree to which they would recognise the conclusions reached in this thesis, as well attempting fairness in the analysis and representation of the research findings.

Additionally, my training and many years of experience as a social worker could have promoted alignment with social work values. However, the need to account for practice honestly and to subscribe to researcher ethics of fairness has acted as a corrective, as well as personal motivation to present conclusions that are recognisable to the participants and to contribute valid research.

**Summary and Concluding Thoughts**

A final point is made to highlight the conclusion of the research that set out to capture how social workers communicate with parents to address concerns about the safe care of their children, in the context of the home visit. There were examples of social workers supporting parents in acute distress and engaging sensitively with their concerns whilst remaining focussed on the child’s needs as their paramount concern.

This study has highlighted that communication is composed of a myriad of contextual factors that are present in the moment of interaction. It has attempted to make explicit the performance of practice in interaction, as well as factors that inhabit interaction, and the significance of social structures and discourses that contextualise interaction. Within these parameters social workers were seen to be actively engaged in addressing child protection concerns. This was typically undertaken with sensitivity to parents. However, this was not always the case and on occasion, could trespass on the dignity of the individual, or alternatively could inhibit effectively holding parents to account. In addition, working in environments that were experienced as hostile could lead to practice errors.

Within this emotionally complex environment, the organisational culture was not always seen as supportive.

Most significantly, attention is drawn to the key finding of the salience of the communicative encounter within the context of the home visits, which has been seen to shape and influence interaction, which itself shapes and influences frontline practice. This has been revealed by the application of a ‘hybrid analytic’ that has integrated two approaches within a single study, and suggests that this approach may be effective in illuminating aspects of social work practice.

The application of the hybrid analytic supported the research aims. Conversation analysis (CA) was applied over protracted interaction so that every line uttered was analysed using CA, which combined with an additional analysis required a heavy investment of time. The number of home visits was limited, which facilitated the analysis, though may be particularly demanding to use over an extensive data base. This may explain the limited number of studies that adopt this analysis. However, the insights gained are valuable and unlikely to be revealed by analysis that pays less attention to the micro- context of interaction. The detailed nature of the analysis used in this thesis has supported a deep understanding of practice that would have been otherwise difficult to achieve within a single study.

Though time consuming, this should not disinhibit further uses of the hybrid analytic, though a team approach may make the task more feasible in relation to a larger data set. Alternatively, it is possible that selecting significant episodes from interactional encounters could be utilised as a research focus.

Overall the process has been an interesting though challenging journey. The failure of the recording device for the home visit to Family 3 was experienced as near over-whelming, as a potential loss of precious data that self-recrimination made worse. I had already secured permission for note-taking and therefore made extensive notes during the home visit though without certainty they could form part of the data. The approach to the research allowed some flexibility so that the data was still useable. However, I have ensured thereafter almost a multiplicity of recording devices but have not rid myself of the fear of the devices failing.

The reluctance of social workers to engage in observed home visits initially had been remains surprising to me, perhaps more so as a former social worker. Perhaps over-protectiveness towards clients may have influenced participation, as well social workers being unaccustomed to observation of home visits which typically take place unobserved, so that some fear of observation of a private area of practice may also have been present. Social workers’ practical concerns such as time constraints and feeling over-stretched were under-estimated as obstacles to recruiting participants. It may be that I had too great an expectation of cooperation. Ironically, this may mimic the expectation social workers have of cooperation when undertaking home visits; I have learnt that there is negotiation involved in crossing thresholds.

This thesis began with an interest in communication in practice and has highlighted that communication is composed of a myriad of contextual factors that are present in the moment of interaction. At the same time, interaction is dynamic and performative so that interaction allows a shared understanding of the context which the speaker orients to. Interaction thus ascribes to contextual relevance. Whilst conversation analysis has illuminated aspects of practice, discourse analysis has attended to the wider context that inhabits interaction. However, as the data that has been approached with different analytical lenses within a single study, the claims that are made are highly authentic and grounded in detailed and comprehensive analysis.

This thesis has shown that the communicative encounter that takes place within the context of the home visit is constitutive of practice, and has developed understandings of the complexity of the interactive encounter that takes place in the negotiated space that is the home visit.

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**Appendices**

**Appendix 1a**

**Research Information Sheet for Social Workers and Managers**

‘You are being invited to take part in a study that I am completing for a PhD at the University of Sheffield. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

**Research Project Title:** *How do social workers carry out their job when visiting families?*

***Aims of the research***

The research aims to find out about the practice of social work. A lot of attention has focussed on multi-agency working and sharing information, but other than a few exceptions, there is little research on the actual practice of social work. I am interested in finding out how social workers and families communicate with to each other and what things affect this, in the particular context of home visits. I am interested in how social worker’s experience ‘doing child protection social work’, and the factors that support or undermine practice when conducting social work in the home of the child and family. I will therefore need to observe social workers when they are visiting families and it is proposed that one visit is observed and recorded for each family taking part in the study. The visits will be tape recorded so that they can be analysed and discussed with the social worker to explore aspects of practice relevant to the study. This will require an interview between the social worker and researcher when the home visit has been completed. Subject to the consent of the child/family, the researcher may need to read the case record of the visit.

**Why have I been chosen?**

All social workers working with (Named) Council who hold child protection cases with children subject to multidisciplinary child protection plans are being invited to take part in the study. The social worker must have been allocated to the family for one month and there should be no existing plans to change the social worker.

**Do I have to take part?**

While it is hoped that you will take part, it is entirely up to you whether you agree to take part. If you choose not to take part there will be no negative consequences for you.

*If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, if you* then change your mind, you can withdraw without giving a reason and there will be no negative consequences for you.

**What will happen to me if I take part?**

The researcher will meet with you to discuss the research and to answer any questions you may have. You will be asked to approach families on your caseload who meets the criteria of having a child subject to a child protection plan. You will be asked to tell them that I am undertaking research as part of my studies at the University of Sheffield into how social workers do their job. You will need to give them an information sheet explaining the research, which will include a form which says whether they agree to be contacted by the researcher to discuss if they are willing to be involved. The parents/carers can give the form back to you or can return the form by post.

If the family agree to take part, the researcher will contact you to arrange to meet with you further. At this meeting, you will be asked for background details of the family that may become part of the study. The researcher will arrange to go with you on your next visits to the family.

The researchers may take notes in the visit as well as tape record conversations which take place. Any recording and observations made by the researcher will not be part of the social worker record and will be strictly the property of the researcher.

Following the home visit, the researcher will need to meet with you to discuss the visit in detail. The researcher will use the recordings made during the visit as a basis for discussion with you. The focus will be on your experience of the visit and the things which you thought were important.

**Will I be recorded, and how will the recorded media be used?**

The social worker’s visits and discussions will be a crucial part of the data that is of interest to the researcher. To ensure that this is accurately captured, the researcher will need to tape record the conversations that take place during the home visit. The tape recordings will be used to analyse how communication takes place. The tape recordings will be given a code rather than using names: this will help to ensure that you could not be identified on the tape, and the tapes will be locked securely. Only the research team at Sheffield University will have access to the original recordings. It may be that some parts of the discussion will be written up for publication as examples of communication, but you would not be identified as the originator of any direct quotes that may be used.

**What are the possible disadvantages and risks of taking part?**

You may find it difficult to have someone in a research capacity observing your practice and this may feel uncomfortable, and you may feel anxious about your practice being ‘judged’. It is therefore important to emphasise that the aim of the research is to identify the context where practice takes place and how you as a social worker feel about and experience ‘doing’ social work. The focus is not concerned with assessing your practice but is more concerned with your personal response to what occurs during the home visit.

You may feel that managers will make judgements on your practice based on the researcher’s findings. To minimise this, individual social workers will not be discussed with managers and any significant findings will be generalised so that no individual worker will be identifiable.

**What are the possible benefits of taking part?**

The benefits include the opportunity to take part in research that will allow you to explore aspects of your own practice with an external interested party who has experience of social work practice supervision. This may help your own development as a practitioner. More indirect benefits include the potential for the findings to improve understanding of social work practice more generally and that this will influence how social work is perceived and understood.

**What if something goes wrong?**

If you wanted to raise a complaint about the way in which you have been treated, you would need to contact either myself or my supervisor Professor J. Horwath. For any complaints about any negative unforeseen consequence of your agreeing to take part you should contact Professor Horwath. In addition, you could raise your concern with your team manager or service manager.

**Will my taking part in this project be kept confidential?**

 All the information collected during the course of the research will be kept strictly confidential. The information collected will be kept securely and your name will not be attached to any notes. Instead you will be given a code so that your confidentiality is protected. The only limit is if the researcher felt there was a risk of you or a named child in which case the researcher would discuss this with you and may need to pass this information on to your manager.

 The people involved in the research project are the only ones who will be aware that you have agreed to take part. The people involved are the participant family; managers within Social Services; the researcher and the researcher’s supervisor.

**What type of information will be sought from me and why is the collection of this information relevant for achieving the research project’s objectives?**

The information needed from you will be background details about participant families. Also, whether you have previously had involvement with similar cases/families and how you found that experience. The interview with the researcher following the home visit will be based on listening to excerpts from the tape-recordings and exploring with you what was being said, what sense you made of it at the time and afterwards and how you felt during the visit will all be explored in some detail. The researcher will need access to the child’s file record of the home visit. The researcher will also need to read your report to the child protection conference as well as the child protection plan so that the researcher understands the reasons for the current child protection plan.

 **What will happen to the results of the research project?**

The research findings may be published and used in academic or professional conferences. A summary of the key findings will be made available to social services in an anonymised form. If you would like a summary of the findings them this will be made available to you on request to the researcher.

The research findings may be used to inform practice within (named) Social Care Services and may result in dissemination events such as professional conferences, briefings/ learning sets.

In addition, as the research is part of an assessed study it will be used to demonstrate that the researcher has achieved rigorous research standards.

**Who is organising and funding the research?**

The research is part of my PhD studies at the University of Sheffield

**Who has ethically reviewed the project?**

This project has been ethically approved via Sheffield University Sociology Department’s ethics review procedure.

|  |  |
| --- | --- |
| **Contact Details: Lead Researcher: Rosemary Furey**  **University of Sheffield****Tel. 0114 2226442** | **Director of Research:** **Professor J. Horwath****Tel. 0114 2226442** |

**Thank you for taking part in this research. A copy of this information sheet and a signed consent form is provided for your information.**

**Appendix 1b**

**Research Project: Invitation to be contacted by the researcher**

‘You are being invited to take part in a research project by Sheffield University. The research is part of a PhD study. Please take time to read the following information carefully and discuss it with others if you wish. Thank you for reading this.

**Research Project Title and Aims:**

*How do social workers carry out their job when visiting families?*

The research aims to find out how social workers carry out their job when they visit families and what kinds of practice are more likely to be helpful to children and families.

The research is interested in how social workers and families relate to each other and what things affect this.

The researcher will therefore need to observe social workers when they are visiting families. **The researcher will** **observe a visit that the social worker makes** to each family in the study.

The researcher will then talk to the social worker about the visit and read how the social worker has written up the visit in the child’s file. The researcher will read some of the social worker’s records.

The researcher will observe different social workers and families over the course of twelve months.

**Why have I been chosen?**

All (named area) families who have an allocated social worker and there has been a child protection conference, and there is an existing child protection plan, are invited to take part in the study.

**Do I have to take part?**

While it is hoped that you will take part, it is entirely up to you whether you agree to take part. If you choose not to take part there will be no negative consequences for you.

*If you do decide to take part you will be given an information sheet to keep and be asked to sign a* ***consent form.*** *However, if you* then change your mind, you can withdraw without giving a reason and there will be no negative consequences for you.

**What will happen to me if I take part?**

Your child’s social worker will visit as normal, except the researcher will also be present.

**Confidentiality**

Your details will be kept strictly confidential and you will not be identifiable in the research.

**Taking part**

If you think you may be interested in taking part, the researcher will come and see you to discuss the research in more detail, and to give you the chance to ask any questions to help you to decide if you want to be involved.

Please sign the attached and return it in the envelope provided: or give the signed form to the social worker to post on your behalf.

**This is not a consent form to take part**: However, I may be interested in taking part in the research by Sheffield University and agree that the researcher, Rosemary Furey, can contact me to discuss this further. Mrs. Furey will ring or send a letter to arrange to visit to discuss the research.

Signed: .....................................................................................................................................

Date: ......................................................................................................................................

Telephone: ........................................................................................................................

Thank you for your interest in this research.

**Appendix 1c**

**Research Information Sheet for Parents/Carers**

You are being invited to take part in a research project.

Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

**Research Project Title:** *How do social workers carry out their job when visiting families?*

***Aims of the research***

The research aims to find out about how social work is carried out and what social workers do when they visit families. The aim is to improve understanding of the issues faced both by families and social workers when they try to communicate with each other, and what things affect this. The researcher will therefore need to observe social workers when they are visiting families. To maximise the chances of the visit being typical, the researcher needs to observe two visits that the social worker makes to all families involved in the study. The visits will be tape recorded so that they can be analysed in detail by the researcher.

The researcher may need to read what the social worker has recorded about the visit on the child’s file. This will be to see what the social worker felt was important to record.

The researcher will observe different social workers visiting families over a twelve month period.

**Why have I been chosen?**

All social workers working with (named) Council who have child protection cases with children who are subject to child protection plans are invited to take part in the study.

**Do I have to take part?**

While it is hoped that you will take part, it is entirely up to you whether you agree to take part. If you choose not to take part there will be no negative consequences for you.

If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, if you then change your mind, you can withdraw without giving a reason and there will be no negative consequences for you.

**What will happen to me if I take part?**

If you agree to take part, the researcher will contact you to arrange to meet with you further. At this meeting, you will be asked for background details about why there is a social worker involved and if you have had a social worker before.

The researcher will be present for one of the visits made by the social worker. During this visits, the researchers may take notes as well as tape record conversations which take place. The recording and observations made by the researcher will not be part of the social worker’s record, and will be strictly the property of the researcher at Sheffield University. After the visits you will not need to do anything else.

**Will I be recorded, and how will the recorded media be used?**

The social worker’s visit and discussions are the main area of interest to the researcher. To ensure that this is accurately captured, the researcher will need to tape record the conversations that take place during the visit. The tape recordings will be used to look at how communication takes place. The tape recordings will be given a code rather than using names: this will help to ensure that you could not be identified on the tape, and the tapes will be locked securely. Only the researcher and her supervisor at Sheffield University will have access to the original recordings. It may be that some parts of the discussion will be written up for publication as examples of communication, but you would not be identified as the originator of any direct quotes that may be used.

**What are the possible disadvantages and risks of taking part?**

You may feel uncomfortable having someone you don’t know having personal information about you and being in your home. You may feel worried that you cannot control what happens to your information and feel exposed by having conversations tape-recorded. It may be difficult to talk to the social worker in front of someone you don’t know, especially if you want to discuss personal details.

Because of the sensitive nature of these issues, the researcher will be very respectful of your privacy, and you can ask the researcher to stop recording if you find it makes you feel uncomfortable. Anything that the researcher observes or records will be treated as confidential and you will not be identifiable in any way.

**What are the possible benefits of taking part?**

There are no direct benefits. More indirect benefits include that the findings may improve understanding of social work practice more generally and that this may influence how social work is carried out and lead to improvements in practice. Other families may therefore benefit from your participation in the research.

**What if something goes wrong?**

If you wanted to raise a complaint about the way in which you have been treated, you would need to contact either myself or my supervisor Professor Jan Horwarth at the University of Sheffield.

For complaints about any negative unforeseen consequence of your agreeing to take part you should contact Professor Howarth. In addition, you could raise your concern with the social worker or their manager.

**Will my taking part in this project be kept confidential?**

 All the information collected during the course of the research will be kept strictly confidential. The information collected will be kept securely and your name and the name of anyone involved will not be attached to any notes or tape-recordings. Instead you will be given a code so that your confidentiality is protected. If the research is published in academic research journals or books, all identifying details will be removed so that you could not be identified. All of the information collected will be the property of Sheffield University and the original recordings and notes will not be accessible to anyone else. The people involved in the research project are the only ones who will be aware that you have agreed to take part. The people involved are you and your family; managers within Social Services; the researcher and the researcher’s supervisor.

**What type of information will be sought from me and why is the collection of this information relevant for achieving the research project’s objectives?**

The information needed from you will be background details about why there is a social worker involved and whether you have previously had involvement with social workers. The researcher will observe and record one home visit which will be used to analyse communication in home visits. If your child is interviewed by the social worker then the researcher will listen: if you and your child agree, that discussion will also be tape recorded to help the researcher accurately remember what was said. This will help the researcher understand all aspects of the visits you receive from social workers. The researcher will talk to the social worker after the visit and with your permission will read what the social worker recorded about the visit in your child’s file. This is to see what things the social worker considered important to record as the research is interested in this aspect of social work practice.

Your permission is requested for the researcher to read the social worker’s report to the child protection conference and the child protection plan researcher so that the researcher understands the kinds of issues and supports that should be in place.

**What will happen to the results of the research project?**

If you would like a summary of the findings this will be made available to you on request to the researcher.

 The findings will be made available to social services on request in an anonymised form so that you could not be identified.

The research may be published. However you will not be identified. Anything that refers to you, or if your actual words are used in any of the final research report, no names or identifying features will be used so that you remain anonymous.

In addition, as the research is part of an assessed research study to demonstrate that the researcher has achieved rigorous research standards.

**Who is organising and funding the research?**

The research is independently organised and chosen by the researcher as part of a PhD study supervised by the University of Sheffield.

**Who has ethically reviewed the project?**

This project has been ethically approved via Sheffield University Sociology Department’s ethics review procedure and by (named) Council Research Governance.

|  |  |
| --- | --- |
| **Contact Details: Lead Researcher: Rosemary Furey**  **University of Sheffield****Tel. 0114 226 6442** | **Director of Research:** **Professor J. Horwath****Tel. 0114 222 6442** |

**Thank you for taking part in this research. A copy of this information sheet and a signed consent form is provided for your information.**

**Appendix 1d**

**Research Information Sheet: Children and Young people**

You are being asked to take part in a research study. The researcher is Rosemary Furey. This explains what the research is about and why you have been asked to take part. Please ask me if there is anything you want to know more about.

***What is the research about?***

The research aims to find out how social workers carry out their job, and especially what happens when social workers visit families, and how much everyone gets to have their say.

***Why have I been chosen?***

All ( named area) families are invited to take part in the study if they have a social worker whose job is to help keep the children safe and to sort out any worries.

**Do I have to take part?**

I hope you do, but it is up to you whether you want to take part. If you don’t want to, then nothing else will happen and no-one will mind.

**Who will know if I take part?**

 The only ones who will know are your parents, your social worker and me (Rosemary- the researcher)

**What will happen to me if I take part?**

Your social worker will visit your house as normal, except that for one visit the researcher, Rosemary, will also be present.

Rosemary might write things down to help to remember what happened. Rosemary will also need to tape record the visit to help to remember what everyone got to say.

 Afterwards, the researcher (Rosemary) will talk to the social worker about the visit and read what the social worker said happened on the visit.

**What will happen to the tape recording of the visit?**

The tape recordings will be given a false name instead of your name, so that no one could know whose voices were on the tape. The tapes will then be securely locked away. Only Rosemary and her study director at Sheffield University will be able to listen to the tape.

It may be that some parts of the conversations will be written about to show how social workers and families discuss things, but you would not be identified as the person who said anything.

**Would taking part cause me any problems?**

You may find it difficult to have someone you do not know having personal information about you, and visiting your home. To help with this, Rosemary will always ask if it is Ok with you before doing anything. Even if you say OK now, but change your mind later, that will be alright too. Your name will not be mentioned anywhere.

**What are the possible benefits of taking part?**

There are no benefits for you if you decide to take part, but it might help other families. It is hoped that things that families like about their social worker can be shared with other social workers.

**What if something goes wrong?**

If you wanted to complain about how the researcher (Rosemary) has behaved towards you or your family, you could talk to your social worker. Or if you just feel unhappy with something about the research, you can contact Rosemary or your social worker.

**Will my taking part in this project be kept private?**

All the information collected will be kept strictly private and confidential. You will be given a code name to ensure no-one can tell who you are, and your proper name will not be attached to any notes about you.

**What type of information will be needed about me?**

The information needed will be why you have a social worker. Your parents/carers can give this information as well as your social worker. You do not need to talk to the researcher yourself.

The researcher will ask to see some of the information that the social worker has written on your file. This will be anything the social worker writes about the visit that Rosemary comes to, as well as the reasons the social worker is involved with your family. Rosemary will also read the plan of what work the social worker does with you and your family (this is called a child protection plan)

**What will happen to the results of the research project?**

The research is part of my PhD studies at the University of Sheffield. The research may be written up so that other people who are interested in how social workers do their job can read about it.

At the end of the research, I could send you a summary of what was found out, if you would like me to.

|  |  |
| --- | --- |
| **Contact Details: Lead Researcher: Rosemary Furey**  **University of Sheffield Tel. 0114 336442** | **Director of Research:** **Professor J. Horwath****Tel. 0114 2226442** |

**Appendix 2a**

**Participant Consent Form: Social Worker**

|  |
| --- |
| **Participant Consent Form: Social Worker** |
| Title of Research Project PhD study*To what extent does the situated context of the home visit influence practice?*Name of Researcher: Rosemary Furey PhD StudyParticipant Identification Number for this project: **Please read and initial the box to indicate your consent** |
| I confirm that I have read and understand the information sheet dated *[insert date]* explaining the above research project and I have had the opportunity to ask questions about the project. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.  |  |
| I understand that my responses will be kept strictly confidential in that I will not be identified in any way. The only limit to my confidentiality is in the event of a child protection issue concerning an identifiable child: in that case the researcher may need to pass the information on after first discussing it with me. |  |
|  I give permission for the researcher and her supervisor, Professor Horwath, to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. |  |
|  I agree for the data collected from me to be used for the purpose of a PhD study and related publications/conferences. My details would be confidential and I would not be identified. |  |
|  I agree that Rosemary Furey may read the report to the child protection conference and the child protection plan. |  |
|  I agree that Rosemary can read supervision records relating to the visit she has witnessed. |  |
|  |  |
| I agree to take part in the above research project.Name of Participant Date Signature |
| Lead Researcher Date Signature*To be signed and dated in presence of the participant* |

**Appendix 2b**

**Participant Consent Form: Team Manager**

|  |
| --- |
| **Participant Consent Form: Team Manager** |
| Title of PhD study*To what extent does the situated context of the home visit influence practice?*Name of Researcher: Rosemary Furey PhD StudentParticipant Identification Number for this project: **Please read and initial to indicate your consent** |
| I confirm that I have read and understand the information sheet dated *[insert date]* explaining the above research project and I have had the opportunity to ask questions about the project. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.  |  |
| I understand that my responses will be kept strictly confidential in that I will not be identified in any way. The only limit to my confidentiality is in the event of a child protection issue concerning an identifiable child: in that case the researcher may need to pass the information on after first discussing it with me. |  |
|  I give permission for the researcher and her supervisor, Professor Horwath, to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. |  |
|  I agree for the data collected from me to be used for the purpose of a PhD study and related publications/conferences. My details would be confidential and I would not be identified. |  |
|  I agree that Rosemary Furey may read the report to the child protection conference and the child protection plan. |  |
|  I agree that Rosemary can read supervision records relating to the visit she has witnessed. |  |
| I agree to the following process: * Rosemary will talk to a social worker on my team about an agreed case; this will last up to one hour.
* Rosemary will observe a visit to the child and family on one occasion, though this could increase to two visits if Rosemary requests this and the social worker agrees this to be necessary.
* The visit may be tape recorded if the social worker and family are willing to be tape-recorded.
* I understand that Rosemary will need to carry out an interview about the visit with the social worker and this will take up to one hour.
 |  |
| I understand that Rosemary may want to interview me as a team manager to discuss my role in supervising the social worker on the identified case.  |  |
| I agree to take part in the above research project.Name of Participant Date SignatureLead Researcher Date Signature*To be signed and dated in presence of the participant* |

**Appendix 2c**

**Participant Consent Form Parents/Carers**

|  |
| --- |
| Title of Research Project: *How do social workers carry out their job when visiting families?*Name of Researcher: Rosemary FureyParticipant Identification Number for this project: Please initial boxI confirm that I have read and understand the information sheet dated *[insert date]* explaining the above research projectand I have had the opportunity to ask questions about the project. ………………… I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. …………………………………………………………………….. I understand that my responses will be kept strictly confidential.There will be a social worker visiting with the researcher, so thatany issues discussed would be known to the social worker as well as the researcher. ……………………………………………………………………………………………….I understand that if the researcher is worried about my safety or my child's she will tell our social worker………………………………………………………. I agree for the data collected from me to be used as part of the researcher’s PhD studies and related papers, and that the findings may be presented at conferences. My details would remain confidential and I would not be identified in any way…………………………..I agree that the researcher can visit with the social worker onone occasion and will make notes during the visit. …………………………………………….. I agree that the researcher can read the social worker’s record of this visit, and the social worker’s report to the child protection conference and child protection plan……………………………………………………………….. I agree to take part in the above research project…………………………………………… |
| I agree that the researcher will tape record the conversations that occur when she visits with the social worker and this will be on one occasion.  |  |
| If the social worker talks to my children then this can be tape-recorded.  |   |
| If the researcher wants to quote anything we say in any publication, this is OK provided that it is kept anonymous and could not be traced back to us.  |  |
| Name of Participant Date Signature(*or representative*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person taking consent (*if different from lead researcher*)Date  Signature*(To be signed and dated in presence of the participant)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Researcher Name Date Signature*To be signed and dated in presence of the participant*  |

**Appendix 2d**

**Child and Young Person Consent Form**

**Consent Form**

I know that Rosemary is not a social worker but wants to find out about social work and what happens when social workers visit families. She will visit our house as well as other families. She will come to our house on one visit with the social worker.

*Please tick the box to show if you agree.*

* I am willing for Rosemary to see my social worker (name) when (social worker’s name) is talking to my family.
* If (social worker’s name) talks to me too, then Rosemary can listen
* I am willing for Rosemary to tape these conversations and only Rosemary and (social worker’s name) and will listen to the tapes.

* My name will not be used in anything Rosemary writes about her visits to our house. No-one would be able to work out that it is me being talked about in anything Rosemary writes.
* It’s Ok with me if Rosemary reads what the social worker writes on my file about Rosemary’s visit.

 It’s also OK with me if Rosemary reads other things that my social worker has written about me.

* I can drop out of the study at any time with no questions being asked.

If I want to contact Rosemary, I can get in touch by telephone on 0114 2226442 or email to sop09rff@sheffield.ac.uk

* If I want to complain about Rosemary I can tell my social worker.
* If Rosemary is worried about me she will tell my social worker.

My name is:

My signature is:

Today’s date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Appendix 3a On-line Questionnaire**

**On line questionnaire**

This questionnaire is part of a PhD enquiry into the experience of child protection social work. The research aims to capture every day practice from the perspective of social workers. The research will focus on the emotional experience of child protection social work and how social workers manage to remain child focussed in a challenging home environment. The research aims to answer the following questions:

* How do social workers engage with parents when carrying out child protection social work?
* What is the influence of the home as the main site of practice?
* What is the emotional experience of social work?
* How do social workers use theory and research to plan interventions?
* What are the barriers to good practice as defined by social workers?

The questionnaire will take 20-30 minutes to complete. Answers are confidential and all data collected will remain anonymous. If you would like to contact me about the research, my details are on the end of the questionnaire. The questionnaire will be sent to a confidential data base with restricted access. If you are willing to be contacted to take part in a follow up interview, please provide your details at the end of the questionnaire.

 Please complete all of the questions and return to the email address below on completion. Thank you for taking the time to complete this questionnaire.

1. Please state the length of time that you have been qualified as a social worker
2. How useful do you find research knowledge (for example, academic journals/ professional magazines/ serious case reviews) when formulating a child protection risk assessment of a child? Please select an answer.

Extremely useful/ useful/not very helpful/ no help at all

1. Research suggests that attachment theory and child development are imperfectly understood by many social workers. How would you rate your knowledge of attachment theory and child development on a scale of 1-4 where 1 is low, 2 is poor, 3 is very good and 4 is excellent.

|  |  |
| --- | --- |
| Attachment Theory | Child Development |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |

**This section is about working with hostile parents or adult household member and its impact when carrying out sec. 47 enquires or working with a child protection plan.**

1. Have you ever experienced aggression or intimidation from parents/family in the last two years? Yes/No. (Delete as appropriate)
* **If no,** please go straight to question 8
* **If yes**, indicate in the space below, on how many occasions this has happened.
* Where did the incident(s) mostly take place?
1. Did you discuss (every) incident(s) in supervision? Yes/No (Delete as appropriate)
* **If No** Please explain why and then go straight to question 6
* **If Yes**, in brief, what was the outcome?
* Did you feel supported?
1. Did you feel able to continue working with the family? Yes/No (Delete as appropriate)

Please give reasons.

1. Has the experience affected your practice in any of the following ways: Please indicate yes or No as appropriate.
2. I am more likely to find a second person to accompany me on visits where I think the adults may be aggressive Yes/No
3. I am more likely to experience stress when visiting families to discuss child protection concerns Yes/No
4. I am more likely to plan what I need to communicate Yes/No
5. I am more likely to ensure I visit during office hours Yes/No
6. Other: please explain
7. Please indicate which of the following emotions have you commonly experienced when carrying out your work as a social worker. Please indicate yes (have experienced this feeling) or No (not experienced this feeling). . Please base your answers on your last 3years of practice.

In the second column, Please rate *how strongly you would rate the feeling* on a scale of 1-4 where: 1= not at all, 2= a little, 3= quite strongly, 4= very intensely

|  |  |  |
| --- | --- | --- |
| Feeling Experienced |  Yes/No  | Scale 1-4 |
| Fear |  |  |
| Saddened by the impact of the child protection process on the family |  |  |
| Worried that I will not be able to make things better for the child |  |  |
| Worried that my intervention may cause the carer/s distress |  |  |
| Worried that at least in the short-term, my actions will make the children unhappy |  |  |
| Frustrated |  |  |
| Unsupported  |  |  |
| Satisfaction that I have moved thing on for the carers in a positive way |  |  |
| Satisfaction that I have moved things on for the child in a positive way |  |  |
| Empathy towards adults for their traumatic lives  |  |  |
| Anger towards carers for their child’s situation |  |  |
| Scared of the family |  |  |
| Scared of making a mistake |  |  |
| Supported |  |  |
| *Efforts not sufficiently acknowledged by the family* |  |  |
| *Efforts not sufficiently acknowledged by the organisation* |  |  |

1. **This only applies if you have ever felt scared when working with a family.**

When you have feelings of being scared, please indicate by Yes or No, which of the following, have helped you to maintain a focus on the child? Please insert U if the option was not offered/unavailable.

|  |  |
| --- | --- |
| Strategies to help with feelings scared | Used Yes/ Used No / Unavailable |
| Discussion with colleagues |  |
| Discussion with managers |  |
| Joint visits with managers |  |
| Joint visit with colleagues |  |
| Not visiting in the home |  |
| Letters from management |  |
| Suggested returning/ convening a child protection conference as the intimidation is preventing you from carrying out a meaningful assessment. |  |
| Other: Please specify |  |

1. Research suggests that the family’s history of co-operation with agencies is an important indicator of the likelihood of effective partnership working. When planning interventions, how would you rate a history of poor cooperation with agencies as a risk factor?

1= very significant

2= quite important

3= of little importance.

1. Where all adult household members have a long-standing and on-going histories of drug **or** alcohol misuse, and are not in contact with substance misuse services, do you think this is a serious indicator that the family are unlikely to be able to meet the child’s needs , such that would be likely to result in care proceedings? Yes/No

Comment if you wish.

How would you rate poor social support in combination with disorganised attachment patterns as a child protection risk factor?

1= very significant

2= quite important

3= of little importance.

**This section is about your experience of home visits to undertake Section 47 Investigations or where children are on child protection plans, and the power dynamics involved in partnership with parents.**

1. Research suggests that social workers undertaking home visits are not always able to exercise their authority and so do not make demands on families. When you visit families to carry out section 47 investigations, or to visit families with children on child protection plans, are there any of the following that you would always do: please select Yes or NO.

|  |  |  |  |
| --- | --- | --- | --- |
| Section 47 Investigation | Yes/No | Child Protection Plan | Yes/No |
| Observe interactions between the child and all adult household members |  | Observe interactions between the child and all adult household members |  |
| Where there are siblings: do you routinely observe interactions between the child and each of his/her siblings |  | Where there are siblings: do you routinely observe interactions between the child and each of his/her siblings |  |
| Where you have observed adult/child interactions, do you routinely use your observations of interactions to provide feedback to the adults of how they interact with their child? Yes/ No |  | Where you have observed adult/child interactions, do you routinely use your observations of interactions to provide feedback to the adults of how they interact with their child? Yes/ No |  |

1. When doing a home visit, who do you regard as the more powerful partner?

Myself (social worker) / the family (Delete as appropriate)

1. When discussing a concern about parenting behaviour which could place a child at risk of significant harm, which of the following most accurately represents your approach:
2. Focus exclusively on the concern
3. Focus on the concern, but with some acknowledgment of any issues that the parent may also want to discuss.

**This section is about power issues when working with families, and where you feel safe to carry out sec. 47 enquiries/child protection core assessments.**

 Please select how far you agree with the following statements**.**

1. Interviewing families who are aggressive is best in the office as I feel more safe and can do focus more on what I need to.

 Strongly agree/ Agree / Disagree / strongly disagree

1. I prefer interviewing in the office as I feel more in control

 Strongly agree/ Agree / Disagree / strongly disagree

1. There are some things I would not discuss in the family home if visiting on my own.

Strongly agree/ Agree / Disagree / strongly disagree

1. I prefer interviewing in the home because it is a more natural environment and you get to see how people really are.

 Strongly agree/ Agree / Disagree / strongly disagree

Please comment on what you think are the advantages/ disadvantages of carrying out home visits.

**This section is about definitions of significant harm.**

1. The definition for neglect includes emotional neglect. Can you please explain how you would differentiate between emotional neglect and the category of emotional abuse?

**This section is about working with children under section 47 or carrying out child protection core assessments.**

 Please select how far you agree with the following statements**.**

1. When carrying out a section 47 assessment, it is not possible to see children under 5 in the family home without their main carer being present.

 Strongly agree/ Agree / Disagree / strongly disagree

1. When working with children on a child protection plan, it is not possible to see children under 5 in the family home without their main carer being present.

 Strongly agree/ Agree / Disagree / strongly disagree

1. In general, I find it more difficult to discuss child protection concerns with male household members.

 Strongly agree/ Agree / Disagree / strongly disagree

For this section please select Yes or no:

1. I usually manage to talk to children over 7 years who are the subject of the plan about the plan and whether it has made things better? Yes/No
2. I usually manage to talk to children between 4-7 years who are the subject of the plan about the plan and whether it has made things better?

 Yes/No

1. I know aspects of the lives of all of the children I work with, such as who gets them up/ who gets breakfast/ favourite food/ things they like or don’t like at home.

 Yes/No

1. Have you ever worked with families where the parents do not speak English as a first language? Yes/ NO. (If no, go straight to question 27)
2. Have you asked children to interpret for you if their parents do not understand English?

Yes/ No

Add comments if you wish.

1. When you have worked with children who do not speak English as a first language, have you used an interpreter to communicate with the child? Yes/No.
2. Do you routinely think you have enough time to work with children and young people in a way that supports relationship building with children/young people?

Yes/No

1. When working under sec. 47 or child protection core assessments, do you think you are seen as a trusted adult by the children you work with?

Yes/No/Not sure (Delete as appropriate)

 Please explain / give reasons for your answer.

Please select as appropriate:

1. Please indicate in which of the following places have you interviewed children you have worked with:
2. Home
3. School
4. Office
5. Other: please indicate
6. Where do you think children are most likely to feel at ease when talking to you?

**This section is about working with other agencies**

1. In your experience, is there any an agency with which multi-agency working is especially effective in ensuring effective risk assessment / implementation of child protection plans? Yes/No

If yes, please refer to which agency/ agencies and give reasons.

1. In your experience, is there any agency with which multi-agency working is not productive? Yes/No

 If no, please state which agency/agencies and give reasons.

**This section is about your assessment of your practice**

1. Which aspects of practice do you think you do well? Please indicate on a scale of 1-3 where 1= not well, 2= well and 3 = very well.

Communicate with children

Establish a supportive relationship with adults

Show consideration for the parent/carer

Mange conflict

Support children to communicate difficult emotions

Support parents/carers to engage with change

Other: please explain

1. Is there anything else you would like to add?

**If you would be willing to take part in a 20-30 minutes interview, or may consider a joint home visit, please include your name and contact details. The interview would allow more discussion of some of the topics on the questionnaire.**

|  |  |
| --- | --- |
| Contact details |  |

**Thank you for completing the questionnaire. Your time is highly appreciated.**

 **Please return the questionnaire to the email address below.**

Making the Most of

the Victoria Climbié

Inquiry Report

**Appendix 3b Social worker Interview schedule**

Introduction

Thank you for completing the questionnaire and agreeing to the interview. The interview should take about an hour. It must be hard to find the time so I just want to acknowledge that and to say thank you.

* Can you tell me how long you have worked with xxxxand in your current team?
* So you know (or are quite new to) the team and xxxx (quite well)?
* Tell me how much experience you would say you have or working with children on child protection plans?

Experience of home visits where children are on a child protection plan

1. Tell me about your experience of home visits where children are subject to a child protection plan- in general, what aspect of home visits do you find most satisfying/ rewarding?
* What makes these visits work well in terms of addressing aspects of the child perfection plan, and developing your assessment?
* What aspects are most challenging?
* Do you think home visits are sometimes staged for social workers?

(By staged, I mean for example, the home especially clean, food prepared, children clean and tidy, maybe toys set out- or perhaps the way the parent interacts is changed – all of this designed to give a favourable impression? Perhaps even who is in the house- or not? **If so- how do you manage to validly assess the situation to establish whether the child protection plan is meeting the child’s needs?)**

1. One focus of this research is child protection planning: **what status do you think the Child Protection Plan has for families?** By status, I mean how important is working to the plan seen as by the families that you work with? Or does this vary for different families?
* What status do you think the child protection plan has for Social workers? And for you?
1. There is a current insistence that social workers should focus on the child

At the same time there is a body of research highlighting the need for empathetic engagement with parents**. Is this a tension that you recognise in your own practice?**

**Can you give an example? Do you think the context of the home visit impacts on achieving this balance? If so, how**

1. The response to the questionnaires that you and other social workers completed, showed a high level of ambivalence towards carers, in that there was a low level of concern about the carer feeling distressed by social work intervention, yet many of the same social workers expressed sympathy for the carers, and were keen that their intervention made things better for the carer. **Can you comment on this ambivalence?**
2. When discussing the implementation of the child protection plan during home visits, you may need to challenge a parent about the lack of change in parenting behaviour**. Under what circumstances that might that discussion be challenging for you?**

Are the challenges different if you are in a more public arena, or for example, a multi-agency meeting that may take place in the home?

1. The responses to the questionnaires indicated that there were some aspects of the family’s situation that social workers would not discuss on a home visit. **What are the topics that you think might not be discussed on a home visit? Can you explain why this might be the case?**

Working in the home

1. Some of the questionnaires suggested that undertaking work with children in the home is problematic**. Can you explain why this may be the case? Have you experienced this? Can you give an example?**
2. Have you ever visited a child on a plan and felt there was an attempt to restrict your access to the child in some way?
3. When you do a home visit to a child on a plan, how much time are you able to spend with the child?
4. Where there are several children in a family subject to a child protection plan, how do you manage to achieve sufficient focus on each individual child?

The next questions consider the emotional impact of visiting families when the child is subject to a plan.

1. Social work is involved with people at a uniquely personal level, and touches on issues of extreme sensitivity. (For example, details about partner relationships and whether children are safe in the care of their parent).

 Because of this context, social workers implementing child protection plans are often exposed to a range of other people’s strong emotions when carrying out home visits.

* How far do you think the emotional content of interviews is influenced by the interview taking place in the home?
* How does this emotional context impact on you on a daily basis?
* Some research suggests that we can absorb and even experience other people’s distress as if it were ours. **Is this something you ever experience when working with families where there is a child protection plan? For adults / for children? Can you give examples?**
* Would you say that the feelings evoked by some of the work you undertake with some families, have affected how you feel about subsequent home visits? Can you explain how- or give examples?
* Do you discuss your feelings after a home visit with anyone? If so, who?
1. Many of the social workers who completed the questionnaire indicated experiences of aggression or intimidation in the context of home visits where children are on a child protection plan. This can mean physical aggression, verbal aggression and passive aggression**. Have you experienced any of these when on home visits? Can you give examples?**
2. When undertaking home visits as part of your child protection role, which types of aggression do you find the most difficult to deal with?
3. Secondly -which types of aggression do you find the most difficult to deal with in terms of managing the situation as it is occurring?
4. Depending on the kind of aggression you have experienced on home visits, what happens when you return to the office – do you share these experiences with anyone?
* Please explain your choices of who to share this with and how they respond.
1. The questionnaires showed that whilst most aggression was in the context of service user’s homes, a high proportion also took place in the office**. Do you think different types of aggression are experienced differently on home visits compared to those experienced in more public arenas? Can you explain in what ways?**
2. Because social work takes place in the home, it is ‘out of sight’ and on the service user’s territory. **When you are preparing to do a home visit as part of your child protection role, does this have any impact on your thinking about the visit?**

**Are there times when the location that the home is situated in has had an impact on you personally?**

1. A number of social workers have commented that the fact of aggression, where children are subject to a plan, becomes ‘normalised’. What do you think this means?
2. *Do you think your organisation reacts differently depending on the type of aggression and where it takes place?*

Hostility

1. When working to implement child protection plans, a number of social workers have used the phrase ‘hostility’ to describe service users’ responses to them. **What do you think this means? Is it different to aggression? Have you experienced this when undertaking a home visit? What is your agency’s response to working in this context?**
2. Some social workers have suggested that access to supervision is not available in a timescale that supports analysis of what happens on home visits**. How far does this match your experience?**

Use of research

1. When you visit children on a plan, do you routinely use your knowledge of child development? Can you give a recent example?
2. Is attachment theory useful when you undertake a home visit? If so, can you explain how?

Media impact

1. There has been a lot of media coverage of social work in recent times as well as historically.
* Do you think the way social work is presented has any impact on how you are viewed when visiting families subject to plans?
* Does this affect your relationships with the families you work with where there is a child protection plan?

**This is the end of the interview questions: is there anything you would like to add?**

Would you be willing to be observed on a home visit?

Thank you for taking part.

Reminder of how to contact me and my supervisor and what to do if you have any concerns about the interview.

**Also to remind you that as the interview asks you to reflect on your practice, it can be used against CPD hours for continuing registration.**

**Appendix 4**

**Family 3 Incident**

The context

The parents had separated due to domestic violence. The mother’s new partner is the father of the youngest child (D). There are a total of 4 children in the family. The third child (C) has had a number of unexplained injuries since the mother began living with the new partner. The social worker is carrying out a risk assessment of mum’s new partner in terms of future living arrangements: the new partner is not currently allowed to live with the family pending the outcome of the assessment. The social worker is also assessing the possibility of contact between the children and their absent father which mum is strongly opposed to.

Incident

This social worker who had been in the family home for some twenty minutes was invited by one of the older children (the family consisted of four children) to see their bedroom. The three older children went upstairs to the bedroom along with the social worker while the mum stayed down-stairs where she continued to attend to the baby. Once in the bedroom the children become very excited and begin bouncing on the bed. After a short while, the Social worker requests the children to calm down, which results in some slight reduction in energetic jumping before the children stopped bouncing. The youngest child (around twenty months- Child C) then pulled up his trouser leg and displayed severe and extensive bruising on his lower leg to the social worker.

The leg was very badly bruised from below the knee all the way to the bottom of the shin and circled the leg. The social worker asked to see the child’s other leg which was also covered in extensive angry red/purple bruising. The bruising was very unusual in its severity and extensive nature. The child had very limited speech due to his age and was not yet using recognisable words. The child made an attempt to communicate but it was not intelligible. The older child intervened by saying the middle child (B) did it by picking him up. The social worker responded by asking child B what had happened, and explained that B was not going to get into trouble. The child however, did not respond. The social worker attempted to engage child B by telling the child ‘This is serious. I need to know’. The atmosphere in the room had changed and became quite tense and all of the children had become very quiet. Child B then turned to the window (with his back to the social worker and to the room). Thereafter he did not look at anyone, but looked out of the window and did not engage further with the social worker.

The social worker suggested that everyone went downstairs. The children did so, but child B remained in the room with me. I was reluctant to leave the child alone as he appeared troubled, but after a few minutes child B also went downstairs.

This incident was unexpected. The social worker explained to the mother what had occurred and requested an explanation. The mum repeated that child B had picked-up child C whilst both were on the trampoline and child B had then fallen whilst holding child C. The trampoline did not have safety sides and child C had been bruised. The social worker appeared to accept this explanation. Child B, on coming downstairs immediately sat very closely to his mum, who stroked the child’s hair. The child appeared to be struggling with the emotional impact of what had just happened. The children’s mother asked B to explain how the bruises happened, but he silently shook his head. In contrast the other children resumed noisy play. The mother then made an unrelated comment about how B wakes very early. The social worker appeared to have decided the bruising was not of concern, as the social worker’s next utterance was unrelated to the bruising, and instead referred to an assessment of the mother’s partner. The social worker was engaged in an assessment to determine whether the mother’s partners posed a risk to the children as a prelude to the couple potentially living together. However, the issue of the bruising was not referred to again in this visit.

The social worker did not pursue a more detailed explanation discussion of the incident, which as a former practitioner I would have expected. It may have been that the social worker was avoiding a detailed assessment in order not to antagonise mum, or alarm the children- particular as B had been very upset by the conversation. In addition, the home visit had taken place after 5pm on Friday, so that the availability of managers with whom to discuss the incident may have been a constraint. The incident raised the difficulty of seeking detailed explanations for an injury in the presence of children, especially where one sibling may have been feeling responsible for the injury. However, amid the need to balance competing priorities, the discussion of the bruising ended without any clearly articulated resolution about whether the explanation had been accepted; whether it was accepted that the injury could have been caused as described, and without any discussion of supervision.

The trampoline was in the garden: on leaving the house I noted that the lack of safety net did not appear to have been rectified.

This incident remained troubling for me, as it seemed that the social worker’s initial appraisal that ‘this is serious’ had disappeared. The encounter seemed full of unresolved issues. These centred on supervision/safety issues. The mother’s reference towards the end of the visit that child B would no longer look at the social worker was also problematic, as it appeared that the mum was somehow ‘vindicated’ by B’s alliance with her over the social worker. This left me wondering how much child ‘B’ was enmeshed in his relationship with his mother, and how much he was allowed to be a separate person with his own views.

**Appendix 5a**

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| Appendix 5a Places and Spaces |
| Questionnaire responses to Question 21  Question 21 (focusses on Alienation *from environments where home visits take place).* |
| **SW**  | **Q 21 some research suggests that social workers feel threatened by poor neighbourhoods and experience these as mostly hostile to social workers. Please comment on whether this research matches any of your experiences.** |
| 1 | No |
| 2 | Incomplete |
| 3 | Incomplete |
| 4 | Skipped question |
| 5 | Strongly agree. Often there are gangs of people in certain areas who always recognise social workers. This can be intimidating. |
| 6 | Neighbourhoods are a problem as you become recognised as a social worker but I have never had a problem and find that most of the time I am welcomed as someone who can help. |
| 7 | Poverty is a major social ill- it I s a form of oppression which social workers should feel about to challenge on behalf of services users. I personally do not feel threatened by poor neighbourhoods but do acknowledge that poverty is a major contributory factor to child neglect and maltreatment where parents/carers are already disadvantaged in many respects. |
| 8 | Not yet |
| 9 | It does reflect it. |
| 10 | I occasionally may feel uncomfortable in a certain neighbourhood, but part of the role is assessing the environment in which a child lives so it is important to access these environments. |
| 12 | Having a lot of families involved in social care can be difficult for families and workers as many families discuss their cases and workers. |
| 13 | Some areas can be daunting but this is not to do with them being poor areas, more to do with the people in the area and whether or not the present as hostile. |
| 14 | This does not match my experience. Poo neighbourhoods are more likely to be open to social worker intervention. More affluent neighbourhoods tend to be more resistant to intervention. |
| 15 | All visits and discussion take place in the family home regardless of how difficult. All ooh visits are undertaken by two social workers. |
| 16 | I have worked with one family who told me that in their neighbourhood social workers were considered ‘vermin’; and they would rather a child be mistreated than report concerns to social care. However, this family were not hostile to me as an individual worker but rather towards my organisation. My experience with this family is not typical of other families I have worked with and I work in an area of high social deprivation. |
| 17 | Every family and situation is different. I feel out of comfort zone in less visited areas. |
| 18 | I strongly identify as a member of the working class and do not feel communities are hostile to social workers in the same way they might be hostile to the police. Some of the people who have been hostile to me have been like that because of their previous experience of social workers growing up in care having a child removed. |
| 19 | Incomplete |

**Appendix 5b**

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| **Appendix 5b** |
| **Child’s Voice Representations of barriers to children expressing their views**  |
|  Themes |
| Child’s voice deliberately suppressed or manipulated | Supporting children towards expressing a view: addressing parental constraints |
| Interviews (Examples) |
| *(Inv.3, L178).* *When they did allow me to do that they’d stand outside the door and make it very obvious that were they stood outside the door.* *(Inv3, L116-118)**Mummy says you’re an evil witch. You want to take us away from mummy.’*  | *( Inv.* 4, L.150-154)*But for me I will say to a parent I think you might be telling these children what to say*(Inv. 4L545-553)*They were very worried about me talking to the child at all…the best thing I can do to overcome that is just be honest with you and say, ..I'm gonna ask them open questions, and, you know, ask them questions around* their day. And I show them …the tools I use before I go into it. |
| Questionnaires (Examples) |
| Q.32*At times the children have been told that you are there to take them away or told not to talk honestly to social( example QR17)* |  |
| Home Visit Examples |
| Mum>SW (referring to the bruises) *You asked him about the bruises and that’s why he went quiet. He’s not even looking at you- he won’t give you eye contact.* (F3, L.88) | *SW>Child: I need to tell you that it is a judge who will decide*. (F3, L32-35) |

**Appendix 6**

**Overview of Box 1**

**Box 1** provides a summary of the main features of the initial discursive categories from each interview (a total of six Categories lists).

The initial discursive categories were condensed resulting in to fewer and more compact categories (33 categories). Interview 1, for example, was condensed from 14 to five discursive categories.

The categories are presented below.

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| **Box 1** Initial discursive categories from the interview data.The columns are taken from the reading of the 6 interview transcripts from which initial discursive categories (initial object identification) were identified. |
| Interview 1  | Interview 2 | Interview 3 | Interview 4 | Interview 5 | Interview 6 |
| 1.Cultural Insensitivity | Not saving face of colleagues | Difficulty of accessing the child’s experience  | 1. Open communication with the child as highly valued. | Social work powers as creating barrier of fear?  | The Child Protection Process as a Constraining Factor in Developing Relationships and how this is navigated in practice. |
| 1b. Cultural Dimensions | Surveillance and Care Functions | Child’s voice as suppressed by the parent | 2. Parents’ engagement with change is seen as highly valued and as exceptional. | Emphasis on relationship based practice.  | Experience of Aggression |
| 1c.Cultural Uncertainties | Need for evidence (Categories 3, and 4 some overlap) | Working with Denial. | 3. Parents as obstructing the child’s freedom to speak. | Use of theory  | Assault to professional credibility ( sub-category of 2) |
| 1d Challenge from colleagues: cultural sensitivity | Categorising Client (parents) as Wanting/ deserving of help OR Beyond help | Social worker’s experience of intimidation and aggression. | 4. ‘Staging’ (the physical environment or preparing for a visit?) | Sensitivity to Places and Spaces  | Collaborative negotiation in implementation of the Child Protection Plan |
| 2.SW as Undermining Parent’s Role | Heteroglossia (and media impact) | Challenges to empathetic engagement | 5. Legal proceedings as sometimes more productive of change.  | Working with parents to protect the child5  | Use of power/ power imbalance ( links with 4 ) |
| 3. Staged Visits | Children as in need of Protection and as Rights Holders | The routine nature of violence in the lives of children. | 6. Social worker’s professional and moral identity. | Talking to children about their experiences.)  | Empathetic engagement with parents while focussing on the child. |
| 4. Fathers’ Role | Gendered Reproduction | Intrusive procedures | 7. Family’s response to social worker confronting coaching of children. | Alienation from the environment and issues of class  | Responding to the child’s situation |
| 5. Perceptions of having a child with a CP Plan | Not being allowed to be afraid. | Family’s’ views of Child Protection Status | 8. Spaces and places: home environment not a free space for children to express their concerns | Aggression ( text aggression as a new form of aggression)  | Places and spaces for working with children  |
| 6. Sensitivity to parental distress as a values dilemma. | Management and Supervision | Alienation | 9. CP status (as effecting change?): Gendered impact of CP work | Issues of class and culture  | and (9) Teenagers |
| 7. Verbal aggression, power and authority of the social worker | Academic Discourse | Management support for social worker’s experience of stress. | 10 Practice tension between focussing on the child, and being empathetically engaged with parents leading to a collusive relationship with parents | Challenging Mal-adaptive Norms and Issues of Class  | Working with parents in and out of the home. (Link with sensitive intervention.) |
| 8. Power and Authority |  | Use of theory and training | 10a Practice tension between focussing on the child and being empathetically engaged with parents (duel facing (Janus) role of the social worker). | Family’s responses to having a child protection plan as embedded in the family’s social history.  | Status of the CP Plan |
| 9. Responding to the Emotional Context of Social Work |  | Language Use | 11. Experience of Aggression | Hard to help cases  | Perceptions of Perceptions |
| 10. Spaces and Places for working with children |  | The targeting of a particular child in the family | 12 Emotional Context Lines | Non-compliance and Power Issues | Experience of working with aggression |
| 11.Shared Experiences |  |  | 13. Management support | Multi-agency expectations and frustrations  | Alienation from poor environments |
| 12. Alienation |  |  | 14: Places to see the child | Media impact | Supervision and Support for social workers. |
| 13. Positive Engagement |  |  | 15 Access to the child constrained | Balancing working with parents and focussing on the child  | Use of theory in practice |
| 14. Media Perception  |  |  | 16 Impact of previous involvement and the impact of where social work takes place: The social workers’ understanding of the context of practice from the parent’s perspective |  |  |
|  |  |  | 17. Alienation |  |  |

**Appendix 7: Discursive strands from the home visits data.**

**Family 1 HV 1 and 2**

1. Approaches to Child Protection Practice
2. Constructions of Identities ( family identities, parent identities, social worker identity)
3. Relationship work ( including trust and power)
4. Resistance and agency

**Family 2**

1. Relationship work
2. Constructing Child Protection as procedural/ understandings of risk; honesty and lying
3. Identity
4. Sensitive/Insensitive communication and Communicative clarity
5. Emotional context of CP Work

Family 3

1. Child’s voice/disclosure
2. Appropriate discussion in front of children ( violence and abuse: as routine)
3. Trust v mistrust ( linked with passive hostility)

 (Social worker’s experience of aggression)

1. Child as emotional weapon
2. Dealing with challenge
3. Procedural approach ( appropriately)

**Children’s discourse**

1. Relationship with social worker ( including ( whether allowed to be ) competent witnesses of own lives)
2. Trust v mistrust
3. Places and Spaces

**Appendix 8**

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| **Table A showing discourses present within the completed questionnaires** |
| **Table showing findings from questionnaires.****The number in brackets shows the social worker questionnaire number and the number on the left hand column refers to the question number that the data is drawn from.** |
| **1.Aggression****( questions 4-7)** | Emotional response of SW | View of management responses | **-** | **-** |
| Words used by social workers | Accumulation of incidents (8)Struggling (8)Lack time to process (9, 18))Not taken further by managers (13)Told to toughen up ( 18,19)Normalisation of aggression (5)Difficult ( 8)On-going intimidation ( 16) | Apathy ( 4)Dealing with incidents in isolationComplacent (7)Told workers to ‘toughen up’ (8, 19)Not interested in impact on staff (18)Not available to discuss (6)Supportive ((5, 6, 10,12,14) |  |  |
| ***Discourse 1: The normalization of aggression as part of the social work role.*** |
| **2. Responses to working in poor neighbourhoods****( question 22)** | Identification (as working class) | Identify as ‘other’ but not challenged by ‘otherness’ | Identify as ‘other’ |  |
| Words used by social workers | Poverty, neglect, social oppression (7),  I Identify as working class ( 18) | Uncomfortable but part of child’s life ( 10) Less affluent more open ( 14)Visit regardless ( 15) | Gangs ( 5) Easily recognised ( 6) Seen as helpful (6) Recognised and discussed (12)Daunting( 5)SW seen as vermin ( 16)Out of my comfort zone ( 16) |  |
| ***Discourse 2: The micro-culture of particular places as provoking challenges to identity.*** |
| **3.Value of home visits****( question 28)** | **Central to practice: authentic risk assessment**  | ***Disrupted assessments.*** | ***Risk to the social worker of unpredictable aggression*** |  |
| ***Discourse 3: The centrality of the home visit to assessment of risk and as a source of anxiety*** |
| Words used by social workers | Natural Environment (4,5,7,13,16,) Family at ease /Relaxed (4,5 8,13, 14, 15) Family have control (7, 13)Observe parent/child interaction (7, 14)  Understand family culture (4)  Real picture Home conditions (1,7) Assess Home and environment resources (7 ,12, 13, 14, 15)  | Concern that the assessment will be disrupted by chaotic conditions ( 7,8) Family not available or will refuse access to the child (7) Visits staged ( 17,18)The difficulty of having challenging conversations if the child is present (10).  | Disadvantages Risk of aggression or intimidation/ unsure who is in the house or who will arrive (5, 6, 7, 13, 14, 16).  Fear of pets (13)  Being locked in (13).Risks to SW from the unhygienic home environments (7) |  |
| **4. Experiences of working with children.** (A) SW as a trusted adult( question 28) | **Parental influence** | **Child’s perspective** | **Child and Family’s previous of social work involvement** | **Discourse 4** |
| ( Words used by social workers) | Parents will stop the child disclosing (18)Depends on the relationship with parents how children see social workers (12)Children are taught to be very reticent (7)Family affairs are private (7)Parents at times influence their children to believe that social workers are there to take them away. This can make them fearful of our involvement (5)Children are told they will be taken into care if they speak openly (6)Children can be over-influenced by the parents that social worker are there to remove (6) | Depends on the child’s level of understanding about the safeguarding concerns (7)Depends on the child’s perspective of the situation (8)Children can see things are not okay at home (8) I am trusted as I am trying to make things better (8)  Others think things at home are fine and can’t see why they have a social worker (8)Someone who can’t be trusted because they disagree with me about their home situation and their mother’s care (8)They feel social workers are intrusive and nose (8)They worry something is wrong with them (7)Not enough time to build relationships of trust (short term team) (14) | Social workers in their lives as normal (7)Acceptance of professional in their lives (7)Experience as new and scary and feel deeply uncomfortable (7)Children may have negative opinions because of the child’s experience of losing a sibling to adoption; the family’s stories or they may have been in care themselves (7)Social work label automatically makes people lack trust(10) |  |
| ***Discourse 4.A Barriers to establishing trust as centred on Parental influences and experience of previous social work involvement*** |
| **B. Children telling social workers about living with risk** (Q32) | Restricted voice | Free voice | How children disclose | Normalisation of living with risk |
| ( Words used by social workers) | Become reticent ( 6)Told what to say by parents (6)Threat of foster care (6)Not talk about specific incidents especially if they have been told not to ( 18)at times feel threatened by parent’s reaction (13)feel they are being disloyal to parents (13) | In foster care they can become free to speak openly about their experiences (6)Depends on your relationship with each child (7)They make their own risk assessment (8) | Not directly (18)They might say what life is like for them but not talk about specific incidents (18)They can often tell you about their safety plans without realising what they are doing(17) | simply do not understand as it is lived experience for them (13)Children live in the risk …that’s a normal way of living for them (15)they don’t always understand that their parent has done anything wrong (15)don’t understand that it is risk(15) |
| **Discourse 4 B** *Voice and agency, disclosure and, Normalisation of risk* |
| **5. Emotional context of child protection**( Q 11)  | Extremes of emotion | Anxiety and sadness for the child | Frustration when court and other professionals minimise risk | Lack of management support |
| ( Words used by social workers) | High levels of stress, anxiety (4)One of extremes (6)It is emotionally exhausting work and it can feel like little is being accomplished when families do not engage and will not work with safeguarding measures.I have experienced some very intense emotions (18) | Sadness and upset (4)Saddened for the child (10)frustration and anxiety for children (18)Question what changes you have managed to effect for the children in that family (13) | It can also be extremely frustrating when the courts and other professionals minimise safeguarding issues (7) | Lack of support from management (15)I know I did not do enough to keep those children safe, because I did not have the knowledge and skills. (19)I have found it difficult to reflect with others as it has been a ‘’hot desking’ environment. |
| Discourse 5 *Emotional context of CP work and availability of support* |
| **Discourses across the questionnaires****1 and 5: Normalisation of aggression and Emotional context and availability of support****2 Neighbourhoods as places provoking challenge to identity,****3 Home visits, Anxiety and Assessment of risk****4 Child’s Voice and agency, disclosure and, Normalisation of risk** |

**Appendix 9**

**Transcription notation: Conversation Analysis**

The home visits were audio-recorded and transcribed using a pared-down version of Jefferson transcription as described by Atkinson and Heritage, (1984) and Howitt and Cramer, (2014). The symbols included in the conversation analysis are set out below.

|  |  |
| --- | --- |
| **Symbol** | **Description** |
| Underlining | Emphasis, such as on a particular syllable. |
| Brackets | Micro-pause: very short pause in the speech. |
| ( …)Brackets with dots  | Elongated pause. |
| Square Brackets  | Two or more speakers overlapping speech. The speakers are given different lines and the brackets are positioned where the overlap occurs. |
| ↓↑ Arrows | Indicate substantial movement in pitch with upwardand downward pointing arrows immediately prior to the rise or fall: |
| : Colon | a colon indicates an extension of the sound orsyllable it follows |
|  << >> | Talk between the signs is speeded up compared to the surrounding words. |
| A>B | Indicates A is addressing B |
| B<A | Indicates B is addressing A |

**Appendix 10**

Pseudonyms

Family 1 As there are two parents present the parents are given the pseudonyms Jane and John.

Family 3 The children in Family F3 are referred to as child A, B, C and D: this is to avoid any gender identification and to preserve anonymity.