

**Ethics and emotions: social workers' perceptions and experiences
of decision making in care proceedings**

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Abstract

Social workers engaged in child care planning and legal proceedings have a significant role in decisions which are not only complex but have far reaching and often permanent consequences for the lives of children and their families. These decisions are inherently ethically charged. However, practitioners' awareness of some of the ethical dimensions may vary from a sharply felt to a limited or tacit level. The emotional aspects of this work may also have a significant impact on the practitioner and on the nature and direction of the decision making process itself. The role practitioners undertake is also inseparable from the embodied nature of their work, their relationships with the children, families and legal professionals, the court processes, and influences of the broader social, legal, economic, policy and organisational context.

Traditionally, ethical decision making has been viewed as a rational analytic process in which emotion plays a negative and distracting role, serving only to 'bias' the decision maker. However, an increasing body of research indicates a much more complex and nuanced interplay between emotions and cognitive processes in decision making. There is a gap in research that brings together an exploration of both emotions and ethics in social work decision making and experience of care proceedings.

This study explores in detail how social workers perceive and experience the emotional and ethical dimensions of decision making in care proceedings. A secondary aim is to understand how they can most effectively be supported in this challenging area of practice. Qualitative analysis was undertaken on data from nineteen individual interviews and two focus groups involving social workers, senior practitioners and team managers.

The study found that ethics and emotions were inseparably connected for practitioners throughout the care proceedings process. There was found to be a complex dialogical relationship between emotions, ethical thinking and judgement, impacting on each other in a range of ways. Emotions could also lead practice to

become more ethical through their significant role in empathy, compassion, recognition, relationship building and the ethics of care, and in creating new or deeper understanding. Emotional discomfort and dissonance were also important in leading to questioning and seeking dialogue with others, which would then provide access to different perspectives. The study additionally sheds light on practitioners' experience of the interface between the court world and the social work world. Participants highly valued informal team support and discussion, and the findings also underline the importance of spaces, whether temporal, physical, reflective or interactive, in containing and processing the emotional and ethical dimensions of this work.

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Abbreviations

ADCS	The Association of Directors of Children’s Services
BASW	British Association of Social Workers
CA1989	The Children Act 1989
Cafcass	Children and Family Court Advisory and Support Service
DH	Department of Health
DfES	Department for Education and Schools
PAMS	Parent Assessment Manual Software
PPO	Police Protection Order
PLO	Public Law Outline
SGO	Special Guardianship Order

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1 Chapter 1: Background to the Study

1.1 Introduction

This study arose out of my interest in and previous experience of care proceedings work as a social worker and senior practitioner in local authority practice, prior to moving into an academic post. Undertaking care proceedings work had epitomised for me the most conflicting and painfully sad aspects of child and family social work, but also the possibility for positive and exciting moments. At times, care proceedings seemed to create a space where change could happen. Difficulties might be resolved and parents regain the care of their children. But sometimes the outcome for the child might be at the expense of unbearable pain and loss for a parent.

There seemed to me to be significant ethical dimensions involved in care proceedings, not only in the nature of the decisions themselves, which may lead to permanent separation of child and parent and the impacts of this, but also in the ways in which social workers carry out their interactions with children and families, and write statements of evidence about them.

Ethical dimensions seemed to be linked with emotion. I had noticed the spread of emotions arising in the process and the intensity of these, not only the joy and sadness mentioned above, but also anxieties about making the right decision, and feelings of having let a child down when sought after orders were not made by courts. Around me, practitioners' awareness of the ethical dimensions seemed to vary from a sharply felt to a limited or tacit level. I was struck by the way some practitioners seemed to feel comparatively little discomfort about parents if they felt the outcome was 'right for the child', while others might feel deeply sad.

Organisationally there seemed a mixture of recognition, wariness and ambivalence around the impact of emotions. I also wondered how far social workers' emotions and values might make a difference to the decisions being made.

These were the seeds of a growing interest for me in gaining more understanding of how practitioners perceive and experience the ethical and emotional dimensions of care proceedings and the decisions involved; also how emotions and ethical thinking might interact during the process, and whether this interplay was helpful or harmful.

1.2 Background and rationale for the study

This is a qualitative study into how social workers perceive and experience the ethical and emotional dimensions of decision making in care proceedings. A variety of factors relating to the nature of child and family social work and the current context for practice have come together to provide a clear rationale for the study at this time. These are outlined briefly below.

A number of serious case reviews, inquiries and Ofsted inspections have noted concerns about the quality of professional practice, judgement and decision making in safeguarding and protecting children (eg Laming 2003, 2009; Ofsted 2010; Brandon et al 2009). Recent years have also seen Government-commissioned reviews and reports aimed at improving analysis and professional judgement (Kirkman and Melrose 2014; Barlow et al 2012; Tupper et al 2017), and the Munro (2011) review of the child protection system. In this review, Munro points out the difficult nature of decisions about whether parents can be helped to keep their children safe or whether a child needs to be removed. These decisions are made in conditions of uncertainty and unpredictability. Concern with managing uncertainty and eliminating mistakes has led to a growth in procedural and defensive practice in child protection. However, the emphasis on procedural and technological tools to assess and manage risk does not take sufficient account of complexity and unpredictability (Littlechild 2008), the role of skilled professional judgement (Gillingham 2006; Gillingham and Humphreys 2010), the multiple rationalities involved in real-world social work decision making or the social and relational aspects of practice (Broadhurst et al 2010b). It is also seen by Munro (2011) as having pushed practitioners away from a focus on the child and working *with* families to promote change.

There is also an increasing interest in the interaction of intuitive and analytical thinking in decision making. This focuses on the potential drawbacks of intuitive thinking that are associated with heuristics and bias, or its strengths such as enabling pattern recognition, and the relative appropriateness of intuitive or analytical thinking in different contexts (eg Kahneman 2011; Kahneman and Klein 2009; Hammond et al 1987; Munro 2008). Studies have explored the ways in which

intuition and analysis are used by child and family social workers in practice (Hackett and Taylor 2014; Whittaker 2015, 2018; Nyathi 2018).

The emotional dimensions of child and family social work practice have also been the subject of attention in recent years. A range of social work literature recognises the essential (and often positive) role of emotion in many areas such as relationships, reflection, skills and emotional intelligence (Ingram 2015a). The potentially powerful impacts of emotions in practice have also been explored. For example, Ferguson (2005, 2011, 2017 among others) has brought prominence to the embodied nature and emotional impact on practitioners of home visiting and working with parents, which can combine with bureaucratic pressures to divert their attention from the child to the point that children may become 'invisible'. Writers have also suggested that the emotional impact of contact with abuse and suffering may be so powerful that practitioners may not be able to see signs of abuse in front of their own eyes (Cooper 2005; Ingram 2013; Ferguson 2005). Working with abused children, trauma and suffering is painful and can cause distress to workers (Dwyer 2007; McFadden, Campbell & Taylor 2015), and threats and hostility may lead to fear and anxiety (eg Ferguson 2005; Stanford 2010). Any of these aspects, as well as time pressures and other demands, may cause stress and burnout (Leeson 2010; Zapf 2002). The Munro Review (2011: 91) cautions that 'the emotional dimension of working with children and families plays a significant part in how social workers reason and act. If it is not explicitly discussed and addressed then its impact can be harmful'.

However, there is a relative silence around the role of emotions in social work decision making, other than attention to their potential dangers or biasing effects. The Government's *Knowledge and skills statement for child and family social work* (DfE 2014) links the impact of emotion with personal triggers that may affect the quality of analysis. Although Munro (2011) does identify that emotion is important in intuitive understanding, she also sees it as important for social workers to 'manage their emotions to reduce the risk of distorted reasoning' (p84). The positive role of emotion in decision making is under-theorised in social work literature and there seems an underlying ideal view that judgement and decision making can be clear rational processes somehow abstracted from the messy world of practice and emotion.

Concerns have also been raised about the levels of poverty and inequality affecting families subject to social work intervention (eg Bywaters et al 2016) and the current trend towards a more authoritative child protection practice, in which parents are expected to change their behaviour or face the threat of having their children removed, described by Featherstone et al (2014) as 'muscular authoritarianism' towards multiply deprived families. This approach involves a focus on children's needs in isolation from their families, and viewing parents instrumentally, in terms only of how far they are able to meet their children's needs. Rogowski (2015) argues that this shift in social work is part of a neoliberal emphasis on self-responsibility and the narrowing of concern to focus on child protection and risk rather than family support or social justice. At the same time, numbers of referrals to children's services have risen, together with growing pressures on local authorities from cuts to their funding and increasing levels of poverty and deprivation (Ofsted 2014).

These are all inherently ethical issues, involving questions of harm, best interests, power, social justice and the value of human beings. They cut to the heart of the role of social work in society, illustrating that ethical dimensions are 'deeply embedded in the construction of social work as an occupation, its location within state systems of welfare and the everyday practice of its members' (Banks 2012: 19). Social work's link to social welfare systems means it is closely affected by economic trends and government social and economic policies (Banks 2012), with the result that the impact of neoliberalism and growth of a risk society places social work in the role of regulating 'risky' populations (Webb 2006). This runs counter to the global definition of social work (IFSW 2014) with its emphasis on the promotion of social change and development, empowerment, liberation of people, social justice and human rights. There is thus an ambivalence for social work between 'its instrumental rationality, as complicity with calculating and regulatory practices' and 'its substantive rationality, in securing personal identity through its dialogic and expressive face work' (Webb 2006: 5-6).

These tensions are brought into sharp focus in care proceedings. This is the arena where the conflict between 'two deeply embedded societal values' is played out, 'on the one hand the belief that children are sacrosanct and should be protected against harm, on the other, the belief that outsiders should not intrude into family

relationships' (Beckett and Dickens 2014: 379). These are high risk judgements and decisions, made in uncertain situations but with significant and life-changing consequences. In addition, in recent years the timescale for these decisions in care proceedings has been reduced to 26 weeks through the Children and Families Act 2014. A number of Supreme Court and Court of Appeal judgments (most notably the *Re: B* and *Re: B-S* judgments of 2013) have also had an impact on decision making in care proceedings.

There are therefore compelling reasons to examine social workers' perceptions and experiences of both the ethical and the emotional dimensions of this decision making at this time, not only to illuminate our understanding of the processes involved, but also to identify how social workers can best be supported in this work.

A gap in current research also exists in this area. Social workers' experience of care proceedings decision making, including emotional aspects, has been explored by Beckett et al (2007), Taylor et al (2008) and Dickens (2006), but not recently or with a specific focus on ethical dimensions. A number of studies have also examined decision making in child protection work, some including emotional aspects, for example Hackett and Taylor (2014), O'Connor and Leonard (2014) and Helm (2016, 2017). Other studies have focused primarily on ethics, such as Banks (2016) and Banks and Williams (2005). Further literature addresses the emotional dimensions of child protection practice, such as the work of Ferguson (2011, 2017), Howe (2010) and Ruch (2014). None of these, however, have a dual focus on emotional and ethical dimensions. Also, an increasing body of research, particularly in the fields of neuroscience and psychology, indicates a complex and nuanced interplay between emotions and cognitive processes in decision making and ethical judgement. However, although Keinemans (2015) has reviewed some of this literature and discussed its relevance to social work, there remains a gap in social work research with a specific focus on the interaction of emotions and ethics in decision making and care proceedings. This study therefore covers new ground in bringing together emotions, ethics and decision making in social work research, as well as specifically in the area of care proceedings.

1.3 The research questions

The questions this study aims to answer are as follows:

- How do social workers perceive and experience the ethical dimensions of decision making in care proceedings?
- How do social workers perceive and experience the emotional dimensions of this?
- How do they experience the interplay between emotions and ethical thinking in the process of coming to judgements and decisions in care proceedings?
- How can social workers be best supported in these processes?

To this end, nineteen individual interviews and two focus group discussions of social work practitioners were undertaken to generate the data for the study. Full details of the method and rationale for using interviews can be found in chapter 5.

1.4 Terminology and the scope of the study

1.4.1 Defining ethics and morality

The term 'ethics' is used in various ways in literature and common parlance, sometimes to denote moral norms or standards, or more broadly, as moral philosophy, which includes critical thinking about the nature of morality and what is right or good, as well as formulating answers to specific questions about the right course of action in a particular situation, and studies about people's moral opinions and beliefs (Banks 2012). Some writers distinguish between 'ethics' and 'morals' or 'morality'. For example, Webb (2006) regards morality as involving rule following and narrower than ethics. Witkin (2017: 33), however, follows Bauman's (2000) view that as we are social beings, ethics is the existential condition of humans, but we become moral beings 'when we take responsibility for our ethical existence, specifically for the Other'. Many writers use the terms almost interchangeably. As pointed out by Banks (2012), among others, the word 'morals' derives from Latin (*mores*) and 'ethics' from Greek (*ethos*) which have the similar meaning of customs or habits. In this thesis I will use both terms ethical and moral in their broadest sense, but when referring to literature will keep to the terminology and specific meaning used by the writer.

As implied in the earlier discussion, ethical issues and tensions are inherent in the nature of social work and the context in which it takes place. This study therefore is based on a view of ethical dimensions of social work decisions in care proceedings that extends much further than a narrow focus on ethical reasoning or the resolution of dilemmas. As Witkin (2017: 47) observes:

All social work is an exercise in ethics. Our understandings, practices, and the social contexts in which our work is carried out express moral judgements that have ethical implications. While treating ethics as a discrete area may allow for focused study, such separation constructs practice as something to which ethics is applied rather than an ethical expression. This has the effect of reducing the scope of ethics and focusing on discrete topics such as ethical dilemmas. At the same time, broader moral issues that impact practice such as neoliberalism are rendered invisible.

1.4.2 Emotion

There is also a lack of consensus across different disciplines over how to define emotion. Distinct concepts such as emotion, feelings, affect and mood are sometimes used interchangeably in literature (Keinemans 2015; Trevithick 2014). Neuroscientists such as Damasio (2006) and LeDoux (1998) make a distinction between 'feeling' as a conscious process and 'emotion' which involves significant unconscious elements as well as the senses, bodily responses and cognitive appraisals. Many studies focus solely on one specific emotion, and there is no universal agreement about what constitutes individual emotions such as, for example, how far fear and anxiety may be distinguished (Trevithick 2014). What individuals mean by different emotions may vary and may also be socially and culturally constructed (Heelas 2007). Again, I will follow the terminology used by specific authors when referring to literature. I am also aware that there may be differences between participants' use of words and my interpretations of their meanings.

1.4.3 Decisions and judgements

Taylor (2017a) points out that the terms 'judgement' and 'decision' are often used interchangeably, but in his view judgement involves assessing alternatives while a decision focuses on choosing between alternatives. He defines a decision as:

...the selection of a course of action as a result of a deliberate process by one or more people. Sometimes, judgements and decisions merge into each other; in other situations they are more distinct. A decision may be made by one person or it may be the result of a *decision process* involving a number of people (Taylor 2017a: 21, italics in the original).

Inherent in this definition is an implication that decisions are, or should be, made as a result of conscious deliberation. However, a growing body of literature over the last few decades in fields such as neuroscience and psychology has drawn attention to the unconscious and intuitive processes that are involved in decision making, in particular their role in preceding conscious thought. Some of these processes are outlined briefly in chapter 2, but research examining the interplay between emotion and ethical judgement will also be explored in more detail in chapter 4.

Also relevant to consider is at what point the process becomes a decision. Describing decision making as a 'core professional activity at the heart of social work' O'Sullivan (2011: 1) points out that all the processes social workers carry out, such as referrals, enquiries, allocation, assessment, planning, implementation, reviewing and closing cases, involve the making of decisions. Although clear decision points may occur (such as review meetings), it is often unclear at what point the decision making starts and finishes, and it is 'appropriate to think in terms of chains or sequences of decisions taken over time, each feeding into the next' (O'Sullivan 2011: 3). It would be inadequate and potentially misleading only to focus on an end-point decision, ignoring the processes that have led to it. Earlier minor judgements and plans may help set a course towards a particular outcome. These earlier judgements may be linked with the embodied day to day interactions between social workers and families. While the focus of this research is on decision making in care proceedings, it will also take into account the processes and influences that lead to and shape these decisions.

Significant decisions in care proceedings include not only whether or not a child should be removed from a parent but also if removed, with whom the child should be placed (such as with another family member, foster carers or placed for adoption), and whether or not siblings should be placed together. Such decisions are not taken by a social worker alone but involve managers, legal advice and a series of checks and balances (Taylor 2017a). However, the social worker plays an important role in the

final decision as well as the preceding 'chain' of judgements and decisions influencing the direction of the case.

1.5 Theoretical frameworks

I am not using one specific theoretical lens through which to analyse the data. However, the study is strongly influenced by relationship based practice and its broader implications, especially when combined with an orientation towards social justice.

Relationship based practice has previously been associated with the approach to social work practice of the 1980s in which the professional was seen as the expert, and there was a tendency to pathologise service users and individualise their problems, without regard to the impact of poverty, structural inequalities and discrimination. However, contemporary relationship based practice holds anti-oppressive practice, empowerment and partnership working as central (Ruch 2010a). Informed by psychodynamic approaches, relationship based practice views the professional relationship as integral to professional intervention. The complexity of human behaviour and its conscious and unconscious dimensions are recognised, as well as the importance and connection of the individual's internal and external worlds, and the uniqueness of each social work encounter. A collaborative relationship based on respect, empowerment and inclusion is also emphasised (Ruch 2010a). Relationship based practice involves understanding the impact of anxiety and stress, and enabling service users to feel accepted, understood, safe and contained, which also requires the worker to be emotionally self-aware (Howe 2008). Ruch (2013: 60) also identifies two particular skills: 'the capacity to observe and engage with intimate and uncomfortable physical and emotional experiences (their own as well as those of others)' and an 'ability to think emotionally and to feel thoughtfully'. This includes a capacity to hold a 'not knowing' stance and to tolerate our own vulnerability, as well as that of others. Reflection, reflexivity and reflective practice are therefore essential, and practitioners need to be supported within relationship-based organisational contexts.

With its holistic view of the individual I believe a relationship based approach is also compatible with a structural perspective. Lonne et al (2016) point out that a

relational approach to practice involves attention to people's families and social networks, and embraces the twin priorities of respect for persons and social justice.

It can also link with a social constructionist approach. For example, Witkin (2017) argues against the customary individualist view of the strengths perspective, with its realist elements, in which strengths are seen as individual attributes of service users that can be identified and mobilised. In contrast he considers strengths as 'relationally generated and variable across contexts' (p112), and that it is within relationships that the strengths perspective can be realised. Witkin also explains that one focus of social constructionism is on language, its role in constituting reality, rather than reflecting it, and how meanings are generated and maintained. Transformative change involves intellectual change, such as a change in the assumptions underlying practice or how problems are conceptualised, and in ways of knowing, being and relating. Fook (2012) sees critical reflection as an approach which can assist us to uncover and analyse dominant ways of thinking and assumptions that support particular practices and systems, and how language is used in these processes. As with the impact of emotion considered above in relation to relationship based practice, critical reflection involves an openness to bringing to conscious awareness aspects that may have been unconscious, a process that may cause discomfort, and would need to be supported within the organisational context.

The dual focus on emotional and ethical dimensions in this study enables attention to be given to a number of ethical theories and approaches, ranging from the more reason-based approaches of deontology and consequentialism to the relational focus of the ethics of care, recognition, narrative and dialogical approaches, as discussed in chapter 3. My approach to the data has therefore also been informed by these ethical theories, as well as relationship based practice and the social constructionist insights mentioned above.

1.6 Structure of the thesis

The next three chapters (2-4) together form the literature review for the thesis. Chapter 2 starts by considering the multiple intersecting contexts for significant decisions in care proceedings and the impact of these contexts on practice and decision making, followed by literature relevant to decision making processes, the

role of analysis and intuition, and existing studies of social work decision making in child protection and care proceedings. The focus of chapter 3 is on the relevance of ethical theories and perspectives to social work decision making with children and families, and how these may also relate to emotional and relational aspects of the work, as well as considering studies of how social workers in this field use ethical perspectives in practice. In chapter 4 the emotional dimensions of child and family social work and decision making are examined, followed by research from a range of disciplines of the interaction of emotions and ethics in decision making. This literature illustrates that emotions have an important role in the decision making process itself, as well as the surrounding work with families and the organisational environment.

Chapter 5 outlines and discusses the methods of the study and ethical considerations. This is followed by three findings chapters: chapter 6 focusing on participants' perceptions and experiences of the decision journey and landscape; chapter 7 focusing on their perceptions and experiences of the ethical dimensions; and chapter 8 the emotional dimensions. Finally, discussion and conclusion chapters draw out and discuss the key findings of the study in relation to the research questions as well as a number of overarching and developing themes and ideas, identifying implications for practice.

2 Chapter 2: Literature Review (1): Decision Making

2.1 Introduction

This chapter provides an overview of literature and research relating to decision making processes in child and family social work and care proceedings. Social work decision making does not take place in a vacuum, but within a number of intersecting contexts. These include societal, policy, legal, professional, service user, interprofessional and organisational contexts, which will each have an impact on the social worker and the nature of the decisions being made (O’Sullivan 2011). The influences of these contexts, which may be in tension with each other and also subject to constant change, are discussed in this chapter. Associated ethical dimensions of care proceedings decision making are also outlined. This is followed by sections on decision making processes, the interplay of analysis and intuitive thinking, the role of groups and teams, and the use of models. Relevant studies of social work decision making are then discussed.

2.2 The contexts for social work decision making in care proceedings

The following outline will focus on some relevant aspects of the societal, policy, legal, service user and organisational contexts of child and family social work practice, and will illustrate that these various contexts not only have a significant influence on social work decision making, but may also produce additional conflicts and tensions in the pressures they exert on social workers. Key issues are the impact of neoliberalism, social work’s ambivalent role in society as mentioned in chapter 1, the role of austerity and poverty, and the impact in recent years of legal developments and judgments.

2.2.1 Societal context

Carey and Green (2013: 4) point out that social workers ‘overwhelmingly work with stigmatised, disempowered, marginalised, vulnerable and sometimes challenging individuals who often exist at the peripheries of society’. A decade of austerity has led to rising child poverty (CPAG 2017). Research shows that the experience of poverty ‘permeates every facet of children’s lives from economic and material

disadvantages, through social and relational constraints and exclusions, to the personal and more hidden aspects of poverty associated with shame, sadness and the fear of difference and stigma' (Ridge 2009). In addition, Wilkinson and Pickett (2009, cited in Jack and Donellan 2013) argue from comparative statistics that the level of inequality in a society is also an important factor, and that health and social problems are worse in more unequal societies. Recent research by Bywaters and others (eg CWIP 2017) found that deprivation was the largest contributing factor in children's chances of being looked after, with children in the most deprived 10% of small neighbourhoods being over ten times more likely to be looked after or on child protection plans than those in the least deprived 10%.

However, despite this, the CWIP (2017) report also found practitioners showed limited unprompted awareness of the impact of poverty on families, and supporting families in dealing with financial problems was not seen as part of their role. This is consistent with earlier observations of Jack and Gill (2003, cited in Helm and Roesch-Marsh 2017) that practitioners' assessments of children's needs did not pay sufficient attention to analysing the impact of social and environmental factors.

A contributory factor to this may be the findings of Fenton (2015, 2016) that younger, less experienced social workers were more comfortable with neoliberal and managerial developments in social work than were older, more experienced workers, and she suggests that many come into the profession already holding neoliberal viewpoints.

2.2.2 Policy context

Questions of the role of the state and its relationship to families and individuals, the role and nature of families, and perspectives on children and childhood, are linked with various philosophical and value positions influencing state welfare in the UK. Fox Harding (1997) identifies four 'ideal types' as value positions underlying child welfare policy. The first, *laissez faire and the patriarchal family*, believes state intervention should be minimal, except if required in cases of serious maltreatment in which case the child should be removed and placed in alternative care. In the second perspective, *state paternalism and child protection*, there is a greater focus on the vulnerability of children, and the legitimacy of state intervention to protect children

at risk of harm or where parents' care is inadequate (Kirton 2009; Smith 2005). *The modern defence of the birth family* supports parental rights and the promotion of children's upbringing within their families. Within this are two distinct strands: those who emphasise promoting the rights of families, and those who focus on the importance of state provision of welfare services to support children in their families (Smith 2005). These first three perspectives are all paternalistic in their emphasis on protection of children rather than children's voice or participation. In contrast, *children's rights and child liberation* focuses on the oppressed position of children. While advocacy for children to have the same rights as adults may have been limited in its influence, there has been a discernible increase in the participation of children in planning and decision making (Kirton 2009). A central tension in child welfare has been that between philosophies of 'child rescue' and 'family support' (Kirton 2009).

Shifting value positions can be seen in Parton's (2012) outline of the development of child protection and safeguarding policies in England. The narrow forensic child protection focus on high risk cases in the 1980s was followed by the 'refocusing debate' of the 1990s. This generated greater emphasis on partnership, participation, prevention and family support, 'protection' being replaced by 'safeguarding', and the holistic approach of the new *Assessment Framework* (DH 2000) and *Every Child Matters: Change for Children* (DfES 2004) emphasising early intervention and prevention together with a focus on improving outcomes for all children. The death of Baby Peter in 2007 then led to a renewed focus on child protection as well as early intervention.

An increased focus on risk, coinciding with the decline in trust in workers' expertise and decision-making, has led to a growing reliance on increasingly complex systems of audit, monitoring and control (Parton 1996). When human error is seen as the key problem in leading to tragedies, the strategy is to 'reduce the role of individual human reasoning as much as possible, formalising where possible with increasingly precise prescriptions to frontline workers', with a corresponding need to 'increase the monitoring of practice to ensure compliance with instructions' (Munro 2008: 126). Thus, 'confidence in systems' has replaced 'trust in individual professionals' within a political and organisational climate that demands certainty (Parton 2009: 718).

The assumption of the possibility and desirability of certainty associated with procedural practice also has a poor fit with the complex and multi-layered nature of situations coming into care proceedings. As Carey and Green (2013: 4) point out, problems social workers address relating to poverty and neglect 'tend to be powerful, nuanced and multifaceted', and not easily solved through 'procedures, techniques or 'evidence-based' treatments or services'. Pathologising parents also does not give attention to broader factors such as the impact of deprivation or societal values that may lead to power imbalances between men, women and children or processes that may lead adults to harm children (Gilligan 2006).

Positivist models and actuarial risk assessment methods also cannot take into account the complexity of interacting factors which may influence how a particular person will respond on a particular day to a particular situation (Littlechild 2008). They will not overcome, and may mask, the selective use of information and are dependent on the capacities of the practitioner (Gillingham 2006). This area of work is 'uncertain terrain' where social workers may be beset by 'competing versions and interpretations of events', and the 'often unreliable testimony of various partial witnesses' and absence of forensic or conventional scientific evidence (Taylor and White 2006: 938). Munro (2008: 40) is clear that as 'risk assessment is, by definition, making judgements under conditions of uncertainty, there is an unavoidable chance of error' and infallible judgements are impossible. Some false positives and false negatives are inevitable wherever thresholds are set. Munro also shows how thresholds for intervention are influenced by society's changing views on the acceptability of each type of error, reflecting prevailing views on child abuse and expectations of professionals.

Guidance and tools can be used by employers as a defensive strategy. Hood et al (2000, cited in Munro 2008: 130) refer to 'protocolisation', which occurs when, in order to protect itself from blame, the organisation introduces an increasing number of formal procedures and guidance with clear audit trails. Thus, defending the agency can take on more importance than the protection of children.

Rogowski (2015) argues that these developments are bound up with the move from post-war social democracy to the present neo-liberal consensus. Reduced public expenditure on welfare, rationing of resources and a focus on managing risk rather

than meeting need have contributed to a more authoritarian role for social work. Support to children and families has reduced in favour of an emphasis that they should change their behaviours and take responsibility for their own lives.

Over recent years the 'Signs of Safety' framework (developed by Turnell and Edwards 1999) has been introduced in a number of Children's Services departments including the one in the present study, where it is embedded throughout the referral, assessment, intervention and review process. As a strengths-based framework this has been widely welcomed as useful with neglect and child protection situations, in creating good partnership-working with parents, being effective in identifying risk and planning, encouraging practitioners to be clear and specific, and being more likely to lead to change than other approaches (Bunn 2013), and it has been evaluated positively in ten pilot sites (Baginsky et al 2017).

However, Devine (2015) notes that in the Signs of Safety framework there is still a lack of separation between welfare and policing aspects of social work involvement, as is also found in the use of services under section 17, CA1989. Moreover, Gillingham (2006) points out that an emphasis on safety factors in assessment shifts the focus away from factors that place children at risk of harm. For example, a focus on mothers as responsible for protecting their children in situations of domestic abuse is in danger of monitoring their behaviours rather than engaging with men and addressing the reasons for the abuse, as well as failing to give attention to structural and social factors that may also significantly contribute to abuse and neglect of children. Strengths perspectives in general are shown by Gray (2011) and Witkin (2017) to use the language of social justice and empowerment but still sit within the neoliberal emphasis on individual responsibility, self-help and families finding their own solutions, rather than addressing structural causes of problems.

2.2.3 Service user context

Recent decades have seen an increased focus on the child's rights and voice in legislation and policy. However, McLeod (2010) found that standards of practice in professionals listening to children were still weak overall, and Pinkney (2011) explores the emotional challenges of listening to children and enabling their participation. Serious case reviews have highlighted that professionals involved did

not see the child frequently enough, or ask the child about their views and feelings, and also that practitioners focused 'too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child' (Ofsted 2011). Chapter 4 will also discuss literature suggesting that children can become in effect 'invisible' through the emotional and organisational impacts on practitioners of work with children and families.

There is also a tension between promotion of a child's autonomy and rights and the more protective, paternalistic approach of the Children Act 1989 regarding making decisions in the child's 'best interests' in child protection (Holt and Kelly 2015). In addition, in care proceedings, decision making for children's long-term future may be prioritised at the expense of their needs in the here and now, leading them to be subject to additional moves and assessment processes (Beckett and McKeigue 2010). Where there is a view of children as inherently vulnerable, passive and in need of protection, this may also be at the expense of recognising their agency, strengths and resilience, as Daniel (2010: 237) points out:

....'concern' about children as a group in need of specific attention because of their unique vulnerability can simultaneously signal a recognition that children should be accorded state protection but potentially de-humanise them and deny their role as active citizens in their own right.

A number of writers also express concern about the level of partnership working with parents and reduction in family support (Holt & Kelly 2016). There is concern that children are presented as being unable to wait for their parents to change, and parents are seen instrumentally, only in terms of how they meet the needs of their children, rather than worthy of concern in their own right (Holt and Kelly 2016; Featherstone et al 2014). For example, social workers in a study by Broadhurst et al (2011, cited in Holt and Kelly 2016) did not feel they should be advocates for parents, and some viewed their only advocacy role as being with regard to children.

2.2.4 Legal context

A number of developments in the legal context in England and Wales in recent years have had a profound impact on local authorities and the experience of case-holding social workers in care proceedings.

By the time of the Family Justice Review in 2011 there had been longstanding concerns about the length of care proceedings and delays in achieving the final outcome, which had persisted despite numerous reviews and changes in procedure, such as the introduction of the Protocol in 2003, and the Public Law Outline (PLO) in 2008, revised in 2010 (Masson 2015).

One reason for delay was the wait for outcomes of further assessments of parenting capacity and progress in the hope that parents would overcome their difficulties (Brown & Ward 2013), in line with the underlying principle of the Children Act 1989 that it is best for children to be brought up by their own families. Care proceedings could provide a 'protected space' in which change could take place (Brophy 2006: 94), so lengthy proceedings could also provide more opportunity for parents to resolve difficulties (Masson 2015). Pearce et al (2011: 52) also refer to a shared ethos valuing 'getting cases *right* above getting them *quick*'.

The courts had also been relying on commissioning multiple expert reports, and in effect cases would 'come to decide themselves through the accumulation of expert evidence' (Pearce et al 2011: 59). Beckett et al (2007: 62) also make the point that where such difficult decisions need to be made there may be a tendency to rely on expert evidence in the search for certainty and irrational belief that 'given enough information and expertise, a 'right' answer will emerge'.

But there was also a growing body of research highlighting harmful effects on children of such delays, from remaining in circumstances of long-term physical and emotional neglect, or from experiencing instability, delay and further moves once in the care system, while awaiting permanence plans to be formulated – suggesting that proactive decision making and planning needs to take place at an earlier intervention stage (eg Davies and Ward 2012; Farmer and Lutman 2012). Brown and Ward's (2013) review, incorporating insights from developmental neuroscience, suggests that there is only a short window of opportunity for decisive action, after which children are less able to benefit from specialist interventions and placement away from their families. In a subsequent article Brown and Ward (2014: 265) argue on the basis of this review and a longitudinal study of 57 babies that 'there is a gross mismatch between timeframes for early childhood development and professional

responses to abuse and neglect in the early years' through delays in professionals taking 'appropriate and effective action'.

However, concerns have been expressed about the quality of the research underlying these conclusions, as well as its influence in policy making and that it is leading to a focus on early removals of children rather than supporting families and giving attention to the impact of poverty and inequality (White and Wastell 2013; Bywaters 2015).

The Family Justice Review (2011) identified that at that time cases were taking on average 56 weeks (61 weeks in care centres), and the draconian nature of the decisions that courts need to make had led to an ethos in courts which meant 'cases took as long as needed to ensure that every possibility to avoid local authority care had been explored' (p104), and 'the right of the parents to a fair hearing has come too often to override the paramount welfare of the child' (p14). The Review recommended that a time limit of six months should be set for the completion of care and supervision proceedings, and subsequently a 26 week time limit on care proceedings has been imposed by the Children and Families Act 2014¹.

Use of expert witnesses in proceedings has also been restricted in line with the Review's recommendations, in order to reduce delay, with the implication that more weight would be given to social workers' assessments (Masson 2015). However, this was also a time when the government was promoting adoption, and concern was expressed in some quarters that the restriction on expert assessments and reduction in case duration would disadvantage parents and leave fewer opportunities for parents' lawyers to challenge the local authority's case (Masson 2017).

In contrast to previous attempts to reform the system, this development appears to have succeeded in reducing the length of proceedings, though an evaluation by Beckett et al (2014) of the Tri-borough pilot shows that a reduction to 27 weeks was also linked to a high level of effort and commitment, leadership and cultural change.

However, increasing numbers of care applications in recent years have exerted added pressure: Cafcass data show the number of care applications has been increasing at a

¹ Interviews in the present study took place with social workers working within the current 26 week framework, but also included discussion with some participants about earlier cases of longer duration.

higher rate since 2015 compared to much more gradual increases between 2011 and late 2015². No clear explanation has been identified yet for the increase after 2015, but Doughty (2015) suggests potential explanations might include the increased structural inequality arising from government cuts, and the impact of neuroscientific research making the case for early intervention. Lord Justice McFarlane (2017) has also suggested that lack of resources is a significant factor leading to high numbers of cases of persistent low to medium level neglect coming before the court, with local authorities transferring the risk to the courts by issuing proceedings; he sees this as moving down ‘the lack of resources tunnel’ (p615).

A significant added factor in the mix has been the profound impact on both the courts and social work practice caused by the *Re B*, *Re B-S* and other related judgments of 2013. In *Re B (A Child) (Care Proceedings: Appeal)* [2013] UKSC33 the Supreme Court dismissed a mother’s appeal against an adoption order, but in the judgment emphasised that ‘adoption of a child against her parent’s wishes should only be contemplated as a last resort – when all else fails’. Within weeks this was referred to in a number of appeals, including regarding long-term fostering as well as adoption decisions (Sloan 2015).

Re B-S (Children) [2013] EWCA Civ 1146 involved an unsuccessful appeal by a mother against the decision to refuse her leave to oppose the adoption of her two children. However, Sir James Munby, President of the Family Division used the judgment to set out strongly worded and detailed requirements to be followed in court judgements and evidence. He stated that ‘sloppy practice must stop’ and a ‘balance sheet approach’ should be used, and evidence ‘must address all the options which are realistically possible and.....contain an analysis of the arguments for and against each option’ (Sloan 2015).

Masson (2017) sees *Re B-S* as a ‘disruptive judgment’, and unnecessary in the sense that Munby had upheld the previous court’s decision. She argues that it was deliberately used as a means of changing practice, and ‘to swing the family justice pendulum in favour of parents at a point when the impending restrictions on experts and case duration was seen as disadvantaging them’ (p405). In focusing on the form

² Cafcass figures released Nov 2017 - <https://www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/care-demand-statistics.aspx>

of evidence and judgments rather than the merits of the case, Re B-S made it easier for decisions to be challenged, taking the focus away from the needs of the child and the nature of the parent's parenting. This use of judgments to change practice reflects the judiciary's lack of trust in the effectiveness of the family justice system. Achieving systemic practice change through interdisciplinary work and agreement is time-consuming and should involve a consultation process (as do changes in statutory guidance); in contrast, in these cases judges have used their position deliberately to force change quickly through judgments (Masson 2017). Re B-S also represents a 'philosophical gulf' between the government's promotion of adoption at the time and the view of senior judiciary that it should be a 'last resort – when all else fails' (Bainham and Markham 2014: 1002).

Following Re B-S numerous cases were sent for rehearing, there was a reduction in care and placement orders, and the Court of Appeal received far more appeals than it could hear, resulting in delays, and where cases were re-heard a further delay would occur in deciding the child's future (Masson 2017) – somewhat ironically, in light of the aims of the family justice reforms (Holt and Kelly 2015). Widespread confusion resulted, although clarifying comments were made by Munby and others in later judgments to correct some misinterpretations. A document published by the National Adoption Leadership Board (2014) to clarify 'what the judgments do and do not say', was aimed at myth busting and stated that Re B and Re B-S did not alter the legal basis for making care and placement orders.

These judgments have, however, had a significant impact on social work practice, not only in that evidence and care plans needed to be made Re B-S compliant, but with local authority lawyers advising against applications for care or placement orders in anticipation of how they expected courts to respond. Social workers have found themselves having to complete multiple assessments of family members, some ordered during proceedings, all in a limited timescale. DfE statistics cited in Masson (2017) show the number of placement orders refused went up from an average of 50 a year from 2009 to 2012, to 240 a year in 2014 and 2016, while the number of Special Guardianship Orders (SGOs) increased. This included a higher proportion made with supervision orders, from 11% in 2010-11 to 29% in 2014-15.

Concern about the standard and riskiness of some decisions led the government to commission a Special Guardianship Review (DfE 2015) and to strengthen special guardianship assessments through regulations in the Children and Social Work Act 2017. However, Harwin and Alrouh (2017) point out that the risk of return for both SGOs and SGOs with a Supervision Order remains low.

On a more optimistic note, Gupta and Lloyd-Jones (2016) suggest that Re B-S can be seen as reflecting a 'more family support/pro-birth family ties value perspective', although improvement in family support will not be achievable without more resources.

Another feature of the care proceedings system in England and Wales is its primarily adversarial model, which may create a very challenging and stressful environment for social workers giving evidence, as well as for parents and children. Social workers, who may have been working to support the family prior to proceedings, now take on an oppositional role and have to establish the occurrence or likelihood of significant harm, as the burden of proof rests with them as initiators of the proceedings (Wellbourne 2016).

2.2.5 Organisational context

In many ways the organisational context for social work decision making is a product of all the preceding contexts above. Writers have already been cited in the sections above who have drawn attention to the current climate of practice shaped by government policy and years of austerity measures, pushing practitioners towards a risk-averse, 'child rescue' culture. Rogowski (2011: 157) sees the rise of managerialism as contributing to the 'deformation of social work as a profession', in which achievement of targets has become the yardstick for measuring success in practice.

There have been drivers for more relationship-based and less procedurally dominated practice such as the Munro Review (2011) but despite this, as indicated above, concerns remain about instrumental approaches to parents in child protection and 'muscular authoritarianism' towards deprived families (Featherstone et al 2014; Rogowski 2011).

Another consideration is the level of autonomy and discretion experienced by practitioners within the organisation. Wastell et al (2010) found an intrusive level of managerial control in the statutory child and family teams studied. However, there is some evidence from White et al (2007) and Evans and Harris (2004) that social workers were able to use a level of discretion creatively and could still practise Lipsky's (1980) 'street level bureaucracy'. Stanford (2008; 2010) has also identified that practitioners found ways of 'speaking back' to the fears caused by risk, taking risks if necessary in their determination to do right. Social workers may undertake both overt and covert actions to promote social justice, or prevent injustice (Fine and Teram 2013), employing 'quiet challenges' to maximise support for service users, for example through manipulating information, bending rules, advocating for, and interacting in empowering and relationship-based ways with service users (Rogowski 2012).

2.3 Ethical dimensions of social work decision making

The above sections illustrate some of the ethical dimensions of care proceedings decision making. The Family Justice Review (2011) and judgments such as Re: B and Re: B-S draw attention to the draconian nature of decisions that may lead to a permanent separation of parent and child. There are increasing and conflicting pressures to speed up decision making for children experiencing abuse and neglect and place children for adoption, but at the same time to support families to keep children out of care and avoid adoption unless all other options have been considered, all within a reduced timescale for proceedings (Dickens and Masson 2016). The uncertain nature of the outcomes of such decisions in social work means that there is always a possibility of loss or harm to result (Taylor 2017a). Many of these judgements are finely balanced, involving prediction of an unknown future, where decisions will have far-reaching consequences but it is unclear which option is 'right'. These decisions may thus involve ethical dilemmas, involving 'a choice between two equally unwelcome alternatives, which may involve a conflict of ethical values, and it is not clear which choice will be the right one' (Banks 2012:20). Once the choice is made, the dilemma still has an impact, as 'even the least unwelcome alternative is still unwelcome' (Banks 2012: 12). Dilemmas often involve a choice between two or more conflicting values or ethical principles which the social worker

holds as important. Therefore the choice will still result in 'some other important moral failing (such as failing some duty, failing to avoid some bad outcome or failing to honour an important commitment or relationship' (Bowles et al 2006: 52). A residue is often left for the worker of regret, guilt, blame or anxiety. As McAuliffe and Sudbery (2005: 23) point out, ethical dilemmas can result in workers feeling 'uncertain about decisions, responsible for outcomes, self-doubting of their professional capabilities and reluctant to face the next challenge.'

Conceptions of benefit or harm will also vary according to organisational culture and the underlying value base of the worker. For example, there may be very different viewpoints on how the best interests of a child should be met, and whether within the family or outside it, illustrated by concerns expressed about the contemporary focus on 'child protection' intervention rather than supporting families (eg Featherstone et al 2014; Lonne et al 2016). Social workers also vary in how far they see decisions as 'ethical', or merely based on technical assessment or implementation of the law. However, laws themselves reflect prevailing values and norms in society, and our values will also influence how we interpret the law, or the way we determine whether or not someone will receive a service (Banks 2012).

Social workers also often experience role conflicts, such as the tension between supporting and judging parents. Parents often need proactive support from the social worker in order to remain working in partnership, at the same time as the social worker may need to focus on gathering evidence to convince the court that the child should not return home (Clifford and Burke 2004). Social workers have been criticised for trying too hard to work in partnership with parents and for displaying insufficient 'healthy scepticism' (Laming 2003).

Clashes between their duty to a service user and accountability towards their employer, for example in restricting costs, may lead them to experience 'double agency' (O'Brien 2004). Employer expectations may conflict with practitioners' personal and professional judgement of what is best for the child with regard to family or alternative permanent care (Shdaimah 2010). Situations where a practitioner knows the right course of action but is unable to pursue it, can cause 'moral distress' (Banks 2012; Lynch and Forde 2016) or 'moral injury' (Haight et al 2017). However, Lynch and Forde (2016, also citing Gray and Gibbons 2007) point out

that social work's social justice values mean that social workers should 'rock the boat' and challenge oppressive institutional structures when they are harmful to people.

A significant ethical dimension of child care decision making is the presence of complex and pervasive power relationships, enacted through legislative duties and powers, organisational policies, cultural understandings and the individual practice of social workers (Keddell 2011). The power dynamic is compounded by the nature of the issues that social workers work with and the position of social work service users in society, as discussed earlier. Social work involvement may thus be forced onto people who are already powerless and disadvantaged (Carey and Green 2013). Indeed, in the area of protecting children, Social workers are increasingly finding themselves in a role of moral regulation, or on 'the front lines of governing marginalised populations' (Pollack 2010, cited in Carey and Green 2013: 5). Webb (2006) points out that after the welfare state, and with the development of the 'risk society', social workers have become decisively involved in managing 'micro-sectors' of society such as 'anti-social behaviours, multiple problem families, 'at-risk' populations, attachment disorders, asylum seekers, [and] emotional illiteracy' (p6). Featherstone et al (2014) call for 'muscular authoritarianism' in child protection, to be replaced by a more humane, compassionate and relational approach focused on supporting families.

There is thus a conflict between social work's controlling role on behalf of the state and its role as an agent of change and social reform (Jones 2014), as mentioned in chapter 1. But there is also a level of conflict and ambivalence in societal expectations of the role that social work exercises on behalf of the state. If they are seen as failing in this role (for example if a child is unprotected) they are seen as morally responsible. This blame not only reflects ambivalence about the role social workers undertake but also societal views about the contested role of the welfare state itself; therefore 'social workers' vilification by the press and public is partly due to their role as welfare professionals in a society that is ambivalent about state welfare' (Banks 2012: 31). This ambivalence about state welfare is, as Warner (2015) demonstrates, tied in with political and public concerns about the moral threat posed by an underclass of people living in poverty, the 'undeserving poor', and the conditions they live in, arousing powerful public emotions of contempt, condemnation and

disgust. In its involvement with people in poverty, social work is also 'caught up in the delineation between deserving and undeserving' (p65). At the same time there are 'collective anxieties about social work's capacity – both imagined and real – to recognise and regulate particular groups' (p45).

Power relationships also affect how actions of service users may be constructed as abusive or problematic, or positive and beneficial, and how these constructions influence judgements and become the basis for interventions. Parents' level of co-operativeness or anger can impact on social work assessments of their capacity (Bainham & Markham 2014). Clifford and Burke (2004) also show how assessments of the parenting skills of those with fewer verbal or relationship skills, or parents with learning disabilities, may be affected by their difficulty in engaging actively in partnership, which may in turn lead them to be assessed as unco-operative.

Dominant constructions are also reflected in and established through the use of language in social welfare to 'define, categorise, empower and disempower' (Keddell 2011: 1253).

Terms and definitions are constructed, shaped and reshaped by those in power, reflecting their ideological, social and historical context. Negative labels stigmatise, exclude, objectify, shame and assign blame to people and in turn affect their self-perception. Language that 'others' people and implies individual blame then 'lessens the community's ownership of the problem and its obligation to fully respond' (Vojak 2009: 943). Urek (2005) also shows how social work accounts can use language to construct service users as morally unsuitable in order to justify intervention.

The above discussion indicates not only that complex ethical dimensions permeate practice in child and family social work, but also that there may be ethical and ideological disagreement about what may be seen as right or beneficial or a justified basis for intervention, and therefore how decisions should be framed.

2.4 Decision making processes

This section will consider in more detail the complex processes involved in coming to decisions.

2.4.1 Framing and sense-making

Both Taylor (2017a) and O’Sullivan (2011) identify that a key process involved in coming to judgements and decisions is ‘framing’: the construction of mental or verbal representations of the decision situation and the factors that need to be taken account of in making sense of it. Factors to be taken into account in framing include the nature of the problem; what decisions are being faced by whom; roles of those involved; aims of intervention; needs, issues and strengths; the impact or significance of others involved in the situation, laws and procedures, organisational functions, resources and services available; and a range of knowledge, including historical information about the case and theoretical and research knowledge (Taylor 2017a).

O’Sullivan (2011) points out that the information collected then needs to be interpreted and analysed, a process which involves numerous micro-decisions, both conscious and unconscious, in the selection of information and weighing of its significance, and in identifying and making sense of key issues. These micro-decisions will be influenced by the decision maker’s own values and social understandings, and those who hold more power in a situation are able to determine what knowledge counts as relevant and how information is interpreted. A social constructionist approach would therefore highlight the socially constructed nature of decision frames and the way they will be shaped by dominant discourses and cultural meanings, embedded in language (O’Sullivan 2011).

Identifying options and coming to conclusions might then include collaborative processes such as supervision, consultation, and potentially involve teams and multi-professional groups (Taylor 2017a; O’Sullivan 2011). All these framing, sense-making and analysing processes involve the interplay of analysis and intuition.

2.4.2 Analysis and intuition

Analysis may be defined as ‘a step-by-step, conscious, logically defensible process’ (Hammond 1996, cited in O’Sullivan 2011: 91). Analysis of a situation involves breaking it down into elements; key factors, goals and options are identified and carefully considered in a precise and systematic way to arrive at a decision. As a

conscious process analysis can be opened up to scrutiny. On the other hand it takes time and may become overly complex.

In contrast, intuition is a much faster process, using tacit knowledge and perceptions from the environment, rapidly identifying relevant cues, making connections and associations and sensing feelings (O'Sullivan 2011). Traditionally, conscious deliberative analysis has been prized over intuition, for example Munro's (2008: 96) view of 'the conscious mind acting as a good secretary or personal trainer seeking to minimise the known biases and omissions of intuitive reasoning'.

Kahneman (2011: 20-21) uses the idea of two systems in the mind: system 1 is intuitive, operating 'automatically and quickly, with little or no effort and no sense of voluntary control', while system 2 involves effortful attention, is needed for complex computations, and is 'often associated with the subjective experience of agency, choice and concentration'. Kahneman points out that we tend to view ourselves as using conscious reasoning and making choices (system 2), but system 1 is the originator of impressions and feelings that feed into the beliefs and choices of system 2, although system 2 can be used to override system 1.

Hammond's (1987; 1996) idea of a continuum of judgement with intuition and analysis at opposite ends is cited by Hollows (2003). Hammond, a psychologist, found that clinicians tended to follow an approach falling between the two, using both analysis and intuition, and that their approach depended on the nature of the task, how structured or unstructured it was, and the time available. He suggested intuitive judgement was suited to situations that presented high levels of visual information and limited time, and also that expertise involves an ability to recognise the judgement task and match this with an appropriate judgement style. Hammond also identified that intuition is more appropriately used in situations where there are multiple fallible indicators, while analysis can be used in situations involving infallible indicators. Thus Hollows suggests that early judgements in a case may be intuitive, but the increasing availability of information then enables analytical approaches to be used.

One feature of intuitive (or system 1) thinking is pattern recognition (Kahneman and Klein 2009). Through intuition a decision maker quickly sees similarities to known

cases ('feature matching') and synthesises the features of the situation into a causal explanation or 'story' to make sense of the situation ('story building'). Possible actions and outcomes of different options might be considered. Both prior experience and imagination play an important part in this process (Munro 2008, drawing on Klein 2000). To develop skilled intuition Kahneman and Klein (2009) argue that individuals need to have sufficient experience of environments where there are stable relationships between identifiable cues and subsequent events or outcomes, and adequate opportunities for learning through practice and feedback.

Practitioner expertise has been associated with the ability to use intuition based on experience, as in Dreyfus and Dreyfus' (1986) stages of progression from novice to expert. However, while the benefits of skilled intuition are recognised, there is also a range of literature examining the potential dangers of intuition, associated with the operation of heuristics and bias.

2.4.3 Heuristics and bias

One tendency commonly noted in the literature is 'confirmation bias', when individuals are drawn to search for or interpret information that confirms their initial interpretations and to ignore evidence that might disconfirm their view (O'Sullivan 2011; Rutter and Brown 2012). For example, the study of child protection tragedies by Reder et al (1993, cited in Taylor and White 2006) identified that having made a positive judgement about a care-giver, there was a tendency for social workers in these cases to treat information selectively, either ignoring contrary evidence, or interpreting it in a way that did not allow it to undermine their original view. 'Pervasive belief systems' may also affect practitioners' judgements and encourage them to stick to a particular view, such as the belief that a child is better off with their birth family, or beliefs about mothers and fathers as caregivers (Taylor and White 2006).

A number of other tendencies which might affect and distort decisions are listed by Rutter and Brown (2012: 6): the 'anchoring effect', a tendency to rely too heavily or 'anchor' on one trait or piece of information when making decisions; the 'bandwagon effect', when decision makers do or believe something because others do; and the 'pseudo-certainty effect' when individuals tend to make risk-averse choices if the

expected outcome is positive, but make risk-seeking choices to avoid negative outcomes. Taylor (2017: 98) additionally identifies the 'availability heuristic' and 'recall bias', where an individual is influenced by how easy it may be to imagine a problem or situation, or recall one happening in the team or the media; 'compression bias', where the likelihood of rare but serious events are overestimated while underestimating the frequency of common undesirable events; 'credibility bias', being more likely to accept views of someone we like; 'repetition bias', a tendency to believe what we have been told most often and by a greater number of sources; 'optimism bias'; 'prejudice'; and 'wariness of lurking conflict', when staff are affected by anxiety about potential violence and aggression, or complaints and blame. These tendencies reflect a range and combination of conscious and unconscious processes.

Popular and inadequate understandings of child development and attachment theory may also shape either positive or negative judgements about parenting capacity, creating an illusion of certainty, especially when it confirms existing hypotheses, and accords with group norms and understandings (Taylor and White 2006; White 2011).

Judgements and decisions may also be distorted by ethnocentrism or other oppressive beliefs, stereotyping or a lack of understanding when working across dimensions of difference such as ethnicity, gender, age, sexuality, disability religion, or class (O'Sullivan 2011).

Another limiting factor affecting the quality of decision making may be 'bounded rationality' (Simon 1955, cited in Munro 2008), the recognition that there is a limit to the capacity of the human brain to process information and solve complex problems. Individuals may simplify the process of decision making by resorting to 'satisficing' (Simon 1957, cited in Munro 2008: 96), whereby once an option that appears satisfactory or good enough is found, the individual stops searching for further and potentially better options. However, as Bowles et al (2006) point out, practitioners are also bounded by the complex context of practice with its many conflicting demands to be negotiated and reconciled. Therefore, satisficing may be a realistic response to achieve 'the best in the circumstances', an alternative to worker burn-out in a perpetual search for the perfect solution. In addition, as time constraints may require an individual to make a quick decision, intuitive processes may be relied upon more heavily because of their speediness in contrast to conscious analytical thought.

Helm's (2016) research (referred to below) supports this in its finding that workers made sense of information in relation to their roles and responsibilities and the need to construct a response, and stopped searching for information once a threshold for action had been reached.

Hackett and Taylor (2014) found that analysis was used as a check or back up for experiential and intuitive decision making. However, the social intuitionist model (Haidt 2001, 2010) argues that initial judgements are made intuitively, and then conscious reasoning is more often used to back them up rather than challenge them.

This social intuitionist model (Haidt 2010) comprises four main links and two further links:

- *The intuitive judgement link* – moral judgement appears effortlessly in consciousness (judgements may be based on quick impressions involving associations and stereotypes).
- *The post hoc reasoning link* – moral reasoning is an effortful process after the judgement is made, involving a search for arguments that support the judgement that has already been made.
- *The reasoned persuasion link* – moral reasoning is used to persuade others, and others are persuaded by the affective responses that are triggered in them rather than by the logical argument.
- *The social persuasion link* – people are highly attuned to group norms so are influenced by the fact that friends, allies and acquaintances have made the judgement.

The model hypothesises that people rarely use private reasoning to override their initial intuitive judgement because 'reasoning is rarely used to question one's own attitudes or beliefs' (p348). However, it is possible for private reasoning or reflection to override or amend initial judgements, so the full social intuitionist model includes 2 ways in which private reasoning can shape moral judgements:

- *The reasoned judgement link* – people may occasionally reason their way to a judgement overriding their initial intuition, through logic, though this is seen as rare. If a reasoned judgement conflicts with a strong intuitive judgement a 'dual attitude' may occur where the reasoned judgement is expressed while the intuitive judgement continues to exist under the surface.
- *The private reflection link* – during reflection a person may spontaneously activate a new intuition. For example this could happen through empathising with another, leading to feeling pain, sympathy or other emotion and coming to see an issue from more than one perspective.

This model places importance on social interaction as part of the process, and Haidt argues that moral reasoning is usually carried out interpersonally (links 3 and 4) rather than in private.

2.4.4 Collaborative decision-making: the role of groups and teams

It may be assumed that collaborative decision making, either in consultation with another colleague or manager or as part of a group, would be more reliable. However, literature suggests this may be subject to the same biases and limiting factors set out earlier as individual decision making (Gambrill 2005, cited in Roesch-Marsh 2012); it may also be more complex because of the social skills required for effective engagement (Roesch-Marsh 2012); and communication issues may be a barrier (Reder and Duncan 2003). Power hierarchies are also influential. For instance, serious case reviews show that in child protection conferences input from professionals from other agencies may not be given the same weight in decision making as the views of Children's Social Care (scie 2016). Moreover, groups and teams may be a microcosm of divisions in society, influenced by and reinforcing dominant social and power structures (O'Sullivan 2011).

Helm (2017) also suggests that while informal discussion is important in practitioners' sense-making and aiding their reflexivity, individuals may seek out those who are similar, and be influenced by group norms. White (2011) observes that limited argument takes place when professionals' moral judgements are congruent with group norms. Janis' (1982) notion of 'groupthink' is relevant, as a means by which groups avoid conflict: 'a mode of thinking that people engage in when they are deeply involved in a cohesive group, when members' striving for unanimity overrides their motivation to realistically appraise alternative courses of action' (quoted in Munro 2008: 148). Groups tend to make consensus decisions, and group consensus can lead to extreme rather than middle of the road decisions – either very cautious or very risky. Processes include over-estimating the group (feeling invulnerable and not questioning their own morality), closed-mindedness (for example holding negative stereotypes of adversaries), and pressures towards conformity – for example pressure being directed at a dissenting member, members avoiding disagreement with others and a shared illusion of unanimity (Janis 1982, cited in Munro 2008). Some processes of groupthink were identified in child protection case conferences in

research by Kelly and Milner (1996), who suggest that polarisation and groupthink processes led case conference decisions to be inherently more risky than individual professional decisions. Prince et al (2005) also found agreement that some individuals dominated child protection conferences while others were quiescent.

Addressing some of these issues, and on the basis of her study of decision making about secure placements in residential child care, Roesch-Marsh (2012) suggests that group decision making could be improved through considering the membership of the group; clarity of roles in the group; regular discussion about differing perspectives; identification and critical reflection about group norms; and attention to power relations within the group. Helm (2017) also suggests creating diversity in supervision and room occupancy in social work offices.

2.4.5 Use of decision making models

Decision making models abound in fields beyond social work such as computing, economics, medicine, operations research and psychology, but their use in social work decision making is less developed (Taylor 2012; 2017b). Available models range from those which are more explicitly mathematical, analytical and rational (for example calculations of the utility of different options based on their assigned value multiplied by probability), to those which are more intuitive and descriptive, generally developed from empirical evidence (Taylor 2012).

Models specifically of ethical decision making have also been reviewed and discussed by Clark (2011), Bowles et al (2006), and McAuliffe (2010). Bowles et al (2006) are clear that none of the prescriptive approaches on its own is comprehensive enough or sufficient for effective ethical decision making. Banks and Gallagher (2009: 94) also suggest analytical decision making models may be seen as 'artificial and contrived', and 'are no substitute for the development of the professional wisdom that comes from experience and from practising the virtues', but also acknowledge that these models may help facilitate systematic thinking to aid decision making.

On the basis of their systematic review Barlow et al (2012) recommend moving towards 'structured professional judgement' in social work, using tools alongside professional judgement. They identify potential benefits of a range of standardised

assessment tools, risk/safety assessment tools, and strengths and needs assessment tools, at different points of the assessment and intervention process. They caution that adoption of such tools should be based on infrastructure factors being in place including adequate training and supervision, and only used as part of a broader 'partnership' approach with children and families.

However, in practice, structured decision making tools may not be able to deal with the complexity of actual child protection situations (Gillingham and Humphries 2010), and Kirkman and Melrose (2014) found existing tools themselves are complex, leading to their underuse. Their recommendations include the development of 'fast and frugal trees', checklists and integrating heuristics into reporting tools. Taylor (2016) discusses the possibilities of such heuristic models, recognising that it is not possible for human beings to process vast amounts of information at the same time as statistical weightings. He argues that heuristic models can be used and adapted in relation to the context, and take account of the psycho-social environment of the decision as well as the cognitive processes of the decision maker and learning from experience, feedback and reflection – forming a 'psycho-social rationality' rather than a rationality based purely on statistics and logic.

The systemic and ecological nature of judgement is highlighted by Helm and Roesch-Marsh (2017), who develop a visual representation of the 'ecology of social work judgement', to facilitate mapping the interaction of individual judgement and decision making with the involvement of teams and groups, and the context of organisational systems. Rather than on the 'facts' involved, the emphasis of the model is on reflecting on factors influencing judgement, including the way the social worker frames the problem and interprets the data. It is based on recognising the complexities and uncertainties of social work practice, together with the 'situated, dynamic and subjective' nature of judgement and the importance of critical reflexivity.

2.5 Studies of social work decision making processes

To date there are no other studies available which explicitly examine the interaction of emotions and ethical thinking in care proceedings decision making. A number of

studies focus on processes and experiences of social workers in decision making in child protection and related work.

Kirkman and Melrose (2014) found practitioners' decision making was affected by time and workload pressures, behavioural biases and heuristics, 'decision fatigue' as a result of the number of sequential decisions to be made in the course of a day, and the limited quality of information provided in referrals. In their review of studies relevant to threshold decision making Platt and Turney (2014) suggest that in pressured, uncertain environments social workers appear to reduce the decision making process by applying manageable sense-making strategies involving pattern recognition and heuristics. This is also reflected in Saltiel's (2016) observations of child protection decision making in a social work office, in which pattern recognition, story building and discussion with colleagues were important in sense-making.

The interaction of intuitive thinking and analysis is also explored by Hackett and Taylor (2014) in their analysis of ninety-eight core assessments from four local authorities, and subsequent interviews with the fifty social workers involved. They found that decision making was primarily experiential (based on the practitioner's previous experience and intuition). The most frequent experiential aspects were using the family's response to intervention as a guide to decision making, using prior experience of a family, and then comparison to other cases. However, analytical cognition was also used in all cases, often as a check or back up to experiential decision making. Analytic processes increased with rising levels of perceived risk, amount of historical information, need for evidence such as in legal proceedings, the stakes in a case, the amount of action/feedback loops, and where the dynamic environment kept changing or became more uncertain, or where more information became available. Where cases were familiar with little uncertainty or high stakes or action/feedback loops, the use of intuition predominated.

Whittaker's (2014, 2018) ethnographic study also found that practitioners used a dynamic interplay of intuitive and analytical processes in their reasoning, with the primary driver being emotionally-informed intuitive processes. Practitioners' length of experience made a difference in that they used increasingly sophisticated pattern recognition and story building. O'Connor and Leonard (2014), analysing perspectives from focus groups of practitioners and students, also found that emotions had a role

in child and family decision making, as well as progression in levels of experience, confidence and professional identity.

An ethnographic study of judgements in a social work office by Helm (2016; 2017) highlights that sense-making is also a shared process between individuals and sometimes across teams. When workers discussed a situation their opening statements provided an initial frame, indicating aspects they wished to emphasise as most significant in their view of the situation. These frames were important in establishing and sharing meaning in the dialogue that followed. Some of these initial frames involved the emotion of the worker, such as a statement that a situation is 'worrying'. The initial frame would arise from the individual's preceding sense-making, but the process of sense-making was also shared, with the respondent deciding how to respond to the cue, and this could involve focusing on different aspects of the situation. Helm's findings indicate the importance of emotions and relationships and also emotional intelligence in the process of coming to judgements (Helm 2016). Helm (2017), writing about the same study, also highlights that practitioners tended to move around the office spaces, having informal discussions and using others to help think through issues in more depth, with a focus on curiosity and hypothesis generation rather than identifying solutions. Physical proximity and office layout were also important in enabling informal discussion.

Child protection social workers' sense-making and reasoning processes are examined by Keddell (2011), in particular their views of positive examples of practice, within a New Zealand NGO which espoused values of empowerment and respect. The way workers assigned meaning and actively constructed cases in non-blaming and sympathetic terms was significant in affecting the case process, enabling relationships with clients to be maintained as well as balancing risk.

The experience of local authority social workers coming to a decision in care proceedings is examined by Beckett et al (2007) through focus groups. A number of factors arose as affecting the experience of social workers and the quality of decision making, such as the 'game-like' aspects associated with the adversarial system in care proceedings; complexities of weighing different types of evidence; pressures from managers, Guardians and the expectation to work in partnership with parents at the same time as being a 'witness for the prosecution'; concern that the child can be lost

when people are focusing too much on the adults; and a concern that courts gave too much weight to the views of expert witnesses and children's guardians, even if these were based on more limited evidence, discounting long term patterns in favour of new assessments – sometimes because those observing long-term patterns may be of relatively low status. Some of these points were also echoed in a study by Burns et al (2018) in Ireland, in particular the impact of the adversarial model, and the lower level of respect given to social workers' views in comparison with other expert witnesses – this latter point also featuring in O'Connor and Leonard's (2014) study.

Using data from the same study as Beckett et al (2007), Taylor et al (2008) focus in more detail on the feelings expressed by the social workers during the study, and the way they defended against the high levels of anxiety involved, drawing from Menzies' (1960) study of defences against anxiety in organisations.

Dickens (2006) examines dilemmas faced by social workers in care proceedings in managing the tensions between care, control and change, focusing on the interactions between social workers, their managers and lawyers. The study highlights how stressful the experience of care proceedings can be for social workers and how much they looked to lawyers for support, but also the stresses and dilemmas brought by the involvement of lawyers. The relationships between lawyers and social workers are also studied by Vandervort et al (2008) through focus groups, which again revealed the highly stressful nature of these proceedings in contributing to social worker burn out. They conclude the need for social workers to be better prepared and understand legal ethics and lawyers.

A study by Munro and Ward (2008) examines decision making in the context of the Human Rights Act 1998 articles 3, 6 and 8, in relation to balancing the rights of parents with those of very young children in care proceedings. The study found there were multiple interpretations of how the rights of each should be protected. Delay resulted from decisions being postponed – partly because of the 'low status afforded to social workers and perceptions of their lack of expertise in the court arena' (p.233), and the authors conclude that rights of parents might be prioritised over the needs and rights of the child. On the other hand, Holt and Kelly (2014) suggest that there is an imbalance of power against parents in the pre-proceedings process, compounded by public sector cuts in resources to support families.

Although none of the above studies have specifically focused on the impact and interaction of both emotion and ethical thinking in decision making in care proceedings, a number of themes have arisen that are relevant to the present study, such as the interaction of analysis and intuition in sense-making and that sense-making is carried out collaboratively; the role of emotion; organisational defences against anxiety; framing; how individuals are constructed; potential tensions between rights of children and parents and different interpretations of how these may be resolved; and the impact of the context in which the decision making takes place.

2.6 Conclusion

Literature reviewed in this chapter has demonstrated that decisions during or leading to care proceedings cannot be seen in isolation from the broader social, economic, political, legal and organisational contexts which drive and shape them. Care proceedings decisions are also highly complex and indeterminate, inherently ethical, and subject to competing values and ideologies. At their heart are tensions between safeguarding children and rights of families, and between the roles of social work in supporting families or regulating risk.

The decision making process has also been shown to involve a complex mix of intuitive and analytical thinking. Intuitive thinking is associated with experience and expertise but also potential inaccuracy and bias. Rational analytical thinking is also subject to limitations, and may follow intuition rather than controlling it.

Studies of social work decision making have illustrated the challenging nature and complex contexts of these decisions, their ethical dimensions, and the interplay of analysis and intuitive thinking involved.

The next chapter will survey literature relating to ethical perspectives and theories and their relevance to care proceedings decision making. Following that, the third literature review chapter will consider the emotional dimensions of decision making and associated work with children and their families.

3 Chapter 3: Literature Review (2): Ethical perspectives

3.1 Introduction

Chapter 1 sets out how ethics and values are being defined and considered in this study. Chapters 1 and 2 also explain the context of social work and how all aspects of social work, its role and judgements and decisions, can be seen as having ethical dimensions. Discussions of ethical decision making in literature are often focused on the resolution of ethical dilemmas. However, such an approach would be too narrow to capture the nature of ethical decision making in social work. In their everyday practice social workers are constantly judging, deciding and acting, including in situations where there are no dilemmas (Keinemans 2015).

This chapter surveys literature on ethical theories and perspectives and the ways in which they may inform, influence or reflect action and decision making in child and family social work. Studies of how social workers use ethical theories in practice are then considered.

3.2 Ethical theories and social work

The landscape of ethical theories is complex and detailed. Each has different historical roots and encompasses varying and developing strands. An explanation confined to the relation of ethical theories to social work, let alone in general, would require a level of detail inappropriate to the space constraints here. Therefore, the purpose of this account is not to provide a detailed explication of each theoretical approach, but to set out a brief selective outline and discussion of features relevant to action and decision making in child and family social work, referring mainly to social work literature and some additional texts.

Discussions of ethical theories in the social work literature generally feature deontological, consequentialist and, increasingly, virtue-based ethics, as well as identifying a growing range of other relevant approaches such as radical, anti-oppressive, discourse, feminist, dialogical and collectivist perspectives. However, these approaches are all more wide-ranging and complex than the place they hold in social work; and as Banks (2012) points out, when writers on social work ethics refer

to the influence of approaches such as utilitarianism or Kantian deontology, they are identifying connections with some of the basic orientations rather than the whole of each of these approaches.

While considering literature on the various ethical approaches, it is also relevant to bear in mind Alasdair MacIntyre's (2007) criticism of a tendency to abstract the moral philosophers of the past from their historical, social and cultural contexts and to treat them as 'contributors to a single debate' as if they are 'contemporaries both of ourselves and of each other' (p11). He also points out that although rival arguments are logically valid in themselves they may also be conceptually incommensurable and that 'we possess no rational way of weighing up the claims of one as against another' in order to resolve and terminate the debates (p8). He notes that moral pluralism is commonly regarded as one answer to the 'wide and heterogeneous' variety of moral sources we have inherited, but warns of the danger of this being 'an unharmonious melange of ill-assorted fragments' rather than 'an ordered dialogue of intersecting viewpoints' (p10).

I have chosen to map the landscape of a wide range of perspectives because they all feature in literature as relevant to social work or other helping professions, or in decision making. I recognise that these perspectives arise from different traditions and none was developed specifically for social work. The aim of this section is partly to show that each has elements that are relevant, although each also has limitations in its application to social work practice and decision making in care proceedings.

The range to be covered reflects my view that consideration of decision making cannot be confined to rational and intellectual processes but is also closely connected with the embodied and relational aspects of practice. Decision making thus involves both processes and relationships, two strands that can be traced, to a greater or lesser extent, through the ethical theories to be referred to here. I will take into consideration how far the approaches link with relationship-based practice and social justice principles, and how closely they are relevant to statutory child protection and care proceedings decision making. This discussion will identify Recognition theory as potentially offering the most useful overall framework for understanding and practice in this area, with some qualifications.

3.2.1 Deontology

Deontological approaches are based on duty (deriving from *deon* the Greek word for duty, and *logos*, the study of). Choices are judged according to how far they conform to moral laws, rather than whether they will result in good or desirable consequences. The 'rightness' of an action takes priority over bringing about 'the Good' (that is, an intrinsically valuable state of affairs), so some choices will be morally forbidden even if they will bring about good consequences. This contrasts with the consequentialist approach which prioritises increasing 'the Good' as a basis for action (Alexander and Moore 2012).

A central figure in deontology is Kant (1724-1804) who believed morality is based on reason, which should be exercised freely and democratically to examine everything. Within the tradition of Western Enlightenment thought Kant saw human beings as free rational agents who make choices and are capable of acting on moral reasons, not only from selfish desires, physical causes or predetermined choices. Individuals should be motivated not by fear or reward but by a good will, a will to do the right action because it is right (Stevenson and Haberman 2004). Thus the intention behind the action is key, rather than the consequences, so the end does not justify the means. For Kant, all actions must also be undertaken out of a sense of duty to moral law, consistent with the principle of 'respect for persons', and 'universality' in that the action would be ethical in any context and could be universalised (Pullen-Sansfacon and Cowden 2012). One of Kant's categorical imperatives was 'So act as to treat humanity, whether in your own person or that of any other, never solely as a means but always also as an end' (Kant 1785, cited in Banks 2012: 43).

The influence of Kant's principle of 'respect for persons' can be seen in the priority given by social workers to duties of respect for individuals, their dignity and self-determination, and the nature of the social work relationship, traditionally expressed by Biestek (1961) in his list of seven casework principles (Banks 2012). Kant's categorical imperative, that humanity should never be treated as a means to an end, can also be linked to notions of social justice in social work in the sense that no group should be treated as a minority that does not matter (Johns 2016). An instrumental approach to working with parents in child protection cases, if parents are only

considered in relation to their impact on the child rather than as persons in their own right, can be seen as treating them as means rather than ends (Lonne et al 2016).

3.2.2 Consequentialism

Under a consequentialist approach, on the other hand, the moral rightness of an act is judged according to the act's consequences (Sinott-Armstrong 2012). A range of consequentialist theories exists, differing widely in how they define 'the good' (Alexander & Moore 2012). Classic utilitarianism (eg Jeremy Bentham, John Stuart Mill, Henry Sidgwick) holds that to be morally right an act needs to maximise the good, and more specifically for Bentham the act needs to cause 'the greatest happiness for the greatest number' (Sinott-Armstrong 2012).

Consequentialist theories generally distinguish between actual and expected or intended consequences (as the actual consequences may be unforeseen or beyond the individual's control). The focus is on outcomes that can be reasonably foreseen, so a person acting recklessly could be held accountable for results they should have realised would happen, whereas a negative outcome that no-one could reasonably expect could be put down to 'moral bad luck' (Bowles et al 2006).

Consequentialism has been criticised for its apparent permitting of harm to individuals in order to bring about greater good for others (Alexander & Moore 2012). Critics have also pointed to the potential conflict for consequentialists between the principles of utility (produce as much good as possible) and justice (distribute this as widely as possible) as different decisions might be indicated by each principle (Banks 2012).

Consequentialist approaches are often used in social work decision making to balance the level of harm against the level of benefit to individuals and groups in the course of considering different options. In the current context of social work practice, they also play a significant role in deciding how limited resources should be distributed. Social workers may also experience conflicts between deontological and consequentialist sets of principles in certain contexts: for example their duties to the individual service user may come into conflict with the need to ration resources (Banks 2012: 65).

Both deontology and consequentialism are categorised by Banks (2012) as principle-based approaches that have tended to dominate professional social work ethics. However, both may be criticised as being based on assumptions of human beings as freely acting individuals, able to make choices and take moral responsibility for their actions, and thus reflecting the individualistic values of western capitalist societies.

3.2.3 Critical and radical approaches

Since the 1970s, social work has also been significantly influenced by critical and radical perspectives, criticising an individualistic focus, recognising the role of structural inequalities in society which may constrain individual freedom, and concerned with anti-oppressive practice and values such as equality, community and social justice (Banks 2012). Underlying these views is the interplay of agency and structure, concerning how far human action is either free or constrained (Giddens 1991, cited in Hugman 2005). Morley and Macfarlane (2014: 342) argue that critical social work associates ethical social work practice with the promotion of 'democracy, equity, human rights and social justice within a critique of the existing sociopolitical, economic, cultural, historical and gendered structures'. They suggest that critical reflective approaches, such as that of Fook (2012), combine the interrogation of implicit values and assumptions with identification of how these may support dominant power relations and structures, and thus help provide resistance to the powerful impact of neoliberalism on social work.

Banks (2012) points out that social work tends to combine radical principles with Kantian and utilitarian approaches to produce a set of key principles respecting the dignity, worth and self-determination of human beings, promoting welfare and social justice for service users and in society generally.

3.2.4 Limitations of principle-based ethics

Principle-based approaches to professional ethics have been subject to criticism, often as a basis for arguing the merits of virtue ethics and other more recent approaches (see below). A key issue is that the direct application of principle-based ethics to everyday complex situations is far from straightforward. Theoretical discussions may involve a level of clarity or certainty not reflected in actual practice

situations (Hugman 2005), and the principles are limited in offering solutions when there are conflicting considerations (Statman 1997, cited in Banks & Gallagher 2009: 32). Principle-based approaches also focus on rationality and cognition and dismiss the role of emotions or view them negatively and to be suppressed; and they tend to be excessively formal, focusing on analysis and argument, and dealing with decisions as separate from consideration of an individual's narrative or character (Louden 1998, cited in Banks and Gallagher 2009: 32). They also ignore the contexts in which judgements are made, including the role of different cultures, and particular commitments and relationships people may have (Banks 2012). For postmodernists and feminists the universalist and transcendent principles and reason-based, gender-neutral approaches of deontology and consequentialism are problematic (Gray 2010).

In contemporary harsh risk-averse social work practice environments there is also 'an 'anti-ethical' tendency in the translation of principles into codes used to regulate practitioner behaviour since they force practitioners into a narrowly prescriptive approach with little space for professional autonomy (Gray 2010: 1796).

3.2.5 Virtue Ethics

Virtue ethics may be seen as providing a partial answer to these limitations. In contrast to deontology and consequentialism, under virtue ethics the goodness of an act relates to the character of the actor, and is not measured by its outcomes or conformity to rules of duty. Banks and Gallagher (2009) trace the development of virtue ethics from its origins in the classical period, most notably from the work of Aristotle (384-322 BCE) who emphasised the importance of aspiring to be good, and the connections between virtue, happiness and flourishing. From the late 20th century onwards there has been a resurgence in virtue ethics, influenced by Anscombe's (1958) paper *Modern Moral Philosophy*, and MacIntyre's (1985) *After Virtue*.

A number of virtues relevant to social work are identified; for example, Banks (2012) and Banks and Gallagher (2009) name professional wisdom, courage, respectfulness, care, trustworthiness, justice, and professional integrity. However, alternative lists are put forward by other writers, including, for example, open-mindedness and practical reasoning (Bowles et al 2006), and moral standards may include both

general and context-sensitive values (Clark 2006). There is therefore a lack of consensus about which attributes, dispositions and skills should be regarded as important social work virtues (Pullen-Sansfaçon and Cowden 2016), and a problem of how these virtues are to be defined (Houston 2003). Banks (2012: 76) also argues that 'lists of virtues can be criticised in the same way as lists of values or ethical principles, as being abstract and unhelpful in making everyday ethical decisions', and there is a danger that virtue ethics could be 'subsumed into principle based ethics'.

Also relevant in virtue ethics are Aristotle's precepts of the need for practical wisdom, or *phronesis*, which is developed through instruction and experience; and the 'golden mean' in the sense of avoiding extremes of too little or too much of any virtue: for example, a virtue of friendliness, as a golden mean, would have on the one hand cantankerousness as a deficit, or obsequiousness as an excess (Webb 2010).

Virtue ethics is not confined to the individual sphere. Critical of many aspects of modern liberal capitalism, Macintyre (2007) argues the benefits of the ancient Athenian *polis*, or city-state, at the time of Aristotle, where the good life included acting for the good of society (also strongly rejecting many aspects of the *polis* such as slavery, the treatment of women and its elitism). Webb (2010) suggests Aristotle's focus on the position of the Greek citizen within the Greek city state, and the relation between individual character, morality and public life, is relevant to considerations of 'how right moral relations can exist between state agencies, such as social workers and clients in terms of the character and 'excellence' of the practitioner, the nature of the social care agency and the response of the client' (Webb 2010: 110). McBeath and Webb (2002) demonstrate the relevance of virtue ethics to a social work aim of promoting human flourishing as a community enterprise, within a holistic ecological approach.

McBeath and Webb also see conscience, reflection and self-understanding as important, and that the 'virtuous worker must learn to bring together strength of mind, judgement, perception of situation and action in a highly analytical way' (p.1033). These qualities are not fixed but develop through training, experience and reflection, and are used variably according to the situation. The virtuous social worker is one who strives to do her/his best, and also strives 'to reach goals which are done for their own sake, that is, due to conscious commitment and not only

because someone said so' (Webb 2010: 116). Therefore, as McBeath and Webb (2002) show, a virtue ethics approach may be appropriate within the increasingly complex and indeterminate environment of social work practice and decision making with children and families (where principle-based approaches may fail to provide sufficient guidance); it also runs counter to the prevailing organisational expectations of procedural, rule-based, risk-averse practice.

3.2.6 Habermas' ideal speech situation

Houston (2003) argues that it is insufficient to base moral judgements on reflection and personal judgement or even consultation with others; instead they should be made in full dialogue with others, such as through Habermas' rules of communication and intersubjective engagement. Here everyone is allowed to speak and participate openly and freely and the interests and needs of all stakeholders are balanced: this 'ideal speech situation' provides a process for ethical decision making based on 'communicative action' (Habermas 1990 and 1991, cited in Houston 2010: 97). Elements of this may be seen in the court process which seeks to give all parties an equal voice. Houston also links Habermas' rules to Mead's 'ideal role taking', in that 'we can only develop a rounded view of the self (and its perspectives) by putting ourselves into the position of others' (Houston 2003: 822). Thus for Houston a moral decision must be based on dialogue, in which communication is open and impartial and the voice of the service user not only heard, but the communication also involves the hermeneutic principle that we strive to understand their point of view.

Lovat and Gray (2008) show how Habermasian perspectives can be brought together with virtue ethics to produce a 'proportionist' ethics that could transcend both deontological absolutes and utilitarian situationist ethics. This would involve a compassionate, other-centred, hermeneutic social worker who connects 'use of self', 'right judgement' and critically reflective self-knowledge in dialogical engagement and practical action.

Habermas's theory and its proponents, however, have been criticised for paying insufficient attention to the political and economic context of neo-liberalism, organisational structures and power differentials which could undermine his discourse ethics (Garrett 2009). Feminists such as Nancy Fraser also critique

Habermas's perspectives for ignoring gender and presenting an overly positive view of the family (Garrett 2009). While discussing the positive contribution of discourse ethics of shared dialogue and consensus-building communication to enable individuals and groups to be heard, listened to and recognised, Hugman (2005) also points to its limitation when individuals or groups are not seeking agreement. There may be material and structural limitations to participation, and there is a danger of an oppressive imposition of unity over different perspectives (Hugman 2005). Individuals who cannot participate communicatively are excluded from the ideal speech situation unless they have appropriate advocacy (Houston 2010). These limitations could feature in child protection and court processes. In Smithson and Gibson's (2017) study of parents' experiences of the child protection system parents felt they 'were not afforded the same rights as a participant, as a decision-maker or as a partner' (p572), and some felt silenced, coerced and treated as 'less than human'. Family Group Conferences are seen by Hayes and Houston (2007) as a positive process that can bring together the 'system' and the 'lifeworld' in a collaborative dialogue as advocated by Habermas, but this dialogue can also be affected by both professional ideologies and power relations between family members. To address this issue, Houston (2009), though mindful of the dangers of syncretism, suggests a tentative alignment of discourse ethics with Honneth's theoretical insights on recognition.

3.2.7 Recognition

Honneth (1995), drawing from writings of both Hegel and G.H.Mead, argues that three types of recognition from others are necessary for an individual's self-realisation and identity formation:

- (i) love or care in primary relationships, which leads to the development of basic self-confidence
- (ii) being given rights and dignity, leading to self-respect, and
- (iii) being valued within a community as having a positive contribution, leading to self-esteem.

Recognition may be denied, for example through acts of physical maltreatment, denigration, exclusion from equal rights, social disrespect and devaluation, causing

humiliation and shame. These will have a significant effect on an individual's self-confidence, self-respect and self-esteem (Honneth 1995). Charles Taylor (1992: 25) also argues that recognition of one's identity from others is a vital human need, and that a person's identity is partly shaped by recognition, or misrecognition, by others, so that 'a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves'.

Recognition as a model would appear to have many applications in social work. It draws attention to the intersubjective nature of identity development and the connection between the 'personal' and the 'political' (Houston 2016). It sheds light on the many significant impacts that 'misrecognition' and shame may have on individuals, and it could also be seen as providing a framework for social work practice.

Experiences of misrecognition in all three of the patterns of recognition are commonly reflected in the lives of families in child protection and care proceedings. They may have experienced abuse and neglect rather than the meeting of their needs for love and care. Rights and dignity may be denied both in primary relationships and through the impact of social exclusion, marginalisation and discrimination, either as an individual or being part of an excluded group. Gupta et al (2018) emphasise the relevance of poverty and inequality to child protection, and their multi-dimensional nature in which material hardship combines with experiences of powerlessness, marginalisation and absence of social and political participation, compounded by state policies which demonise poor parents while reducing supportive services and encouraging an authoritarian approach in child protection. Families in this situation will also experience negative social attitudes, stigma and 'othering', with emphasis on their deficits rather than their positive contribution.

When people experience these kinds of misrecognition, there is a serious impact on their self-confidence, self-worth, and, crucially, their experience of *shame* with its many powerful effects. Drawing from attachment theory and psychoanalytic theory, Walker (2011) discusses the significance of shame as an emotional reaction to a loss of attunement with a caregiver, a 'rupture without repair' (p457) especially where this experience is chronic or traumatic. An infant in this situation feels emotionally

overwhelmed and alone with anger, fear and shame. In a position of total dependence on a parent's care it is safer for a child to view her/himself as 'bad' rather than the parent, leading to the internalisation of a deep sense of shame. Parents subject to child protection processes may have had many life experiences which lead to shame, within both intimate relationships and the broader social forms of misrecognition discussed above. Walker identifies a number of possible impacts of shame. It may lead individuals to withdraw, freeze or hide through fear of exposure, or to dissociate from painful and frightening feelings and memories, leading to absence of insight into the self and empathy for others. Shame may also lead to rage, which can also involve a wish (conscious or unconscious) for revenge. Individuals may become aggressively self-reliant and avoid asking for help, have difficulties with honest and open communication, and defend against shame through lying, or the denial of behaviour or events. Shame leads individuals to believe they are not loveable, and thus interferes with their capacity to love and trust. Shame may also lead to child abuse and neglect, for example when a parent's unsuccessful attempts to comfort a persistently crying baby may trigger previous experiences of shame and worthlessness, leading to responses of aggression or withdrawal. Forrester et al (2012) give the example of a substance misusing parent increasing rather than decreasing her substance misuse when faced with care proceedings, responding to feelings of despair and what appeared as a confirmation of her failure.

Thus, awareness of the impact of misrecognition and shame is important for social workers when understanding parents' responses to their children and to social work intervention. Parental hostility and avoidant responses which are often characterised as resistance or non-engagement with social workers may result from misrecognition and shame arising either from their previous experiences, or from elements of the current situation or the power dimensions and nature of interactions between professionals and service users (Forrester et al 2012; Ward et al 2014). The care proceedings process itself could be seen as the epitome of condemnation for a mother, involving public exposure and shame.

Recognition theory also offers a framework for ethical practice. Houston (2016) develops a conceptual framework for critical social work from Honneth's model of the three types of recognition – identifying for each type the sources and outcomes

of recognition, forms and outcomes of misrecognition, and related social work approaches (such relationship-based, strengths-based, community social work, ecological social work, and rights based, political and structural social work). Houston also counters Honneth's view that misrecognition provides the impetus for individuals to challenge their oppression, identifying instead the destructive impacts of shame on self-confidence, as indicated above. This leads him to advocate the following six-step process for shame-sensitive social work: (i) developing a therapeutic alliance with the service user through acts of recognition; (ii) identifying shame as a product of misrecognition; (iii) exploring the impact of shame; (iv) managing shame; (v) restoring pride through recognition; and (vi) empowering service users to challenge misrecognition.

Additional complexities are involved in applying recognition theory to child protection work, as an empathetic shame-sensitive approach to parents may need to be combined with acknowledgement that parents may be deceptive or manipulative, and it may be imperative for them to change their behaviour in a short timescale. In his work on shame Walker (2011) helpfully identifies that work should aim to enable an individual to move from shame to guilt. While shame acts as a barrier to empathy and the taking of responsibility for one's actions, guilt includes empathy. When individuals move from shame to guilt their capacity to accept responsibility for their behaviour and develop empathy increases.

The contribution of recognition theory to relationship based practice with 'involuntary clients', as in the child protection sphere, is also discussed by Turney (2012). An approach based on recognition, respect and reciprocity supports an effective engagement with service users that values them as individuals, 'as an 'end in themselves' rather than simply as a means to the end of protecting their children from harm' (p150). Turney acknowledges the tensions and challenges inherent in statutory work with involuntary clients where there may be hostility and ambivalence and 'it may be hard to know what information is reliable, whose 'story' to trust' (p154). However, this approach, which needs to involve an open-minded and a 'not-knowing' stance, also helps avoid the 'misrecognition' of service users that can contribute to ambivalence and non-engagement.

Waterhouse and McGhee (2015) discuss the relevance to child protection social work of Judith Butler's theory of recognition, in particular in *Giving an account of oneself* (2005). Basic to this is that the self is constituted and reconstituted within social relations, and we give an account of ourselves when asked by the 'you'. Thus, giving an account is '... a kind of showing of oneself, a showing for the purpose of testing whether the account seems right, whether it is understandable by the other, who "receives" the account through one set of norms or another' (Butler 2005: 131, cited in Waterhouse and McGhee 2015: 246). But this account should not be in the context of fear or accusation and should be on one's own terms. They argue that in child protection situations mothers are in effect asked to give an account of themselves in a situation of fear and threat, defending against an accusation of causing or failing to prevent harm to their child. Mothers are evaluated in relation to their ability to care for their child, put the child first and protect the child, including from the father or male partner. A recognition approach would involve addressing mothers 'as women in their own right and as reflexive self-narrating beings' (p248), and in their own terms, which for instance may be as a woman struggling to survive in difficult social and economic circumstances. Otherwise there is the potential for ethical harm through not respecting a woman's personhood. They suggest the question 'Who are you?' should be the starting point for practitioner-mother relations.

However, recognition theory has been challenged for 'psychologization' of what are fundamentally social and economic issues, with the view put forward that redistribution is important as well as recognition (Fraser 2003, cited by Garrett 2009), although Garrett adds that Fraser under-theorises the state's role in sustaining 'othering' and misrecognition. Turney (2012) takes up these points but argues that they do not negate the usefulness of recognition theory for social work as this can incorporate considerations of power and oppression and broader societal relationships.

Focusing on the role of poverty and social exclusion in child protection, Gupta et al (2018) argue the relevance of Lister's (2013) theory of 'the politics of recognition&respect' an approach which emphasises human rights, respect and participation for those in poverty, alongside redistribution. Gupta et al call for a

poverty-aware social work practice that challenges othering discourses and promotes social justice and human rights.

Thus, although recognition theory lacks a specific focus on challenging structural inequality, it can still encompass social justice and anti-oppressive practice in both the individual and structural dimensions of social work, and combine this with relationship based practice.

However, it may still be seen as incomplete in decision making. Houston (2009) suggests that recognition theory encourages an empathetic, strengths-based approach, but in itself will not automatically lead to resolving issues. As indicated earlier, he suggests that recognition theory can be complemented by Habermas's discourse ethics, thus arguing that '*egalitarian communication* and the principle of *inclusive recognition* are the two foundation stones of moral decision making in social work' (Houston 2009: 1276)

Another potential criticism of recognition theory is that there is also a danger that in recognising the other we are using our own frames of meaning to understand the other, accommodating her or him into our own existing frames. It could be argued there is inadequate acknowledgement of what is unknown and beyond our recognition (Stark 2014). This raises questions for social work, such as how far we recognise another's account of her/himself if it is unacceptable to us; where there are conflicts, how do we decide whose claims for recognition are to be prioritised? However, social workers are professionally obligated to assess and judge, and present an account of service users in reports. This may involve presenting a negative view of a parent in order to convince the court to make an order. In response to these tensions I will next consider the potential contribution of Levinas, then Gadamer's hermeneutics, Buber's *I and Thou*, and finally the Ethics of Care.

3.2.8 Levinas

Levinas argues that ethics should come first before knowledge. Ethics are initiated by 'the face' of the other, to which we must respond and accept responsibility, and not by our knowledge and understanding. For Levinas we can never fully know or represent the other: our representations of others are always inadequate, and there

is always something beyond our knowledge and comprehension. If we try to conceptualise the other person it is to treat her/him as an extension of our own categories, and in attempting to represent and understand people we violate their own irreducible singularity (Rossiter 2011). Levinasian ethics therefore raises radical questions for social work's claim to special knowledge of people, and professional responsibility to 'know' the other (Rossiter 2011). Tsang (2017) also argues that it challenges assumptions about the place of empathy in social work, and the emphasis on understanding the service user as a basis of relationship building and intervention. Social workers therefore need to combine the search to understand and empathise with awareness that their knowledge is partial and fallible, thus holding 'a 'both and' stance of 'understanding and not understanding' that regards service users as people who can both be known and unknowable' (Tsang 2017: 316). This 'not knowing' stance towards the other, involving humility and openness (rather than an emphasis on 'cultural competence') is also favoured by Ben-Ari and Strier (2010) as a framework for working with difference and diversity.

Rossiter (2011), however, goes on to point out the inherent 'razor's edge' tension in a social work concerned with social justice, given that seeking justice for service users requires representation, but under Levinasian ethics representing the other is a form of violence. As a form of critical social work she puts forward a view of 'unsettled practice', which accepts the impossibility of resolving this tension and is committed to working consciously with it. Thus, 'social work can situate itself in justice-oriented representations, but it can also interpret its chronic discomfort as unsettled social work, which values its discomfort as a practice that fully acknowledges that the violence of representation exists in inescapable tension with the need for justice that requires it' (Rossiter 2011: 994).

However, for Garrett (2017) this view of critical social work has become 'untethered from economic and sociological moorings' (p11), the role of the state and impact of neoliberalism. Moreover, Garrett raises that the 'Other', for whom we have responsibility, tends to be depicted by Levinas as a needy, passive, vulnerable figure – 'the widow, the orphan, the stranger and the beggar' – rather than someone who may be rebellious or resistant.

This interesting point is perhaps also reflected more generally in social work literature, where there appears some hesitation to discuss the 'other' who may have some responsibility for harm or neglect or have morally unacceptable attitudes and actions, for example abusive, cruel or discriminatory behaviour, without constructing the individual differently, for example as a victim with limited agency. Also, as argued above, the social work assessment role may come into conflict with both recognition theory and Levinasian ethics. Three further approaches may be useful in illuminating how these tensions could be worked with: narrative, hermeneutics and dialogue.

3.2.9 Narrative

Wilks (2005) shows how a narrative approach can bring together different and disparate threads of social work values and ethics and service user perspectives, and can incorporate dissonance and competing ethical considerations. It may also include consideration of damaging and oppressive wider social structures and cultural influences on people's lives, and in doing so will reveal the relationship between the two (Krumer-Nevo and Sidi 2012).

Baldwin and Estey-Burt (2012) assert that a narrative approach to ethics means thinking 'ethically about how we construct narratives about, with, and for individual service users while remaining attentive to wider concerns of social justice' (p1), also paying attention to facilitating narratives of people for whom telling their story may be more difficult, such as people with dementia or learning difficulties. Language used will convey particular views or impressions of the people involved. Narratives are therefore representations and constructions, which can take on moral overtones, for example presenting a parent as uncaring, a foster family as dedicated, and so on (Urek 2005, cited in Baldwin and Estey-Burt); they can also resist 'othering' (Krumer-Nevo and Sidi 2012); and can employ strengths based and solution focused approaches (Bunting and Lazenbatt 2016).

Baldwin and Estey-Burt argue that a narrative approach is a step towards Rossiter's 'unsettled social work' as it does not privilege social work understandings or assume complete comprehension is possible, or attempt 'to subsume the Other into pre-existing categories' but is oriented towards the other and giving of one's self over to the other (p14). The 'informed not knowing' approach, in which the practitioner

combines empathy with a belief in the expert knowledge of parents and children from their own experience, may also enable individuals to reveal and share more of their painful and private thoughts and feelings than they would otherwise (Shapiro 2012).

Narrative theory could contribute to a recognition based approach, with its focus on the detail of enabling the other to tell their story, and understanding the way narratives are constructed, reducing the danger that we may impose our own frames of meaning on the other. However, bearing in mind the impacts of misrecognition and shame on a person's self-concept, as indicated above, individuals may have difficulty viewing and presenting themselves fairly, and have difficulty with accepting responsibility for their actions – so a shame-sensitive approach is important.

In terms of decision making, narrative approaches are open to criticism for being relativistic (Wilks 2005) and being based on an open-ended and undefined responsibility to the other (Baldwin and Estey-Burt 2012). Wilks (2005) suggests the approach provides a path to the decision rather than guiding the decision itself.

The role of dialogue and relationship in leading to change, and therefore potentially different decisions and outcomes, is also worth considering further. The accounts of narrative approaches above place emphasis on the voice and story of the other, and the importance of our openness to this. However, I would argue that missing here is a corresponding attention to what we ourselves, or social workers themselves, bring to the encounter – that is, attention to the social, cultural and historical location and preconceptions of the worker which may influence how the other is perceived. Alongside the question posed by Waterhouse and McGhee (2015) 'Who are you?' we could equally ask 'Who am I?' Another important aspect to consider is the idea of mutuality and change – the possibility that both sides can be changed through the encounter. The work of Gadamer (2004, 1977) is relevant here.

3.2.10 Gadamer and hermeneutics

Fundamental to Gadamer's philosophical hermeneutics are recognition of both the situatedness and embeddedness of the interpreter, and also the reciprocal dialogical nature of understanding, based on an equal and mutual relationship with the other

(Gill 2015). Gadamer believed that rather than closing us off, our prejudices, or pre-judgements, may be what opens us to what is to be understood (Malpas 2015). He viewed understanding and interpretation as always taking place within a historically-determined, situated 'horizon'. This horizon is always subject to change, not only through the changes taking place in history, but also through our own revisions. The horizon can change through openness, encounter and dialogue in which the other can challenge our perspectives and enable us to become aware of our own situatedness and preconceptions, and what needs to change. As this takes place, our perspectives broaden, and a 'fusion of horizons' may occur with formation of a new context of meaning. However, understanding is continuous and necessarily incomplete, as it is not possible for our historical and hermeneutic situation ever to become completely transparent. Rather than seeing dialogue as a way of balancing different viewpoints or assimilating one perspective into another, Gadamer emphasises openness and attentiveness to the other as a pre-requisite, and the to-and-fro nature of dialogue between the familiar and the alien, in which neither side remains unaffected (Malpas 2015; Gill 2015). Thus for Gadamer, a fusion of horizons does not mean a destroying of difference to become the same, but 'an ongoing, open-ended movement between two things different from each other' (Vilhauer 2009: 361).

Rather than a method, Gadamer views hermeneutics as a mode of being-in-the-world. Language is fundamental, as we encounter ourselves and others through language. In hermeneutics the other is not treated as a means to an end. The dialogue becomes a shared inquiry in which the other is a partner, co-subject and co-interpreter, new meanings are created from the interplay between horizons, and '[t]hrough every dialogue something different comes to be' (Gadamer 1977, cited in Gill 2015: 20).

This point about the creation of new meanings through dialogue is significant for this research study, in which dialogue and relationship appear to have key roles in the creation of understandings – including self-understandings – and knowledge and changed perceptions. This idea is also articulated by Parton (2003: 3), discussing the role of talk and language in enabling service users to make sense of their experiences: it is 'by language that the individual self is formed', and it is 'the opportunity to

engage in an active conversation about oneself that brings about understanding and change'. At the core of child protection social work are the embodied interactions with families in home visits and meetings, focused on assessing, negotiating, persuading and encouraging change. The value of a hermeneutic approach can be seen here, with its emphasis on reciprocity, dialogue and mutual change. Gadamer's idea of the two horizons is useful to consider as a process, for example through which the divergent horizons of a worker and parent can be brought closer together through dialogue and consequent development on both sides in self-understanding and understanding of the other's perspective.

Despite its focus on partnership and reciprocity within the dialogic encounter, the hermeneutic approach can also be criticised for paying insufficient attention to the surrounding social, political, economic and organisational contexts that define and constrain encounters between people with unequal power, and its lack of focus on trying to change these structures. However, Gill (2015) points out that Gadamer recognised the limitations of dialogue in dealing with domination and the problems of political life, and that he also suggested that dialogic encounters can take place at a macro level with larger communities and nations.

Clark (2011) makes a case for a hermeneutic approach to professional ethical decision making, involving three main principles drawn from Gadamer's work: first, a recognition that all understanding is historically conditioned and situated, and this includes awareness of the individual worker's own unique self, shaped out of her lived experience; second, we should acknowledge that we understand the other through our own fore-understandings, but these need to be continually replaced as we deepen our understanding of the person in their situation – and that to understand the other we also need to understand ourselves and be willing to change; third, the importance of dialogue as the process through which the understanding is sought (p130).

3.2.11 Buber

The quality of the relationship and interaction between the practitioner and the other is therefore significant. Martin Buber (1937/1970) describes two basic ways of encountering others: either as objects, things to be used, described and experienced,

(the 'I-It' encounter), or in a relationship, the 'I-You' (or 'I-Thou'), which involves the whole human being relating to another human being as a whole, based on reciprocity, participation, and on being 'all present' to the other. It involves knowing someone 'not as a mere sum of qualities, aspirations and inhibitions' but to 'apprehend him, and affirm him, as a whole' (p178). A dialogical encounter is also an embodied one, involving bodily senses and feelings, with the sensitively attuned worker sensing and responding to the feelings expressed in the bodily movements and facial expressions of the other person (Shotter 2015).

However, the authentically dialogical 'I-Thou' way of relating is difficult and costly, and does not easily fit within a bounded professional relationship, especially in statutory child protection situations. Social workers may only be able to experience fleeting moments of breaking from the 'It' world into the 'Thou' world. For Buber, 'the choice of dialogical relation is one that involves a powerful and continuous existential struggle between the 'I-Thou' and the 'I-It' modes of relation' (Lederman Daniely 2015: 71). Indeed, the social work professional relationship and role will often require practitioners to manage or hide their feelings through deep or surface acting, which they may experience as existential conflict, as will be considered in a discussion of 'emotional labour' in the next chapter.

This approach may be more relevant to counselling situations than care proceedings social work. However, I have included it for its relevance to a relational approach and communication skills with its emphasis on presence, openness to the other as a whole person, attunement and responsiveness, albeit within the constraints of statutory practice.

In the perspectives considered so far there is perhaps a missing element in relation to the level and nature of care and commitment to the other and the range and depth of emotion involved in the helping relationship and realities of embodied practice with children and families. Finally it is important to consider the body of theory relating to the ethics of care.

3.2.12 Ethics of Care

Early developments in the ethics of care can be traced back to Gilligan's (1982) critique of Kohlberg's positioning of the ability to identify complex moral issues and apply ethical principles as the highest stage of moral development. Gilligan's own research with young women found that for them the values of relating and caring for others predominated, although these were only at the middle stages in Kohlberg's hierarchy. Gilligan argued for a feminist view of ethics in which women's perspectives are valued in their own right (Hugman 2005). Her view was that men operated within an ethic of justice, stressing rights and rules, while women's emphasis was on relationships and responsibilities within an ethic of care (Featherstone 2010). However, Gilligan's views have been criticised for being essentialist and anti-feminist, and also for setting up an unhelpful binary between justice and care (Featherstone 2010).

Noddings' (2013) account of the ethics of care also rejects the primacy of reason and rules and focuses on the mutuality of natural caring relationships, caring and being cared for, as in the relationship between a mother and child. Natural caring is motivated by love or inclination. Where this fails, ethical caring will take its place, and this requires effort that is not needed in natural caring. But both are focused on preserving the caring relation to the other (so for example, when having to deny someone's expressed need, this is done within a caring relationship, focused on keeping communications open). Four elements of care are identified by Tronto (1993: 127): 'caring about, noticing the need to care in the first place; taking care of, assuming responsibility for care; care giving, the actual work of care that needs to be done; and care-receiving, the response of that which is cared for to the care'. From these will arise four 'ethical elements' of care: 'attentiveness, responsibility, competence, and responsiveness'. Tronto emphasises that practising care is more than good intentions. Rather, it 'requires a deep and thoughtful knowledge of the situation, and all of the actors' situations, needs and competencies'. It also involves making judgements 'about needs, strategies for achieving ends, the responsiveness of care-receivers, and so forth' (p136-7).

There is also a 'dark side' of care: critical social work literature points out oppressive, paternalist, patronising and marginalising aspects of care and its association with

welfare, dependency, and expectation that those on the receiving end should be grateful (Meagher and Parton 2004). Care may include 'surveillance' and control, involving moral judgements about need and competency, and decisions to reduce risk may lead to denying people agency and self-determination (Orme 2002).

Tronto (1993: 117) also points out that care is 'devalued conceptually through a connection with privacy, with emotion, and with the needy' as society values 'accomplishment, rationality and autonomy'. Drawing from object relations psychology Tronto suggests that our desire not to be needy, dependent and powerless leads to the 'othering' of care givers and those who need care, all of whom might be treated with disdain and disgust, with dependency treated as weakness. This point may be relevant here, both to considering how parents and family members with needs may be judged, and also to how social workers, in terms of their caring role, may be perceived by society.

Further potential negative consequences of a commitment to concrete and particular situations of care identified by Tronto (1993) are 'parochialism' and partiality, leading to a failure to address broader needs and concerns for care. However, Nordhaug and Nortvedt (2011) point out that some degree of partiality and relational proximity is important to giving attentive nursing care, rather than this being merely an instrumental interaction around performing necessary tasks.

Both Tronto (1993) and Sevenhuijsen (1998) incorporate a political perspective on caring, highlighting inequality in care relationships in society in terms of the level of value accorded to those who are cared for and those who do caring work. Tronto (1993: 167) suggests that the 'qualities of attentiveness, of responsibility, of competence, or responsiveness, need not be restricted to the immediate objects of our care, but can also inform our practices as citizens'. The absence of attentiveness to a particular group in society can then become an issue for public debate. A challenge then for practitioners is to move beyond private compassion and empathy to an understanding of the structural conditions of inequality and injustice that promote suffering (Singleton and Mee 2017).

Meagher and Parton (2004) also point out that a politically oriented ethics of care approach is compatible with a psychodynamically influenced relationship-based

practice, but goes beyond this in its attention to broader social structures and relationships such as the dominance of managerial approaches in social work. Thus it can 'provide a 'values bridge' between psychodynamic or relationship-based practice ideas and the more socially-oriented critical social work approach' (p 20). In crossing the divide between rationality and emotion they see the ethics of care as offering a different kind of moral decision-making, in which experience, relationships and context are central. Held (2006) also points out that the ethics of care recognises the contribution of emotions in understanding what we ought to do, and that, for example, empathy, sensitivity and responsiveness may be better guides than highly abstract rules and universal principles. This point links to the role of emotion in ethical thinking and decision making, which will be explored in the next chapter.

There is a potential tension between care and justice. Orme (2002) argues for a dialogical approach to justice which challenges the binary view of care and justice, hears multiple voices and resists categorising people. However, hearing all voices would include those who dominate, oppress and abuse, which may feel problematic. Orme mentions the example of those responsible for the death of Victoria Climbié, who were demonised, but who 'could have been constructed not as demons but as needy people, displaying symptoms of mental ill health and experiencing social isolation, stereotyping and racism'. There could be an implication here that it is necessary to construct individuals sympathetically and with reference to mitigating circumstances in order to be able to care for them. However, Orme makes an important point that caring does not mean that people are not held responsible for their actions, and uses this example to illustrate the relationship between care and justice.

Featherstone et al (2014: 48) also draw attention to the impact of suffering, and the embodied nature of suffering: 'social suffering is inscribed on the body: the low self-esteem, low status, lack of social capital and lack of power to direct one's own life are written on the body and manifest in health inequalities and also self-destructive behaviours'. It may be difficult to feel compassion for those who 'do not present themselves as innocent victims, but as aggressive, resentful or suspicious people whose hurt and loss is directed at others rather than themselves' (Frost and Hoggett 2008: 454, cited in Featherstone et al 2014: 48). It may also be difficult to empathise

with victims of harm, who may elicit disgust or a need to turn away from seeing their suffering, as highlighted by Ferguson (2011). This area will be explored further in the next chapter in relation to the emotional dimensions of social work, but in terms of ethical approaches there remains a tension which I think could be explored further, in relation to committed, empathic and compassionate caring, including recognition, of individuals who may elicit disgust and rejection, or who may be perpetrators and unrepentant, without the need to construct them differently as a victim, vulnerable or needy and somehow more 'acceptable'.

Tensions cause discomfort, and it is possible that we explain, reduce, excuse or avoid because it is too uncomfortable to hold together care, suffering and justice in tension. We could draw from Levinas' view that constructing and understanding the other is to cause violence to his or her irreducible singularity and alterity, and Buber's I-Thou relation, in which there is no judgement or explanation involved. However, as part of their role social workers are required to understand, describe and make judgements to inform decisions. Narrative approaches could therefore contribute in their potential to allow for dissonance, and multiple identities rather than an essential self being discovered, thus enabling the potential holding together of two contradictory identities, for example one who is both a responsible perpetrator and also a human being in need of empathy, compassion and care. In addition, narrative approaches, and also hermeneutic and dialogical approaches, can incorporate the idea of change, and that stories can be constructed and reconstructed through dialogue. They can also consider the impact of broader social factors and inequalities. Also relevant, as discussed above, are the role of the worker's own self and history and the nature and quality of the relationship between practitioner and service user.

3.3 Social workers' use of ethical perspectives in practice

In comparison to the literature on normative and prescriptive social work ethics there is relatively little research on descriptive ethics, that is, how social workers actually think about and use ethical approaches in their everyday practice and decision making.

In their study of 62 Israeli social workers and student social workers Osmo and Landau (2006) found the large majority based their arguments on either

deontological or utilitarian ethical concepts. Less frequent was their use of concepts from virtue theory, rights theory and ethics of care. Interestingly, there was a difference between their general ranking of ethical principles without referring to a practice situation, when deontological principles were most frequent, and their ranking when considering specific practice dilemmas, when utilitarian principles were most often used. Osmo and Landau note that this supports the view put forward by Loewenberg et al (2000) that social workers are deontological in principle but adopt a utilitarian approach in practice. The social workers also ranked virtue theory significantly higher in their general ranking of their ethical principles (21%) than in their ranking in relation to the specific practice situations (10 or 11%). Osmo and Landau suggest this may indicate social workers' image of themselves (in terms of virtue theory) matters to them in general, but is less central in specific practice situations. The ethics of care was ranked lowest in the general list (7%) but was more frequently reflected in relation to two of the three scenarios, especially one involving a dilemma in their personal life, rather than professional life, about a pregnant adolescent (19%).

This quantitative study involved the social workers ranking a given list of 12 ethical principles in general and then in relation to three scenarios. In contrast, the current study involves social workers speaking about their thinking and perceptions of 'real life' actual cases they have worked with, rather than paper-based vignettes, a difference which may also reflect the difference between perceptions arising from first hand involvement in embodied social work practice and the drawing of judgements from written evidence without relational proximity, as occurs in the court processes in care proceedings.

The ranking of ethical principles is also the focus of a study by Harrington and Dolgoff (2008), who collected data on ethical decision making from 114 participants of continuing education workshops (it is implied these are social work professionals). They found a considerable variety between participants' individual rankings of seven ethical principles³. While noting that ethical decisions will to some extent depend on circumstances – as seen in Osmo and Landau's findings that different hierarchies may

³ These principles were, in summary: (1) autonomy and freedom; (2) equality and inequality; (3) least harm; (4) privacy and confidentiality; (5) protection of life; (6) quality of life; (7) truthfulness and full disclosure (Harrington and Dolgoff 2008: 189).

apply in specific practice scenarios – they argue that the variation noted is significant because social workers’ decisions will be influenced by their own prioritisation of ethical principles and their individual frameworks and perspectives. As an example they cite the ‘four social work paradigms’ identified by Barnes and Hugman (2002: 278) of how social workers may respond to allegations of child abuse: ‘raisers of consciousness’, ‘revolutionaries’, ‘seekers after meaning’ and ‘fixers’ (Harrington and Dolgoff 2008: 193). Also relevant to consider here may be Fox-Harding’s (1997) framework of the four influential value positions (‘laissez faire’, ‘state paternalism’, ‘birth family defender’ and ‘children’s rights’), referred to in the previous chapter. Smith (2005: 6) makes the point that ‘we are all ‘predisposed’ in some way towards the work in front of us. That is, we bring to our specific area of practice, our own sets of principles, beliefs and attitudes’. However, personal values and principles have their roots in wider social relations. Social structures and power relations and associated belief systems may exert a hegemonic influence over individuals’ values (Smith 2005).

Therefore there are limits to the usefulness of a ranking of abstract ethical principles, especially where it is separated from a consideration of social workers’ own broader value positions such as those identified in the frameworks mentioned above, and the influence of policy and other contextual factors such as culture, organisational factors, statutory role and legal implications which constrain the individual freedom of social workers, as discussed in the previous chapter. Social workers may hold or aim to follow particular ethical approaches, but may work within an organisation with different values and priorities which exert a powerful influence. Jadwiga Leigh (2016) presents an interesting autoethnographical account of a ‘spoiled’ moral identity in which, despite her conscious ideals, she becomes known as the ‘PPO queen’⁴. This brings a disconcerting realisation to her that she has become integrated into a risk averse culture of practice that she had initially rejected. A dominant organisational discourse based on avoiding risk and blame may be very powerful in comparison to other stated aims such as the promotion of children’s well-being, and Leigh’s aim is to demonstrate ‘just how difficult it can be for social workers to balance the two and despite the best of intentions practitioners, like me, can often succumb to the dominant organizational discourse without even realizing it’ (p418). Leigh points out

⁴ A PPO is a Police Protection Order for a child.

that this tension is ever-present in statutory social work practice as social workers construct and negotiate their professional identities, and that child protection social workers need to be understood 'as being entrenched within a powerful culture, one which is firmly embedded within a system that responds to the needs of the government, society and the media' (p419).

As indicated by Leigh's account, there are potentially significant differences between practitioners' explicit awareness and use of ethical approaches and those that are operating at a tacit or subconscious level in practice (whether as a result of organisational pressures or other influences such as the social or cultural location of the worker), akin to the distinction between 'espoused theories' and 'theories in use' discussed by Argyris and Schon (1974). It is therefore important to bear in mind in the current study the potential for differences between the practitioners' explicitly identified ethical dimensions and others that may be playing a role at a tacit or unconscious level, and the tensions between conscious aims and ideals and the realities of practice.

In a Netherlands study closer to the current research, Keinemans and Kanne (2013) conducted focus groups with social work professionals (frontline and managers) from organisations supporting teenage mothers, one area of study being how morality became visible and how the social workers dealt with the moral dimensions of their work. They found that many of the moral issues identified were extremely complex and nuanced, involving conflicting values and options, differences in workers' subjective experiences and perceptions (for example, some might see choices as more serious or difficult than others), with added complexity from accumulation of issues, involvement of different systems and layers (relationship with client, family, community groups, organisations and society), and the impact of ongoing time pressures. However, although the social workers faced complex moral questions on a daily basis, they did not explicitly label the dilemmas as 'moral' or based on conflicting values, and there was hardly any explicit use of tools, working aids or the professional code in their consideration processes. Moreover a study of Israeli and Canadian social workers by Benbenishty et al (2003, cited in Harrington and Dolgoff 2008) also found that these social workers rarely used values as a basis for arguments regarding child welfare decisions.

It need not be surprising, however, if practitioners' accounts of ethically difficult situations in practice do not fall into neat textbook-style examples in which ethical principles are explicitly identified and applied. Banks and Williams' (2005) analysis of accounts by social welfare practitioners found that when asked to talk about ethical dilemmas and problems in their work the practitioners varied in their 'ethics talk', some using conventionally recognisable ethical terms (such as fairness, rights, confidentiality, honesty) while others conveyed moral standards in their descriptions of situations without using specific moral terminology. Not all the situations described involved the participant making choices or decisions. Banks and Williams divided them into three groups: 'ethical issues' – situations with ethical dimensions but not involving a decision; 'ethical problems' – where a decision had to be made but did not involve a dilemma as it was clear which action needed to be taken; and 'ethical dilemmas' – where there was a difficult choice between two unwelcome alternatives and it was not clear which was the right option.

Also relevant to this study is an article by Banks (2016) on the 'ethics work' carried out by social workers in practice, based on her analysis of numerous verbal and written accounts from social workers of the ethical dimensions of their practice that she had collected for previous research studies. She identifies seven dimensions of practitioners' sense-making and ethical activity:

- *framing work* (identifying ethically salient features, locating within political and social contexts, constructing frames with others);
- *role work* (in relation to roles played and negotiated with others);
- *emotion work* (including expressing, managing and responding to emotion);
- *identity work* (creating and negotiating one's professional and ethical identity);
- *reason work* (involved in making judgements and decisions);
- *relationship work* (dialogue and relationships with others); and
- *performance work* (including demonstrating accountability).

These dimensions are also all interconnected. This account by Banks of ethics in practice demonstrates (as does the Keinemans and Kanne (2013) study above) not only the complexity of ethics in practice, but also the relevance of a situated

approach to ethics, embedded in actual practice situations which are also set within their political, social and organisational contexts. It points to the value of seeing decision making as part of the embodied everyday practice with individuals and families, rather than as a distinct and abstracted rational process.

3.4 Conclusion

In this chapter I have endeavoured to forge a path through literature discussing a range of ethical approaches, and to identify the relevance of these approaches to social work intervention and decision making with children and families. As discussed earlier, a consideration of social work decision making should not be confined to the specific decision making process itself. Such a narrow approach would assume the decision and alternatives being deliberated to be self-evident and given. However, decisions take place within multiple intersecting contexts, and are also integral to the ongoing intimate and embodied processes of work between practitioners and families. Both the contexts and these processes influence, and may even determine, the nature of the decisions and potential outcomes under debate in care proceedings.

This discussion has travelled from the more abstract principle-based approaches to ethics, in which ethical principles are applied to guide decisions between given alternatives, to approaches that focus on the character of the practitioner, or ethical dimensions of the interactional processes and relationships between practitioners and service users which could lead to different outcomes through the way they construct situations or determine the alternatives to be considered and how these should be decided. The implications of the discussions above is that each approach in itself can only provide a partial answer, and is unable to address all the influences and considerations in the ecology of social work decisions. But it could also be argued that elements of all of the above ethical approaches have something to contribute, and either are, or could, or should, be present in social work action and decision making.

As indicated in chapter 1, my heart lies with relationship based practice together with social justice principles. Considering the ethical perspectives above in relation to their connection with these priorities, as well as their relevance to statutory child

protection social work and decision making, I suggest that recognition theory provides the most clearly useful framework for social work practice in this field, also incorporating as it does a clear role for emotions. Each of the three types of recognition encompasses relationships and social justice principles at both individual and societal levels. Together they form a clear structure which can guide understanding as well as providing a framework for ethical intervention. Links can be made to a number of theories and approaches used in social work practice (such as attachment, psychodynamic, ecological, strengths-based, rights-based, community work and others). While the primary application of recognition theory would be in social workers' work with families, it could also be extended to consider the needs of the social workers themselves for all three forms of recognition.

The research studies considered above of social workers' use of ethical perspectives in practice do not include recognition theory. However, growth in positive attention for it as an approach for social work practice has been relatively recent (for example Houston 2009; Turney 2012; Houston 2016; Gupta et al 2018).

Recognition theory does not directly address the making of decisions. Here, consequentialist and deontological principles have relevance in the weighing up process though limited in themselves, as argued above. Other perspectives can be drawn from within a recognition framework to add useful detail to the processes involved in decision making. For example, virtue ethics foreground the importance of high individual standards of integrity, fairness, moral reasoning and other qualities. Radical approaches keep our attention on structural inequalities and Habermas' rules of communication on ways to promote an equal voice for all parties. A narrative approach allows for disparate perspectives and contributes relevant detail in relation to gaining and presenting an individual's story and perspective, helping to avoid 'misrecognition'. To this end, dialogical approaches focusing on the nature of communication and interaction between persons also provide important insights and guiding principles. Levinas focuses our attention on our responsibility to the other who is different and not to be viewed as an extension of ourselves and our own understanding. Buber emphasises presence, reciprocity and connection with the other, not distantly as an object, but as a person. In terms of working towards change I find helpful Gadamer's idea of bringing together two horizons, involving dialogue as

well as self-understanding of what we bring to the encounter. Finally, the ethics of care places emphasis on commitment, compassion and the importance of the caring relationship, within the realities of embodied practice with human beings whose needs and suffering may lead them to negative or destructive behaviours. All the approaches I have included above are broader than their application in social work and I have only considered some aspects of each. I have suggested that there are elements of these approaches that can complement or usefully intersect with a recognition based approach. However, some of the approaches outlined, such as the views of Habermas, narrative theorists, Levinas, Gadamer, Buber and the ethics of care generally do not feature in social workers' awareness and thus may appear less directly relevant to a study of social work decision making in care proceedings. Their relevance to this thesis is more implicit, in their connection with professional relationships and communication processes which may be associated with decision making.

Ethical theories may not always easily translate from the 'high hard ground' of theory into the 'swampy lowland' of practice, where 'situations are confusing "messes" incapable of technical solution' (Schon 1983: 42). However, it is perhaps the fluid and indeterminate nature of embodied practice that may allow for disparate elements to be brought together. In practice there is a constant shifting, changing and unfolding of situations, pivotal moments and to-and-fro movement of views, where understandings may be ephemeral, created and realigned in the moment, and seemingly contrary positions may be held at the same time in 'unsettled practice'.

The existence of tension and dissonance is also significant. Ethical decisions and actions will often involve negotiating tensions between different values, options and priorities, or different individuals' needs or rights, or apparently contradictory elements such as care and justice, or whether recognition violates a person's singularity, or whether the focus should be on the psychological or the structural. In addition, the realities of statutory social work practice within the contemporary policy context will conflict with social work's social justice ideals, potentially causing 'moral dissonance' to practitioners, and possibly 'moral distress' (Lynch and Forde 2016), 'moral injury' (Haight et al 2017), or 'ethical stress' from 'disjuncture and ontological guilt' (Fenton 2015). However, it is at such points of tension and

dissonance that ethical reasoning may take place. Carey and Green (2013) write of the need to find 'ethical space' for thinking, questioning, and creating positive outcomes for service users and carers. Elsewhere, a concept of 'ethical space' originating from Roger Poole (1972) has been developed by Ermine (2007) to refer specifically to the space between two opposing sets of values or world views when they confront and encounter each other. Dialogue and exploration are triggered when the contrasting perspectives engage. This is a useful idea, reflecting the potential for tension and dissonance to stimulate ethical thinking, and with it the potential to create more positive outcomes.

Emotion has a role in some of the above ethical theories. Although viewed as irrelevant or distracting in rationalistic approaches, emotions come to the fore in virtue ethics, recognition theory and the ethics of care, and are integral to interactions and relationships between social workers and service users. It is time for a more detailed consideration of the role of emotion in child and family social work practice and decision making, and this will be the subject of the next chapter.

4 Chapter 4: Literature Review (3): Emotional Dimensions

4.1 Introduction

Chapter 2 outlined literature relevant to decision making, and highlighted that while decision making has traditionally been presented as a conscious, rational and deliberative process, literature over recent decades indicates it is necessarily subject to a number of limiting and influencing aspects, such as internal heuristic processes and the impact of a range of intersecting contexts. Chapter 3 then surveyed literature from social work and other fields in relation to ethical theories which may be relevant to social work decision making with children and families. These theories and perspectives ranged from the more rationalistic, principle-based approaches focusing specifically on judging and deciding between options, to approaches which encompass the process of interacting and working with people to determine decisions and actions. Rather than confining the focus to the actual making of the decision, the latter approaches consider the broader process of how the nature of the judgements and decisions themselves may be defined by the approach taken to interaction with the person at the centre. An implication of these perspectives is that ethical action and decision making in a field such as child and family social work are inseparable from embodied, relational and interactional aspects of the work of practitioners with individuals and families, including the emotions that infuse this work.

This chapter considers the role of emotion in more detail. First, the emotional dimensions of child and family social work are outlined in light of relevant literature. These emotional dimensions have an impact on practitioners' perceptions and experience of the process of coming to judgements and decisions with families, and the approaches they adopt. I then consider relevant research from fields such as neuroscience and psychology which provides experimental evidence of the role of emotion in decision making, and more specifically in ethical judgement as it relates to decision making. Some of these studies highlight the biasing role of emotion, but others demonstrate that emotion has not only a positive, but also an essential, role in ethical thinking and decision making. Models of case discussion that take emotions

into account are also discussed. Finally, the key themes will be drawn together in relation to the research questions.

4.2 Emotional dimensions of social work with children and families

In general, literature specifically focusing on emotions in social work is relatively sparse; for example there only appear to be two key textbooks on emotions in social work – Howe (2008) and Ingram (2015a) – although the role of emotions is strongly recognised in a range of literature on relationship based practice, communication and reflection. I have argued earlier that decision making cannot be seen separately from its context, and the embodied, relational and interactional aspects of social work with families. The care proceedings process will be intimately connected for practitioners with the realities and vicissitudes of their embodied relationships and experiences of working with children and their parents before and during the proceedings. A number of aspects of social work with children and families feature in the literature as likely to have a significant emotional impact on practitioners, and these are outlined below.

4.2.1 Impacts of working with abuse and trauma

Working with abused children is in itself likely to be painful. Social workers will come face to face with the trauma and suffering of abused children and their families, encountering ‘the full range of human pain and grief including shattering and sustained damage from abuse’ (Dwyer 2007: 50). A number of studies cited by McFadden et al (2014) focus on the impact on practitioners of day to day experience of the traumatic aspects of child protection work. Professionals in regular contact with abused and traumatised individuals may become vicariously affected by the trauma, experiencing ‘secondary traumatic stress’ (STS). Studies note that child protection workers, with their level of contact with abused children, are especially at risk for developing STS and associated symptoms of psychological distress (McFadden et al 2014).

Many cases coming to court centre on children who have experienced significant emotional and physical neglect. Working with neglected children and their families can also have a powerful impact on a worker, evoking feelings such as hopelessness,

frustration and disgust (Turney and Tanner 2001). Negative feelings of service users may be projected onto social workers:

‘For some of the people with whom social workers interact, however, no matter what is done to help it is never experienced as good enough or even perceived as any good at all; an overwhelming sense of anger, hatred or profound dissatisfaction is unremittingly conveyed to the worker’ (Dwyer 2007: 54)

A range of emotions and responses may be aroused in workers. Charles (2004: 193) points out that the ‘experiences endured by ‘looked after’ children engender powerful feelings in adults to rescue, protect or control them’. Children in care will experience separation and loss, and may have a range of therapeutic needs. Working with loss can also bring practitioners’ own past experiences and memories to the surface. Practitioners may avoid mentioning the child’s separations and losses, or may feel anxious and inadequate about communicating with children. Inability to tolerate children’s distress can lead to activities focused on information gathering, procedures and form-filling rather than addressing emotional issues, with workers ‘devoting their energies to working around rather than with children’ (Charles 2004: 194). In Ruch’s (2014) study there was recognition from child protection practitioners that bureaucratic demands were sometimes used to defend themselves against the emotional impact of painful communications with children. Research by Marrable (2014) of emotion in responses to children with additional needs also illustrates how practitioners’ fears, anxieties and feelings of helplessness can affect the way children are diagnosed, treated and communicated with. Children were labelled and related to in ways that excluded, ‘othered’, or did not ‘hear’ them.

These responses arising from difficulties in tolerating children’s distress and workers’ need for self-protection can thus contribute to children being related to as ‘objects of concern’ rather than as persons. Such factors compound points discussed in chapter 2 regarding the way gaining evidence for long-term decisions about a child’s future may be prioritised at the expense of their needs in the here and now (Beckett and McKeigue 2010), and that a view of children as inherently needy, vulnerable and in need of protection is potentially de-humanising (Daniel 2010: 237). Horwath and Tarr (2015) note in their study of files of child protection cases that there was still superficial engagement with wishes and feelings of children, and what it is like for

them to live with, for example, a mother abusing alcohol. Children were still being constructed as objects of concern, as ‘the neglected child’ or ‘the chronic neglect case’, rather than ‘the child who is living with or experiencing neglect’ (p.1390). ‘A sense of disconnection’ from the children is also identified by Brandon et al (2012: 7) in their review of serious case reviews from 2009-2011: there was a lack of attention to children’s emotional development and ‘what it’s like to be a child living in that family’; practitioners were ‘seeing the disability not the child; and most powerfully holding back from knowing the child as a person’. As Ruch (2014) points out, increasingly prescriptive requirements have been brought in to address social workers’ shortcomings in communicating with children, but what is needed are initiatives to ‘develop practitioners’ reflective capabilities and help to improve their communication skills by equipping them to effectively respond in child-centred ways to the unpredictable and uncomfortable realities of practice’ (p2160).

4.2.2 The child not ‘seen’ or held in mind

Further to the discussion above, a number of writers highlight that the impact of emotions engendered at an unconscious level by contact with abuse may be so potentially powerful as to have a paralysing effect on practitioners’ ability to respond and intervene to protect children. This can lead to children becoming ‘invisible’, or not thought about and ‘held in mind’ by practitioners, even to the extent that their suffering and physical harm can be unseen despite them being in the same room (Ferguson 2017). Both Ingram (2013) and Ferguson (2005) consider the Victoria Climbié case, citing Stan Cohen (2001) who writes of the ‘complex obstacles between information and action’ and ‘the dynamics of knowing and not knowing’. The complexity and unbearableness of some situations can lead to ‘an active looking away, a sense of a situation so utterly hopeless and incomprehensible that we cannot bear to think about it’ (Cohen 2001, cited in Ferguson 2005: 785, and Ingram 2013: 998). Cooper (2005) notes from the Climbié Inquiry evidence ‘that workers involved in Victoria’s case *both saw and did not see what was in front of their own eyes*’ (p8), and explains that:

‘With one part of our mind we take in what is happening, but with another we repudiate what we have seen. This means we are unable to struggle consciously with the conflict, the dilemma, or with the anxiety arising from it...’ (p8).

Rustin (2005) observes that the Climbié report focuses on Victoria's physical injuries, and there is little attention to the mental agony that she would have experienced, showing how 'mindlessness' acts as a defence against the uncomfortable nature of emotions and gut feelings that are aroused in child protection work.

4.2.3 Home visiting

It is also important to consider the relationship between emotions and the physical and embodied aspects of this area of work. Much of social work with children and families takes place in home visits, involving interacting, engaging and building relationships with children and parents, and social workers' actions and decision making in child protection and child care are inseparable from the embodied nature of the task. These aspects are explored by Ferguson (2005, 2009, 2011, 2017, 2018), who considers the nature of home visits, relationships, movement and touch in child protection, and the visceral nature of the work.

When considering why practitioners did not recognise and respond to the suffering of Victoria Climbié and Baby Peter, one aspect Ferguson focuses on is workers' fear of contamination. He explores the impact of smell, dirt, disorder and an 'unwritten history of disgust and fear of contamination in child welfare work in terms of the dominance of 'neglectful', 'dangerous' families of which an obsession with smell is the key metaphor' (Ferguson 2005: 790).

Two prominent examples of this, where potential opportunities to prevent further significant harm, even death, were not pursued, occurred in the case narratives of both Victoria Climbié and Peter Connelly. When Victoria was thought to have scabies, Ferguson (2011) points out that two social workers and a police officer independently of each other refused to visit the home. Regarding Peter Connelly, Ferguson points out that Peter would have already had serious injuries at the time of the social worker's visit three days before his death (when facial injuries were concealed by chocolate smeared on his face) and at the subsequent paediatrician's appointment and a GP appointment, both within the last 2 days of his life. Neither the paediatrician nor the GP examined him, despite the GP describing him as in 'a sorry state' (Haringey 2009: 20, cited in Ferguson 2011: 99). At the time of his death he was found to have over 50 injuries on his body, including a broken back. In addition, by

that stage Peter's childminder, whose involvement had been part of the child protection plan, had refused to look after him any longer because he had an infected scalp. Ferguson writes that '[t]he painful truth is that no one touched Peter. He was an object of disgust and professionals as well as childminders feared contamination by him' (Ferguson 2011: 100).

Ferguson also draws from psychoanalytic theory to suggest that unconscious projections from parents and the concept of 'pathological communication' may also have an impact in leading to and explaining professionals' avoidance of physically approaching, touching and examining children:

Parents project the hostile, rejecting part of themselves, which lies behind their neglectful and abusive behaviour, onto the worker. This results in the latter not merely losing focus on the child but embodying behaviours that are typical of the parents' lack of care (Ferguson 2011: 169).

Home visits involve stepping across a boundary into 'the family's space, system, energies, smells, sounds, movements' (Ferguson 2009: 475). Physical aspects of the rooms and spaces where interactions take place can act as barriers which inhibit or undermine communication (Ruch 2014). The home is a space in which families can 'stage manage' and manipulate what is seen and encountered by the social worker. Even where there is no overt hostility or refusal to allow the social worker to enter, Ferguson (2009: 475) writes that resistances may be in the air, conveying the message 'don't move' and 'don't ask', and that there is 'something in the atmosphere of homes where child maltreatment goes on and the emotions and relationships they embody which often stops professionals from feeling able to move freely in them'.

Families' homes are also settings in which the social worker does not hold ultimate power. Practitioners can feel disempowered, vulnerable and exposed, especially where the work is emotionally charged or influenced by hostile or intimidating atmospheres (Ruch 2014). Practitioners in Ruch's study at times became aware that they had been pressured or inhibited in their interaction with children and young people by unexpected physical circumstances or barriers but did not question how these had arisen until later when discussing them within the group. When observing social workers' home visits Ferguson (2017) also found instances of practitioners not realising how they had omitted to engage with the child until their discussion with

him and subsequent reflection afterwards. Ferguson identifies that in all the visits in which the children were not adequately seen or held in mind by the practitioner there was 'considerable anger, resistance and physical movement by parents and by family friends' some of whom were strangers and experienced as distracting or intimidating (p1019). Practitioners were affected by anxiety and the complexity and emotional intensity of the work. An important point here is that in these examples in both Ruch's and Ferguson's studies the impact was to some extent unconscious at the time, affecting the social workers' thinking and those small decisions in the moment that actively shape the course and outcome of a visit, and it was only afterwards on reflection with others that the workers became aware of how they had been affected.

Organisational pressures also cause anxiety, as well as limiting the amount of time available to spend with families. Ruch (2014: 2156) found that the demands of 'rigid timescales, thresholds and evidence-gathering processes' threatened practitioners' ability to establish relationships and communicate empathically with children. Practitioners faced discomfort when having to leave situations unresolved because of bureaucratic requirements to end involvement. Ferguson (2017) argues that time pressure, bureaucratic demands and organisational culture may result in workers remaining in a detached, 'bureaucratically preoccupied state of mind' after leaving the office, and not using the car journey to prepare mentally and tune in before visits. Thus "invisible' children are those who are 'unthought' about and not 'held in mind' by workers and systems' (p1010).

4.2.4 Threats and aggression

Practitioners may also experience more overt expressions of aggression and threats of violence than in the situations considered above. Littlechild's (2005) study with child protection workers and managers found while physical violence affected a smaller proportion (n=6), examples of 'indirect' violence such as threats (including personal threats to workers and their families) were reported by all (n=21). Violence was most likely when decisions were being made about removal of children from parents. Fear, anxiety and stress were common effects for workers. A danger identified by managers was of some workers accommodating to the aggression of service users and being unable to challenge them, either through lack of experience

or confidence, and not recognising the risk or being too fearful to report it in supervision.

Ferguson (2005: 786) also cites an earlier study of his own in which a significant theme was workers' anxiety for their own safety and well-being as well as that of the children they were working with, to the point of often feeling 'extremely unsafe'. Both Littlechild and Ferguson refer to a study by Stanley and Goddard (2002) of child protection workers' exposure to violence and threat which identified the danger of 'Stockholm syndrome' whereby people held hostage and in a helpless position attempt to please their captors and meet their needs in order to stay safe, leading to an unconscious avoidance of confronting abuse. While workers may not be physically captive they are not free to leave the relationship with the violent service user. However, in their review of literature on the impact of work-related violence towards child and family social workers, Robson et al (2014) suggest that verbal aggression is so common that social workers may accept it as part of the job and downplay its danger, leading to under-reporting. They found that while all violence impacted on social workers' well-being, there were also instances of workers regarding incidents as learning experiences, feeding into training and policy development.

Stress responses can affect decision making involving risk, as shown by LeBlanc et al (2012). This study involved 96 child protection social workers conducting simulated interviews with a parent played by an actor and then completing a risk assessment. Results showed that confrontational interviews elicited higher subjective and physiological stress responses than non-confrontational interviews, and were also associated with higher risk assessment scores by participants in one of the risk assessment tools used.

Stanford's (2010) study also highlights the prominence of feelings of fear in the experience of social workers encountering risk, when working either with people who were 'at risk' or were seen as 'a risk'. The social workers were aware of their own sense of vulnerability and fear in relation to violent clients but also of fears that their own vulnerability might have a negative impact on clients through being too protective, controlling or punitive or through their inability to help.

Practitioners' fears may include anxiety about negative reactions or blame from other professionals and colleagues (Stanford 2010; Dwyer 2007) These other professionals may themselves be struggling to manage their own anxieties about a child's well-being, resulting in the social worker bearing the brunt of their anxieties and projections of 'fault'.

All these elements discussed above will have an impact on the practitioner's ability to relate to individuals and families. This may then have a significant impact on the course of the work and subsequent outcomes achieved. For example, Howe (2010) concludes that if resistance and hostility from parents leads workers to become 'more defensive, bureaucratic and impersonal' in response, the levels of tension and anxiety will increase, with both sides less able to listen and empathise:

Anxious people also feel less safe, less in control and more wary. In their efforts to gain control, increase predictability and reduce stress, workers are liable to resort to power and procedures, while parents retreat and disengage' (p331).

A number of other writers highlight ways in which the social worker's approach can affect the level of parental resistance and the nature of the social worker-parent relationship (Ward et al 2014; Mason 2012). For example, Forrester et al (2008) found a tendency for social workers to use a confrontational approach with low levels of empathy in response to simulated child protection scenarios. However, where empathic responses were used, these created less resistance and increased the disclosure of information by the simulated clients. Howe (2010) also argues that enabling parents to feel understood will reduce their experience of stress resulting in them being less likely to cause harm to their children, and being 'held in mind by the worker is a powerful way of containing the parent's anxiety, fear, doubts, anger and sadness' (p337). The parent then becomes more able to think about the child. However, increased bureaucratic demands of procedures, targets and checks, introduced to manage risk, serve to increase the psychological distance between social worker and parent and depersonalise the relationship, thus increasing, rather than reducing, the level of danger.

4.2.5 Emotional labour

A relevant concept when considering the emotional dimensions of social work with children and families is emotional labour, developed by sociologist Arlie Hochschild (1979; 1983). This is the effort required by workers in contact with the public who are expected to demonstrate or suppress emotions publicly in order to produce or influence an emotional state in others. It can be contrasted to 'emotion work', which is the work engaged in privately managing the worker's own emotions. Emotional labour involves suppressing 'undesirable' emotions or expressing certain expected emotions which conform to normative display rules. This is achieved through either 'surface acting' – outwardly pretending to feel the desired feeling – or 'deep acting' when a person works to change their inner feelings in order to express the emotion (Hochschild 1979). Emotional dissonance occurs when an individual is required to express emotions which are not felt. At times occupational feeling rules may cover both external expression and inner feelings: for example, professionals may be expected to display sympathy and understanding to a client or patient while staying calm and detached inside, thus deliberately maintaining a dissonance between their inner feelings and expression of emotion, a 'deliberative dissonance acting' (Zapf 2002:246).

Emotional labour is integral to social workers' work with service users. Winter et al (2018) observed 82 encounters between local authority social workers, children and their families, and found both deep and surface acting, depending on the situation and nature of work being carried out. They show the complex communicative nature of social work encounters, which are 'fluid and dynamic' and 'change in form, nature, substance, experience and expression through the course of their duration' (p.14). Ferguson's ethnographic work also emphasises not only the embodied, sensory and visceral nature of home visiting, but also the creativity employed by social workers, dealing with the unexpected, improvising, managing powerful feelings, and using and moving within the physical spaces to 'work the house' (Ferguson 2018).

An ethnographic study of emotional labour by Moesby-Jensen and Nielsen (2015) with Danish social workers identified three prominent aspects: 'shutting off emotions', 'deferring emotions' and 'when a case gets under your skin'. 'Shutting off emotions' refers to suppressing or hiding emotions in a situation, a form of surface

acting. This may entail shutting off some emotions but not all, so the social worker may still be supportive and empathetic and recognise the service user's emotions. This process also featured in Ruch's (2014) findings in which practitioners talked of hiding their upset feelings when with children as they felt they needed to convey that they were strong and in control. 'Deferring emotions' in Moesby-Jensen and Nielson's study meant managing them at the time, but postponing the expression and processing of them until later, for example in supervision, meetings with colleagues, or at home with a spouse. In relation to the third aspect, a case might 'get under their skin' so much that the social worker would keep thinking and talking about it, including in their leisure hours. There might be different personal reasons for this, such as the presence of parallels in the social worker's own personal or family experience with their own child or parent, or personal experiences causing strong emotion or feeling of vulnerability at the time of the event.

Emotional labour can be costly, especially where frequent emotional dissonance is involved. It may lead to emotional exhaustion, burnout and depersonalisation, with workers distancing themselves, becoming remote and disengaged, lacking a sense of accomplishment, and in some cases becoming detached and formulaic in relation to service users (Zapf 2002; Leeson 2010).

The negative impact of emotional labour can be exacerbated by certain circumstances, for example 'where there is a dissonance between the displayed emotion, the deeply felt emotion and the feeling rules of the organization' (Leeson 2010: 484). Research by Ashforth and Tomiuk (2000) suggests that the impact of emotional dissonance appears to be heightened when roles involve the expression of negative emotions, such as in work involving control or interrogation of others. Syed (2008) also points out that individuals feel greater dissonance when expected to behave in ways that counter their own values, beliefs and social norms. Pratt and Doucet's (2000) study of doctors and call centre employees highlights the impact of emotional ambivalence caused by relationships within the organisation or with customers, or role conflicts for workers, and this ambivalence can cause splitting, emotional distress, burnout, indecision and paralysis and inability to act. Individuals may also experience conflict when they have multiple roles involving contrary expectations, where they are undergoing role transitions, where subcultures are

present which exert competing demands, or where there are rigid rules or rituals (Peterson 2006). Moreover, Grootegoed and Smith (2018) discuss the impact of the 'emotional labour of austerity' on practitioners where their caring values come into conflict with decreasing availability of resources and supportive services, which also links with points of Haight et al (2017) of practitioners' distress from 'moral injury' when their work involves conflict with their moral beliefs, such as being part of an unsupportive or adversarial system that may harm service users.

Gender expectations can make a difference. Syed (2008) reports on research suggesting the expectation on women to perform emotional labour is greater than that on men. Shields et al (2006) show that different emotions may be expected of women and men, for example stereotypes of women being expected to express more positive emotion such as happiness in other-oriented situations and men being expected to express more positive emotion in self-oriented situations such as when goals are achieved. Stereotypes are also linked to power dimensions. For example, sadness and fear (associated with vulnerability) may be expected from women, and anger and pride (associated with being powerful) from men. People may feel a compulsion to enact the stereotypical emotion.

However, social workers' emotional labour is important in leading to positive impacts for service users, such as building trust and enabling families to feel understood (Gray 2002), and it may be rewarding for the worker to have creative emotional engagement with people (Leeson 2010); also see above the discussion of empathy in interactions with parents, potentially leading to better outcomes for them. The previous chapter has considered the role in social work of an ethics of care and relationships involving care, commitment and compassion, and there is also a place for love (Turney 2010). As Ingram (2015a) points out, it is important not to leave out the significant role of positive emotions when considering emotions in social work.

The organisational context is important in relation to how far this supports social workers or compounds the pressures involved in their work. Negative impacts of emotional labour may be higher when there is limited recognition of the work and effort involved (Leeson 2010). There is some evidence that suggests that the negative impact of emotional dissonance is reduced where individuals receive social support, such as support from colleagues and supervisors (Zapf 2002; Moesby-Jensen

and Nielsen 2015). In her study of the emotional labour of nursing, Smith (2012: 184) found 'student nurses felt better able to care for patients when they felt cared for themselves by the trained ward staff and their teachers'.

4.2.6 'Organisational containment'

Literature reviewed in this chapter so far has set out the complexities of the emotional dimensions of practice and their potentially powerful impacts on social workers. It is therefore important that workers are supported to practise reflectively. However, the growth of managerialism has resulted in the imposition of a regime of targets, regulations and performance monitoring and the marginalisation of emotions, relationships, knowledge and skills (Trevithick 2014), with a rise in bureaucratic, risk-averse, technical-rational approaches (Ruch 2007a). These conditions and associated time pressures inhibit reflection. Together with the powerful and often unconscious emotional impacts of practice they form a potentially dangerous combination: workers being 'bureaucratically preoccupied' can lead children to become invisible, not held in mind, as Ferguson (2017) demonstrates.

Workers too need to be held in mind by the organisation. Horwath (2016) argues that practitioners must have their own needs met in order to be able to build effective working relationships with families, identifying as a 'toxic duo' a practitioner whose needs are not being met working with a parent who is not meeting the needs of their child. Practitioners may then focus on parents' perceived compliance with completing actions and tasks rather than finding ways of meaningfully engaging their involvement, or may limit their own engagement in terms of time and responsiveness. Burton and Revell (2017) argue that for 'professional curiosity' to take place, the experience of tension and discomfort is important; and workers need to be able to step outside their 'comfort zone', and also 'need to have some confidence that whatever they unearth, including their own feelings of horror, fear and despair will be managed' (p.6).

Relevant to this is the concept of 'containment,' originally developed by Bion (1962) to refer to the process through which a sensitive caregiver absorbs and processes the infant's unmanageable feelings and responds and reflects back these feelings in a way that is more manageable for the infant. This process 'can restore the capacity to

think in the other person' (Douglas 2007: 33). Ruch (2007a) argues the importance of containment within the organisation, and proposes a model of 'holistic containment' involving the interaction of emotional, organisational and epistemological elements, as key to providing a context for mindful, reflective practice in conditions of uncertainty and complexity.

Sections above have examined the significant and wide-ranging emotional dimensions of social work with children and families. So far most of the literature considered has been specifically social work related, with some insights from sociology. There appears to be a gap in social work research focused on the role of emotion in decision making, and where this is considered it tends to be in relation to negative impacts of emotion. Ingram (2015a) cites a survey he carried out of social workers' views of the role of emotions in their practice which found that most of the social workers felt emotions were a key part of social work, but felt they could remove emotions from their decision making. He suggests this relates to professional views of emotion as unhelpful to the making of clear and defensible decisions in social work.

The following section casts the net more broadly, drawing from the fields of philosophy, neuroscience and psychology in relation to the roles of emotion in ethical thinking and decision making. As mentioned in section 1.4.2, definitions of emotions and feelings may vary. In this review of literature I generally keep to the terminology used by each author.

4.3 The relationship between emotion and ethical thinking and decision making

4.3.1 Insights from philosophy

In philosophical ethics there is a long history of debates about the nature of emotions and their role, as well as the relationship between emotion and reason, and how far they should be seen as distinct entities. Emotions have been seen as having negative impacts on judgement. A master-slave metaphor has often been used, with emotion seen as inferior and needing to be controlled by reason (Solomon 2008). For example, Plato likened the emotions to wild horses that have to be controlled by the

intellect acting as charioteer (Le Doux 1998). Kant viewed emotions as irrational, blind and overwhelming forces that hindered rational insight and wisdom, and needed to be controlled through the will (Molewijk et al 2011). On the other hand, Aristotle's writings involve emotions as essential to the good life, as moving our thinking and action and enabling us to know what is important to us (Solomon 2008; Molewijk et al 2011).

More recent decades have seen philosophers such as Martha Nussbaum and Patricia Greenspan giving attention to the relationship between reason and emotion. Nussbaum (2001) argues that emotions are cognitive appraisals, are intentional and always imply an object, involve particular beliefs about the object, and are concerned with values. She provides a detailed exploration of emotions as 'intelligent responses to the perception of value' and 'part and parcel of the system of ethical reasoning' (p1). Greenspan (2000) also rejects the traditional dichotomy between reason and emotions and argues for the role of emotions in practical reasoning, and in forming the basis of commitment to an action.

Views of emotion as part of the ethical thinking process, and also as involving judgements and cognitive aspects, are reflected in research in the fields of neuroscience and psychology.

4.3.2 Neuroscience

Over recent decades experimental neuroscientific research has drawn attention to the role of emotion in ethical decision making, and highlighted the significant role of unconscious emotional processes that both precede and strongly influence our rational decisions. Franks (2006) cites neuroscientists who estimate that more than 95% of brain processes are below consciousness, and shape conscious thought. Damasio (1994) and Le Doux (1998) both make a distinction between 'emotion' as including unconscious processes and 'feeling' as conscious.

Brain structures involved in emotion processing include the amygdala, which is involved in storing unconscious memories. On receiving sensory information it instantly appraises this and gives it a value, either positive (generating an approach response), or negative (leading to avoidance). It works closely with the hippocampus,

also important in learning and storing memories. As the amygdala can receive sensory information before the cortex, where information is processed much more slowly, an individual can experience a strong feeling such as fear before becoming aware of it and having time to think about it. Strong emotions can be triggered by a place or person, before the cortex has been able to evaluate and reflect on them consciously (Le Doux 1998; Franks 2006; Howe 2008). The amygdala's evaluations of whether we like something or not occur within the first few milliseconds of perception, and this unconscious process therefore 'presents our awareness with not just the identity of what we see, but an opinion about it' (Goleman 1995: 21).

Also significant is that 'connections from the emotional systems to the cognitive systems are stronger than connections from cognitive systems to the emotional systems', which means that emotions 'happen to us' and 'flood consciousness', whereas conscious control over them is weak (Le Doux 1998: 19).

The somatic marker hypothesis is a concept developed by Damasio (2006), whereby emotions 'mark' aspects of a situation with a value – either overtly, such as through a 'gut feeling', or unconsciously, for example through secretions of dopamine or oxytocin. These bodily feelings are then experienced again when similar situations occur. Thus when a decision is being made, prior emotional experiences produce 'biasing' signals (Bechara 2011). Somatic markers, whether positive or negative, function to limit the alternatives we will choose between. Subsequent rational choice on the basis of analysis becomes significantly more manageable after the choices are limited.

The somatic marker hypothesis arose from Damasio's studies of patients whose ventral and medial (VM) region of the front of the cortex had been damaged (one of these was Phineas Gage, a nineteenth century railroad worker who accidentally had an iron bar thrust through his frontal lobes). While their intellect was unimpaired, there were abnormalities in emotion and feeling (both experiencing and expressing), and their personal and social decision making was impaired, such as planning their day and choosing friends or activities. They were slow or unable to make a decision or made disadvantageous choices against their best interests, differently from before the damage occurred. Experiments involving card games with people who had VM damage and those without found that those with no damage had increased activity in

their skin's sweat glands prior to taking a risky card, whereas those with VM damage had no such reaction. It was concluded that these patients did not have the same activation of somatic markers or emotional signals that attach value to given scenarios and options, and therefore had to rely on a slow analysis of options, and also made choices that disregarded future consequences (Bechara 2011). Damasio (2006) concluded that the brain systems jointly involved in emotion and decision making are also generally engaged in the management of social cognition and behaviour.

Further studies involving neuroimaging also show that in moral decision making tasks the same areas of the brain are activated as those involved in processing emotions (Greene et al 2001; Martins et al 2012). Functional magnetic resonance imaging (fMRI) studies of brain activity show that the pre-frontal cortex is active and dominant in both moral judgement tasks and regulation of emotional behaviour. Studies have shown that people with frontal damage often give abnormally utilitarian judgements on moral dilemmas which indicate their decisions are unaffected by emotion – for example, opting to suffocate their own child in order to save a group of people who otherwise would die (Martins et al 2012).

The studies referred to above, together with other neuroscientific research, indicate that brain structures and systems involved in emotion and cognition are interacting and overlapping (Franks 2006) and that emotions are an essential part of the judgement and decision making process.

4.3.3 Psychological research into the role of emotions in decision making

Research in psychology over recent decades is increasingly recognising the role of emotions in decision making, to the point that Lerner et al (2015: 799) suggest there is a 'potential to create a paradigm shift in decision theories', as the research 'reveals that emotions constitute potent, pervasive, predictable, sometimes harmful and sometimes beneficial drivers of decision making.'

This section will consider some examples of relevant research within the field of psychology which provide further insights into the role of emotion in decision making

in general, followed by literature focusing more specifically on moral or ethical judgement and decision making.

Studies indicate that decisions are influenced by *integral* emotions (these are emotions arising from the judgement or situation itself). Keltner et al (2006: 163) list a number of studies which provide evidence of the effects of affective states on many cognitive processes, including 'selective attention, memory, causal attribution, life satisfaction judgements, use of heuristics, and risk perception' Wilkins and Boahen (2013) cite studies by Roger Kneebone who found that some doctors and surgeons were making poor decisions without being aware of this, and that this was more likely to occur when they were in situations involving heightened emotion (Wilkins and Boahen 2013 p50).

Reviewing research on emotion in decisions about risk, Loewenstein et al (2001) show that people cognitively evaluate risk on the lines of variables of probabilities and outcomes as identified by decision theory. However, although emotional reactions do respond to cognitive evaluations, they can also arise with very limited cognitive processing, and are sensitive to different variables, such as vividness of imagery linked with the situation and closeness in time, and there may be a difference between people's emotional reactions and fears and their cognitive assessments of the risk. They suggest that the research indicates that 'gut feelings experienced at the moment of making a decision, which are often quite independent of the consequences of the decision, can play a critical role in the choice one eventually makes' (p281).

Research also highlights the impact of *incidental* emotions on decision making (these are emotions that are unrelated to the decision situation and may also be less in conscious awareness). For example, Keltner et al (2006) cite studies showing that emotions that arise for one reason (such as a sunny day or a disturbing film) can shape judgements that appear to be unrelated, for example a person's level of satisfaction with a political leader's policy, or other matters (p167). Incidental emotions have been found to carry over from one situation to the next. For example, anger triggered in one situation may lead to blame of (different) individuals in subsequent situations, generally without conscious awareness, and affect is most

likely to influence judgement in situations that are complex and unanticipated (Lerner et al 2015).

Some research has compared the impact of positive and negative emotions. Isen (2008) cites research which indicates that negative affect and arousal can narrow the focus of attention, impair individuals' ability to use cues and their resulting performance. Positive affect on the other hand results in a broader focus of attention, more accurate and detailed recall, increased flexibility, greater access to positive material in memory, increased integration of concepts and ability to see connections among ideas.

However, Pfister and Bohm (2008) argue that emotions are too complex to be classified unambiguously as positive or negative. Emotions commonly seen as negative may differ in their impact. Lerner and Keltner (2000) found in relation to risk perception that fearful people tend to see greater risk, while angry people tend to see less risk. This links with dimensions of certainty, control and responsibility, in that angry people view negative events as predictably caused by and under the control of individuals, whereas fear is associated with a perception of uncertainty and low level of control, so fearful people are more likely to perceive negative events as unpredictable and situationally determined. Other high-certainty emotions include happiness and disgust, while sadness is associated with low certainty (Lerner et al 2015).

Lerner et al (2015) also cite studies indicating that high-certainty emotions are associated with greater heuristic processing through increased reliance on stereotypes, or the source of a message rather than its content, and less attention to argument quality. Low certainty emotions can increase depth of thought; for example Small and Lerner (2008) found that compared to those in a neutral category, angry participants allocated less to welfare recipients while sad participants allocated more. However, this effect was reduced when cognitive load was increased to prevent effortful thinking, implying it was the depth of processing associated with each emotion that made the difference. These findings indicate that emotions are not necessarily in themselves a form of heuristic thought. Although emotions arise quickly initially and can rapidly trigger actions, as mentioned above some emotions such as sadness can lead to more systematic thought (Lerner et al 2015).

A range of studies reviewed by Lerner et al (2015) also provide insights into ways of moderating the impact of emotions on judgement and decisions. The presence of emotional intelligence has been found to moderate the impact of incidental emotion. Time delay before making a decision is also important as the impact of many emotions and physiological responses is short-lived. Studies show attempts to suppress emotion can be ineffective, and may even intensify the emotion being suppressed. However, reappraisal – thinking differently about the situation – has been shown to be a more effective strategy. Research by Kligyte et al (2013) into the impact of incidentally induced emotions of fear and anger found that both cognitive reappraisal and physiological relaxation techniques significantly decreased the negative effects of anger on sense-making and ethical decisions. In contrast, they found the presence of fear to facilitate ethical decision making. Also, where people were experiencing fear, fear emotion regulation did not affect sense-making and ethical decision making. As mentioned earlier, fear is associated with low-certainty and a greater sense of uncertainty and situational rather than individual control, so individuals were already searching for information more broadly and seeking to reduce threat and risk.

While much of the above psychological research presents emotion as impacting (either negatively or positively) on the rationality of decision making, Pfister and Bohm (2008) argue that emotion does not just impact on decision making, but is functional to it. They see emotion as providing four functions: to *provide information*, which helps in evaluating and constructing preferences; *speed*, enabling rapid decisions under time constraints; *relevance*, directing attention to aspects of the situation that are relevant to the decision-maker; and *commitment* – this is important in moral decision making as emotions such as guilt, shame, love, hate or sympathy support people to stick to long-term commitments (even if these are not in their interests in other ways).

4.3.4 Studies of emotion in moral judgement and ethical decision making

With regard to the process of ethical decision making, especially when a dilemma is involved, a number of writers cite Rest's (1994) Model of Moral Action, a cognitive-developmental model which involves four major components: (1) ethical sensitivity to the existence of an ethical dilemma; (2) prescriptive reasoning, leading to a

prescriptive judgement of the ideal solution to the dilemma; (3) ethical motivation leading to an ethical intention to comply or not with the judgement; and (4) the way an individual's ethical character results in ethical behaviour to resolve the dilemma. Gaudine and Thorne (2001) augment this model to show the important and beneficial role of emotion at each stage, in alerting an individual to a dilemma, and in each of the judgement and motivation processes.

Pizarro (2000) identifies empathy in particular as an informative moral marker, in that when empathy is aroused, for example in the presence of someone who is distressed, it signals that a potentially moral event is taking place. This signalling, Pizarro points out, is significant because without it the moral reasoning process may not be initiated. Empathy also reduces the likelihood of attributions of blame and may alter previously held opinions and judgements. Research by Mencl and May (2009) found physical proximity to be a significant factor in the human resource management professionals' evaluation of the consequences on an individual in a scenario involving ethical decision making. Cognitive empathy, and to a lesser extent, affective empathy, were also found to have a significant effect on the degree to which the managers considered their responsibilities towards individuals and formed moral intentions towards them, rather than prioritising a utilitarian focus on costs and benefits. However, Pizarro (2000) draws attention to the potential negative impact of losing a utilitarian focus on justice, citing studies that show that induced empathy for an individual may lead to decisions that prioritise that individual over others in the distribution of resources, neglecting others in the group. Thus he suggests the existence of empathy may lead to moral judgement but can also work against it and may need to be suppressed. On the other hand, suppression of empathy can also be dangerous, such as has been documented in the cases of Nazi leaders suppressing empathy in order to carry out atrocities in concentration camps (Pizarro 2000).

Keltner and Lerner and others (eg Lerner and Keltner 2000; Keltner et al 2006) have developed 'an appraisal tendency framework'. This identifies that each emotion has its own core appraisal theme – for example, anger is associated with appraisals of how responsible or unjust others are, fear with events that are uncertain or ambiguous, disgust with appraisals of purity, and compassion with ideas of need and harm – and that each of these emotions only influences that related area of

judgement. As an illustration Keltner et al (2006) cite a previous research study of their own which involved causing participants to move four facial muscles to configure an angry expression. This led these participants to report actually feeling anger, and then to judge policy related events as less fair than these were judged by participants feeling sadness. The authors concluded that the induced emotion of anger affected moral judgement by altering perceptions of fairness. In addition, according to the appraisal-tendency framework, once emotions are activated they can trigger a cognitive predisposition to assess future events on the same lines.

The role of embodied disgust in moral judgements is examined by Schnall et al (2008) in a series of experiments. These included groups of participants being exposed to different levels of an unpleasant smell and then given scenarios involving moral judgements. Results indicated that moral judgements were more severe for the 'mild-stink' and 'strong-stink' groups than the control group. Further experiments showed that individuals with a higher level of 'private body consciousness' were more affected by disgust, and the presence of sadness tended to reduce the severity of people's judgements. However, Johnson et al (2016) replicated the studies of Schnall et al with a larger sample size and did not find evidence to support these findings; they also present other studies showing an inconsistent picture in this area.

Some of the research examples above – for example on the impact of facial expressions, a sunny day, relaxation techniques, and (though disputed) suggestions of the impact of physically induced disgust – indicate that physical, embodied states have a role in moral judgement. Further research shows that people can associate morality with physical cleanliness, and unethical behaviours as feeling dirty and a need for physical cleansing (Zhong 2011). Together with Damasio's somatic marker hypothesis discussed above, these indicate that 'moral reasoning is not abstract but is metaphorical and is embodied in concrete somatic experiences' (Zhong 2011: 5).

The social intuitionist model developed by Jonathan Haidt (2001) – see 2.4.3 above – is a clear alternative to rationalist models which view moral judgements as being reached through reasoning, weighing up and reflection, and emotions as possibly having an input into the reasoning process but not as the direct causes of moral judgements. Instead, the social intuitionist model sees moral intuitions (including moral emotions) as occurring first, leading to moral judgements, which are then

followed by conscious moral reasoning. This model is consistent with neuroscientific findings discussed earlier in which the amygdala attaches unconscious evaluations to experiences prior to conscious thought processes.

Key considerations, according to Haidt, are that research indicates that people form very quick impressions of others, which may involve associations and stereotypes, leading to instant (unconscious) moral judgements, and also that people may readily agree with individuals they like. Also, an important element of the model is that moral reasoning is usually carried out interpersonally (links 3 and 4) rather than in private. Although it is possible for reasoning to occur privately, Haidt writes that it is 'primarily when intuitions conflict, or when the social situation demands thorough examination of all facets of a scenario, that the reasoning process is called upon' (p350). In addition, triggering new intuitions can be more influential than logical argument in enabling other people to see a situation differently, an example being the impact Martin Luther King's speech had through using metaphors and visual imagery. To improve moral judgement Haidt suggests that people could use the social persuasion link (link 4) and seek out others to talk through the issues with, leading to the triggering of a variety of conflicting intuitions in each other and resulting in more nuanced judgements.

Further to Haidt's identification of the essential role of intuitions and associated emotions in the formation of moral judgements, studies by Zhong (2011) suggest that judgement arising from intuitive feeling is more ethical than deliberative decision making based on rationalistic moral reasoning. This is in tension with Kohlberg's positioning of rational abstract principle-based reasoning as the highest level of maturity in judgement, as also questioned by Ethics of Care theorists discussed in the previous chapter. Zhong's experiments involved using different ways to engender a deliberative mindset in one group of participants and awareness of feelings in the other, prior to ethical decision making tasks. The results indicated that in situations where individuals need to choose whether further their own benefit or not, intuition seemed to produce better moral outcomes than deliberation (for example, in one task, participants in the deliberative condition were found to be almost twice as likely to lie than those in the intuitive condition).

The wide-ranging research outlined above from neuroscience and psychology indicates that emotion, ethical thinking and judgement are inseparably intertwined, and that it is not possible or even desirable to try and remove or bracket out emotion in judgement. If we relate these insights to the complex and powerful emotional dimensions of social work practice with children and families, it becomes even more salient to increase our understanding of the interaction of emotion, ethical thinking and judgement in this area of social work, and in particular during the high-stakes decision making of care proceedings. Some important considerations raised above include the unconscious elements of emotion which occur prior to conscious thought, the many and varied impacts of different emotions, the role of low certainty emotions such as sadness in increasing thought and reduced likelihood of attributing blame, the role of emotion in moral commitment, and the impacts of vividness of imagery and discussion with others, as well as the role of emotional intelligence and reappraisal in moderating the impact of emotion. These are powerful arguments for the importance of reflective case discussion that includes consideration of emotion.

Many of the studies cited above used experiments and the provision of written scenarios and choices, rather than participants reflecting on their involvement in actual situations. Below are some examples of literature considering the use of reflection processes by practitioners after events involving ethical decision making or during the process of assessing and working with a situation in practice.

4.4 Case discussion models that include emotion

Le Coz and Tassy (2007) suggest that doctors should reflect on medical decisions to review the emotions that have been involved in their judgements, suggesting that this reflection needs to take place after the decision has been made and is irreversible, and the practitioners are no longer experiencing the actual emotions. In the process doctors can use their imaginations, memory or reasoning to create new emotions, for example identifying what other emotions would have enabled them to be receptive to other ethical viewpoints. This focus on using intuitions and creative thinking to identify new emotions echoes Haidt's point above about the effectiveness of intuitive thinking of this kind. Le Coz and Tassy express the view that fantasies and memories can make us responsive to other values that may have been obscured by

the emotions dominant during the decision, and exchange of ideas in discussion with others is important in this, the 'philosophical moment of the medical decision'.

Molewijk et al's (2011) model of moral case deliberation focuses on considering emotions that have been experienced in a situation and the thoughts that accompany the emotions. Following Aristotle's views on emotions as embodying moral knowledge, they argue that emotions can inform us as to why a moral issue has emerged, how the facts of a case have been interpreted and evaluated, and prompt us to reflect on whether the expression of the emotion was morally right and balanced. Explicitly identifying the emotions involved can help clarify implicit moral assumptions that were at work. From their use of the model they suggest that focusing on emotion during moral case deliberation can also stimulate the participants' engagement with the case and energise the group process. It also brings about deeper conceptual insights and personal learning, contributing to the process of developing practical rationality.

That the reflection process is incomplete without the experience of emotion in the deliberative process itself is argued by Lacewing (2005): reflection, exploration and increasing self-awareness may enable the detection of underlying emotions, anxieties and defence mechanisms such as projection, and awareness of discomfort can lead to this kind of reflection – but only if the individual involves awareness of affect in the thinking process; this would not be possible to achieve through purely intellectual deliberation.

In the social work field, Ruch (2007b) has developed a case discussion model in which a practitioner presents a case to a group who listen without asking questions, then the group engages in a discussion with the presenter listening but not participating, and finally the group and presenter join in a reflective discussion on aspects that have struck them. The discussion is not about finding solutions but is an emotionally informed 'in depth' thinking space, listening to and facing emotions experienced, involving curiosity, openness and 'not knowing'. This enables greater depth of understanding of the case, the practitioner's emotional responses and any patterns present: the practitioner's emotions then become a resource rather than reason for disengagement. O'Sullivan (2018) also describes a monthly facilitated 'Work Discussion Group' that took place over a year, run with a similar structure to Ruch's

groups but involving practitioners presenting a written account including thoughts and feelings, followed by psychoanalytically informed discussion. O'Sullivan concludes that the containment provided by this group enhanced a practitioner's capacity to make sense of her anxiety and work with a family; however, organisational support for this level of thinking and feeling is important.

Turney and Ruch (2016; 2018) have developed a 'Cognitive and Affective Supervisory Approach' (CASA) as a model for clinical supervision in social work. This is based on Cognitive Interviewing which incorporates detailed recall of the visual and other physical details of a situation together with the individual's feelings and reactions to aid recollection and analysis of a critical incident. Their findings suggest that 'the capacity of the model to disrupt conventional linear patterns of thinking allows for emotional dimensions of practice to be more readily accessed and drawn on to accommodate more expansive and in-depth understanding' (p134).

Shifts in organisational culture may be needed, however, to implement and reap the benefits of models such as these above. For example, Turney and Ruch (2018) found it was difficult for supervisors to maintain this level of detailed 'active listening' in the face of impulses to problem-solve.

4.5 Conclusion

Literature reviewed in this chapter has indicated the range and powerful impacts of emotions that child and family social workers may experience in their work. More detailed insights were then gained from the growing body of neuroscientific and psychological research of the processes through which emotions interact with judgement and decision making, including the formation of ethical judgements, and the specific impacts of different emotions.

The literature has drawn attention to the impossibility of separating thinking from emotion, and ways in which understanding is embodied and relational. The emotional impacts explored above may have profound influences on the nature of a practitioner's approach, the relationships that are formed and the judgements that are made. These aspects are also inherently ethical: for example, how far practitioners are able to 'see' and hold in mind a child may significantly influence

subsequent planning and decisions (even with life or death implications); and the nature of the working relationship and perceptions of the parent's level of resistance or engagement will have an impact on the direction and outcome of the work and decisions that are made. Links may thus be drawn between the processes discussed above and ethical approaches considered in the previous chapter, such as recognition theory, dialogue, narrative and the ethics of care.

The range of emotional impacts identified, the insights from research into the role of emotions in decision making, and the unconscious elements involved, all point to the importance of organisational containment and reflective spaces to support social workers to acknowledge, process and work with these emotions.

This study has set out to examine how social workers perceive and experience the ethical and emotional dimensions of decision making in care proceedings, and to understand more about the interplay of emotions and ethical thinking, and how social workers are best supported in these processes. The three literature review chapters have demonstrated that existing literature provides many relevant insights, and signals the importance of gaining further understanding of these processes, and practitioners' awareness of them, for the best interests of children, their families and practitioners working with them.

This literature review also brings to light areas that would benefit from further exploration. Chapter 2 identified studies of decision making processes in child protection and care proceedings, but none of these are specifically focused on understanding the role of emotion or the interaction of emotions and ethics in decision making in this field. Chapter 3 outlined a range of ethical theories and their relevance to social work practice and decision making. While these are addressed in social work literature, there are not many studies which examine in depth the role or application of these ethical theories in child and family social work, or which bring together or compare different ethical perspectives. Literature reviewed in the current chapter also shows that research on the role of emotion in ethical decision making, or on the interaction of emotions with thinking and judgement, is more prevalent in other fields than social work – where the impact of emotion in decision making tends to be viewed negatively. Research from neuroscience and psychology indicates not only the importance of emotions in judgement and decision making, but also their

potential positive role. No studies so far have brought together social workers' perceptions and experiences of emotions and ethics in the way undertaken in the current study, or considered this in relation to care proceedings decision making. The next chapter will describe the study and discuss the methods used.

5 Chapter 5: Methods

5.1 Introduction

As indicated in chapter 1, this research study aims to answer the following questions:

- How do social workers perceive and experience the ethical dimensions of decision making in care proceedings?
- How do social workers perceive and experience the emotional dimensions of this?
- How do they experience the interplay between emotions and ethical thinking in the process of coming to judgements and decisions in care proceedings?
- How can social workers be best supported in these processes?

In this chapter I set out the research methodology for the study and discuss its underlying ontological and epistemological assumptions and theoretical influences. This research is qualitative and is informed by constructivist grounded theory. I recognise that the research interview and the whole research process are to an extent constructions, and that the role and reflexivity of the researcher during the research are important features. I discuss the study design and methods of data collection and analysis, and consider relevant ethical issues.

5.2 Qualitative research, epistemology and interpretation

Qualitative methods are appropriate for a study such as this which seeks to understand how the participants perceive and make meaning of their experiences and interactions, and how these meanings inform their decisions and actions. It also involves the study of social processes. This research is aimed at exploring and building understanding, rather than testing pre-existing hypotheses or measuring factors, which would indicate a quantitative design. Qualitative research is appropriate for gaining a complex and detailed understanding of an issue and the contexts or settings in which the participants address the issue. It can also empower individuals, or 'silenced voices' to tell their story, and minimise the power relationship between researcher and participant (Creswell 2007).

Bryman (2012) identifies three broad distinguishing features of qualitative research: the relationship between theory and research being such that theory is generated inductively from research; an interpretivist epistemological position; and a constructionist ontological position (Bryman 2012: 380). It is important to identify the ontological and epistemological assumptions influencing this research. These are closely related, and lead into the theoretical and philosophical assumptions underlying the research methodology. This in turn will relate to the research methods, the specific techniques and procedures followed to gather and analyse the data (Carey 2009).

Ormston et al (2014) identify two broad overarching ontological positions which each encompass a range of perspectives: the realist position which asserts there is an external reality existing independently of peoples' beliefs, understandings or interpretations about it; and the idealist view, broadly that there is no reality independent of the human mind, and that reality can only be known through the mind and through socially constructed meanings in particular contexts. This research assumes that there is some social reality and social patterning beyond the interpretations and constructions of individuals within a situation, but that this is known through the human mind and individual and social constructions.

This research is influenced by interpretivist and constructionist epistemological positions. Interpretivism recognises that people actively interpret and make sense of their environment and of themselves, and are influenced by their own culture and historical context (Hammersley 2013). Meaning does not exist independently of this interpretive process (Hesse-Biber & Leavy 2011). Symbolic interactionism is also relevant, considering the interaction between individuals and small groups, and between individuals/groups and objects, and how meanings are made in the interaction process and communicated via shared symbols such as language and gestures. People act differently towards different people or objects in different situations, according to the meanings they attach to these people and objects (Hesse-Biber and Leavy 2011).

Constructionism is related to interpretivism, and emphasises that knowledge is not just passively received or experienced by people, but is actively constructed by them

through active processes of perception, cognition, selection and construction. These processes are affected by individual and cultural differences; thus multiple interpretations are often generated within the same contexts. The process by which understandings are generated is relevant. Social constructionists consider the shared processes of communication and social interaction, and some emphasise the impact of particular patterns of social interaction and broader socio-historical factors and their role in producing different discourses (Hammersley 2013).

Both interpretivism and constructionism focus on understanding peoples' lived experience from their own perspectives. They recognise that research cannot be 'value-neutral', and individuals' understanding and experience will be affected by the interaction of psychological, social, historical and cultural factors (Ormston et al 2014). Therefore qualitative research is situated, located within the specific political, social and cultural context of the participants, researcher and readers of the study. The reflexivity of the researcher is an important feature, recognising that the researcher's own background will shape their interpretations (Creswell 2007).

Ezzy (2002) suggests that understanding participants' perspectives and their own subjective meanings is best achievable through 'entering into their world, so that their world becomes our world', and we can make sense of their practices from their own perspective. Thus qualitative research 'is about participating in other people's lives and writing about that participation' (p.xii). However, it is not possible to produce an objective and uncontested account of another person's experiences. The researcher will also have an influence on the interpretation and construction of events, and may even have dual identities to manage. Ezzy provides an illustration of a researcher researching dancers, who was herself a dancer, playing the two identities of researcher and dancer against one another in explicitly examining the influence of the researcher on the research. This is a relevant aspect for me, having previously shared the identity of social worker in care proceedings with the participants of the study.

The focus on meaning in qualitative research in itself creates a set of challenges. As an activity rather than a substance, meaning is hard to grasp. Meanings are also subject to constant change 'and are produced and reproduced in each social situation

with slightly different nuances and significances depending on the nature of the context as a whole' (Ezzy 2002:3). Hermeneutics, described by Ezzy (2002: 24) as the 'art and science of interpretation', recognises that our interpretations will be incomplete and uncertain and that we can never know all the facts. We need to be continually open to accept that earlier interpretations may be inadequate, and as Merleau-Ponty (1962, cited in Ezzy 2002) indicates, to some extent all interpretations of qualitative data will be uncertain, open-ended and incomplete.

Hermeneutic analysis involves a constant seeking of a more sophisticated understanding, emphasising the tension between the perspective of the individual seeking to understand and the perspective of the other, and involving an ongoing iterative and circular process of moving between these two perspectives. There also needs to be a back and forth movement between the whole and the part – the development of theory 'through a continuous movement between pre-existing and interpretive frameworks, both theoretical and popular, and the data of observation, collected both through intentional observation and everyday life'. This is the hermeneutic circle, within which 'interpretations, and theories, are developed, and continuously redeveloped' (Ezzy 2002: 25).

In Heidegger's view, some prior understanding of a phenomenon is needed before it can be understood, so that we need to be 'in' the world along with what we are trying to understand. We need to make this situatedness explicit – but as this situatedness exists prior to any understanding, it must be pre-supposed even when trying to explicate it, so its explication is 'essentially a matter of exhibiting or 'laying bare' a structure with which we are already familiar' (Malpas 2015). Heidegger refers to 'fore-structures' of understanding, which enable us to anticipate and grasp in a preliminary way what we are trying to interpret or understand (Malpas 2015). This contrasts with Husserl's concept of *epoché*, or 'bracketing' in which the researcher sets aside his/her experiences to avoid them influencing the examination of the phenomenon being studied (Cresswell 2007).

This prior hermeneutic involvement in our understanding of any phenomenon is seen by Gadamer not to act as a barrier but as an enabler to our understanding. As discussed in 3.2.10, the situatedness and embeddedness of the interpreter are

fundamental to Gadamer's hermeneutics, and he sets out the importance of the interpreter constantly becoming aware of any presuppositions through encounter and dialogue with others (Gill 2015; Malpas 2015). Thus, understanding is gained through a dialogical process between the familiar and unfamiliar or alien, in which both are affected by the other – and a complete understanding is never reached as it is not possible for our historical and hermeneutic situation ever to become completely transparent (Malpas 2015). It is also constantly changing and being recreated, and thus 'the hermeneutic circle is an ongoing cycle of interchange between a living, constantly recreated tradition and its interpretation' (Ezzy 2002: 28).

5.2.1 Reflexivity

In relation to the arguments above I recognise that my previous experiences as a social worker undertaking care proceedings and current role as a university educator of social work students as well as researcher and interviewer, together with my personal and professional values and identity, have all played a significant part in my understanding, approach and sense-making throughout this research. In particular as this research is about thinking, feeling and judgement I believe it has been both ethical and essential for me to be reflexive in questioning my own involvement and interpretations, and to seek to recognise the role within it of my own thinking, emotions, judgement, and who I am (Etherington 2004). I include more detail of my reflections in later sections of this chapter.

Qualitative studies often give attention to the importance of reflexivity, although as Finlay (2002) shows, this can be defined and used in different ways according to different methodological or theoretical traditions, ranging from phenomenological and psychodynamic approaches to the more social-critique orientation of social constructionists, sociologists and some postmodernists. Reflexivity has the potential to be used to explore the impact of the researcher's position, perspective and presence, and any unconscious motivation or bias. It can also be used to focus on the intersubjective dynamics and relationship between researcher and participant, and to enable the research to be more collaborative, empowering or radical (Finlay 2002). The researcher's self can also become a resource (Holloway and Biley 2011). Holtan

et al (2014) also show how deeper understanding can be gained through focusing on the impact of the emotions of the researcher and the role of these in the analysis and construction of data.

However, it is important not to claim more for reflexivity than can be achieved. Aiming to be reflexive will not prevent our non-evidenced assumptions from influencing the research (Holloway and Biley 2011). Fully accurate self-knowledge is not achievable, and an aim to recognise the other could lead to misrepresenting the other or not really addressing power relations, and reflexivity can be presented as a way of making our research seem more valid, truthful and authoritative (Pillow 2003). Bishop and Shepherd (2011) write that we cannot know exactly what effect we have on others, or how they perceive us; also our recollections may be altered through time and new experiences, and we need to acknowledge that our reflexive accounts are themselves a reconstruction.

This has a parallel with reflective and relationship based practice in social work. There is a danger that seeing reflexivity as a tool or process could veer into a technical-rational view where the trust is placed in the procedure rather than the skill of the person using it. Doyle (2012) argues that reflexivity in research requires a capacity to think and to be in a thinking state of mind, able to tolerate uncertainty and open to the unexpected. This was my aim during the research and I found forms of writing (notes, memos and drafts) particularly helpful as reflective spaces. These points chime with the focus of this research which highlights that the relationship between thinking, emotions and judgement is complex, powerfully affected by unconscious and embodied processes, and that having spaces for reflecting, feeling and 'not knowing' is important.

5.2.2 Critical and feminist approaches

Critical theories are also influential in this research, both those deriving from postmodern and post-structural theories, and approaches arising out of social justice movements and feminist perspectives. Critical approaches are concerned with power, and the recognition that power relationships affect the way social phenomena have been constructed and reconstructed. They also challenge binary categories and the polarisation and essentialising of difference (Hesse-Biber & Leavy

2011). Critical postmodern perspectives draw attention to ways in which we may participate in constructing power and maintaining power relations through language and categorising (including participating in our own domination and self-defeating beliefs), and that becoming aware of assumptions is important in leading to transformative action (Fook 2015; Fook 2012). Critical approaches also seek to access the 'subjugated knowledges' and perspectives of oppressed groups (Hesse-Biber & Leavy 2011: 21). This could involve 'constructing professional narratives which help to represent the service user perspective, rather than simply fitting service user experience into predetermined bureaucratic categories' (Fook 2012: 168).

Feminist standpoint epistemologies emphasise that knowledge is always situated, and this knowledge is influenced by the shared experiences, political orientations and implicit assumptions that make up the standpoint of the knower. These perspectives challenge the dominance of an implicit white male standpoint in mainstream science and which silences and marginalises women's experience and ways of knowing, arguing that analysing 'women's experience from the standpoint of women both provides 'less false' theories and contributes to the emancipatory task of social justice and equality of the genders' (Ezzy 2002: 23). The focus of the current study is not intentionally on women's experience *per se*, but as the majority of social workers are women and much of their work takes place with women and children within a variety of significant intersecting and complex power dimensions, these considerations are relevant. This research also involves a questioning of traditional and hierarchical ways of knowing and deciding, seeks to give voice to participants, and is open to the unearthing of other less articulated perspectives. I also reflect on power dimensions in the nature of the relationship and interaction between researcher and participant.

In any research situation there will be multiple perspectives and constructions, and Cresswell (2007) points out that qualitative researchers embrace the idea of multiple realities – those of the individuals who are being studied as well as the researcher and those who will read the study.

5.2.3 Approaches to theory

Closely related to ontological and epistemological considerations is the approach to theory taken within research. Deductive logic involves starting with a pre-existing theory or hypothesis and developing methods to prove or test it, and is associated with a positivist position and most commonly quantitative methods. It can be seen as a top-down approach to knowledge acquisition. In contrast, inductive logic involves building knowledge through evidence obtained from observations of the world (Ormston et al 2014). Abduction involves the introduction of new ideas through generating new hypotheses, through imaginative leaps, without necessarily having completely demonstrated all empirical steps. These new hypotheses may then be tested deductively or through using inductive empirical comparisons. The abductive reasoning process is an important feature of grounded theory, as part of the cycle of theory building and data collection. Ezzy writes that theories are not developed solely from deduction or induction, but rather 'through an ongoing dialogue between preexisting understandings and the data, derived from participation in the world'.

Existing theory can be drawn on to develop a 'sensitising theoretical orientation' which then shapes the questions asked, without restricting the analysis, and allows the theoretical orientation to be developed, tested, corrected and elaborated (Ezzy 2002: 28-9).

5.3 Grounded theory

This research was guided by constructivist grounded theory as set out by Charmaz (2014), though did not follow the full grounded theory method. Initially I considered using a predominantly phenomenological approach to enable a deep understanding to be gained of how individuals experience the ethical and emotional aspects of decision making. However, I was also seeking to go further than this in trying to understand the intersecting processes and factors involved, and to develop ideas on how these could be conceptualised. A constructivist grounded theory approach appeared to enable the generation of theory as well as incorporation of broader considerations of the social, organisational and political context and critical perspectives. Charmaz (2011) argues that constructivist grounded theory

acknowledges multiple perspectives and forms of knowledge and can also be used within a focus on social justice.

Grounded theory was originally developed by Glaser and Strauss in the 1960s, countering the dominance of quantitative methodological assumptions at the time in the USA through demonstrating that qualitative research could follow a systematic method. Charmaz (2014) points out that over time Glaser and Strauss diverged from each other but by the 1990s both seemed to retain some positivistic assumptions. At this time a constructivist turn developed, moving grounded theory away from the positivism in both Glaser's and Strauss's versions. A constructivist approach in grounded theory emphasises flexibility rather than mechanical application of the method, and also incorporates an assumption that 'social reality is multiple, processual, and constructed', recognising that the research itself is a construction. The 'research reality' arises within the situation and from what is brought to the situation by the researcher and participants. Thus the researcher's 'position, privileges, perspective and interactions' must be taken into account as part of the research reality, and a view of 'the research as constructed rather than discovered fosters researchers' reflexivity about their actions and decisions'. This approach recognises that research cannot be value-free (Charmaz 2014: 13).

A number of strategies are listed by Charmaz as features of grounded theory:

1. Conduct data collection and analysis simultaneously in an iterative process
2. Analyze actions and processes rather than themes and structure
3. Use comparative methods
4. Draw on data (e.g. narratives and descriptions) in service of developing new conceptual categories
5. Develop inductive abstract analytic categories through systematic data analysis
6. Emphasize theory construction rather than description or application of current theories
7. Engage in theoretical sampling
8. Search for variation in the studied categories or process
9. Pursue developing a category rather than covering a specific empirical topic

(Charmaz 2014: 15).

Charmaz goes on to explain that many researchers who claim to follow a grounded theory approach will demonstrate actions 1-5 but do not necessarily engage in theoretical sampling and theory construction, although they may believe they have done both. She notes that although some grounded theorists believe theoretical sampling and theory construction are necessary features of grounded theory, in her view actions 1-5 are sufficient to evidence that a grounded theory approach has been followed. She also has the view that researchers can draw on grounded theory methods as part of another approach, and emphasises that in her methods she provides 'flexible guidelines, not methodological rules, recipes, and requirements' (p16).

In the event it was the guidance on coding and early stages of analysis in grounded theory, as described by Charmaz, that I drew on most fully, as I explain later in this chapter. In completing three interviews a year before the rest I was able to carry out some analysis of these prior to undertaking the other interviews; however, this was not at the level of conducting 'data collection and analysis simultaneously in an iterative process' in the project as a whole. When planning the research I also considered some elements of theoretical sampling, but was not able to pursue this, as will be explained below. While my aim was to work towards theory construction, rather than description or the application of current theories, I am not claiming that the outcome of this research is a theory, though I have developed a set of theoretical understandings and ideas and a conceptual framework.

5.4 Recruiting the research sample

The sample for the study consisted of thirty one participants, all of whom were qualified social workers currently registered with the Health and Care Professions Council. Nineteen participants were interviewed individually, and the other twelve took part in either of the two focus group interviews.

Of the thirty one, eleven were social workers, fourteen senior practitioners, and six team managers or other senior staff. Three were male and the rest female. Eight had less than three years' experience of qualified social work and the rest had three or

more years of experience. Basic information was also recorded about participants' age group, gender, ethnicity and number of care proceedings undertaken. All were drawn from the same local authority and currently employed there except for three who were no longer local authority employees. A table of the participants can be found in Appendix 1.

To recruit the participants I initially approached three English local authorities and Cafcass. I thought it would be useful to compare the experiences and views of practitioners in different organisations and areas. One local authority declined on the basis of existing pressures of work faced by their staff. The proposal and associated documents were scrutinised by the research governance processes of the other two local authorities and Cafcass. The study did not meet Cafcass' criteria for involvement in external research. In the two local authorities the project met the ethical requirements but encountered further delays in gaining approval to access the participants. I made repeated contacts to both to speed up the process but at the time both local authorities were affected by staff changes or reorganisation and other priorities.

While waiting to gain access to the local authorities, as a pilot study I interviewed the three practitioners who were no longer local authority employees.

In one local authority the relevant director finally gave approval for staff to be involved in the research, and appointed a principal social worker to 'take the lead' on it within the organisation. I had a discussion with the principal social worker and we agreed that an email from me, with information about the study and participant information sheet attached, would be circulated to all the service managers in the directorate to disseminate to their teams. The service managers and team leaders took a variety of approaches to recruiting participants. In one district three participants were nominated by their team managers, while in other districts it was discussed in team meetings, or my email was forwarded to everyone with an encouragement to those interested to volunteer. While the active endorsement of the senior management has enabled me to gain access to participants, in working with this organisation I had a sense of losing some control over the recruitment of participants, although the large majority were self-selecting. I could see that this

large statutory organisation might wish to monitor access to participants to minimise any risk to itself or the core work of its staff. On the other hand it also reflected interest in the research at all levels of the organisation, which I thought was positive. I believe the endorsement of managers probably generated more take up and a greater number of participants than might otherwise have come forward. In the interviews no one gave a sense of being influenced, or of being concerned about what they should or should not say to me, with the possible exception of focus group 2, as will be discussed further in sections 8.3 and 9.2.4. There were also no discernibly different patterns in individual interviews between the views of the small number of practitioners who had been approached by their managers and those who had put themselves forward. However, I reflected that if I were to undertake the process again I would specify a consistent process for recruitment of participants. I recognise that interview data will be subjective and the selection and composition of the sample may play a part in views expressed. In sections 5.5 and 5.5.1 I discuss a range of considerations and limitations of interviews, including their subjective and constructed nature.

In the second local authority staff changes and other delays meant that I was not provided access to the staff within the timescale of the project.

I had initially hoped to undertake a second round of interviews with some participants to follow up any particular themes emerging. However, this became inappropriate within the project's timescale, partly because of the initial delays in gaining access to participants but also partly because I was undertaking the PhD part-time alongside full-time employment, which meant that transcribing and analysing the interviews was a protracted process. It also seemed to me that the interviews had already generated some rich data and a large number of themes. I wondered how far a few follow-up interviews would generate a significantly deeper understanding or whether this would be better achieved within a further research project, perhaps with a more participative design such as action research, involving working with particular groups or teams.

5.5 Data generation methods

I decided to use semi-structured individual interviews and focus group interviews as I was particularly interested in gaining understanding of participants' subjective perceptions and experiences of the relevant situations and decision making processes.

There are some possible limitations to interviews as a method for studying decision making: participants' memories or accounts may not be accurate (Yates 2018); there may be shifts in participants' attitudes or identities since the event (Bishop and Shepherd 2011); and people can rationalise their decisions after the event and try to present their decision making in a positive light (Hackett and Taylor 2014). These and other issues are discussed further below.

However, this research does not specifically aim to describe the reality of care proceedings decision making – although it does provide insights into this. While observing what people do and say during sense-making and decision making may provide some insights into these processes that may not be accessible through retrospective interview accounts (Helm 2016), such observations will still only give a partial picture and are open to the observer's interpretations. Also the processes used in coming to judgements in care proceedings are likely to be more complex and drawn out than initial child protection decisions where it may be possible to observe in one session the whole process from receipt of referral to decision.

I particularly wanted to gather data of practitioners' own awareness, perceptions and understandings of their thoughts, emotions and experiences and how they made sense of these and reflected on them, including their constructions after the event and how they might incorporate these into their understandings of themselves as practitioners. This could therefore include their further reflection and sense-making between the events and the interview. It was also important to me that participants could have some control over the data they gave me, which would be more possible through interviews than observations. Banks and Williams (2005:1007) argue the value of insights gained from retrospective interviews, with the understanding that the findings are not presented as 'unproblematic reflections of 'what really happened''. I would argue that practitioners' retrospective and reconstructed

understandings are in themselves a valid subject of inquiry as these are what they will draw on to inform their subsequent practice and professional identities.

5.5.1 Individual interviews

At the start of each interview I invited participants to talk freely for a few minutes about a care proceedings case where coming to a judgement or decision was difficult or worrying in some way (either during the process or because of the result), and what made it difficult. I wanted to see what emerged from the free narrative as to how participants viewed the situation and key factors before I asked any specific questions. For most of the interview the focus was on this single case to encourage in-depth consideration of the processes involved and how these were perceived and experienced by the participant. However, the interviews also included some more general and comparative questions where other examples could be incorporated. I decided against providing a vignette for participants to discuss as I wanted to focus on their experience of actual cases in the real-life context of practice (with the provisos above and below about retrospective interviews).

I had prepared a set of basic questions for the interviews, though did not necessarily ask them in the same order, depending on the direction of the interview. These questions focused on participants' views about the processes of coming to decisions, the ethical and emotional dimensions involved, the nature of their interactions with the families and any relevant factors, and the availability of support and opportunities for reflection. The basic interview schedule is in Appendix 2. At each stage I also used unscripted follow up questions for elaboration, probing, clarification and checking out, in addition to reflecting back wording, minimal encouragers and brief silences to encourage participants to elaborate further. The interviews were all audio recorded and lasted between forty-one minutes and one hour twenty minutes.

Semi-structured interviews are time-consuming but have the potential to generate rich and illuminating data. Face to face interviews also offer a certain amount of flexibility: interesting responses can be followed up and lines of enquiry modified (Robson 1993: 229).

However, interviews have a number of limitations and, as indicated earlier, should not be viewed as 'a simple window on experiences' with the participant's views reproduced in the research with limited analysis, almost as they might be reported in a journalistic interview (Silverman 2013a: 50). To a level that may be unknown to both researchers and participants, participants' accounts may be inaccurate, incomplete, potentially influenced by a desire to make a particular impression or a fear of how their views may be used or interpreted. Meanings heard by the researcher may not be the same as intended by the speaker, and multiple meanings may be present with the possibility of multiple interpretations and no apparent guide as to which is 'correct' or 'significant' (Barbour & Schostak 2005: 42). The interview also takes place within a particular social, cultural and historical context which will influence the interview talk and understanding of the topic (Bishop & Shepherd 2011).

Narrative theorists would view the accounts of research participants as narrative constructions, with individuals constructing their identity through experiencing life events and 'composing and telling a narrative of these' (Bishop & Shepherd 2011: 1284). As participants in this research were aware that I was looking at ethical thinking (apparent in the questions themselves irrespective of how much I explained the purpose of the research), one potential consideration for me was how far this awareness may then have shaped the answers of the participants who may have (consciously or unconsciously) sought to present themselves as ethical and moral, and may have imposed an ethical framework to some extent on the way they conceptualised and described the case. As the researcher I also played an active part in this construction: Charmaz (2014:79) writes that both participants and interviewers will construct their own 'performances' and present themselves to each other in the interview, and the performances of both interviewer and participant 'make and negotiate identity claims'.

However, data analysis can include attention to sequences of talk, and how a participant's answers may be affected by the way the interviewer asks questions and responds to the answers, as in conversational analysis (Silverman 2013a). Also, these constructions in the interviews can be analysed to lead to greater understanding: Miller and Glassner (2016) argue that in-depth interviews enable us to learn more

both about the social world and cultural norms of individuals' contexts, and also how individuals view themselves and their world, providing 'insights into the cultural frames people use to make sense of these experiences and their social worlds' (p51).

I believe that the nature of the interaction between interviewer and participant is also significant in influencing what will be said, and I applied my knowledge of social work communication skills during the interviews, to convey attentive, empathetic listening. Charmaz (2014) considers in detail the impact of the interviewer's skills, ability to create a rapport and environment in which the participant feels free or inhibited to talk, the interviewer's sensitivity to cues and ability to vary pace, use a softer voice, soften the language of questions, and explore rather than interrogate. She writes that the interview is negotiated, reflecting 'what interviewers and participants bring to the interview, impressions during it, and the relationship constructed through it' (p71). She also points out that the social locations of both researcher and participant in terms of race, class, gender, age, embodiment and relative differences in power and status will have an impact in this process.

Ezzy (2010) explores the emotional dimension of interviewing in more depth, arguing that 'all interviews are emotional and embodied performances and that good interviewing is facilitated by a reflexive awareness of, and engagement with, the emotional, embodied, and performed dimensions of the interview' (Ezzy 2010: 163). He suggests that in preparing for interviews researchers should reflect on their emotional approach to the interview, and argues that interviews may be emotionally framed as either 'conquest' or 'communion'. Techniques such as probing, directing, questioning and active listening, reflect the interviewer's control and direction of the interview process, and can be associated with 'conquest'. 'Communion' involves an attentive openness to the interviewee, a search for mutual understanding, and is based on the researcher's own sense of self as well as awareness of and openness to the other. Ezzy remarks that the 'more an interview is performed emotionally as communion rather than conquest, the more likely it is that the interview will result in the voice of the Other....being heard' (p168). This involves similar skills to social work interviews, where the use of self, emotional attunement and empathic responses are significant in building rapport and trust (Koprowska 2012), and a worker's communication of empathy makes a difference to how far a service user may be

willing to share information (Forrester 2008). I implemented these principles in the interviews where possible. However, during my reflections I noted there might be a possibility that creating the emotional climate of 'communion', while reducing the power imbalance in one way, could also potentially involve a kind of control on the part of the interviewer in drawing the participant to share more than might have been their intention, and in that sense giving more power to the interviewer, who then holds the information shared. For example, Margolin (1997) shows how warmth and empathy can be used in social work for investigatory and coercive purposes. My post-interview reflections fed into my self-monitoring during subsequent interviews, so that while using communication skills to facilitate rapport and interaction I also consciously kept in check any particular wording or processes that I felt might unduly influence the participant.

During an interview the interaction and conversation may also enable participants' views to arise during the discussion, rather than the interview merely extracting the thoughts that the participant already held. Charmaz, drawing from Hiller and DiLuzio (2004), identifies this as 'reflexive progression'. I was aware of this happening during interviews. My questions, and sometimes my responses or probing or supporting clarifying questions, at times seemed to facilitate the participants to think more deeply about or become aware of their views about certain aspects. A number of comments were made to me by participants indicating that there were points or emotions they had not been explicitly aware of before, or the interview had helped them reflect on the subject. In this sense some aspects of knowledge, or at least new understandings, are created during interviews, rather than the interviews merely capturing existing understanding.

5.5.2 Focus groups

I also chose to conduct some recorded group discussions with local authority social workers. In my email copied to all teams I asked for individual interviews but also suggested meeting teams as a group if they preferred, and two opportunities arose. The first focus group interview was with a 'Children in Care' team with three social workers and their team manager present. The second was with a group of experienced practitioners who met regularly as an expert practitioner reference

group, and in the findings chapters I refer to this as the 'experienced focus group'. On that occasion there were four senior practitioners, two team managers and two principal social workers present. Interviewing existing groupings fitted with the suggestion of Barbour and Schostak (2005: 43) that when conducting focus groups it is generally better 'to get as close as possible to the real-life situations where people discuss, formulate and modify their views and make sense of their experiences as in peer groups and professional teams' rather than bringing together groups of strangers.

According to Barbour (2007), focus groups may involve in depth discussions which can generate rich and interesting data, and may be effective in accessing perspectives on topics which participants may not yet have considered in depth. It needs to be recognised that views expressed by participants may be specific to the situation and course the discussion takes, but focus groups have the capacity to reflect the issues and concerns of the participants rather than following the researcher's agenda (Barbour 2007; Bryman 2012). Members of the group can challenge each other's views and probe each other's reasons for holding certain views, and this process of argument may enable a more realistic account of people's thoughts. As participants are able to have some control over the direction of the session this can reduce the power difference between researcher and participants and potentially allow the voices of marginalised groups to be heard (Bryman 2012). The discussion can also be subjected to conversational analysis to provide insights into the way meanings are created and views developed during the interaction (Barbour 2007; Bryman 2012).

However, as well as being subject to features discussed above in relation to individual interviews, focus groups have their own limitations, as discussed by Bryman (2012). There may need to be a careful balance between the level of control surrendered to participants and the input of the interviewer in order to keep a focus on the research questions. Focus groups may be more difficult to transcribe, especially where participants speak at the same time. There is also the potential for some voices to dominate and some views to be suppressed. Bryman cites the work of Janis (1982) on groupthink (see 2.4.4), and raises the issue that in groups, participants may tend to express culturally expected views to a greater degree than in individual interviews. They may also seek to impress others and be influenced by the norms of the group.

This may be relevant when considering the discussions in both focus groups in this study, which were qualitatively very different, as will be commented on in chapter 8.

5.6 Pilot study

My first interviews were with the three participants who were no longer local authority employees. I was able to reflect on these in a fair amount of depth and to transcribe and conduct initial coding and some focused coding on the data before undertaking further interviews. My reflections enabled me to carry out minor revisions to the interview schedule. They also opened up questions for me about the nature of the impact I was having in the interviews – on the lines of areas discussed above – such as my prior experience and knowledge of the topic, my own social location, and the level of skill I might or might not have used in building rapport and encouraging more in-depth disclosure. I continued to reflect on these and other aspects throughout the research through the use of notes and memos.

5.7 Transcription and software

I transcribed all the interviews verbatim, including pauses and ‘erms’, in case these might become relevant in the analysis. I used NVivo 10 software, not to carry out the analysis directly, but to support the analysis process as it provided a very useful way to organise and manage the data, make links and develop themes or categories. For example it was useful to be able to code the data into nodes in NVivo, which could then easily be reorganised or combined, and linked to memos.

5.8 Analysis of the data

I familiarised myself with the data through transcribing the interviews myself and reading through them, noting some thoughts and reflections. I then carried out thorough initial coding throughout each transcript, as specified by Charmaz (2014). Initial coding involves labelling fragments of text on a line by line basis, to categorise, summarise and account for each piece of data. I followed the advice of Charmaz that codes should stick closely to the data, focus on action and process, and should be expressed using gerunds, rather than as topics and themes. In a grounded theory

approach, the codes will arise from reading the data, rather than from the application of a previously determined frame.

Through coding the researcher interrogates and sorts the data, defines what is happening and starts to consider meanings. Coding, according to Charmaz (2014: 114-5), 'impels us to make our participants' language problematic to render an analysis of it. Coding should inspire us to examine hidden assumptions in our use of language as well as that of our participants'. This includes interpretation of participants' tacit meanings. It means entering an 'interactive space' in which we 're-live and re-view our earlier interactions with participants and subsequently interact with them again many times over' (p116). The codes are provisional in that they can be revisited and reworded.

In keeping with a grounded theory approach I used memo writing to capture reflections and ideas that occurred to me after interviews, when reading transcripts or listening to the interviews, and during the coding and analysis processes. Initially I made notes in a log, and then wrote separate memos once I started using NVivo.

I also made constant comparisons between data, and between data and codes. This felt a natural process. As Charmaz (2014: 132) advises, incident can be compared with incident to identify properties, and comparing and coding similar events can enable the researcher to 'define subtle patterns and significant processes'. In addition, comparison of *dissimilar* events can help provide further insights.

After initial coding, following Charmaz, I went through the transcripts again to identify 'focused codes'. These may be initial codes that appear more significant or occur more frequently than others, or codes that encompass a number of initial codes. Focused codes are often more conceptual than the initial line by line codes. This enabled me to reduce the number of codes overall but also to keep checking and comparing different instances of the codes with the data and with each other.

I grouped these where possible, and organised them into NVivo parent and child nodes, merging and eliminating some in the process. I then transferred all the relevant extracts of data into each node. At this point there were 109 nodes, some child nodes having their own child nodes, and the amount of data felt quite

overwhelming, especially as many extracts were copied into more than one node. In my mind I started to think of themes rather than codes. Collating together all relevant extracts for each theme, and re-reading and comparing them enabled me to look for patterns, variations, meanings and insights in the data. I spent time trying to understand each theme, the meanings for participants and its significance.

Watts (2014) writes of the importance of closeness with the data, which involves engaging with the words and views of participants from their own perspectives and on their own terms. This he calls maintaining a 'first-person' perspective and it entails using empathy and focusing on trying to see the world through the eyes of the participant, without judging her or him. He identifies two levels of coding with this stance, first a descriptive coding of what the participant is talking about, and then a second interpretative level of coding regarding how the participant is understanding or constructing this point. This is followed by a third level of analysis, involving distance from the data, which Watts calls a 'third-person' perspective, in which the researcher uses professional understandings and relates the themes to relevant literature. I found the idea of first and third person perspectives a useful process, and an aid to reflexivity. I thought that having, to some extent, an insider perspective was useful in that it helped in creating rapport, participants did not have to explain terminology and other aspects to me, and I was less likely to misunderstand them. On the other hand, as participants were aware of my background in social work practice and teaching this could have influenced their answers and points expressed. However, in the data a wide range of feelings and views were expressed which suggests they were not trying to follow a particular line. Another danger of having an insider perspective was that I might make assumptions based on my previous knowledge and not seek hard enough for participants' own meanings. But focusing on empathetically trying to understand the participant's perspective enabled me to question whether I was imposing my own understanding and preconceptions, and at times to become more aware that my view or values might be different to those being expressed by a participant. Shifting back and forth between a 'first' and 'third'-person perspective for each theme helped ensure that the analysis captured both closeness and distance without sacrificing one for the other. It also helped me try to work with both an insider and outsider (or emic and etic) perspective and consider whether I was making any assumptions based on my own previous experiences

(Holloway and Biley 2011) – in my case of both undertaking care proceedings, and academic study and teaching. I believe my academic awareness of theoretical and critical perspectives and research (for example, into relationship-based practice, social justice, the role of poverty, and contrasting family support or ‘child rescue’ approaches), and on the other hand first-hand experience as a practitioner of statutory child protection and care proceedings practice, enabled me to see both perspectives more clearly in relation to each other, and the differences between them, and to guard against making judgements or assumptions from either perspective.

Questions suggested by Braun and Clarke were also useful in trying to ensure that my analysis was grounded in but could also go beyond the surface level of the data, such as: “What does this theme mean?’ What are the assumptions underpinning it?’ ‘What conditions are likely to have given rise to it?’ ‘Why do people talk about this thing in this particular way (as opposed to other ways)?’ and ‘What is the overall story the different themes reveal about the topic?’” (Braun and Clarke 2006: 94).

As explained earlier I was not able to carry out any further interviews, so it was not possible to use theoretical sampling, an important part of the grounded theory method to gather more data on identified categories in order to refine them and develop the emerging theory. On reflection, a further phase of data collection would have facilitated the process of developing the themes and categories towards theory building, and would have enabled me to check out my findings with participants. Charmaz (2014) and Corbin and Strauss (2008) provide guidance on developing categories, linking and integrating these around core categories and developing theory, with the writing of analytical memos a key part of these processes. I found this process quite difficult to follow and also did not use memo-writing to the extent that Charmaz (2014) advocates, but instead started writing early drafts of sections and chapters. I also drew some (mainly rather rough) visual maps and diagrams to help organise themes and ideas. Three overarching and connecting themes were taking shape. The writing became an important part of the processes of reorganising themes, sifting, analysis, sense-making and developing the larger themes, and enabled me to engage with the data and connections more fully than reading through extracts and writing notes or separate memos. Braun and Clarke (2006) state that

writing should be part of the analysis process, and Charmaz (2014: 289) writes that the 'discovery process in grounded theory extends into the writing and rewriting stages'. This was my experience, though looking back it may have been more effective to persist with separate memo writing for each theme and overarching theme or category before trying to put them together into larger documents.

I have used a constant comparative method and maintained a continual to and fro movement between data, existing theory and literature, and my own reflections and ideas through all the processes of coding, thinking and writing about the data. Much of the time this aspect seemed to happen without me explicitly determining to do it, and I had a clear sense of the reality of Ezzy's (2002) points about the hermeneutic back and forth approach to data, discussed earlier in this chapter. At a late stage in the analysis I also read the original whole transcripts again together to check I had not missed anything significant, or misunderstood or taken out of context any points made by participants. The more difficult process was in reducing the detail and constructing a coherent theory out of the many strands in the data, but I eventually developed a conceptual framework based on the findings, which will be explained in chapter 10.

As I was unable to follow a grounded theory approach as far as I initially aimed to, it could be argued that the approach I followed was basically a thematic analysis. Braun and Clark (2006: 79) describe thematic analysis as 'a method for identifying, analysing and reporting patterns (themes) within data', which involves interpreting as well as organising and describing the data. They explain that thematic analysis is a flexible method not linked to a particular theoretical framework, so can be used within different frameworks, including grounded theory, and that some phases of thematic analysis are similar to those of other qualitative methods. They identify a number of phases in the method: familiarising oneself with the data; systematic coding of the data; searching for themes and collating the data relevant to each of these; reviewing and refining the themes, developing a thematic map and considering the themes in relation to the data set – which may involve re-coding and further reviewing and refining in an 'ongoing organic process' (p.91); further refining involving defining the 'essence' of each theme and considering it in relation to other themes, identifying overarching themes and any sub-themes; and then the final analysis and writing up

process. There is thus a considerable overlap between the data analysis process I followed and the thematic analysis processes they describe, though they identify that a key factor in grounded theory is that the analysis needs to be directed towards theory development, which was my aim.

5.9 Ethical issues

Ethical issues are woven into all aspects of research, from initial planning, design, data collection and dissemination. A study of social work practice undertaken by a social worker will have additional implications. Social workers are governed by our own professional ethics, and it follows that research by social workers will also need to be consistent with these. The relevance of social work values and ethics will be considered in more depth below.

The research and accompanying documents were scrutinised through the ethical review processes at the University, which addressed issues of confidentiality, data protection, informed consent, voluntary participation and opportunity to withdraw, not doing harm, possible power differences, and assessment of potential risks and benefits to participants. I also prepared and sent relevant ethical review documentation and a research proposal to Cafcass and the two local authorities who had agreed to consider the research. As explained earlier, Cafcass declined to make staff available for the research, and over time the two local authorities both gave ethical approval but only one made staff available during the time period for the research.

While this ethical scrutiny was essential, a rule orientated approach is not in itself a sufficient means of addressing ethical issues in a qualitative research project. In the first place, examining any of the above aspects in more depth could open up the possibility of ethical dilemmas, codes and rules offer limited assistance when two or more priorities come into conflict, and at the start it is difficult to predict every possible eventuality that may impact on participants (Silverman 2011). For example, gaining truly informed consent may only be possible if the participant understands everything about the research beforehand, but this may then influence participants' answers; or there may be a tension between covering a topic in depth and asking insensitive or over-intrusive questions; and qualitative research involves a level of

unpredictability because of the flexible and responsive nature of data collection and how participants may contribute to shaping the research encounter and data collected (Webster, Lewis and Brown 2014). Silverman (2013b: 184) also remarks that 'thoughtless rule following may blind you to unexpected ethical dilemmas'. As McLaughlin (2012: 183) points out, 'often the most difficult ethical questions only occur once the research has begun and were not envisaged in the original approval', and therefore social work researchers need to be morally active throughout the study in responding to ethical issues that arise. In my logs and memos I therefore included consideration of ethical issues arising for me in the process of this research and my own thinking about these, for example the concerns about fairness and 'betrayal' discussed below.

Silverman (2011) argues that analysis of data needs to be fair and even-handed towards those being described in the study. In considering fairness, an issue arising for me has been the tension between giving voice to participants own views, and the need to acknowledge the constructed nature of these, and to interpret them in context, and analyse the wording that has been used. How 'fair' were my perceptions and further perspectives in relation to what the participants are seeking to reveal? My choices, interpretations and representations of the data will have been influenced by my values, both conscious and unconscious and it is impossible to know accurately how much it has been my voice or the voices of participants that have been represented. As Ezzy (2002: xiii) argues, 'one of the main challenges in qualitative data analysis is to ensure that the voice of the other is heard and allowed to enter into dialogue with pre-existing understandings'.

Shaw (2003: 23) refers to a 'risk of betrayal' that may be felt in a qualitative project where a level of closeness and trust is built between researcher and participant, and there is a danger that findings could be used to worsen the situation of a group or population. Merely by entering a situation or story we may change it. Ezzy (2002: 156) comments that 'when a participant signs a consent form, this is not the end of our responsibilities but the beginning'. In gaining access to the statutory social workers I felt myself being drawn into the ethical world of statutory social work with its constraints on the freedom of individual social workers to make moral decisions, and potentially competing accountabilities to service users, practitioners, supervisors,

senior managers and the reputation of the agency itself. The tension of being fair to practitioners and managers who had made themselves available for interview, against the task of analysing their views and the responsibility to identify areas that could be improved for the benefit of service users, began to be sharply felt.

Social work itself is 'not a neutral activity' as it can lead to either positive or negative outcomes for both service users and social workers (McLaughlin (2012: 1). One role of social work research could be to question and critique existing practices as well as aiming to extend knowledge to improve practice. Smith (2009) suggests that in one sense research provides a means of reflective practice, a systematic way of checking out, and making sense of our own interventions in order to improve outcomes. Thus it can contribute to preventing the reduction of practice to 'a routinized set of tasks which will become increasingly detached from changing needs and circumstances' (p 187).

In addition, the connection between social work research and practice means that the ethical considerations underlying social work research studies should also be consistent with broader social work values. These should inform the purpose of the research, use of the data, whose interests will be served, and include service user perspectives, consideration of any unintended negative consequences, and its contribution to social work's transformatory purposes (Smith 2009). Butler's (2002) 'Code of Ethics for social work and social care research' includes the responsibility of social work researchers to act in congruence with the aims and values of social work, seeking to empower service users, promote welfare and equality, protect the vulnerable, not tolerate any discrimination, be technically competent in every respect of the design and method, recognising the limitations of their own expertise, dealing openly and fairly, respecting rights, disseminate without distortion including results which may reflect unfavourably on vested interests, and avoiding unfavourable stereotypes of service users. Social work research, McLaughlin (2012: 12) argues, 'aims not only to support practice but to transform it'.

At times I felt a tension between my moral commitment to participants, service users and the integrity of the research, as different strands that were held in an unresolvable tension. It was like peeling an onion, only with the layers deeper in

becoming bigger rather than smaller. At times it has felt difficult holding and staying within this uncertainty and unresolvability. I wondered if there was an element of mirroring the tensions felt by participants – though my experience was a faint shadow of the ethical tensions at the heart of decisions in care proceedings. There was also a link with one theme developed in the research, the association between dissonance and ethical thinking.

In response to these reflections, when writing up I worked out a balance of aiming to be fair to participants, and not being unnecessarily critical, but at the same time not leaving out points or themes that indicated aspects that could change for the benefit of service users. Similarly I included points about the organisation as relevant to the study and the benefit of practitioners and service users, but not unnecessary criticism over and above this. At all times I held to the principle that any matters that appeared directly harmful to service users or were safeguarding issues would need to be responded to; however, no such issues arose in the study. Throughout the study I believe I held to the professional and research ethics outlined earlier. In my view this was aided by my questioning reflective approach of staying within uncertainty and complexity rather than quick resolution of issues, to avoid missing relevant considerations.

5.10 Conclusion

In this chapter I have explained the epistemological and theoretical underpinnings of the research as well as the process and methods followed. I used nineteen individual interviews and two focus groups to generate the data, and have discussed the strengths and limitations of these methods, acknowledging that interviews are to an extent co-constructed by interviewer and participants.

I have briefly explored the importance of reflexivity in this study, and qualitative research in general, while recognising the danger of inflated claims to its significance in that reflexivity in itself will be constructed and necessarily limited. My approach to reflection and reflexivity involved considering and questioning what my impact may have been, as well as identifying my own responses, staying in uncertainty rather than seeking easy resolution of issues and tensions that arose in my thinking. I believe that this, together with holding an insider and outsider perspective as

mentioned earlier, has enabled me to keep being sensitive to the participants, and helped in my aim of being true to the data and giving voice to participants as far as possible, at the same time as seeing them in context. It has also contributed to my own development and learning about the research process, the embodied, relational and negotiated nature of interviewing, and my own self-knowledge. However, these reflections take time – though my learning from this experience should enable quicker progress through the research process in future. There are also emotional impacts of entering into the world of participants and their concerns and tensions that arose for me, and I have realised that it would have benefited me to build in more discussion and reflective time with others.

The research has been informed and guided to an extent by constructivist grounded theory, a method I initially chose partly for its apparent clarity and detailed guidance for the analysis process (a boon for the inexperienced researcher) but also the emphasis on generating theory that is clearly grounded in the data. I was not able to follow the approach as far as was my aim. I did follow the initial and focused coding processes, writing memos, and a constant comparative and iterative method. I attempted to follow the stages of theory construction, and realised later that it would have been more effective to persist further and in more detail with suggestions of Charmaz, in particular the use of memos. I have developed a conceptual framework, or model, from the research, though this may fall short of being ‘a theory’. In contrast with pure grounded theory I had developed my topic and research questions and reviewed literature before the data collection. I also did not carry out theoretical sampling, or systematically conduct the analysis in step with data collection, although I did reflect throughout the data collection and analysis, as indicated above, and was able to carry out some analysis on the three early interviews which did inform the later interviews. However, I recognise that the data analysis process I followed was similar to that of a more conventional thematic analysis, and while I aimed to be guided by grounded theory and was able to follow certain aspects of the method, I would conclude that in this was not a grounded theory project but was informed by aspects of the approach.

I ended the chapter by discussing ethical issues in research. These cannot be reduced to a set of rules and principles. They are inherent in the ontological and

epistemological approaches which shape the research, as well as all aspects of the methods and analysis and, in this study, the topic itself. I have been struck by the links between the research process, social work, and decision making, and the interweaving ethical and emotional dimensions within and between each of these.

The next three chapters present and discuss the findings of the study: chapter 6 considers participants' perceptions and experiences of the decision making journey; chapter 7 focuses on ethical dimensions; and chapter 8 on emotional dimensions.

6 Chapter 6. Findings (1): The Decision Journey and Landscape

6.1 Introduction

This research aims to illuminate how social workers perceive and experience the ethical and emotional dimensions of decision making in care proceedings, and how they can be supported in these processes.

The focus of this chapter is on how participants perceived and experienced the processes followed when making decisions. The making of a significant decision was not a single event, nor was reasoning a process undertaken in isolation from other processes involved in practice such as assessment, intervention, interaction and relationship building. The decision process was more like a journey, through a particular and situated organisational, legal and social landscape.

There were clear processes of framing, sense-making, reasoning and analysis, carried out both individually and with others. These will be explored first under the first main theme *Framing, sense-making and reasoning processes*. The significant decisions were always made in combination with others, and a number of social and embodied features of decision making stood out in the data, captured in the second main theme *Care proceedings decision making as a social and embodied process*. Third, the decision making processes, and the decisions themselves, were closely linked with the surrounding organisational and legal context and the interface of the courts with social work, and aspects of participants' experience of this will be analysed in *The interface of the court world and the social work world*. Ethical and emotional dimensions of these processes will also be identified, though not explored in detail as these will form the subject of the next two chapters.

Note on presentation of the findings:

Findings will be presented thematically with illustrative quotes from participants. The participants will be designated (and numbered) as either: SW, (social worker), SP (senior practitioner), TM (team manager), FG1 (Focus Group 1 – a Children in Care team, which included a range from inexperienced to very experienced practitioners) or FG2 (Focus Group 2 – the expert/experienced practitioner group).

A key to the participants can be found in Appendix 1. This also specifies the number of care proceedings each had undertaken at the time of the interview, and whether they had been qualified for 3+ or under 3 years. In the text, in order to give an indication of levels of experience of participants I quote, I will specify where a practitioner is 'exp. in care procs' (having undertaken 5-9 care proceedings), or 'v. exp. in care procs' (10+ care proceedings). Two participants came into the category of being very experienced in care proceedings but had been qualified less than three years, and I have identified these by adding 'under 3 yrs qual'

This is not a quantitative study, but in places I will indicate the number of participants associated with themes, especially where this appears relevant. Where I use the word 'several' this generally means three to five.

6.2 Framing, sense-making and reasoning processes

When asked about the decision making process, participants tended overtly to present this as one of logical thinking and argument, set within organisational structures and procedures. However, there were indications that the thinking and reasoning processes overlaid and drew from experiential and intuitive thinking, categorising and pattern recognition.

Framing and sense-making processes were involved, in which certain factors were seen as particularly relevant during the process of coming to a judgement, as outlined in chapter 2 (O'Sullivan 2011; Taylor 2017a; Helm 2017). Chapter 7 will consider some aspects of framing, such as how a situation was framed as an ethical issue or a 'difficult' decision, and the issue of how the child's needs are framed. This current section will focus on the aspects that participants raised in their conscious considerations as salient in guiding their thinking or clinching the argument as to whether or not a child should be removed from parents. Many of these also have ethical dimensions.

While harm to the child was talked about by a number of participants (see chapters 7 and 8), overall it was discussions about parents' behaviour and understanding that were marked by more clarity in relation to seeing these issues as the basis for decisions.

I have identified relevant themes in the sense-making and reasoning process as: (a) taking into account history and time to demonstrate change; (b) intervention should lead to change; (c) making sense of parents' behaviour and understanding; (d) temporal factors in the organisation and individual; (e) weighing, balancing and triangulating; and (f) using intuition and analysis.

6.2.1 Taking into account history and time to demonstrate change

Decisions about separating children from parents were often the outcome of an accumulation of evidence over time in a particular direction. A number of the cases spoken about had been known to the department on and off for a long time, some involving children coming on and off child protection plans.

in terms of the parents, that was quite a quick judgement, that the children shouldn't be in their care, cos we had quite a long history with them – I mean essentially we've been involved on and off, but largely on, with their older daughter throughout her entire life (SW7).

Historical information was generally combined with an ongoing accumulation of evidence of the same concerns continuing or new ones developing. In two cases the length of time a parent had been offered support without changing was explicitly mentioned as part of the explanation for the decision. Historical knowledge of a family and the family's response to intervention were also two frequently used elements guiding decision making in Hackett and Taylor's (2014) study.

In contrasting cases, points were made by participants about keeping an open mind in order to be fair. Fairness in providing more time for parents to demonstrate their skills and ability to change was also seen as important, illustrating that ethical principles were part of the reasoning process. There are, however, tensions in the literature between keeping an open mind and avoiding 'confirmation bias' on the one hand, and concerns on the other hand about disregarding history in 'start-again syndrome' (Brandon et al 2008) and the 'rule of optimism' (Dingwall et al 1983; Dingwall 2013) with their potential to delay decisions for children.

Two participants gave examples of arranging time for a family in a family centre to enable a more detailed assessment but also allow them a full opportunity to demonstrate their skills. In both cases the sustained time also identified the

limitations of their parenting. Time physically spent with the family, both in terms of intensive periods of time and the duration of involvement, was important in enabling a fuller and more consistent picture to emerge of whether changes could be sustained or whether 'cracks' would appear:

I've spent 4 to 5 days a week with this family since I've been here - either doing the visits, the assessments, going round to, you know, do unannounced visits and things like that, so I've spent lots of time with them. . .but then ultimately. . .as you carry on with your assessment and you're there for a long period of time, you kind of see where the cracks in the parenting are (SW6) (v. exp. in care procs/under 3 yrs qual).

In contrast, frustration was expressed by several participants that their views were discounted by courts, in favour of an independent assessment by someone who had spent a much smaller amount of time with the family and therefore would not have the same extent of knowledge. This discrepancy was also noted by participants in the study by O'Connor and Leonard (2014). Frustrations over this will be referred to again in chapter 8.

Children in Care team members in Focus Group 1 also discussed their concerns that young parents may need more 'time' than older parents, though have had less time to prove themselves – limited further by the 26 week timescale. Teenage parents were at an age when the maturing process was relatively rapid and for whom additional time might make a very significant difference:

And the other thing about the 26 weeks is if you're dealing with a very young mum, you know, 16, 17 year old, do they need one or two years to show that they're mature enough? Particularly if they're an ex-care leaver. . .one case we've had recently is that a very young mum had her baby removed – she appealed that in the High Court, and the Appeal Court have indicated that there has been some maturity and some change. And we had matched for adoption. That placement order's now been revoked, back to an ICO and we're being asked to re-assess this mother again. And there were other factors as well, but you've now got a mum who was 16-17 at the time of those care proceedings – now she's sort of 18 and yet actually she's able to present as different (Focus Group 1).

Ethical principles were again mentioned above, in that fairness to the young parent was seen as important, as was a sense of responsibility to care leavers. This example also implies the law could both constrain (through the 26 week limit) the best

interests of this mother – and by implication the child – and then uphold them through the appeals process which gave her the time she needed to change and ‘present as different’.

6.2.2 Intervention should lead to change

A point articulated a number of times in participants’ reasoning was that change had not taken place despite provision of support and intervention. In seven interviews the overwhelming level of parents’ emotional needs or difficulties was seen as a key factor, but often there seemed an underlying implication that interventions should lead to change, and the parent’s lack of engagement or response was therefore important evidence. For example, this experienced practitioner described a long list of supportive interventions that had been offered to a mother whose children had had two periods on child protection plans, and then added:

So again during that period of 10 months, again she had all the support, the Freedom programme again because she'd done it before but clearly it hadn't worked, I offered a refuge when another domestic abuse incident had taken place, she refused, she didn't accept advice around housing and moved around the children frequently, so when it came to me assessing that should this mum can't meet her children's needs and keep them safe, there was just a lot of history and a lot of evidence and a lot of stuff that we had tried to do to support her to do that and she still hadn't been able to do that, make that change (SP4).

The argument is logical and backed up by a compelling list of evidence (including comments prior to the extract). In contrast, however, a narrative approach (see chapter 3) involving a parent’s viewpoint of her difficulties could possibly result in different framing and language. Other possible perspectives are suggested by literature, for example that parents’ apparent unwillingness to change can spring from feelings of shame, ambivalence and lack of confidence (Forrester et al 2012); or that a parent might be at an early point of the ‘model of change’ which specifies the steps of building understanding and readiness to change that need to take place first (Morrison 2010). However, the decision to remove a child might be harder to justify to others if a narrative approach is used as the case would appear less clear. This may be an illustration of Urek’s (2005) ‘institutional narratives’ which come to be used where there is a need to justify certain decisions, in which language and ideas are

used which present someone as culpable/not culpable, or deserving/not deserving. This is further discussed in the next chapter.

6.2.3 Making sense of parents' choices, decisions and behaviours

Many examples given by participants in support of their decisions related to the actions of parents or family members, framed as either not meeting the child's needs, or not cooperating, manifesting 'disguised compliance', or prioritising staying with the violent/abusive partner over the child's needs.

In three cases it was framed as though the parent had made an active choice not to cooperate with the plan. In the following instance it was seen as leaving no option:

In the end it was almost not our decision, because we very much said to mum we really need you to stay in mother and baby – we want you to be with your baby so we can work with you, and if you go home we're going to have to make that decision, we're going to have to talk to a judge and talk to a court – and she said no, I do not want to stay with my baby I want to go back (SP7).

The above case, and another, where a mother leaves her baby in the placement are also discussed in the next chapter in relation to moral constructions of parents and how far they may be presented as making an active and rational choice or being a victim of circumstances, and whether notions of accountability make intervention seem more justified. The decision to separate appears more straightforward and justifiable where an element of active choice and control is implied.

In the extract below the participant found a mother's apparent decision not to parent very difficult to understand. The mother had been assessed as having the capability to parent her child adequately and was also saying she wanted to, but just did not seem to do it. The practitioner had spent a great deal of time and effort trying to understand her and was frustrated by the apparently inexplicable situation of a parent who appeared capable and wanting to keep the child but seemingly choosing not to parent – and felt this may have led to giving her more time, thus somewhat delaying the removal of the child.

you got the impression if you could work out why this mum was doing this, you could help her. . . Every social worker who came across this mum seemed to find the same thing which was she was a very likeable person, very capable

person, who just for whatever reason that we couldn't work out, would stop parenting. . .it almost became all the evidence pointed towards choosing to not parent her child – as a conscious choice rather than another factor that we can help her with, and that's the point that we said enough's enough, we've got to go to court (SP3) (exp. in care procs).

Where actions were hard to understand, or did not clearly fit with the usual 'frames' and guiding factors for assessments, this caused more thinking, questioning and emotional impact for the practitioner. Unless a parent clearly did not have capacity for particular reasons, the decision seemed more straightforward if the parent's behaviour was conceptualised as a conscious choice.

6.2.3.1 The parent's level of understanding

Whereas in some cases (such as those mentioned above) the emphasis was on the behaviour or omissions of the parent, in eight of the scenarios the emphasis was on the parent's apparent inability to understand or recognise the concerns, or the child's needs, and the need for change. In two this was associated with learning disability and in one mental health needs. In this example again the parent's approach was outside the usual parameters of professional framing:

I think the most challenging thing about this case from start to finish was that the dad didn't acknowledge any of the concerns at all - still doesn't. So you had concerns from police, from social services, from school, from health, and you'd try and have a frank discussion with him, but he just wouldn't acknowledge, so how can you work with someone to change when they don't see any of these as a concern. And we were trying to make decisions, and we were trying to work with these parents, on issues that they didn't believe were problems (SP7).

This echoes some points from Devaney's (2008) study which found many examples of parents in denial about their problems and inability to put the needs of their children before their own needs.

The level of vulnerability of a mother was also mentioned by a number of participants (seven interviews) as a consideration, in relation to needing a high level of emotional support and care, and making unwise decisions.

6.2.4 Temporal factors in the organisation and individual

6.2.4.1 *Team differences in duration of involvement with families*

In this local authority a recent reconfiguration meant there were no longer separate duty teams, and also care proceedings were initiated by workers in one team, and then passed on to a team specialising in work with children in care after all the initial assessments and paperwork had been presented and once a foster care or adoption plan was decided.

The difference between work in duty and longer-term teams was discussed in the Children in Care team in Focus Group 1, and in four individual interviews. Duty work was seen as more 'clear cut', based on quick decisions around thresholds and whether a family is able to look after or protect a child from harm. One practitioner (SP8) in a Children in Care team who had previously worked in a duty team found 'the skill set of workers is very different' and the decision making was much slower-paced than she had been used to.

The difference seemed to turn on whether the decisions were short term or long term; thus temporal factors determined the purpose and apparent clarity of the work. Social workers in initial teams would deal with an immediate situation of risk without necessarily needing to consider the added complexity of the long term impact on the child or family, whereas decisions made in the Children in Care team might have life-long implications:

I think it is because we don't just deal with here and now and pass it on. . .the decisions we make are for the rest of this child's life. Because when they're removed, that's just that moment and decisions may change and all so it hasn't been decided, but for us, we are determining the decisions for the rest of that child's life, as a child and as an adult (Focus Group 1).

So temporal factors affected how decisions were framed, and a decision framed as a short or medium term intervention to protect a child from risk carries less complexity and uncertainty than long term decision making, and may be based on a more uncluttered and static view of children as passive and in need of protection from harm. It may also be easier for workers to make a significant decision, such as a decision to remove a child from a family, if they know this may not be a decision for

life, the case will be passed to a different team, and there may be a chance later to change course following more thorough assessment and intervention.

This illustrates the findings of Menzies (1960) of the way nursing decisions and tasks in a hospital were divided up as a way of defending against anxiety about the responsibility held. In Menzies' study the nurse's relationship with the patient was seen as a core source of anxiety, and the closer the relationship the greater the impact of the anxiety, so the nursing service attempted to protect the nurse from this anxiety by splitting up her contact with patients, enabling her to avoid 'coming effectively into contact with the totality of any one patient and his illness' (p101). Psychological detachment from patients was seen as desirable, leading to student nurses being moved on frequently to discourage them from building relationships with patients, which reduces their psychological involvement and sense of responsibility (p.111). This was not the rationale for the teams' division of work in this study, but several participants in children in care teams also identified a significant difference between the nature of relationships they formed with both parents and children compared to teams with shorter term involvement, and this was associated with a feeling of responsibility to make the right decision:

What I really struggled with was thinking when these children come in 15 /20 years' time and they read all these files, are they going to agree, are they going to think we made the wrong decision. . .this is actually, you know these children's future, we've got 26 weeks, and I found that really difficult, having built a relationship with them (SP7).

As seen here, the temporal aspects of care proceedings provide a timeframe for the decision making process. As well as parents needing to show their ability to change within the required timescales, practitioners needed to complete their assessments and evidence within tight timeframes. This was also seen as an ethical issue by participants in its potential impact on the quality of decisions, and as a source of frustration and anxiety, as will be explored further in chapters 7 and 8.

6.2.4.2 Length of experience of the worker

Length of experience was associated by nine participants with increased confidence and skill in their own decision making in a variety of ways, such as in determining thresholds for intervention, or awareness of likely outcomes, knowing what evidence

was needed or what might work, and speed in coming to decisions. Several (three) mentioned that they now have more confidence in standing up for their own decision and willingness to challenge a manager's view if different, or felt more confident to determine whether or not they needed to 'unpick' something in more detail with a manager.

One practitioner could see a change in her tolerance of risk and a shift to working towards returning the child to the family:

When I first started working, I used to do a lot of adoptions, so I remember having this conversation with [an experienced worker in the team] at the end of last year and said how many adoption orders have you done and she said something like one. At that point I'd done 6 and I was almost congratulating myself, because she sends all her children home, and I used to be – how can you send all your children home? But actually, I completely see it now (SW8) (v. exp. in care procs/under 3 yrs qual).

Thus, the impact of time and experience on the worker's patterns of reasoning led to a shift in values. This could also link to the role of experience in enabling workers to work within a greater level of risk and uncertainty. It also involved the worker's sense of professional identity, changing from pride at the number of adoptions she had completed, to a different view of her role.

One participant identified that more experience would have enabled a decision to be reached more quickly to remove a child rather than continuing to work with the mother. Another used her experience to judge that a substance-using mother was more capable and less 'risky' than the management view of her. It was interesting that a number of the participants chose their first care proceedings case to talk about in the interviews. Overall in the data less experience seemed to be associated with taking longer to arrive at a conclusion, but sometimes with more discussion and questioning on the way which could lead to ethical consideration and openness to a change of route, while more experienced practitioners were able to conclude more quickly whether it was appropriate or not to persist with giving parents more opportunity. This was consistent with Whittaker's (2018) findings that greater experience was associated with more sophisticated intuitive pattern recognition and identifying key information rather than being overwhelmed by detail. In the current study, while this could close down opportunity for discussion and change of view,

experienced practitioners' thinking was also in general less risk averse in certain situations, in that they were more able to manage a higher level of risk. They also felt more able to challenge different views from managers. Other studies have also found that the length of participants' experience was important in terms of their professional identity and the development of their role, learning from experience, ability to use more advanced communication and assessment skills in complex situations, confidence to challenge decisions, resilience and the management of uncertainty and complexity (Kearns and McArdle 2012; O'Connor and Leonard 2014).

6.2.5 Weighing, balancing and triangulating

It was often seen as important to weigh up the evidence and balance different aspects, taking care to be fair and thorough. This is a conscious analytical part of the decision process (O'Sullivan 2011). Participants used the words 'weighing' and 'balancing' in relation to different people's needs and being fair to each, or choosing between different options, or considering evidence for and against it being in a child's best interests to be with this parent or carer, reflecting a 'balance-sheet' approach recommended in the *Re B-S* judgment (Masson 2014; Sloan 2015). In some cases this was described as a gradual process of gathering and reflecting on evidence, with the conclusion increasingly taking shape. In other cases the process was less straightforward and involved a difficult choice or balancing act as in the extract below (further examples of ethical dilemmas that arose will be discussed in chapter 7):

I then had to do the final evidence and support one or the other, so I had to balance the fact that they were both known drug users because the hair strand testing came back and said yes she does use cannabis, she admitted that she's an occasional cannabis user. So then I had to do this really massive balancing act between parents that used, against the option of foster care (SW8) (v. exp. in care procs/under 3 yrs qual).

Triangulating with evidence from other sources, including expert assessments, was also mentioned. This was presented as a straightforward process with the implication that the evidence concurred with or added to the practitioner's views. This seems logical, though as mentioned in chapter 2, the agreement of others does not necessarily indicate objectivity.

6.2.6 Intuition and analysis

None of the participants spontaneously raised intuition as part of the decision making process. While the sense-making and reasoning processes described above include some evidence of experiential and intuitive thinking as identified in the literature (eg Munro 2008; Hackett and Taylor 2014; Kirkman and Melrose 2014) – such as pattern recognition and heuristics – participants did not conceptualise them as involving intuitive thinking but instead presented them as part of a logical reasoning process.

When asked directly about the role of intuition and ‘gut feelings’ in decision making there was a pattern of consistent themes. Several mentioned that intuition might be used when initially looking at a referral received when on duty and having a sense of what might need to happen, and contrasted this with decision making on long term cases and care proceedings, where evidence was emphasised. Seven participants specifically spoke of gut feelings alerting them to the need to gather further evidence, for example:

I knew – intuition, I didn't have any evidence – that we had not got the full picture, and I asked if we could keep that case open. Again, I had no evidence to support that, but sometimes you meet families and you just – there's just something there, erm, so we did, we kept that open slightly longer than we should, and that's when the older child moved back and that's when things really unravelled (SP7).

A feeling of anxiety can indicate that the ‘rightness’ of the decision needs to be checked again, illustrating that anxiety can draw attention to an ethical issue, among other things:

If I start getting anxious about something I'm a pretty good judge and if I'm feeling anxious about something I think to myself there must be a reason – and so whether it's around sort of making sure the right procedures are followed or something like that or am I making the right decision, have I done everything I should be doing to make the decision? (SP3) (exp. in care procs).

There were also a number of comments that it was not possible to act on ‘gut feelings’ alone, without evidence to back them up. This could feel detrimental if the practitioner found out later that the feeling was ‘right’ and there had been a need to act. This occurs again in the next chapter when practitioners speak about having to leave children longer than they wished in unsafe situations because of insufficient

evidence.

6.2.7 Using decision making models

In the individual interviews the participants were asked whether they ever used specific decision making models (as opposed to the usual assessment frameworks and report templates). None systematically followed decision models, but many mentioned applying particular theoretical frameworks or approaches, drawing on theories, textbooks and research, adapting lists or types of questions, and using threshold statements, wellbeing scales and questionnaires and tools for direct work. The courts were seen as favouring PAMS (Parent Assessment Manual Software) assessments. However, most mentioned was 'Signs of Safety' (Turnell & Edwards 1999), which was brought up in Focus Group 1 and six individual interviews as a useful practice framework. It was seen as making a clear difference to the way they worked with families, partly because it involved a partnership approach and parents' responsibility in identifying how they would keep their children safe, but also because it was changing the practitioners' approach to thinking about a case. This will be discussed further below.

6.2.8 Conclusion to 6.2

The data considered in this chapter so far show that participants were using a combination of intuitive and analytical processes in coming to judgements and decisions. This is consistent with the findings of Hackett and Taylor (2014) and Saltiel (2016), and broadly reflects Whittaker's (2014) findings of the way practitioners generated intuitive judgements, drawing from previous experience, through pattern recognition and story building.

As discussed in chapter 2, heuristics are important where time is limited, but are also subject to limitations and potential bias and impact from emotion and personal values (Munro 2008; Kirkman & Melrose 2014; Taylor 2017a, 2017b). Analytical processes may tend to be used reactively to evaluate intuitive judgements that have already been made (Haidt 2001; Kahneman 2011; Whittaker 2014). One point of note is that participants in the current study tended to talk about decision making as a logical evidence-based process. Unlike the studies mentioned above, this study focuses on care proceedings decision making, which by nature will involve more time

and analysis than initial child protection decisions. However, participants did not explicitly identify the role of intuitive dimensions such as pattern recognition and heuristics, or the assumptions that underlie rules of thumb about parents' ability to change through time and interventions. Such approaches are effective in making decisions manageable in complex and uncertain situations (Broadhurst et al 2010a; Platt and Turney 2014) but as Saltiel (2016) points out, are not represented in official accounts of social work. This is a relevant issue, as recognising the limitations of intuitive and experiential reasoning and making these processes and their underlying assumptions explicit and open to question, would help guard against the negative aspects of intuitive thinking, heuristics and assumptions. Emotion also was not seen as a part of the decision making process, except for what were seen as 'gut feelings', where there was an assumption that rational thinking could be relied on to check or overrule these.

Practitioners' framing, sense-making and reasoning processes were complex and also influenced by organisational and situational elements and ethical principles. These findings illustrate the differences between 'map reading' and 'way finding', as represented by Ferguson (2011: 210 – drawing on other literature): '[m]ap reading involves moving across a surface as imagined from above and written down, while way finding is to move *within* a world of constant engagement and readjustment in relation to the environment'. For practitioners in the study this 'way finding' was also a social and embodied process, aspects of which will be considered in the next section.

6.3 Care proceedings decision making as a social and embodied process

6.3.1 Sharing the decision

Major decisions were never made alone. Clear organisational processes existed for sharing these decisions with managers and senior managers. However, there appeared some ambiguity regarding the level of discretion experienced by practitioners.

When asked how they came to their decision a number of participants initially focused on describing the organisational processes they needed to go through, such as the social worker's assessment and recommendation, consultation with and

agreement by a manager, legal or other planning meetings, attendance at panels and gaining the agreement of a service manager and assistant director. Family Group Conferences may also be involved, and getting a 'Best Interests' decision from the area director for an adoption plan. These were generally presented as a series of steps in a set order, each to be negotiated before progress to the next. Thus the processes and criteria provided the framework for these decisions. In some cases the organisational process itself was influential in determining the course of the decision, for example in setting or limiting the options and available outcomes.

The process involved scrutiny of the evidence at each stage, ensuring that the evidence is adequate and also helps confirm the decision for the social worker. Legal advice was also an important part of the process, determining whether the threshold criteria had been met. Expectations from courts regarding the evidence (known for example from previous outcomes) also contributed to shaping the process of coming to the recommendation. Legal advice was influenced by whether or not the case would be successful in court in being deemed to meet the threshold criteria, as discussed later regarding working 'in the shadow of the law' (Masson 2017).

It appeared important that the decision was shared among a number of people:

Over time I've learned more that actually to not take this on as much as this is my decision, because it's not – and we all own it as a local authority and it's based upon more than just my say (SP10) (exp. in care procs).

Before care proceedings could be initiated, or a cost over a certain level incurred, it was necessary to convince a panel of senior managers that the cost was justifiable. Going to Panel was seen as a significant event. It was seen as a hurdle – to 'get it past Panel' (SW4) – and 'terrifying' (SW8) and 'you can get 'ripped to shreds in there' (SW4).

Although the organisational processes shaped and provided a set framework for decision making, the individual social workers viewed themselves as having at least a significant role in the decision, in the sense of coming to the conclusions that formed the basis of organisational decisions, as reflected in the 'weighing, balancing and triangulating' section above. No comments were made that indicated an explicit aim to push responsibility upwards as featured in studies of Menzies' (1960) or Whittaker (2011), though this could be related to the current study being based on

retrospective interviews rather than observations. Supervision (both planned and ad hoc), however, was talked about as important in providing support and guidance as well as checking out thoughts and ideas:

I had fairly regular supervision while I was undertaking the assessment, so there were opportunities to sort of dissect the case if you like and what was going on, sort of question whether the ideas and sorts of evaluations I was making were the right ones and for the right reasons (SP2).

This and other comments from participants also imply a concern with ethical principles – making the ‘right’ evaluations, for the ‘right’ reasons, and being ‘fair, and that supervision was being actively used by the social worker to question and be sure the fair or right decision was being made.

Participants also supplemented supervision with input from more experienced workers in the team, for example to ‘run ideas through with them’ or ‘talk to senior practitioners about their experience’ (SW2). Support from supervision and team colleagues will also be discussed in chapter 8 in relation to managing the emotional aspects of the work.

6.3.2 Taking the lead

The level of discretion or consultation individual workers felt they had, or needed, varied in terms of their experience and seniority. Several comments were made to the effect that a newly qualified or less experienced worker would need more regular consultations than an experienced one. This senior practitioner said:

For the bigger decisions around issuing proceedings I had to have a discussion with the service manager about that, but that was more me leading that in terms of the decision and wanting a certain outcome and just having to get their approval. . . I think for more experienced workers we're just kind of left to make decisions and if there's an issue to kind of raise it with the manager or have some sort of ad hoc supervision if we feel that we need it – I haven't felt that that I have in this instance, I've just updated my managers around what's happening if there's any significant concerns (SP8).

She sees herself as taking the lead and shaping the decision, just needing agreement from the service manager – a combination of having a significant level of power and

control at the same time as not having this in terms of the final decision. It was seen as her responsibility to raise issues or ask for ad hoc supervision if needed.

So the process and framework for decision making both provided safety but also created anxiety (conveyed by other practitioners rather than this one, for example around the panel process experienced as a scrutiny of them as much as the evidence), and represented both having, and not having, power and autonomy. This tension is seen again in chapter 8 when practitioners felt highly responsible for the decision but also at times powerless.

6.3.3 Becoming unstuck or changing perception through discussion

Many comments indicated that, in general, discussion with others was an important part of the process of coming to judgements and decisions. This accords with Helm's (2016; 2017) study which demonstrates the importance of practitioners' communication and interactions with colleagues and establishing shared understandings in the process of 'sense-making'.

One aspect raised was that discussion or supervision could also challenge a participant's viewpoint and lead to a different view. For the following participant, analysis of a situation was facilitated by an alternating process of drafting and consulting, which also led to a change in her view:

I had a viability assessment on another case that I was doing and I was really stuck with what my recommendation or outcome would be, and actually writing it and then giving it to my manager and then talking about it, going away and then amending some more bits and then going and speaking to her again about it I actually came to a different conclusion than I had when I first began my assessment because as I went through it and analysed the information more it changed things (SP4).

Informal discussions with team colleagues were also valued as helping to clarify thoughts:

Sometimes you just need a colleague to sit down and actually ask you the right questions and you think yeah I did know that, it's just lost (SP10) (exp. in care procs).

. . .to get another worker's kind of perspective because it's easy I think to become a bit kind of erm living in a bubble sometimes, when you're working

with a family and you've got a case that's particularly complex – you might have a certain viewpoint and it's quite nice to hear another worker's view really that can be objective (SP8).

The value of co-working, which also arose in Ruch's (2014) study, was discussed in Focus Group 1 and mentioned in five individual interviews. For example:

When I went out with [colleague] the other day, and just coming out and having that discussion with her after, she you know could point out things that I hadn't picked up on. . .really just opened my eyes up a bit more. . .and even maybe have people challenge you as well. . .People not agreeing with you, I think sometimes that's a healthy thing (Focus Group 1).

Whittaker's (2014) study also found supervision and peer discussion was important in providing 'a second pair of eyes'.

Four participants spoke of the value of structured team discussion to assist them to understand or become unstuck with a difficult case. The Signs of Safety model had also recently been introduced in the local authority and was referred to a number of times by different participants as helping them see things differently, as indicated earlier. Here the model was used as part of team discussion:

There's some cases where you get a little bit stuck or you may have a particular view and you're going to make a decision. Every week we have a . . .meeting where we sit as a team and we talk about a case picked by us social workers and a case picked by a manager, and just quickly summarise the case, what's going on at the moment, what we feel we're stuck on, what we need help with, and sometimes doing that and looking at what you're worried about, what are complicating factors, what are strengths, and what you feel the next steps are (SP4).

Another practitioner referred to Signs of Safety as 'changing the way that we think' and also changing practice, as it was leading to children returning home and cases being closed or stepped down, such as in the following instance:

We sat down – myself the social worker and my manager – and we used the Signs of Safety and we were actually able to change our view, and we then said that we could do a rehabilitation plan (Focus Group 1).

It seemed that the application of a model such as Signs of Safety was leading to changes of direction, with the outcome that more children were remaining with or being reunited with their families. Developments in case law and court practice were

having a similar effect as will be seen later in this chapter, although some unhelpful aspects of these were identified by participants. This illustrates how judgements and decisions are delimited not only by individuals' 'bounded rationality' but also the culture, ideology and processes of their organisations. Judgements are assumed to be evidence-based and as objective as it is possible to be, until the guiding assumptions are challenged by the imposition of a different model such as Signs of Safety.

Another consideration is that taking time to have the discussion could lead to an ultimate saving of time, if situations improve and cases are 'stepped down'. Taylor and White (2006: 946), drawing on Eraut (1994), write that 'the pressure to 'handle cases quickly and efficiently' may predispose social workers to use formal knowledge in a way that shores up their 'anchor hypothesis' when we may want to encourage them to use theory or research findings to shake up or destabilize precipitously formed judgements'. In this case, spending time discussing cases with a model such as Signs of Safety enabled judgements to be 'shaken up'.

There was also recognition that in the structured group discussions it was helpful to have a variety of viewpoints represented. One participant mentioned that in the team 'we've got a good skill mix which is really helpful' (SP10). The contribution of unqualified staff who might have a high level of contact with families was recognised by a team manager, again reiterating the the impact of encountering a different perspective:

I tell you who really do shine in those meetings is our family support workers – they just chip in little nuggets of like really sort of good reflection, or come from a different perspective, can have some really great point to make, and it just helps clear our thinking about particular cases (TM1) (v. exp. in care procs).

The above points highlight the benefit of discussion with others in seeing a case more clearly, or differently, and the idea that a new way of thinking can be generated by discussion with others, especially through the application of a model such as Signs of Safety. The value of discussion involving hearing other people's perspectives (whether gained through joint working, or informal or structured discussions with colleagues) in enabling the individual to see things differently, or more clearly, is significant in a number of ways. As well as providing new ideas and ways of seeing a situation, other participants in a discussion can also act as 'critical mirrors' for each

other, enabling the other to become aware of their own assumptions, in comparison with how difficult it is for individuals to become aware of their own assumptions without the help of others (Brookfield and Preskill 2005). The act of talking itself also enables people to come to know themselves and achieve a greater sense of personal agency, as people define themselves and make sense of themselves and their experiences through language, interaction and negotiation with others (Parton 2003). Denzin (1997: 5) also observes that '[l]anguage and speech do not mirror experience: they create experience and in the process of creation constantly transform and defer that which is being described'. Conversation and language have a key role in moving people to change and to act (Parton 2003).

The importance of face to face communication in social workers' sense-making is also noted by Platt and Turney (2014) and Saltiel (2016) in relation to threshold decision making, and Helm (2017) who points out that discussions enable tacit knowledge to be made explicit, and hypothesises 'created and tested, and where curiosity and methodical doubt can be brought together'(p393-4). Discussion, then, is clearly significant, not only in sense-making, but also in enabling challenge and changes of perspective, and learning and constructing identity.

6.3.4 Impact of interactional and embodied processes in working with families

As well as interaction with colleagues, aspects of interaction with families were associated with coming to judgements. This section will consider participants' reactions to the physical environments or appearances of children and families, as well as a focus on the embodied, interactional and relational nature of social work, doing direct work, home visits, meetings, and the ways in which interactions and building relationships over time with individuals could also change perceptions of them. First, I explore the role of 'pivotal moments' involving embodied encounters with children or family members.

6.3.4.1 *Feeling sure and pivotal moments*

In the pilot study it was striking that there seemed to be pivotal moments for participants during the decision making process which helped them feel more sure, or alerted them to important considerations. I thought it would be useful to explore the nature of these further, so in the individual interviews that followed I added to

my question about what made them feel sure this was the right decision, asking additionally if there were any moments they could point to. All the participants responded with a description of a significant moment. These instances were not described as pivotal in the reasoning leading to the decision, which was presented as a more rational process. It was more that these moments helped the participant to feel sure they were making the right decision, or in some cases changed a perception or provided the final impetus for action. Some of the examples below were in answer to the question I asked, and some were mentioned at other times in the interview.

Several of these pivotal moments related to seeing a change in a child or children, for example:

because it was neglect and abuse and it was so chronic, the change in those children was so significant – so quickly – that we knew it was the right decision (SP7).

seeing the girls and working with the girls did give me a lot of joy – to see kind of the progression, but you know, the eldest being very proud when she got a good report in her school, you know, I think it's that that kind of helps you – about making the right decision (SP10) (exp. in care procs).

In some cases the actions of the parent created a significant moment and, in this case, the impact on the child as well:

when she let the father into the home and left him with the children, and lied, to me and other professionals about actually happened and then when I saw her children, and one of them was shaking and crying whilst he was telling me what happened and how he felt – that's when I knew that was the right plan for them (SP4).

Or the parents' level of understanding and ability to understand the child's needs:

The thing that made me think this is definitely right for this child, er is hearing both parents give evidence on the stand, and kind of looking at their insight into how their behaviour could potentially harm their child – or being able to identify how actually they weren't able to acknowledge any risks, not only from themselves but from their social network. That definitely made me recognise that the right decision had been reached. . . So having all the information that I could gather allowed me to reach that decision, but then observing parents within the final hearing process sort of cemented that view (SW2).

This is only a selection. All but one of the pivotal moments described in the interviews involved personal and embodied observation or interaction with a family member or child, and an element of emotion. They were not presented as part of the reasoning process for the decision itself, but may be seen as consistent with literature reviewed in the previous chapters about the role of emotion in decision making, such as views of Pfister and Bohm (2008) of how emotions function to enable people to come to decisions and stay committed. Also relevant are Haidt's (2001) views that reasoning follows moral judgement and is used to confirm it, and that emotion is part of both the initial intuitive judgement and the post-hoc reasoning process. In stages 3 and 4 of his model (the reasoned persuasion link and the social persuasion link) it is the affective responses triggered in individuals, often linked with visual imagery, that persuades them of the rightness of their initial judgement.

Many of these pivotal moments, involving concern about a parent's understanding of a problem or ability to keep the child safe and prioritise their needs, or joy at seeing the positive change in a child, could also be seen as linking to an ethics of care in focusing on the caring relationships and care of the child (see section 3.2.12). These moments and their impact are intimately related to the embodied nature of social work. In contrast, in the court arena, unless the parents or family members give evidence, these embodied moments will not occur, and written evidence is key.

6.3.4.2 Home conditions and physical appearances:

Ferguson (2011) describes intimate child protection practice as a 'a deeply bodily experience in which all the senses – sight, smell, touch, hearing – are used' (p16), and argues the importance of practitioners recognising the impact of these aspects on themselves, including the impact of disgust and fear of contamination, but also that practitioners feel discomfort about acknowledging this. In the interviews the home conditions were only rarely mentioned initially as key considerations in coming to the decision, and in some cases arose in response to my direct question about the impact of home conditions and physical appearances.

Some vivid physical descriptions were given to illustrate points of concern. One participant stated that she would 'never forget reading that within the house a dog ate another dog – like a different breed. . . I can't let go of that – it's massive' (SW6).

Another described how a 'little girl took a biscuit out of a dirty nappy on the table when I was there' (SP1). Generally the descriptions were linked to concerns about the parent's lack of awareness or understanding of the impact of them:

when you walk up the path you can smell the house, when the windows are open it does smell really strongly, and it's not clean. . .If you turned up unannounced it would be worse than if it was announced, but I think their threshold for what was clean and tidy you know I could stand there and be almost not able to breathe, and dad wouldn't see a problem with that (SP7).

. . .dog faeces, then the toilet's overflowing and all the beds are jagged on the edges, you know – there's no thought about that for a toddler (SW6) (v. exp. in care procs/under 3 yrs qual).

However, in this case of emotional neglect involving a five year old child the house was very clean:

The house was so so clean. . .So clean you could eat off the floor it was that clean. It was one of the cleanest houses I've been to. . .[the child's] room was the only room where her clothes were in bin bags or on the floor. She had no cupboards in which to put her clothes in, erm mother's idea was that she was treated more like a mate or a lodger than her daughter. Mother's room was very beautifully furnished. . . [the child] didn't like the fact she had to root through bin bags to get her clothes out. So that formed part of the neglect. I had to write where her clothes positioned in her room in black sacks. . .The house was immaculately clean and tidy but not [the child's] bedroom. She was expected to clean it (SW5).

Aspects of the physical appearance of the person were also sometimes striking, for example:

I could see that she was using something – her eyes were not quite right. I looked in the bins and then she broke down, and admitted it straight away (SP6) (exp. in care procs).

In one case the practitioner's observation of the appearance of one child in the family in comparison to his siblings was pivotal in leading to a safeguarding intervention as it transpired that this child was receiving a different level of care from his siblings:

He just looked like a lost little soul. . .really tiny for his age. But then the difficulty is that no other health professionals had ever raised that as an issue or a concern. . .I kind of like challenged the health visitor on it a number of times and saying you know I think we do need further assessment because I'm not happy with what you're saying. . . He was very small in comparison

because mum and dad are very tall actually, and the older one's quite tall (SW3).

In a sense this child had been 'invisible', not 'held in mind' by his parents or other professionals, rather like one of the children described by Ferguson (2017) who was treated differently to her sibling, although in SW3's case she as the social worker was able to 'see' him. Even then, however, she had to keep challenging for a further assessment. Later on she described him as 'thriving in foster care, absolutely grew, put on weight, completely changed little boy really'.

6.3.4.3 *Relating to children*

As discussed in earlier chapters, relationships are central to social work (eg Ruch et al 2010; Ingram 2015a). In the interviews there was a great deal of talk about the lived experiences of relating to the children and adults in the families, building relationships, spending time visiting and doing direct work. I have included this section as part of the theme of *Care proceedings decision making as a social and embodied process* to illustrate the importance in the data of time spent in relationships and embodied interaction with families as a background to, and influence on, decision making.

High importance was given to the relationship with the child, and it was clear that it also took time and effort to build these relationships and establish trust with children. Participants expressed concerns about the impact on the child of transferring cases to another team at a time of significant changes for the child, for example:

The girls had had a relationship with the previous social worker for 3 years. The first time they met me she sat with her piece of paper in front of her face because she didn't want to tell her story to another (SW8) (v. exp. in care procs/under 3 yrs qual).

There was also a feeling of loss for the transferring social worker, who might remain concerned about the wellbeing and future outcome for the child. Cases might also be transferred once the proceedings were concluded, to enable an experienced social worker to take on another care proceedings case, and one senior practitioner (SP10) explained that she had negotiated to keep the case after the proceedings had finished because of her concern about the impact on the girls she was working with.

For social workers to gain a rich insight into a child's world it is necessary to spend time building up trust and relationship with the child (Tait and Wasu 2012), tune in to the child's world (Woodcock Ross 2016), and be emotionally available (Lefevre 2010). There was evidence of these aspects in the interview data. Some of the participants talked in rich and vivid detail about their interactions and relationships with the children, all of which helped build a picture of their needs and create windows into their lived experience.

For example this participant provided a rich picture of the changes in the children she was working with after they had been in a foster placement for a while:

it was the best anyone had ever seen them really. . . I remember the first time I met them and I went into the living room and I literally had all of them on top of me, and I'd never seen these children before and they had their arms around me hugging me trying to kiss me, and I remember being really like just it was almost overwhelming because I'd never seen children that young be so sort of attached to someone they'd never met before, and towards the end of our involvement when I went to go and see them, you know they came to greet me but they weren't obsessive about me, they saw me as someone they knew and they were happy to see me and they stayed near their carer which I hadn't seen them do that before with their grandparents or with their mum (SP5).

The social worker working with the five-year-old girl quoted above in 6.3.4.2 described that once when taking child and mother to the school she held the child's hand when crossing the road. The child then said her mother never held her hand crossing a road because it was 'babyish':

But when she said it was babyish and walking into school she said to me '[name] can we walk very very slowly into school, because she said 'I just want to feel your skin on my hands because I love holding hands'. . . and whenever we met after that I always made a point of always holding out my hand to her if she wanted to, to let her to take it if she wanted to, but I just always went like that to her – whether that was right or wrong I don't know but I always did that – but from then on she always grabbed my hand but really held it tightly so tightly I could always see the white of her hands that clenched mine (SW5).

However, a challenge for this social worker was then to present the child and her situation 'on paper' for the court:

describing this little girls' life in words enough to get an interim care order and to portray her world succinctly and as the court want it, so succinctly now that it's putting her world on a piece of paper that'll be read, that will do justice to. . .what this little girl's life is for her every day, and what it means for her. But how *she* experiences it, and that is very very difficult to put down in words (SW5).

6.3.5 Changing perceptions: 'you can read on paper but it's not who they really are'

The previous extract showed how difficult it was to translate embodied, interactional knowing of a person into 'a piece of paper'. Correspondingly, participants also gave examples of the limits of written accounts in conveying what a person was really like, illustrating the difference between reading about families and actually knowing them through embodied interaction. One manager talked about how it helped to meet families:

It always helps to put a face to a name. I might read reams of paper and assessments and case notes about families and I might talk to social workers in supervision about families. . .but it's always good to meet them, and. . .it really does help me think about them, as not a case, as a person with needs (TM1) (v. exp. in care procs).

Sometimes interaction over time and building a relationship led to a *change* in perception, for example from a negative to a positive view:

What I knew of him was through paperwork, was through previous evidence, I knew that he'd been a drug user, I knew that he had been a drug dealer in the past. So my opinion of him was very low, and I was not in favour of the girls going with him one bit. However, when the order was made I very quickly had to build a relationship with him. . .I've got to know him better and I've come to know his character and a little bit more about what he thinks is important, and I've seen how he – how he is around the girls, and actually my view has changed of him (SW8) (v. exp. in care procs/under 3 yrs qual).

Later she expressed it succinctly:

But you know there's so much history and so much knowledge that you have to get, and nothing replaces the knowledge that you have of actually physically working with these families. You can read on paper but it's not who they really are (SW8) (v. exp. in care procs/under 3 yrs qual).

This is similar to a point in Whittaker's (2014) study in which participants spoke of a

difference between ‘paper versus flesh and blood families’.

This section on *Care proceedings decision making as a social and embodied process* has highlighted the importance to practitioners of discussion with colleagues and also of the embodied interactions and relationships with the children and families they worked with. Examples have been given of how both of these areas not only contributed to the process of coming to judgements and decisions, but could also lead to changed perceptions and new directions. They illustrate that decision making and reasoning processes in care proceedings cannot be isolated as objective, cognitive and unbiased thinking processes, detached from the embodied, interactional, uncertain and ‘messy’ world of social work practice.

6.4 The interface of the court world and the social work world

In contrast, there was a sense that going to court for practitioners meant stepping into a different world. But this world, and its corresponding ‘worldview’ also exerted an influence that extended back into the everyday practice of the social workers, not only in timescales and processes imposed by the Public Law Outline (PLO), but also through the pressures of contrasting ideologies, principles and views of evidence.

Some of the pressures, frustrations and ethical tensions that arose for participants through contact with the courts will be discussed in the next two chapters. The current chapter will focus on three themes relevant to the journey and landscape of the decision making process: losing control; shifting paradigms; and the nature of evidence.

6.4.1 Losing control

6.4.1.1 The power of timescales

Participants experienced the PLO and 26-week court timetable as structuring their work to some extent, in combination with internal planning and approval processes.

it had to be um kind of guided by the court timetables to be honest – we had to have reached a certain decision and within that decision there’s a huge amount of paperwork, and internal processes that need to be met by different timescales in order to apply for the placement order. . .So I know if I’m going to proceed with that option, I need to have my evidence finished

and sort of signed off and sent over by this date, for that to be agreed or heard at panel by this date. So there is a huge amount of pressure in terms of the options available to you (SW2).

However, delays could be caused by additional family members 'popping up' towards the end of proceedings that the judge wanted assessed, particularly after the Re B-S judgment. Frustration was also expressed that the local authority might have worked hard to be ready but delay was then caused beyond the 26 weeks by the court not having space, or adjourning hearings to make decisions about finances such as payments for the Guardian. In one case (the child of short stature above) a delay was caused by the judge not wanting to pass the case over to anybody else 'because it was such an interesting kind of case' (SW3).

6.4.1.2 An alien world: 'it's all about the lawyers', and 'are we allowed to talk to each other?'

There was also a sense that social workers, who may have been working intimately with a case for some time, suddenly lost control to lawyers and mysterious processes taking place behind closed doors. One described it as 'so far removed from everything to that point' (SP3). A feeling of powerlessness was conveyed at the way a carefully thought out plan based on intimate involvement with a case over a period of time could be challenged by lawyers, the judge, or the Guardian who may not know the children but whose views are valued above those of the social worker. This paradox that in order to gain control over the case (through gaining a care order), the social worker has to experience a loss of control is noted by Dickens (2006). Social workers' assessments, plans, and all their work completed so far became subjected to scrutiny and challenge.

you have the lawyers talking to each other in rooms, and you don't know quite what's going on, and. . . families don't know what's going on either. And I've been in a position of sitting outside a court room chatting to the grandmother and she said, oh are we allowed to talk to each other – we're on different sides. And I said well yes this is OK. But you know, I think it's the adversarial bit of it, with people being sort of put on different sides but then not having any power over it, because, you know, it's all about the lawyers (SP1).

As Wellbourne (2016) points out, many issues are decided in informal negotiations by

advocates in meeting rooms rather than in court. The content of these discussions and how interests and views of children or parents are represented may be unknown.

The family member above asking 'are we allowed to talk to each other?' illustrates not only the incomprehensibility of court processes to families, but also the shift to an adversarial stance from the expectation of a collaborative working relationship with family members, a tension also identified by Beckett et al (2007) and Burns et al (2018). Other participants (four interviews) also mentioned the discomfort where the focus of the work shifted completely from keeping the family together to seeking to remove the child:

when it goes into court sometimes it feels a bit, you know, you versus them, and it becomes a bit of a battlefield sometimes I think when it gets into court, which is hard you know. When it's on a child in need level or child protection level you're doing as much as you can to keep that family together, so you're trying to support them as much as possible, but in care proceedings the dynamics seem to change (SP5).

Concern was also expressed about the obscurity of the language of court evidence which might be outside the comprehension of some family members:

another thing that I sometimes struggle with – we write court proceedings in this way that a family member probably wouldn't even understand, and that annoys me. . . They have to be formal but. . . a lot of the families we work with might not have brilliant reading and writing. They need help even with standard letters, and then we're giving a 30-page parenting risk assessment which is all full of jargon and complex language and they just have no hope really do they (SP5).

The game-like nature of court processes is referred to by social workers in the study by Beckett et al (2007), with its features of being an adversarial contest, trading deals and fighting for the adults rather than the needs of the child. In the current study the idea of a game was not explicitly stated, but the same sense was conveyed of this being a contest belonging to the lawyers who would be sparring over the needs of the adults, and with its own complex set of rules that needed to be learned. With experience, however, court work could be interesting and become the best part of the work. One of the practitioners in the experienced focus group stated that the court work was her favourite part of the job. This again reflects a view expressed in Beckett et al's study that court could be exciting.

There was consensus that the Guardian's view was clearly prioritised in the courts (again this is consistent with social workers in the study by Beckett et al (2007). However, two participants found the Guardian's opposition to the original plan to lead to a positive change of plan.

Sometimes it felt as if the pre-proceedings process 'stood for nothing' as work was repeated – echoing one of the points arising in research about the pre-proceedings process by Dickens and Masson (2016). There were many references in the interviews to participants feeling criticised, not listened to, and generally treated very differently to the Guardian, or other professionals. In many instances these issues led to a great deal of frustration, and will be considered in more detail in chapter 8.

6.4.2 Shifting paradigms and 'working in the shadow of the law'

In some ways an ideological gulf appeared to be opening up between local authority children's services and the approach of the courts in the wake of the 2013 landmark judgments of Re B and Re B-S, in relation to how children's best interests were perceived. Two participants spoke of Re B-S changing the practice and outcomes of courts. There were references to children being 'sent home' at final hearings, with an increasing instance of no order being made at the final hearing. One significant development mentioned in both focus groups and ten individual interviews was the increase and change in use of Special Guardianship Orders to keep the child within the extended family, consistent with the national picture (DfE 2015; Masson 2017). It also seemed that case-holding social workers and Guardians were looking for a different level of care, and this is explored in the next chapter.

The fall-out from the judgements was also resulting in additional work:

We got to a point some time ago where we found that every placement order was being appealed. And so the judges tightened up their judgements, and in so doing they required from us more assessments and more types of evidence, so it had a knock on effect (SP10) (exp. in care procs).

In her article about Re: B and Re: B-S as 'disruptive judgments', Masson (2017: 416) refers to the phrase 'bargaining in the shadow of the law' originally used by Mnookin and Kornhauser (1979) to refer to the way lawyers' negotiations were shaped by what they expected the courts to decide. Masson points out the declining number of

placement orders nationally has been partly due to judges being more reluctant to make orders, but has also been a result of fewer applications being made by local authorities, with local authority lawyers advising against applications for care or placement orders where evidence was thought to be insufficient. A number of comments by participants were consistent with the idea that these judgments were having an impact on practice, planning, assessments of family members and options being considered, so to some extent their practice could be seen as working 'in the shadow of the law'.

6.4.3 Priorities of evidence, and getting 'drowned in paperwork'

Preparing the written evidence was discussed in both focus groups and cited in ten of the individual interviews as one of the greatest challenges of court work, in terms of both the volume and the nature of it, as well as needing to capture 'the child's world on a piece of paper' as mentioned earlier. Participants spoke of pressures of being expected to write high quality statements as quickly as possible.

There also appeared to be a clear difference between social workers and the courts as to what should count as salient in evidencing significant harm to a child. The courts were focused on incidents and measurable evidence, and appeared not to share social workers' concern about the level and nature of care received by the child. These differences reflect a tension between a positivistic and a more relational orientation to knowledge, as well as to what was seen as an important indicator of harm. There were a number of comments about the difficulty in convincing a court of the impact of neglect and the need for an incident, or that they would never get an order because 'nothing had happened'.

it feels like if there's no disclosure by a child, or if there's not one massive significant event, it's really difficult for – to get that point across in the court arena, about the longstanding effects on these children (SW6) (v. exp. in care procs/under 3 yrs qual).

But what my hardest challenge was, was doing my statement for court, in proving emotional abuse – proving that in court. I've had another case where a mother as a heroin addict has dropped her newborn baby on the floor in the hospital – that was relatively easy (SW5).

Also identified was the courts' increasing interest in PAMS assessments as apparently a more objective and thorough way of measuring parenting ability. Examples were given of practitioners requesting internal funding for a PAMS assessment and being turned down by the internal local authority funding Panel, to then go to court and be instructed to provide one and be questioned about why one had not been completed at the pre-proceedings stage. Two different practitioners spoke of coming up with their own version of a PAMS-like assessment before a case went to court, in order to pre-empt this situation.

In addition, five practitioners specifically expressed concern that the amount of paperwork reduced the time they had to work directly with the children and their families involved or others in their caseload, one (SP8) describing this as 'sadly we do just get drowned in paperwork'. Anxieties about this aspect will be considered further in chapter 8.

Thus the shadow of the courts extends over practice, imposing timescales and paperwork, shaping the plans and outcomes sought, and even influencing how social workers spend their time with other families not in proceedings. Once in court the case is removed from the embodied, emotional and relational realities of work with persons, where work may focus on trying to help a parent understand and change, and becomes a static contest of points to be won through the quality of written evidence and argument.

6.5 Conclusion

Participants presented coming to decisions as a cognitive process based on evidence and analysis, set within and guided by the organisational and court contexts, although, like participants in studies by Hackett and Taylor (2014) and Whittaker (2014) their sense-making and reasoning processes included some features of pattern recognition and story building associated with intuition and experience as well as weighing, balancing and triangulating. Emotion was not viewed as part of the reasoning process except for 'gut feelings' which could alert to an issue that needed to be checked through gaining further evidence.

The process of making judgements and decisions was also a social and embodied one, involving discussion with colleagues, as well as embodied interactions and

relationships with children and their families. These included emotional dimensions, and could make a difference to perceptions and the outcomes of assessments or help the practitioners to feel sure they were making the right decision.

The context of care proceedings and the courts also had significant impacts on practitioners, leading to practice in some ways being carried out 'in the shadow' of the courts. A sense was conveyed that going to court was in some ways like stepping into a different world – a world with a powerful impact on practitioners' emotions, as well as their thinking and practice.

Although I have not yet presented data specifically focused on ethical and emotional dimensions in this chapter, there have already been indications of their part and interplay in the practitioners' perceptions and experiences of the decision making processes. The next chapter will focus in more depth on themes arising in relation to the ethical dimensions of coming to these decisions, and further links between ethical thinking and action and emotion will also take shape.

7 Chapter 7. Findings (2): Ethical Dimensions

7.1 Introduction

In the previous chapter a number of themes and patterns were discernible in the data, in particular relating to: significant factors in framing, sense-making and thinking processes during decision making; the embodied and interactional nature of social work and its role in decision making; the importance of discussion; and the impact of the courts on the practice of social workers. Some elements of ethical thinking and emotions were evident in participants' talk about the decision making processes. The current chapter further illuminates the relationship between ethical thinking, emotion and decision making.

This chapter focuses on the ethical dimensions that featured in participants' answers. Some of these were directly identified by participants in response to a question about what ethical dimensions did they see in the case, and some themes and ideas arose from what they said elsewhere in the interview.

As discussed in the literature review, ethics and values are difficult to delineate, and also permeate all aspects of practice and policy. When reading the data it is in some ways harder to decide what is not an ethical dimension. As suggested by Banks and Williams (2005) and mentioned earlier in 3.3, ethical dimensions can be seen as encompassing ethical issues, tensions and dilemmas. I am also including the role of ethical principles, expectations, theories and perspectives as they operate in practice, and the impact of the many macro and micro constructions that have an influence in social work decisions and practice with families in this area of work.

It was not one of my aims to study specifically which ethical theories and approaches were used by the participants; however, elements of many of these were apparent in the data and will be commented on in places in this chapter.

Because there are so many, and in some ways quite disparate (though often intersecting) themes arising from the data, ordering and organising them has been complex. The order I have chosen roughly corresponds to the Values and Ethical Principles section in the BASW (2014) Code of Ethics (interpreted broadly), namely

Human Rights, Social Justice and Professional Integrity, with the addition of a section on the Ethics of Care.

7.2 Rights

Many comments were made by participants which related to a concern with the rights of either child or parent, and in some cases linking to tensions between these. The tensions between Fox Harding's (1997) four main child care policy perspectives (see 2.2.2) are at times discernible in the data, either as implicit in the broader context of the work or taking shape more obviously within viewpoints expressed by participants.

7.2.1 The draconian nature of separating parents and children

The draconian nature of the decisions was experienced as a tension in particular by six participants who had come to the conclusion that it was in the best interests for the child to be removed from the parent, but still felt torn about the far-reaching implications of this decision, especially where adoption was the plan.

I think the only thing I found very difficult in my own values it was that if we were looking at an adoption order for the younger children, I felt sort of morally quite sad that that meant that these children would have no contact with their birth mother, or very limited contact. . .It felt very uncomfortable for me almost because although I knew that these children needed to have stability and adoption is probably the best way of doing that, I did feel that those child's parents, or the mother might not be able to have contact with them again, and that made me feel quite awful at times, if we did go down that route, that you know this mum's given birth to these 2 children. Although she can't look after them she still loves them a lot (SP5).

While presenting this as an issue relating to values, this social worker speaks of finding it 'difficult' and finding something ethically difficult was clearly linked to an experience of emotional discomfort: feeling 'morally sad', 'very uncomfortable' and 'quite awful'.

There was a sense that it was somehow humanly wrong to separate child and parent (even though it felt right in other ways) because she has given birth to them and loves them, and a concern for the extreme loss that would be experienced by both child and parent. It is hard to separate the elements of emotion and ethical thinking;

this link between perceiving, thinking and feeling can often be seen in the data and will also come into the Emotional dimensions chapter.

A mixture of ethical approaches can be identified in the above extract.

Consequentialism is present in terms of the impact of intervention and conceptions of benefit or harm to the children and mother. Deontology can be seen in relation to the rights of both mother and children to have contact or a continuing relationship although this would interfere with the children's needs for stability, as well as Kantian principles of respect for persons, and how far the mother should be treated as merely a 'means to an end' or not. The social worker's intention appears to do what is right and uses reason to try and determine this, which also links to a Kantian approach, although in contrast she is allowing emotion a strong role in the reasoning process. There are also elements of 'recognition' in her acknowledgement of the mother, and ethics of care in her appreciation of the mother's love for her children and in the social worker's own care and commitment towards both children and mother.

The issue of removing a newborn baby from a mother in hospital was mentioned by several participants (five altogether, with three using that case to focus on). In the following case it was the mother's first child:

The case was a newborn baby first born to mother, and to initiate care proceedings to remove that child with a view of permanency with adoption. . It's just quite a few people's opinion quite a draconian measure to remove a first born, where mum hadn't had an opportunity to parent (SW4).

This removal had taken place following the birth, causing heart-searching to this social worker, and debates within the team, as to whether it was fair to allow a mother a few days with her baby in hospital before the baby was removed. The social worker described considering whether it was fair towards the mother to allow her to bond with the baby before losing him/her – or was it fair not to allow her to have this time, take photos and so on. Also, which was better for the child – to be able to start forming an attachment with a foster carer immediately, or have the disruption of being cared for by mother and then moved – but on the other hand this would allow photos with her mother to be taken for the life story book. Again, elements of deontology and consequentialism are interwoven in the social worker's reasoning. However, there was the added complexity that it was not clear to the team which

route was actually fairer to the mother, and what was in the best interests of the child, illustrating that these are not neutral concepts: 'fairness' and 'best interests' may be conceptualised differently according to the underlying assumptions and constructions held by different people. In the end:

we ran that past Queen's Counsel – Queen's Counsel said that that is extremely draconian, and he said the judge would throw that out. But it did cause – actually within the office it caused quite an ethical debate, about whether or not that sort of thing should go ahead (SW4).

This illustrates that from the court's point of view, decisions about removing children should be proportionate and use the least intervention to protect from harm, as advised in the Re: B judgment (Masson and Dickens 2015).

The Re B and Re B-S judgments of 2013, with their focus on the draconian nature of adoption, have had a significant impact on the outcomes of proceedings and have led to the prioritisation of assessment of family members. For example, in one case, a maternal great-grandfather put himself forward 'completely out of the blue' at the final hearing leading to the case being put back a further 4 weeks:

because adoption is such a draconian order it was felt there actually needed to be another opportunity – which it was a difficult one to work with as the child's social worker, because it meant delaying things for her (SP9) (v. exp. in care procs).

Where such significant and far-reaching decisions were at stake the timescales themselves also become an ethical issue. In the case above, delay might be beneficial if it enabled a child to stay successfully within his/her family, but harmful if it needlessly delayed her permanent placement.

There was also a view that decisions like this should not have to be rushed:

I think a huge dilemma is the timeframes. . .being an adopted child affects her whole identity, and really cuts off those biological ties with her family, and I think for me knowing that I not only have the power to make those decisions but only have a limited timespace to make those decisions is really difficult (SW2).

If you are pressured to come to a quick decision, is that always the decision that you are comfortable with emotionally?. . .If there's something that's niggling you, are you going to be able to have the time to really explore it properly. . .I suppose you can also justify it to families as well, that it's not that

you've gone out and seen them twice, and rushed to a decision on the basis of a quick judgement of how they are on a couple of days, but it's actually something that's been explored in depth (SP1).

Again, in both these extracts the link between ethical thinking and emotions is apparent, with the use of words such as 'difficult', 'niggling', or questions about being 'comfortable emotionally'. When a decision involved a significant ethical issue, such as changing a child's identity or separating parent and child, it seemed important for it to feel right – and that it had been thoroughly considered without being rushed.

This echoes points expressed in the Family Justice Review (2011) and other literature (see chapter 2) that courts' mindfulness of the draconian nature of the decisions being made, and concern to make the right decision, was leading to delay through commissioning of multiple expert assessments, ensuring there was no rush to judgment and no stone had been left unturned. It follows then that, while reducing unnecessary drift in case duration, the subsequent implementation of the 26-week timescale and curtailing of expert assessments furthers the 'bounded rationality' involved in these decisions. At the same time it has potentially made the decisions more difficult by increasing the level of felt uncertainty involved, and placing a greater burden of responsibility on the quality of the social work assessment and evidence and the judge's discretion.

7.2.2 Separating siblings

The decision whether to separate siblings was significant, and featured as an issue in nine of the interviews. This was framed differently to the separation of child and parent. Where the decision had been made to separate a child from a parent this was often presented in the data as the culmination of a period of intervention and accumulation of sufficient evidence to satisfy the social workers, so they did not express doubts as the rightness of the decision, more their discomfort about the implications of it – an ethical 'tension' more than a dilemma (Banks and Williams 2005). However, decisions about siblings appeared more difficult to make, and the level of uncertainty about making the 'right' decision appeared much higher. This was partly because it was harder to predict the long-term outcome of different options, and also because there was awareness that a decision to keep the children together or separate was likely to benefit one child at the expense of the other. This was

therefore an ethical dilemma rather than merely an ethical 'tension'. Generally, keeping the children together was seen as beneficial for the older child but would prevent the younger from being adopted, while separation would be more beneficial to the younger but potentially harmful to the older child.

So it's a really difficult one, because potentially, in terms of thinking about the welfare of the children, you're, you know are you sacrificing one for the other?. . . So it was that balancing, I think, was what made it so difficult, and thinking that the gain for one was going to be a loss for the other, and vice versa (SP1).

In the above case the children were placed separately, whereas in the following one they were kept together:

I think the discussion around them as sisters and actually what you could argue is the younger one has potentially missed out on having a permanence via a new family – I think that's an ethical dilemma (SP10) (exp. in care procs).

Consequentialist thinking is apparent in the weighing up of relative amounts of benefit or harm to each child, but also deontological elements in that both siblings are viewed as equally important and have rights not to be 'sacrificed' for the other, and also perhaps in the duty of the social worker to both. Emotional commitments more in line with the ethics of care could also be seen in other comments by participants, revealing pleasure or relief when the outcome was to keep siblings together, and this also indicates an implicit valuing of the maintenance of family bonds.

The level of uncertainty in making decisions about siblings, together with feelings of discomfort generated by having to choose one child's needs over the other, and an influencing 'practice mindset' of 'siblings as better together', are also reported in research by Yates (2018). There is some support from research findings about the importance of sibling relationships (eg Gass et al 2007; Hegar and Rosenthal 2011), though they may vary in quality from supportive to conflictual (Cleverly 2006). However, statutory government guidance on adoption has now changed from guidance issued in 2013 that siblings should be placed together for adoption 'unless there is good reason why they should not be' (DfE 2013, 4.12), to the revised guidance of 2014 that decisions on whether siblings are placed together should be

based on a balanced assessment of the individual needs of each child in the group (DfE 2014, 3.15).

7.2.3 Constructions of the best interests of the child and ‘good enough’ parenting

When working out which option was the best for a child, or whether this or that family member would be able to meet the child’s needs, there seemed to be a clear underlying assumption that it would be best for the child to stay within the family if there was a suitable family member available. However, in terms of the principles and criteria used to judge the suitability of a placement there seemed to be a significant tension between the case-holding social workers and what they perceived to be the courts’ or Guardians’ views.

This seemed to be cast along the lines of the tension between philosophies of ‘child rescue’ and ‘family support’ (Kirton 2009). The social workers often seemed to find themselves on the opposite side to the Guardian, both arguing that they were focused on the best interests of the child. The tension seemed to be between whether the ‘best interests’ of the child were conceptualised primarily as prioritising on the one hand the child’s need and right to remain in their birth family, or on the other, the child’s need and right to be kept safe and cared for (whether inside or outside their family). The Guardians seemed more aligned with the former and the social workers with the latter. This reflects Lowe’s (2002) points that conflicting moral claims may be rooted in the same moral resources (in this case the child) but are also linked to their historical and cultural contexts

Participants’ accounts conveyed that the emphasis of the Guardians and courts was on whether parenting was ‘good enough’, focusing on the family member rather than the needs of the individual child, and that Guardians and/or courts interpreted this as *just* good enough and that it did not matter if there were concerns about the care provided. Choate and Engstrom (2014) also note the lack of a common standard in literature about defining ‘good enough’, as well as the complexity of determining this. A number of participants (four in particular) were concerned about instances of courts deciding to place children with grandparents where there had been concerns about the care the grandmother had provided for the child’s mother when she was a child. Concerns about the increased use of SGOs that may not be in the best interests

of the child, and that may be made without sufficient consideration of the placement's long term viability, have also been raised by ADCS and Cafcass (2015) and practitioners consulted in the Government commissioned reviews (DfE 2015; Research in Practice 2015).

In the following situation a grandmother was already caring for a baby's 7 year old sibling but as there were concerns about the history of the case and the care of the older child the social worker was recommending placement of the baby with a different family member. The implication of this is that the threshold of concern for *removing* a child is much higher than the threshold when *placing* a child. Also, the younger age of the baby may have been a factor. From the court's viewpoint, however, if it was good enough for the 7 year old why would it not be good enough for the baby:

the court quite rightly were pushing me as to why I am suddenly saying these or this baby shouldn't be with this grandmother who's cared for the 7 year old for this long (SW7).

Concern with the different interpretations of 'good enough' arose in Focus Group 1 and two individual interviews. This participant felt very strongly about the situation, also again illustrating the connection between emotions and ethical considerations:

I really struggle with the term what's good enough as well – I really struggle with that, because, you know, in one breath as social workers we're told you need to fight for your children on your caseload, you advocate what they need so they can have the best future possible. . . But actually if we've got real doubts about this family. . . you know, surely we should be saying for each of our children that they deserve a really good life, because they're a child at the end of the day. And actually we're saying we're looking for less, and I struggle with that. . . I can't get past my own feelings regarding this child, and I've made it quite clear that I will stand up and support my feelings regarding this – this decision because I really don't feel that this child would be safe (Focus Group 1).

This participant conveys that it is not only the *needs* of the child that justifies finding the right placement, but the idea that the child *deserves* more than just good enough, the reason being '*because they're a child*'. A construction of children as deserving a good life provides a strong focus for emotion and action, and also leads to a struggle to understand or accept a decision that seems to prevent this. This illustrates the

interplay between perception, ethical viewpoints, emotions and judgements, each contributing to the other. The wider organisational and professional context also has an impact in this interplay; the sense of struggle and conflict is greater when, in the social worker's mind, the decision also seems to run counter to organisational and professional expectations of a social worker's role and purpose. There is a sense that this construction of the child and the social work role are part of a moral professional identity which also involves standing up for the child. Emotions can be seen as an important part of professionals' moral identity, accompanying and revealing their personal and professional values (Keinemans 2015).

The notion of deserving was also expressed by another participant, who when describing the situation of a family of children she was working with and the severe neglect they were experiencing, became visibly moved when saying: 'I kind of felt sorry for them. . .they deserve better' (SW6). Again, the interplay of emotions and value positions is visible. In this social worker's account there appeared compassion for the suffering of the children combined with the construction of the children as innocent victims, deserving of protection and care. This links with Nussbaum's (2001) writings about compassion, drawing from Aristotle, that 'compassion is a painful emotion occasioned by the awareness of another person's undeserved misfortune' (p301). There is a sense that for this participant the emotional reaction to the children's suffering seems both to feed into, and be strengthened by, the value orientation that it was wrong and undeserved.

While these extracts demonstrate the particular commitment of these participants to individual children, this may also relate to collective emotions stemming from the idea of the idealised innocent child as explored by Warner (2015), and a tendency to displace negative feelings about parental neglect and poverty into collective commitment not to let it happen again.

7.2.4 The sacrificed child

Extracts above illustrate concerns that one sibling could be 'sacrificed' for another. But in another way it was sometimes felt that the child's needs and well-being in the here and now were being sacrificed in order to gain evidence to protect the child, and this also generated strong emotions.

But you need the evidence, and that can be really difficult sometimes. Erm because it's not there, and sometimes it feels like we're having to leave children in situations of risk to get the evidence – it feels the wrong way around. So I think that's a big challenge (SP10) (exp. in care procs).

you've missed the boat, we knew there was some early indications, a lot of early indications, we didn't need to get here, if we'd – but again it's finding that evidence isn't it, it's kind of Catch 22 in this job, you're trying to find the evidence to take the case to court to make your case but at the same rate you're damaging a child you've damaged along the route and I find that really really frustrating (Focus Group 2).

This links with research by Beckett and McKeigue (2010) showing that decision-making for children's long-term future may be prioritised at the expense of their needs in the here and now, in terms of the immediate impact on children's well-being of moves, appointments and assessments during care proceedings. But the points expressed above also go further, implying that it is sometimes necessary actually to allow children to suffer further harm at home in order to obtain sufficient evidence to protect them from harm. This is based on the means being seen to justify the end. It illustrates the tensions between the 'court world' and 'social work world', and the influence of the 'shadow of the law' (see previous chapter) in shaping practice and implies from the court a more instrumental, disembodied view of the child.

Sometimes the court delayed the decision in order to gain more evidence – for example through calling for further assessments of family members or a period in a mother and baby placement. It would feel as if the child's welfare was being sacrificed for the principle of giving the parent a fair chance, together with further exploring the idea of keeping the child in the family as a possibility in the child's own long term best interests. In the following case the social worker had asked the employing local authority to fund a cognitive assessment but had been refused, and then the court had insisted on one (so the ethical tension for this participant being caused by both the court's decision and the LA's earlier refusal to fund an assessment):

we knew that she had learning difficulties but she hadn't had a diagnosis of learning disability and the view was that you could do a PAMS assessment because it was an assessment tool of a parent with learning difficulties, but that we wouldn't have the cognitive assessment. Then we got to court and initiated proceedings, and the first thing they did was ordered a mother and

baby placement because they wanted a cognitive assessment. And so we ended up with another 12 weeks in a mother and baby placement when we really should be separating that baby from that mother at that stage – that was appropriate for the baby. She is now adopted, and very happy. (Focus Group 2).

It seems the ethical tension for the practitioner is greater, and may also be linked to feelings of frustration and anger, when it turned out the practitioner had been 'correct', but had not been listened to by the makers of the decision (managers or court). Above and in other cases, a feeling of vindication was combined with a sense of the unjust power difference between the social worker who might know what is needed but is prevented from acting in the best interests of the child by the power of the organisation and the court. This is discussed again in the next chapter.

Practitioners might also have to take responsibility for a plan or decision they privately did not agree with, and in some cases felt they themselves had let the child down:

there's a sense when that happens that you do in a way let that child down, because you know actually that you've not done what needed to be done to allow that child to have the best future, because of you know the politics and whatever decisions have been made up above. And that can be really difficult to deal with (Focus Group 1).

In the following instance the social worker had found it frustrating that the court had ordered an assessment on a family member late on, but also saw a positive in being able to evidence to the child that everything had been looked into. In this way the delay could be seen both as detrimental and in the child's best interests:

In this particular case it's gone out of [the 26 weeks] and I think sometimes that can be to the detriment of the child and the family cos you're not always necessarily making the right decision, so although I found it difficult with this particular case that we had to delay things, actually for that child when they're older they'll know that every single opportunity was given to try and keep her within her family (SP9) (v. exp. in care procs).

Some of the extracts above tap into the complexities of the social work role and identity. There is a sense conveyed that the social workers felt responsible for doing the right thing for the child, but felt prevented by more powerful forces, but that these were also the forces they themselves represented in their statutory role. They felt they let the child down, but at the same time felt let down by their organisation

or the courts. There is also perhaps some mirroring and displacement here, in an identification with the powerless children they were working with, and possibly some displacement of feelings about the parent onto the harmful organisation or court. This combination of guilt and powerlessness will also be considered in the next chapter.

7.2.5 Adolescents

Adolescents were mentioned a number of times in connection with ethics, thinking about their rights, and minimising harm to them.

I think it's kind of rare go to court with young people 14 and above. . .but I certainly feel in my experience that they're the most chaotic young people going, and actually if we get it right earlier on – (Focus Group 2).

This experienced focus group then had a discussion about traumatised adolescents who had suffered a great deal of harm through lack of intervention:

you feel an anger that people didn't make those better decisions earlier, and that's hard and you're right they are very chaotic because sometimes we leave them in those situations (Focus Group 2).

As in earlier extracts there is a feeling that the adolescents had been let down by others' decision making, but also the use of the word 'we' implies that the participants felt some identification with that responsibility.

Awareness was expressed of the high level of risk teenagers may face at the same time as their needs often being seen as less urgent than those of younger children, with the assumption that teenagers are less vulnerable because of their age and that they appear to be making their own choices. Research and serious case reviews have drawn attention to the potential high vulnerability of teenagers, the impact of their stage of brain development with an increased drive towards risk taking occurring at the same time as undeveloped capacity for thinking and decision making, the effects of accumulation of harm; and the need to understand the particular sets of risk they face (eg Hanson & Holmes 2014; Hicks & Stein 2015).

The following case of a 15 year old girl whose baby was subject of care proceedings illustrates a number of ethical concerns in the social worker's eyes:

this is a vulnerable - was - she's now 16, but a vulnerable 15 year old, and actually as a social worker our role is to meet the needs of the child, but actually because even though she is a child with her own needs, her baby is taking that priority. As a professional I found that, and have found that difficult throughout really, because I've obviously got to know this mother quite well. . .and there are things that she finds difficult to understand, that because she had such a terrible upbringing – why is she still at home?. . .because when you look back at the history actually you know she should have been – she probably should have been removed. Erm the consequence of that is that it's led on to her to have a child that is now [removed]. . .Unfortunately what she can't understand is, if she's able to identify that the parenting she received was not good for her, and not to a good enough standard, but actually, why – why didn't we do anything? So therefore for her, well she is doing – she's doing a better job than her own mother (SP9) (v. exp. in care procs).

The social worker finds the injustice to the young mother difficult: it does not make sense that her own parenting is actually better than her mother's (and she is aware of this), but her baby has been removed from her by the local authority while she was left with her mother whose care was worse, and still is left with her, in an environment that is seen as unsafe for her to bring up her own child within.

If the issue of whether or not there was poor previous practice or decision making is taken out of the equation, this situation also illustrates the very different level of priority given in statutory practice to a baby over a teenager. The baby is the subject of the care proceedings so her needs would be paramount under section 1 of the Children Act 1989. However, in the broader picture, consequentialist thinking can be seen in the idea of early intervention in a child's life preventing later harm, and thus prioritising the baby's needs over the (already harmed) teenager's. But constructions of children may also have a role in policy, with the very young as the innocent idealised child, weak and in need of protection, in contrast to more ambivalent views of teenagers, no longer innocent victims and less morally deserving. Research by Broadhurst et al (2015) also indicates that younger mothers are more at risk of having repeat removals, with the probability of recurrence being 32% of sixteen and seventeen year olds. Those mothers experiencing recurring removals had themselves experienced considerable neglect as children (Broadhurst et al 2017). This also links with the wider debate between Ward and Brown (2016) and Bywaters (2015) regarding earlier publications of Brown and Ward (2013,2014; Ward, Brown & Westlake 2012) of their findings about harm caused to children through delayed

intervention, and whether this is contributing to an emphasis on removals of babies, or whether the emphasis should be on supporting families in situations of disadvantage.

This is also an example where the mother's level of need, arising from her own history, becomes construed as *risk*, in this case a risk to her own child. Lonne et al (2016) make the point that under neoliberal discourse, disadvantage and poverty have been transformed into indicators of risk. In this case, the social worker, having 'got to know this mother quite well' keenly feels these injustices to her. Again, ethical thinking is intertwined with emotions in the feelings of injustice, guilt, frustration and sadness.

7.2.6 The child's voice

The importance of the child's 'voice' came up a number of times. There were two cases cited in which the child's voice actually led to intervention and ultimately to care proceedings. In both cases neglect had been occurring for years but only became identified when, in one case a child became old enough to speak about what was happening, and in the other, an older and verbal child moved into the family and talked about the situation.

In other examples, two participants in particular talked about how important it was to them that the court should hear the child's view directly in the child's own words. One had asked the children to write their wishes and feelings in sealed letters to the court. The other recorded word for word what the child wanted to say into a document for the court. This was the social worker who in the previous chapter spoke of writing evidence about the five year old child's life as 'putting her world on a piece of paper'. She also spoke of trying to quote the child in court reports, but being told by the local authority legal department to cut down the quotes to make more space for the social worker's analysis, and how she struggled with this:

How much do you quote the child in a report? . . They said 'too long, take it out, take it out'. . .and I said don't take – take out my bits, don't take out the child's bits. Don't take out the child's bits. . .but then you're told no you have to put in more of the social worker's – and I struggle with that. They said that judges don't want to read long reports but I'm thinking gosh if you've worked with a child for 18 months and you're told to cut it down and make it more

concise, take it out, take it out, and I'm saying don't take out the child's bits, please don't take it out (SW5).

However, concern was also expressed that the child's view may be disregarded:

and the child may not be heard because the child's too young or because the child's assumed to be, you know, of the same view as the mother, whatever (Focus Group 2).

Macdonald (2017) also makes the point that children are listened to more when what they say accords with the adults' views.

7.2.7 The 'lost' or 'invisible' child

Although the importance of the child's welfare and wishes and feelings in proceedings is stipulated by the Children Act 1989, and despite warnings from serious case reviews of children's needs being overlooked in comparison with the needs of parents (Ofsted 2011), there were references in the interviews to the child being 'lost' in the court proceedings as these often appeared to focus on the adults' needs, to the point that it was painful that the child's name may not even be mentioned in hearings:

In many cases, we just end up grappling with issues around the adults, and what they're doing what they need, and what referrals need to be made. The children sort of get lost. Yeah and sometimes you don't even hear the children's name mentioned in court hearings, you know, it's all about what's happening with the adult. . .and no one says 'and how are the children coping with that'. Quite painful actually (TM1) (v. exp. in care procs).

This and the following extract link with earlier points about the differences between the court and social work worlds and views of children as objects of concern.

Court is very much you and the parent but social work is about you and the child and it's sort of trying to flip it back around. . .9 times out of 10 it's all about the parent, and getting it back on the child is the bit that I struggle with (SP3) (exp. in care procs).

While in the study by Beckett et al (2007) the child's welfare being 'lost' because of a focus on the adults' issues in court was also a key concern, Beckett et al also note the groups in their study had comparatively little discussion about children's views. The

greater emphasis on children's views in data in the current study may reflect the increased emphasis in current practice on the child's voice.

Although concerned to prioritise the child, in a number of places participants were also concerned about balancing the child's and the parent's needs and rights. In one way or another this came up in 13 of the individual interviews and Focus Group 1. A clear example was:

But also parents – our job is to kind of empower them and try and make the – try and help them, support them to make things better and get to a place where we want to, so just to kind of disregard their rights and views would be erm terrible practice – but actually . . .when the child's rights are so very different or in contrast to parents, it's very difficult to kind of weigh those up. . .That relationship for me was never altered in terms of – I am here to support you, and to try and help you, but actually I am your child's social worker and I need to prioritise your child's needs not yours (SW2).

These words and those of other participants on this issue are more nuanced than the view put forward by Featherstone et al (2014) of social workers saying they are 'only here for the child'. A feeling of conflict was conveyed by the social workers, even if they viewed the choice as clear that they must prioritise the child.

7.3 Social Justice

7.3.1 The parent as victim

The idea of the parent being a victim, vulnerable and having suffered abuse was seen a number of times as an ethical issue in relation to mothers and once in relation to a father. The mother being vulnerable and having suffered herself led to sympathy and sometimes a wish for her to be cared for because she hadn't been cared for enough before. Again there is a link between feelings, thoughts and ethical judgements. Views of parents as victims also link to the idea of 'deservingness' and rights discussed in the previous section.

With mum, I kind of feel sorry for her. I felt sorry for her the whole way through. Cos she's very young, she's very vulnerable, and she's suffered a lot of abuse herself (SW6) (v. exp. in care procs/under 3 yrs qual).

I think it was difficult because you felt that she was such a victim. . .I felt she needed a foster placement, and if I could have given her a foster placement –

she needed to be cared for. . .and valued, and listened to, and regarded and respected, and I didn't feel that she'd probably had much of that (SW1).

There was also at times an implication that being vulnerable and having suffered abuse also took any blame away from the mother, for example:

It really wasn't her fault, but she'd had a horrendous upbringing herself, she'd been physically and sexually abused by her parents, and as she grew up and became an adult she was being financially abused by her parents (SW4).

There is an implication that intervention is more justified, or less unfair, if parents are seen as culpable or accountable. This links to some extent with findings of a study of initial assessments that referrals were more likely to lead to action if the parent is perceived as accountable for problems (Platt 2006, cited in Platt and Turney 2014).

The idea that the parent, already a victim in their life, was made again a victim by the Social Services involvement seeking to remove her child, has already been raised in connection with the teenage mother above. In that case the social worker was keenly aware of the injustices to the young mother and that she had been failed by a lack of intervention in her earlier life. Another participant below broadens this perception to highlight the oppressive nature of this, feeling that this was like 'punishing' parents:

Is there something about the way that the state intervenes, and the decisions that we are making as employees of the state, which is oppressive, which is making a judgement about how somebody is living? And actually is there more support that could be done for – you know they were a family who were seriously disadvantaged. . .and you kind of think actually are we punishing her for a lack of intervention early in her life? . . .The mum had had a really horrible childhood, and we were trying to teach her how to do something that was very difficult actually. In some ways she was functioning still like a teenager, and was unable to put her children's needs above her own. And was that her fault? And that's the challenge with care proceedings. . .It feels you're punishing parents for something which potentially they don't have the ability or the resources to do (SP1).

Other participants have referred to service users being let down by local authority interventions or lack of it, and there have been some references to the power held by social workers. However, this participant (who was no longer a local authority social worker) was the only one to link this so clearly to ideas of being part of an oppressive State, punishing parents for something that was not their fault.

The above extract also recognises that it was very difficult for this mother to put her child's needs above her own for various reasons. The ability to prioritise the child's needs was mentioned in ten interviews, and a key issue seemed to be how far this appeared to be a conscious choice, or not the parent's fault, again implying a link between accountability and intervention.

In chapter 6 an example was given of a mother apparently choosing to stay with her abusive partner rather than prioritise the baby's needs, leaving her new baby in a mother and baby placement to return to her partner, knowing this would lead to care proceedings. Earlier the mother had left her older children with a family member to return to the baby's father, and at that stage work continued with her, but leaving her baby was decisive and the participant said 'the day that she walked out and left baby there was the day that we issued care proceedings'. There is perhaps something particular in universal understanding about leaving a baby that draws a line. This may link with earlier points about constructions of babies and young children as more vulnerable, innocent and in need of protection. It may also link with the same perceptions mentioned earlier in this chapter that it is somehow wrong at a basic human level to break the bond between child and parent. An enforced separation arouses strong feelings of sympathy and discomfort, but a mother apparently choosing to leave her baby perhaps seems contrary to human nature.

A similar situation involving the teenage mother mentioned earlier was not framed as a conscious choice of the mother to leave her baby:

The placement she chose to leave in the end, and the consequence of that was leaving her daughter behind. . . So when the placement ended, mum left and baby was left behind, and then obviously work has had to continue to you know assessments and everything to get to a decision as to what we're approaching now (SP9) (v. exp. in care procs).

If a mother is presented as a victim of injustice and affected by her own needs without the implication that leaving her baby was a conscious choice, the impact of the wording is different. Framing a mother as in some way 'choosing' not to prioritise her children's needs over her own enables her to be viewed as accountable, because control and conscious choice is implied, which can then be seen to justify a plan to separate child from mother, while framing the situation as one of 'need', vulnerability

or victimhood is linked with sympathy and even deservingness, which might imply that further work should take place. This could reflect the 'shadow of the courts' in the sense that it may be necessary to depict a parent as accountable or incapable in order to gain the decision sought in proceedings. As mentioned earlier, Urek (2005) shows how language may need to be used by social workers to construct narratives which may involve characterisation and moral constructions, as part of needing to persuade the audience that their work is justifiable and responsible.

However, emphasising vulnerability may appear to be more consistent with social justice but as Brown (2012: 49-50) points out, also links to a moralising agenda of dividing the deserving from the undeserving, and 'gives tacit emphasis to the individual factors which contribute to difficult circumstances, rather than the structural forces which may have influenced life chances and situations'. Also, as we have seen above, parents' needs and the harm they have suffered can then become reclassified as risks that they themselves pose to their children. Associated with this may also be an instrumental view of parents merely as a means rather than an end – 'as impacting upon children rather than being in relationships with them and with each other, thus practice focuses on how their actions/inactions do or do not affect children' (Featherstone et al 2014: 12).

In this area of perceptions of need, fault, victimhood, deservingness, vulnerability or agency, the moral constructions, emotions and judgements seem to be impacting on each other, but it is not clear which comes first. Haidt's (2001) social intuitionist view is that initial judgements are made intuitively, prior to conscious thinking, and then conscious thinking is used to justify the judgement. Keinemans (2015) draws on a range of literature to argue that emotions can signal the values and moral constructions that are present in practitioners' thinking, and therefore reflecting on emotions can help to bring these to self-awareness as well as understanding the impact of emotions on judgement.

7.3.2 Poverty

Home conditions were mentioned by several participants as an issue they were both concerned about and trying to support families with, and participants talked about taking food bank vouchers to families. The impact of poverty on parents or on

parenting was not named as an ethical issue by participants, which echoes the findings of Bywaters et al (in CWIP 2017) and Jack and Gill (2003) of the limited attention paid by practitioners to the impact of poverty on families. However, one social worker was concerned about the ethics of placing a child with a very affluent foster family, in a house the child described as a 'fairy castle', leading the child to say she never wanted to go back to her road again:

Does anyone ever look at the poverty we take these children from, and into the rich world we submerge them in for a moment in time? (SW5).

As indicated above, the idea of 'disadvantage' was seen by participants as an ethical issue, and this included material disadvantage. In a number of instances, as indicated above, poor home conditions formed part of the overall picture of neglect and therefore risk to the child.

7.3.3 Class and 'social engineering'

When talking about home conditions a number of the participants mentioned that people have different thresholds in relation to home conditions, and one described awareness of being a middle class professional going into a disadvantaged family. In 2015, Munby's judgment in *Re A* stated that neither the local authority nor the court were guardians of morality, and quoted the judgment in the 2014 case of *NE Lincolnshire v G & L*, that 'the courts are not in the business of social engineering'. This was mentioned twice in the interviews.

On the other hand, in focus group 1 there was also a discussion around concern that the courts, and possibly social workers, could be biased towards middle class professional families, and an example was given:

They don't present in the way that a lot of the families we work with, they're reasonably pleasant on the surface in terms of working with, they're not aggressive, they're not in your face shouting being abusive, so I think people think and feel differently about it because of their behaviour . . . and social status, you know, perhaps their family have good jobs, you know, their family as a whole appear upstanding with the community, but there has been what is viewed as a non-accidental injury. . .if you take the same case, and being a middle class from a middle class situation and a working class situation I think you would probably end up in a different place (Focus Group 1).

Relevant to this is Bernard's (2017) research which supports these perceptions and shows that abuse and neglect were more easily hidden or unrecognised in affluent households, with affluent parents also able to resist professional intervention through exerting power, status and use of complaints.

7.3.4 Culture and ethnicity

Culture and ethnicity hardly arose as an issue, but that may be because the population of this region is predominantly white. One participant having moved from another part of the UK talked about differences in the nature of child protection work, where her previous experience had focused more on forced marriages. Two participants talked about culture explicitly as an ethical issue in their case. One related to an Eastern European family where the social worker was concerned that removing the children from their parents would also separate them from their language and culture. The second involved a mother of an Asian ethnicity and culture in which the social worker felt it was important and good practice that the foster carers had continued the mother's religious practices for the children.

7.4 Professional integrity and guiding values, and the social work role

7.4.1 Not doing harm

In various ways participants were concerned about harm, and not doing harm. Examples have already been mentioned of participants' awareness of harm experienced by children and young people either through actions or lack of action from parents and caregivers, or from interventions or lack of these from social services. The need to reduce either risk of harm, or further impact from harm, was one factor in decision making. It was also a factor guiding approaches to working with children and parents during the processes of the work, one example being ensuring that a mother had support from mental health professionals in place because of awareness that it was going to be very upsetting for the mother to be challenged on certain issues.

7.4.2 Being fair to parents

The idea of being fair to parents featured in Focus Group 1 and most (sixteen) of the

individual interviews. Sometimes the desire to be fair was associated with understanding the parents:

We were trying to engage them in a process that they didn't really understand. They were very resistant, they were very frightened, very scared, and I think to protect themselves from that, they shut themselves away and just refused to engage. . .we were trying to make *them* [participant's emphasis] fit to a system that they couldn't understand and couldn't work with (SP7).

Or it could mean ensuring the parents had a full opportunity to be able to prove their parenting capacity, for example arguing for them to have additional assessment sessions in a family centre (as in 6.2.1).

cos I've reassessed her in some respects I had to kind of wipe my mind clear of everything that had gone on previously, to give mum the opportunity to have another - you know, a fair shot at this assessment (SP9) (v. exp. in care procs).

Participants also expressed concern not to be 'biased' regarding parents, and frustration when courts assumed they were biased. They spoke of being 'balanced', 'being open to all the possibilities', not wanting to 'make assumptions'. Reflection, questioning and talking through issues in supervision were mentioned as ways of maintaining fairness. One participant was concerned that a mother with a learning disability should have an independent advocate, but she 'just flatly refused', because she liked talking to the social worker and did not want to talk to another person, leaving the social worker feeling 'at what point can you force somebody if they don't want something? – so that was quite difficult' (SP7).

7.4.3 Are we getting it right?

Another recurring concern for participants was whether they were making the 'right' decision. The previous chapter explored how weighing and balancing was part of the decision making process. At times participants could see there were ethical arguments on both sides, for example that the parents needed more opportunity, which had to be weighed against the risks to the child and it was not clear what was 'right'.

There might also be awareness that what seemed right in the short term may not be right in the long term, for example feeling sure it had been right to remove a child

from parents, but unsure about the long term impact on the child of being in care, and 'only time will tell' (SP10).

In coming to the decision one consideration for participants (in ten interviews) was to weigh up whether enough had been tried, or could more have been offered that might have made a difference. For some, there was a continual self-questioning and reflecting over whether they had done the right thing, whether their analysis was correct and the outcome right, coupled with a strong feeling of responsibility to the child to get it right. The links with emotion are clear, as references were made to this being a 'hard challenge', 'anxiety', 'self-doubt' and finding it 'really difficult'. These emotions were linked with uncertainty over what would be the best decision, and are explored further in the next chapter.

7.4.4 Good practice

'Good practice' was mentioned several times as important. On the one hand this seemed to include doing the job well, making sure their work was thorough, that evidence was of high quality and met ethical standards as discussed above, for example ensuring right decisions were made that were also fair and unbiased, and that they had done everything appropriate or possible.

For two it also seemed to include going above and beyond what was expected. But at the same time some ambivalence was expressed that going the extra mile was helpful to the family but might not have been the best response in terms of managing the professional role and workload. This participant described actions and attention to details that she felt showed good practice, but then said:

I think I gave more than I should. In terms of time management I don't think I was effective in that (SW1).

This could also have an emotional impact and affect the practitioner's wellbeing:

I put more strain on myself, by trying to get everything right and please everyone, you know, to a degree, whilst still obviously promoting the safeguarding of the children to the best of my ability. . .I've kind of gone out of my way to respond to everyone immediately. I feel like that's kind of strained me (SW6) (v. exp. in care procs/under 3 yrs qual).

There is a tension between the dual expectation that social workers will go the extra mile (and see that as an ethical responsibility) and at the same time they need to take self-care seriously to avoid burnout. This is explored by Weinberg (2014) who sees it as an ideological dilemma; social workers in her study struggled and fluctuated between the two positions, reflecting the implicit dilemma between needs of the individual against those of society.

There were also many instances raised by participants, some already referred to in this chapter, where they felt previous poor or inadequate practice or decisions had not met the parent's needs and were having an impact now. These included cases where they felt more intervention should have taken place earlier, or cases that had 'drifted', or situations where the mother of the child had suffered harm when she had been a child herself and had somehow 'slipped through the net'.

7.4.5 Integrity and honesty

Honesty was mentioned as important, for example being honest with children. This could be difficult:

they're asking you when am I going to go back to my mum, when am I going back to my grandparents, and you know that's hard cos they're asking you questions you've got to be honest but at the same time at the time you don't really know and you've got to explain to them that's the decision the judge is going to have to make, and explain to them in a child-friendly way (SP5).

In one participant's case there had been a plan to place the children with an aunt, who had also been a social worker. It then turned out that the aunt had been dishonest about an important issue. This had a strong emotional impact on the participant, the intensity of her feelings being greater because she had expected higher ethical standards from a professional, and she added:

I suppose it touched me in a way because I feel that this job is a privilege, to have some sort of input into families' lives, and I expect all social workers to be whiter than white, naively or not (SW8) (v. exp. in care procs/under 3 yrs qual).

7.5 Ethics of care, commitment to child or adult

There were many examples of feeling or motivation expressed that went beyond professional 'duty' or a clinical balancing of outcomes, or principles of professional integrity and good practice. Feelings of care and compassion about child or parents were often expressed. Often there was a strong sense of personal commitment to the individual, associated with the relationship, and a feeling of responsibility for them. This could also be seen in attitudes expressed by team managers in relation to workers they were supervising. There were clear instances of workers being strongly motivated to do their best for the child or in some cases, family members, going above and beyond the requirements of the role. Sadness, frustration and anger were felt when the child seemed 'lost' or let down, or frustration and distress when they felt they themselves had let the child down. Examples have been identified already, and more will feature in the next chapter. These aspects seemed to point to the importance in social work of an ethics of care, involving relationship and commitment.

Other comments were made about wanting to support a parent to succeed, and keeping a family together. The level of care from the parent to the child was also important in the social workers' perspectives and in relation to thresholds for intervention. This was in contrast with the perceived need for evidence of incidents that appeared to be necessary to convince a court to intervene, as mentioned in the previous chapter.

Words were used which powerfully conveyed emotion: one participant was 'trying so hard', another 'desperate for this mother to prove something', another 'if I could have done anything in my power to keep mother and daughter together', or a social worker described by her manager as 'exhausted but still giving her all', and another 'standing up for this little boy, passionate'. The next chapter will cite examples showing that working empathetically as well as authoritatively was challenging, and 'recognition' of the parents as human beings with their own narrative could also bring powerful feelings of sadness. As pointed out by Bunting and Lazenbatt (2016: 497), narrative approaches involve 'sustained emotional and social support over and above the 'traditional' social work interventions that are routinely made available'.

Two interesting examples came up in which social workers went beyond their required role, in order to care for or protect a parent. In the first example the social worker speaks of continuing to offer support to the parents:

I think – one thing I found quite weird in this case is still working with those parents, because we have never stopped, even though the children haven't been in their care for months and months and months. You know, they're really struggling financially and I took them a food parcel last week, and I always imagined when those decisions were made that you couldn't keep working with the parents, but actually that relationship – that relationship-based practice – because I've got nothing else to use (SP7).

In the absence of statutory or procedural responsibility to give direction to the work, the social worker finds herself falling back on relationship-based practice because there is 'nothing else to use', here illustrating that social work professional values can provide meaning beyond organisational requirements, and beyond an instrumental view of parents as only important insofar as they impact on their children rather than being 'ends' in themselves.

The second example involved a mother also mentioned in the next chapter. The children were in foster care and subjects of care proceedings. However, in order to protect the mother from pressure from the violent father the social worker found ways of redirecting his annoyance onto the social work team rather than the mother:

And also in some ways, it was to protect her as well, from him. Because when he became party to the proceedings, we were acting as a bit of a buffer I guess. . . In court, she sat with us. . . And in fact the local authority solicitor said to her solicitor – there was one point that her solicitor was going to argue – and they said well actually this will be helpful to your client, because she won't take the blame – it will come to us. . . So things like you know the contact letters would have to come by us, rather than you know to her, so there were little things that I think were beneficial to her because she would have taken the brunt of his annoyance and anger, whereas it kind of came to us (SW1).

The above examples of social workers committing themselves to their service users, involving a relationship of compassion and care and a sense of moral responsibility towards them, can be seen, as the social workers in Stanford's (2008) study, to be enacting an ethics of care.

A link between ethics and emotions is again strongly indicated here, though as before, it is not clear whether emotions lead to a greater ethical commitment and motivation, or whether it is the other way round. There is some evidence from this study that emotions arise out of the relationship of care and commitment. For example SP4 stated that her relationship with the children led to her feeling protective of them and 'the relationship I had with the children motivated me more', and SW6 also said 'with all your cases, you kind of want them to do it, you really do'.

In her explication of the ethics of care, Noddings (2013: 205) emphasises the importance of *attending* to the other. She writes:

'When we attend carefully, we often experience motivational displacement: that is, our motive energy begins to flow towards meeting the needs expressed by the cared for. The "feeling with" (empathy) that often results from our attending moves to do something to help'

Noddings also considers situations in which the needs expressed by the cared-for person arouse disgust, or if we assess them as inappropriate, and in these cases she suggests that we should 'respond in a way that will maintain the caring relation'. Thus it seems that for Noddings, the ethical commitment to 'attend' comes before the emotion.

7.6 Conclusion

In this chapter I have presented data linking to ethical dimensions in three main sections which broadly correspond to the three sections of the BASW (2014) Code of Ethics: human rights; social justice; and professional integrity (and guiding principles), as well as the ethics of care.

I have identified that the participants' talk contains elements of deontological and consequentialist thinking as well as clear indications of virtue ethics and the ethics of care. Social and moral constructions are identifiable in the data, supported by use of language. Constructions and judgements at times seem closely linked, but it is not clear which comes first, the construction or the judgement.

In the data, strong links between ethics and emotion can be seen. Ethical conflicts and tensions are felt as difficult emotionally; constructions and value positions appear to be linked with levels of sympathy and frustration; concerns to make the

right decision lead to anxiety and frustration; emotion and relationship appear to motivate to action, but also emotion and motivation appear to spring from the relationship, attention and commitment to the other. Thus, emotions, ethics and judgement appear to interact, each continually affecting the other in a strong and complex dialogical relationship. These links will be underlined further in the next chapter focusing on emotional dimensions.

8 Chapter 8. Findings (3): Emotional Dimensions

8.1 Introduction

The previous two chapters have explored the findings in relation to the processes and contexts of decision making, and the ethical dimensions involved for the participants. Many themes have arisen for these areas, and so far three overarching themes have been taking shape as relevant: the dialogical relationship between emotions and ethical thinking in the decision making process (including the social and embodied nature of social work); the interface of the court 'world' with the social work 'world'; and the role of organisational support and spaces for reflection and discussion (seen in chapter 6 in relation to decision making processes). These three themes will be developed further in this chapter in its focus on the emotional dimensions of decision making in care proceedings.

A wide range of emotions was generated for participants. Some emotions and their impact were described in response to my questions about which emotions the participant was aware of at the time or afterwards. Others were mentioned while the participant was talking about what was difficult or challenging about the decision or working with the case, or while talking about relationships with the child or family members.

In this chapter I start by breaking down key emotional responses into separate sections for sadness, anxiety and frustration; however, in some cases these emotions combined and seemed to interact with each other to increase the impact on the participant, and many examples are not neatly divisible into these separate categories. Other key themes were the nature of the relationship between practitioner and parent and feelings associated with this, the sense of responsibility that was keenly felt by some, and evidence of emotional labour. Data illustrating these themes will be presented. Following this, the means used by the practitioners to reflect on and manage their emotions will be explored.

8.2 Emotions experienced

When speaking about emotions it was noticeable that the practitioners tended to provide an explanation for their emotion and what triggered it. The emotions

appeared to arise from interpretations and meanings the practitioners attached to the events and observations. As discussed in the Methods chapter, a time period had elapsed between the events being described and these interviews. Some reflective processing will have taken place, but it is not always clear what difference this would have made – for example, whether these were meanings that were attached to the event at the time, or afterwards, and how conscious the emotions and associated meanings were at the time. The fact that this was a research interview may have made a difference to what was said, and it is possible that some emotions may have been left out of practitioners' accounts. Whatever was the case, it was noticeable that practitioners' explanations for their emotions were infused with ethical dimensions.

8.2.1 Sadness and feeling upset or distressed

Sadness was indicated many times, in relation to either (or both) the child or the parent. There were some general feelings of sadness expressed about a situation or in relation to thinking about a child or parent's history and experiences of abuse, as seen in the previous chapter. Emotions seemed to be closely linked to thoughts and ethical dimensions.

Participants most often spoke of their emotions in relation to seeing the parent or child upset, or when relating the experience of removing or moving a child, or seeing parents in court. Some words used by participants conveyed a strong emotional impact, for example:

She loves these kids, there's no doubt about it, absolutely. And she went on the stand and she gave the most moving account of her past. She takes responsibility, absolutely, she's very articulate, very er – beautiful woman, a nice person, a caring person, but she's just too overwhelmed with her addictions, and to watch a broken woman on the stand that was heart-breaking, it was awful (SW8) (v. exp. in care procs/under 3 yrs qual).

This is an illustration of a woman having to give 'an account' of herself in the sense put forward by Judith Butler – in this case publicly, in the care proceedings process – and reflecting Arendt's words that the 'exposure and vulnerability of the other makes a primary ethical claim on me' (Arendt 1958, cited in Butler 2005, cited in Waterhouse and MGhee 2015: 246). There is a tension for the social worker between

recognition of the woman as a human being with vulnerabilities and strengths, and judgement of her as a mother failing to meet the needs of her child under the auspices of the child protection system. The social worker finds it painful – ‘heart-breaking’ – to watch the mother. She seems to feel a sense of ‘violation of the other’ in the mother’s exposure on the witness stand. A narrow instrumental view of mothers merely in relation to their role as parents would enable judgement and condemnation to be experienced as straightforward. In contrast, Waterhouse and McGhee (2015: 249) make a powerful case for the recognition of mothers in child protection processes, where practitioners are ‘able to suspend judgement in order to apprehend the other, in this case, the mother, as fully as possible’. However, they do not explore how potentially painful and conflictual this may be for the worker. In the above extract, the painful feeling for the worker seems increased by her recognition of the mother’s strengths as well as the difficulties she has faced in her life. There is some dissonance between the emotions and the judgement.

In the following extracts the practitioners’ sadness is inseparable from ideas about being human, whether the humanness of the parents or their own humanness, and the enormity of separating parents from their children, even if this was considered best for the child.

My assessment has said they can't have their children, and that's hard to sit with - that's really really hard, because everyone is a human being at the end of the day, I'm not heartless, I don't think you can do this job if you are hard (SP10) (exp. in care procs).

When you're sitting there in court and that judge says, you know actually the yes we are going to go forward with the adoption plan, and those parents hear that, although you feel that actually you've achieved what is right for that child, as a human being that's a very difficult thing to watch those parents, their lives, change, and know that they're never going to have that child back in their care. . .as a person and a human being to watch those parents have to hear that, and be so very final, is difficult, and I don't think that will ever go away (SP9) (v. exp. in care procs).

Emotional responses in some cases were triggered by being present at the expression of emotion by the child or parent. However, when speaking about them, the practitioners invariably included an *explanation* of their own emotions, and it appeared that the emotional responses, at least in part, arose from the participant’s

own thinking about, expectations or interpretation they brought into an event or situation, as well as from the child or parent's actual feelings about it. Ethical dimensions were not necessarily overtly linked in the practitioner's mind with their emotions but are present in the words and ideas expressed. But the emotions also seemed to contribute to the ethical reasoning, in heightening the awareness of a shared humanity and stirring the individual to think ethically about the other. This seems consistent with Small and Lerner's (2008) findings mentioned in chapter 4, that sadness increases depth of thought about the other.

The act of removing a child from a parent, or moving a child or doing goodbye contacts, arose in nine interviews as very upsetting, with removals of babies being particularly upsetting. Words used included 'traumatic', 'heartbreaking', 'always a struggle', 'horrendous', 'really difficult', 'upsetting', 'draining'. It was something you can't really prepare yourself for, or that you cannot describe to someone who hasn't experienced it, and a memory that 'will be here to stay with me for quite some time'.

The word 'difficult' was often used and appeared to be associated with experiences that were either sad, anxiety provoking or frustrating, or a mixture of these. For example, speaking to a child about not returning home to the parent was described as 'difficult':

the previous worker hadn't had a discussion with her around the possibility that she probably won't be returning back home to mum's care. So that was quite difficult, naturally she was upset, she cried, exhibiting – able to verbalise lots of feelings of anger and resentment towards mum, cos of mum's behaviour – she was able to say that mum had promised last time when they were accommodated that she wouldn't drink or do drugs again, and she felt very let down by mum that mum hadn't kept this promise (SP8).

Sometimes the feeling of sadness or distress in relation to a child they had formed a relationship with was also linked to frustration or a feeling that the child had been let down in some way. In the above example there is a sense that both the previous worker and the mother have let the child down. It is not clear in that example if this thought had actually increased the practitioner's own level of emotion, but it was clear in some instances such as the following:

When I went to see the children and that child was crying and presented that way, I think it choked me up quite a lot because I just thought how can you keep doing this to your children? (SP4).

It was really upsetting when it came round and we had to remove the child. . .that was probably the most upsetting thing I've done – that and young babies, if you have to remove young babies – cos this girl for months and months you're telling a child we're here to help you, we're helping your mum. . .she sort of thinks, you can tell, they've been lying to me the whole time. She sat in the back of my car and very calmly very thoughtfully just told me that she hated me, and I had to explain to her that's OK she's allowed to hate me and all of this. It was really upsetting, quite distressing (SP3) (exp. in care procs).

The following extracts illustrate how significant the participant's own thoughts were in triggering and shaping their emotion, rather than any expression of emotion from the parent or child. This practitioner found removing these children from their parent upsetting while the children themselves did not:

That night when we had to go get the children that was very stressful, we needed a police escort and you know that was – it was probably more upsetting for us than it was for the children cos the children didn't seem that bothered (SP7).

For the following practitioner, talking about a removal at birth, it was the fact that the mother was understanding towards him rather than angry that was most upsetting:

When I removed the child from hospital, at the time, when the baby was born, she actually turned round and said 'I know you don't want to do this, I feel really sorry for you'. That was more difficult emotionally than dealing with a mum screaming and shouting – because she was being compassionate for me at the time of having her baby removed. . .That was quite emotionally tough. . .It nearly reduced me to tears. . .I do know that that will be here to stay with me for quite some time. I'm still emotional thinking about it now (SW4).

It was also striking that some of the practitioners linked their feelings about the issues being discussed to their own families. For some, being a parent made them more sensitive to removing children:

I struggle with the unborn babies and the parents that have had five children removed before. . . I don't know whether it's because I'm now a mum, as when I first qualified I wasn't (Focus Group 2).

It used to make me come home and you know squeeze my daughter a bit tighter, and be thankful, you know. (SP10) (exp. in care procs).

Or separating siblings made them think of their own children or siblings:

because I've got children that are 10 and 8. . . All cases touch me but this case was particularly close to home, and it made me think about my own children a lot, and I couldn't imagine them being separated ever. And that was really hard. . . And when you're sitting with a 12 year old whose heart is breaking because she's never going to see her brother again, and she's been his primary carer since he was born, and there's nothing you can say to make it any – there's nothing. There's nothing you can possibly say to make it any better. And er it just makes me think of my sons. And it makes me think I wouldn't let my children be separated so what makes it all right that I am OK with these children being separated? (SW8) (v. exp. in care procs/under 3 yrs qual).

In the above case the personal link caused the felt emotion to be stronger, but this also led to greater ethical questioning – if it's not all right for me what makes it all right for them?

I have a very strong relationship with my own sister, erm, and we in our own lives have been through a lot of different things together as we were younger, so I couldn't help but kind of reflect upon that in my work with these two girls. . . I couldn't imagine not having, being with my sister, so to think about that with 2 others – that was a big one (SP10) (exp. in care procs).

The above examples illustrate how important the practitioners' own self, history and family were, in combination with ethical ideas, in influencing and increasing the sadness and distressed feelings they were aware of experiencing. There are clear links between family history, emotion, reflection and ethical questioning. Moesby-Jensen and Nielsen's (2015) study of emotional labour also found that parallels with the social worker's own personal or family experience could lead cases to 'get under their skin' more. Menashe et al (2014) point out the scarcity of studies examining the inter-relationship of the spheres of work and home/family for child protection practitioners. The focus of their study of Israeli practitioners is on the impacts of work on the practitioners' own mothering, but it also highlights the 'built-in dialectic'

(p395) between the roles of parent and child protection worker, and that where there were similarities between the family of the worker and that of the client, 'the greater the resemblance between the two families, the greater the risk of emotional turmoil and boundary confusion' (p397).

8.2.2 Anxiety and uncertainty

Anxiety, worry and feelings of stress were linked with a number of issues, some of which mirrored those reported by Taylor et al (2008).

Dealing with constant phone calls and pressure from parents and family members was mentioned by several participants. For example:

what I'm feeling at the moment is pressure – from kind of every angle – because I've got about 14 family members ringing me, daily – what about this, what about that, why are you not doing this, why are you not doing that – whilst I'm dealing with the case and having all the meetings and going to court, and dealing with mum and dad, and dealing with the children and doing the stat visits. And it feels like, um, you're kind of undermined and criticised in court – when you're the one that's doing everything (SW6) (v. exp. in care procs/under 3 yrs qual).

I quoted this practitioner in the previous chapter in relation to going the extra mile as good practice. Here the feeling of pressure is compounded by a sense of unjust treatment.

A number of participants described the stress caused by the sheer volume of paperwork and multiple assessments (such as viability assessments of family members, with limited timescales allowed, some of which might suddenly be required late in the proceedings). For those in family support/child protection teams (who generally initiated the proceedings before they were passed on once a child was placed in care) the care proceedings work heightened their anxiety about neglecting their other child protection cases, for example:

That's the tough bit, trying to balance everything and not neglect your other kids on your caseload, that's what's emotional, it's not the actual proceedings itself, it's. . . knowing you're not going to be able to see little Johnny in the corner on timescale because I've got to spend time doing a court report, that's what the pressure is for us as a practitioner (Focus Group 2).

The sense of being ‘under the spotlight’ in care proceedings, and open to criticism as a practitioner, arose a number of times (three interviews in particular), in a similar way to social workers in Burns et al (2018) feeling as if they were on trial, or example:

In the court arena everything is very much scrutinised, and. . .when, you know, you're giving evidence it's almost like you'll stand yourself under the spotlight, and I think if you didn't weigh up all of the viable options you would be heavily criticised (SW2).

Five participants focused on their first care proceedings. There were comments about feeling out of depth and how hard it was being new and inexperienced, both in terms of their own self-doubt but also being doubted, questioned and scrutinised more in court. Giving evidence and being cross-examined were seen as a cause of anxiety; these were also among a number of aspects of court work child protection practitioners found difficult in Reeves et al's (2018) study.

Aggression, hostility and threats to kill from parents (mostly father but occasionally mother and/or grandmother or aunt) were talked about by a number of the participants (nine interviews). This could lead to anxiety, for example:

At times, dad was quite scary if I'm being honest. I think his mental health means at times he can be quite unstable, unpredictable, he can be quite aggressive verbally and physically (SP7).

It was understood that care proceedings might stir up deep feelings of anger and resentment from families which might lead to confrontations:

There's the possibility the children might not be returned to a parent, so that can actually bring up lots of feelings of anger and resentment from them towards you as the worker. . .I think it's just about kind of being prepared for like confrontation really, and being prepared to challenge, but also alongside that thinking about your own kind of safety as a worker – where that's done, how you word certain things, just for your own safety as well (SP8).

As illustrated by the above extract, combining understanding of parents' emotions, being prepared for confrontation and maintaining their ability to have ‘difficult conversations’ at the same time as managing their own safety, involves finely tuned awareness and skill in the moment of the visit. This combines Schon's (1983) ‘reflection in action’ with Ferguson's ‘child protection skin’ in relation to the use of authority (Ferguson 2011: 203-4; Laird 2013: 161), and Ruch's ‘confrontational

empathy' and 'contextual communication skill' in attention to the impact of family emotions and their own anxiety in home visits (Ruch 2014).

The prominence of fear of aggression in the experience of social workers encountering risk is highlighted in social work literature (Littlechild 2005; Ferguson 2005; Stanford 2010; Robson et al 2014). However it was not presented as a significant issue, in comparison with other issues, by practitioners in this study. In the interviews it was noticeable that fear and anxiety from aggression or threats was not in any of the cases the first emotion the participants talked about. It was only raised either part way through the range of emotions or challenges they experienced or in answer to direct questions about working with this or that family member. It is not clear whether or not this actually indicates that fear was not so important to these practitioners, or whether there was any impact from being interviewed a time period after the event, or participants' views about what might be expected or appear acceptable.

A number of examples of significant anxiety and worry about the child arose, and these were when the worker was powerless to change the situation, either because the decision was out of their hands, or the court had not granted the order the social worker sought. Worries were expressed about the child's safety in that situation, or their wellbeing, for example in a potential move to another country or to family members the child(ren) had never met. In some cases a high level of anxiety was experienced about the child's safety when remaining at home, for example:

The worker she not only struggled with actually formulating a care plan, she also struggled with her own emotions over the case actually, and her own feelings, because she was so, so worried that if she sent the baby home, is the baby going to be injured (Focus Group 1).

the little boy – a massive impact, massive impact on how I felt, I was very – lost sleep over that case, and really felt strongly that potentially he shouldn't have been in that family home, and he shouldn't be returned to that family home (SW3).

Losing sleep was also mentioned by this participant who framed it this way:

If we remove, and we've made a mistake, that child could lose going home. If we don't remove and we've made a mistake that child could be dead the next day. . . And as traumatic as it is and seeing parents fall apart, I can justify my

actions, I can sleep with that in mind because I know that child is safe. If it was the other way round and I hadn't taken action, I would not sleep for weeks (SW4).

Anxiety and losing sleep was only mentioned in terms of whether a child should have been removed for their physical safety, but not over whether a child may have been removed unnecessarily. Perhaps it is too painful to look back and question the decision retrospectively, and there is a need to feel sure that the decision was right. In a focus group discussion in the study by Beckett et al (2007), participants also indicated they had not lost sleep worrying if they had wrongly removed a child.

Participants also found uncertainty and not knowing the outcome difficult, especially when they also had to deal with the child's emotions and anxieties in response to uncertainty about what was going to happen:

Mum then made disclosures about her mother and grandma decided to pull out. So we – to the point where the girls had their bags packed, ready to go, and sort of 2 days before, we are having to take it back into court. So and all the time I'm reflecting and I'm feeling all this emotional tension with it, so how these little girls are trying to kind of process it, was a real real challenge (SP10) (exp. in care procs).

In some instances practitioners expressed anxiety about a dilemma, such as whether or not to place siblings together (see previous chapter). Words such as 'difficult' or 'a struggle' were used in ways that seemed to convey anxiety and sometimes sadness or frustration or other uncomfortable feeling, illustrating how dilemmas and difficult decisions often involve a sense of guilt and anxiety (Banks 2012).

References to feeling 'uncomfortable' or things 'not sitting comfortably' were also made a number of times in connection with a situation that had ethical elements – not in relation to a decision they had to make (where it was anxiety that was more in evidence), but where they had to go along with someone else's decision which in some way went against the participant's values, such as refusal of financial support. One participant spoke of a situation where an EPO was granted to remove a young person but where the police were not available until midnight and the family were all in bed, meaning that they had to wake them up:

But for me the – just my own personal values, how awful that must have been for that family – that was a very difficult one (SW2).

There were many examples of participants expressing a feeling of responsibility (discussed in both focus groups and four individual interviews) for not only the decision but the whole course of the child's life, or feeling they had let the child down if they didn't get the decision they sought. For them there was no sense expressed of just presenting the evidence and leaving the court to decide the outcome. In some cases this feeling of responsibility caused anxiety or distress. Here are several examples:

To be the author of her world is quite a hard challenge and I would question am I getting it right? . . . I feel extremely responsible. I'm the author of her world (SW5).

I definitely did [feel responsible], you know, it's my name on the care plans, it's my name on all the statements, it was my evidence, and I still do now, you know, I think about as these children get older, I'm very conscious of that whenever I work with all children, whenever I'm writing you know my case notes on my visits, these are these children's lives. . . you know - it's a huge, huge weight to kind of hold (SP10) (exp. in care procs).

The extract below is from the practitioner quoted earlier, in which separating the two girls made her think of her sons, when the preferred placement fell through at the final hearing:

I felt like, for the first time ever, I felt like I'd let some children down. I've never done a case where I haven't been happy with the outcome. And I felt like I'd done these girls a great injustice – and I couldn't get that right in my head (SW8) (v. exp. in care procs/under 3 yrs qual).

The role of anxiety will be discussed further below in relation to anger and frustration.

8.2.3 Anger and/or frustration

There were many expressions of frustration or anger. Some of these were in relation to court attitudes or decisions, or local authority decisions.

Some participants expressed frustration at the current tendency (following the Re-B and Re B-S judgments) of courts – or specific courts or judges – to 'send children home' at final hearings or make SGOs to family members the social worker had assessed to be unsuitable but the Guardian or an independent social worker had

assessed more positively. These points were also raised by interviewees in the Research in Practice (2015) report. One experienced practitioner pointed out that there were a lot of adopters available but not many children being given placement orders by the courts.

Other experienced practitioners in the same focus group gave examples of very strong feelings evoked when courts had not granted an order that a social worker was pushing for, and a child subsequently died or suffered harm. Very strong feelings of anger towards judges were expressed, for example:

We had a young care-leaver with one child, living with somebody we thought was a very dangerous man – he was a very dangerous man. We got knocked back in the High Court, that young woman was – no order was made essentially, and several years later she was killed, she had two more children by then she was killed by him in front of her 3 children. And, talking about emotion, I can remember feeling so angry, you know [sound of 'mmm's from others in the group], cos we knew it was – we'd had meetings, we'd thought about everything, and I was as angry as I'll ever been around my work. And I actually wanted to go and sit down and say, you might not remember this young woman – this is what happened – (Focus Group 2).

Another frustrating aspect was the large number of viability or SGO assessments they were expected to do: 'the fact that so many relatives can all pop up as well - at the last minute - when they've never had a relationship with these children' (SW6). In the PLO, kinship or connected persons assessments should be filed by the Case Management Hearing; however, the fall-out of Re B and Re B-S has meant some judges were allowing potential carers to apply up to the final hearing, as has also been the picture nationally (Research in Practice 2015). This could mean delaying the outcome beyond 26 weeks, which for one participant was particularly frustrating in terms of the well-being of the child:

. . .frustration, in court when they delayed the hearing, because this little girl, you know the court don't see her, I see her on a regular basis, and I – I know how vital it is that this little girl particularly erm she's ready for that permanence, you know she's had mum, mother and baby, another foster placement (SP9) (v. exp. in care procs).

The above extract also illustrates the embodied nature of social work practice in comparison with the court where she is not seen. There is a sense that the social

worker 'seeing' the child involves knowing and 'recognising' her as well as physically seeing her.

Working with families could also generate frustration, through the constant phoning up or demands of extended family members for contact or objecting to other family members, or when parents seem capable of change or say they will do something and then do not carry it through, or the sudden interest being shown by extended family to care for children once care proceedings started when they had never shown support or interest before.

Particularly frustrating or difficult to deal with was the attitude towards the social worker or the local authority that was sometimes taken by courts, with assumptions that the social workers were biased:

I've gone into court once and it was a non-accidental injury. . .11 week old baby had a spiral fracture to his leg. It was first hearing, we walked in and the judge hadn't read any of the papers and turned round and to me and said 'I hope you're not saying that mother has done this' and that was his view straight away. . .in the fact finding actually the parents were found to have caused the injury, but it was that automatic – like 'you're saying this? How dare you say this' and actually I wasn't saying anything, I was saying that this child has a non-accidental injury when he was in the care of his parents. . . Sometimes you walk in and you do have to think there are specific judges when you get them you think – I wonder what mood he's going to be in today – is he going to like a social worker today or is he going to dislike social workers today – and it makes our job really hard, because sometimes it's made to feel that we're there just to cause this family some undue pain (Focus Group 1).

The assumption that the social worker was biased often led to further parenting assessments being requested from an independent social worker, or even a social worker from another district team of the same local authority.

We will always be accused of being biased. I think they don't see us as being able to do a non-judgement assessment. . . But we know the child, we know the family, we have that background. . . the child trusts us and is able to disclose things. . . you know inside out that that family and that case – so why are we not looked on to be professional enough to do that assessment? They're asking independent people to do it, and they don't know that information (Focus Group 1).

There were frustrations that pre-proceedings work was not taken into account enough and practitioners were being required to 'repeat all the work you've previously done in a sense, within a shorter timescale, so that's frustrating' (SW6).

Frustrations, often deep, about not being listened to by courts were discussed in both focus groups and five individual interviews For example:

I think there was a lot of frustration, a lot of upset, a lot of just really feeling like I'm powerless in this situation even though I feel like I'm probably the best one, you know, along with my managers, to make decisions like that. I felt like nobody was listening to me (SW7).

You're going into court having worked your guts out and then next thing . . . you're being made out to be unprofessional. I've had it before where rather than my assessment being used they've insisted on independent reports being used because you're biased and all this, and you just think to yourself – I've done all this to get us to this point, for the last year or two – here we are (SP3) (exp. in care procs).

In the above extracts and others the frustration and anger seems to combine feelings of being misjudged, devalued, treated unjustly, at times humiliated and demeaned, decisions making their work more difficult, a strong sense of powerlessness, and in some cases a feeling of vindication at being proved right afterwards. Feelings of powerlessness seemed linked in some ways with identification with the child in relation to those in power (including parents), and the child being let down. There was sometimes a sense that the judges (and often the Guardian) were experienced as aligned powerfully with parents against the powerless social worker and child. This is illustrated in the following description of a day at court:

The father had come onto the scene and he lives up north somewhere. And he demanded contact that day. The social worker felt that contact wouldn't be suitable for the children that day because we didn't know what was going to happen in court and actually we were still pressing for the children to be removed on that day. The father wanted contact, and the judge took a view that father whatever happened he was going to have contact. . . The judge wasn't interested in anything the local authority had to say. He said you will sort out contact today, you will take half an hour, you make some phone calls and come back in and tell me how that's going to be managed today, go and do it. And we'd gone to court that day that was not the issue of the day but it became the issue of the day and we had to do it (TM1) (v. exp. in care procs).

This left an impact on the practitioners:

– anger, being drained, you know you hadn't eaten anything, he doesn't care that no one had had any break. He'd had his break but we had to work in our break, still we had to keep on going. All of those things will add to the initial feeling that no one cares about us as a group of professionals (TM1) (v. exp. in care procs).

There were many references in the interviews to participants feeling criticised, not listened to, and generally treated very differently to the Guardian, or expert witnesses, or the police, consistent with findings of other studies that social workers felt their views carried less weight than other expert witnesses (Beckett et al 2007; O'Connor and Leonard 2014; Burns et al 2018).

The other thing as well is that if that child is set a court date and everybody's looking at their diaries, if the social worker's on leave they are expected to come in. The barristers aren't, but we are (Focus Group 1).

Instances were given of where experts wanted more time to complete an assessment they would be given it without challenge, whereas the local authority social worker would be challenged, may be criticised, and even have costs put against the local authority: 'it always tends to be, in my experience, the local authority that is criticised for going outside of those timescales' (SW2).

Some practitioners in the experienced focus group also expressed frustration at local authority lawyers for not listening to them and wanting them to make changes to statements, where it later turned out that the social worker's points would have been appropriate. There appeared a level of tension and frustration with lawyers, which also arose in Dickens' (2006) study. Dickens makes the valuable point that inter-professional differences should not automatically be seen as problems, but can be productive in leading workers to reflect on and account for their views and practice, which also links with one of the themes of this thesis, the value of dissonance and dialogue.

There were also frustrations about local authority decisions leading to the social worker having to ask for or recommend an order he/she did not agree with.

Sometimes decisions are made from up above that doesn't reflect what the child wants, or what the child needs. . . and it can become very difficult and very stressful to manage, knowing that you're possibly going to step into the court arena not – how to word it – not really fully advocating what you feel,

but just because of management decisions and things like that (Focus Group 1).

One of the challenges of care proceedings was seen as standing by their own views in the face of all the opposition:

And remaining true to your own informed decision when you know everybody else has a different opinion, including say the Guardian, and you know that if you're going to stick to your guns, it's you against the world type of thing (Focus Group 1).

This practitioner's words, 'it's you against the world', seem to encapsulate a common feeling in the data. Practitioners' feelings of being misjudged, devalued and pushed around were interlaced with frustration that they were the ones with the knowledge, putting in the effort, and trying to do what was right for the child while being under siege and thwarted from all angles. In their study of social workers' experience of decisions in care proceedings Taylor et al (2008) note the tendency of the practitioners to feel responsible and to criticise others' lack of responsible behaviour. Drawing on Menzies' (1960) work on social defences against anxiety they suggest unconscious use of the psychodynamic defence of 'projection' and splitting into 'good' and 'bad' or 'us' and 'them' was one way the social workers defended against anxiety at the level of responsibility they had and the painful nature of their 'judgements of Solomon'. They comment that this anxiety is projected back and forth, as social workers are also targets for projection from others in their function as society's defences against anxieties. In the current study the comments from participants, and strength of feeling expressed, may likewise indicate involvement of the defences of splitting and projection, with many comments conveying a sense of the irresponsibility or obstructiveness of others, whether this was judges, guardians, lawyers, family members, previous case holders, or managers. Another defensive device that may be relevant here is that of Karpman's (1968) 'drama triangle' which involves the shifting roles of victim, persecutor and rescuer. All these defences function to protect the individual from unbearable levels of anxiety and responsibility. In addition, identifying with the child who is powerless but at the same time holds a kind of symbolic power as the innocent victim at the centre who is in need of protection, seemed to add to the sense of being in the right 'against the world'.

8.2.4 Conclusion to 8.2

The above sections about sadness, fears and anxieties, and anger and frustration have captured a range of emotions from practitioners, in many cases expressed very strongly. It was also noticeable that when the practitioners talked of emotions in the interviews, they included their thoughts and reflections in explaining why they had the feeling, or why it was significant or mattered to them. These reflections involved ethical dimensions, sometimes clearly identified by the participants, and sometimes by implication or association in a broader sense. There were some possible indications of defences of identification and projection being used, and in places some underlying moral constructions were implied, interacting with emotional responses and influences.

Thus emotions and ethics appear strongly linked in care proceedings decision making, in a dialogical relationship. The way participants framed the situation and attached meaning to their interpretations appeared to lead to emotion. It also appeared that emotions were more keenly felt because the situation raised an ethical issue of some sort, and on the other hand sometimes it was emotion that seemed to lead to greater ethical awareness and questioning.

As these interviews took place after the event it was not clear if these emotions were strongest in the participants' memories and thus explored in the interviews because the emotional residue from unresolved dilemmas and ethical conflicts was stronger and more enduring than other emotions they may have felt at the time but not remember so clearly later on. It is possible that there is a range of enduring emotions and residue that practitioners need to reflect on afterwards in supervision and other arenas after the event, but also other emotions that are generated at the time which, because they are less enduring in practitioners' memories and less accessible to reflection, are more likely to have unconscious, or less conscious, effects on the practitioner's thinking and practice.

8.3 The relationship with parents and combining support and authority

Several participants (five in particular) talked about the particular nature of the relationship between social worker and parent in care proceedings and the emotions connected with this. The relationship between social worker and parent has already

featured in the findings in previous chapters in relation to the impact of the interactional and relational nature of social work on the decision making process, the way this relationship changes when entering the court 'world', and the relevance of the ethics of care as a concept in the data. This section will focus specifically on how participants experienced the tensions and the emotional dimensions of combining support and authority within this relationship, as this seemed a significant theme in the interviews.

Literature about the relationship between social worker and parent, such as Ferguson (2011) regarding good authority and intimate practice, and Howe (2010) about mindful relationships with parents, sets out the importance of social workers being able to work empathetically, reflectively and collaboratively with parents when carrying out their authority role. This combination of care and control was complex and challenging for participants, especially once care proceedings were initiated – and also potentially painful as indicated earlier – but seen as important in the long term:

It's difficult for them to continue to work with you as well, so it's – yeah it is difficult, it's a challenge. And again when it is adoption you want to try and maintain that working relationship with the birth parents, because they'll also play a vital role in the life story bit for that little boy or girl (SP9) (v. exp. in care procs).

The social worker/parent relationship itself can be an emotional rollercoaster, with a parent who is angry and in pain but wants and needs help at the same time, as illustrated in scenarios by Ruch (2010a). Some participants found that keeping the boundaries became more challenging as mothers tried to treat them as a friend, for example:

I think mum – because mum was quite needy I think she would use me quite a lot to offload – someone to speak with, and that felt quite a conflict really as I was trying to advise her and support her, but then I also had to sort of be very clear. . .and I think her relationship with me she tried to make it quite friendly and she would always ring me and tell me that oh I think you're really nice and, you know, that was difficult (SP5).

This could also link with the defences of splitting and projection mentioned earlier, in that service users may see professionals as 'good' or 'bad', finding it too difficult to hold the idea of an individual having elements of both (Ruch 2010b).

There was a sense that the closer and more empathetic the practitioner was, the harder they had to work to keep those boundaries. This practitioner was not the case-holder and was completing an independent parenting assessment:

Sometimes if you get alongside parents and you're able to have those sort of open discussions with them, sometimes you can sort of slip into that that less professional role so to speak and you have to keep remembering you're there in a professional role and not to befriend them (SP2).

The following practitioner talked about her first care proceedings case, taken on when relatively inexperienced, a case that involved physical abuse (whereas most participants talked about neglect or emotional abuse).

I remember just feeling very sad for her. . .But I also had to balance that with what the children must have been experiencing. . .she was such a victim, a massive victim. And I think that was our focus, and you do have to focus on that, because I think you're aware of keeping families together, you're very aware of that, and what can be done, because you know you're aware of outcomes for children in foster care are not good – homelessness and you know the amount you know you've got that all in your head, and you've got to work with her – you really do have to – and I think you do form a relationship that is quite difficult to separate out, because in your head you're thinking well if I can work with her and help her change, then that will help the children. . .It seems inherently wrong, that this woman has given birth – but, these children's lives were miserable and there was immense suffering (SW1).

This social worker conveys compassion and sympathy for both the mother and the children. Her emotions were heightened because of the ethical issues but the ethical conflict seemed more acute because of her awareness of the suffering on both sides. She also described herself as probably going above and beyond the role and giving more than she should: 'I think possibly because I was newly qualified so I wanted to do things – I don't know whether had I been doing that in four years, ten years, I would have been the same'.

Did this social worker's relational closeness and commitment to the mother generate the depth of thinking and feeling and seeing the mother as deserving of care? Or was it her sadness, or the way she framed the situation ethically in her thinking – that the mother was a victim and needed care herself – that led her to commit herself so fully to the relationship and trying to help her? As in examples discussed in the previous chapters, there seems to be a complex interplay of relationship, commitment,

recognition, embodied interaction, emotions, moral constructions and judgements, continually impacting on each other. But this relational closeness and level of thought takes effort that may be difficult to sustain in the long term.

In contrast, in the expert focus group there was very little discussion of working with parents, while concern for the child was conveyed much more strongly. A sense of straightforwardness was conveyed about working with parents who had been offered all the support possible and had not changed, leading to removal of the child. There may be a number of possible reasons for this such as their level of experience (for example Whittaker (2018) shows that more experienced practitioners were able to see patterns and select more quickly the key aspects to focus on), or the fact that it was a group discussion amongst experienced social workers and managers where certain approaches or emotions may have been felt to be more appropriate to demonstrate than others, or possibly this was just the direction the discussion took. However, the individual interviews and the smaller focus group discussion included much more in-depth consideration of relationships with parents and the detail of the work with parents.

It seemed that increased emotion and ethical thinking about parents was linked with closeness, detail, painful feelings and uncertainty, which could be overwhelming, while a more detached approach was associated with distance and certainty. But constant exposure to painful feelings, anxiety, uncertainty, ambivalence and projected feeling from families can cause unbearable pain and anxiety, against which workers may need to defend themselves through distance (Pinkney 2011), reinforced by the organisational climate and time pressures, which is a challenge when considering how to create containing spaces to 'think and feel' (O'Sullivan 2018). The impact of organisational factors will be considered further later in this chapter and in the next chapter. First another related feature of practitioners' work with families will be explored which adds an additional layer to the management of emotions: that of emotional labour.

8.4 Doing emotional labour

A number of extracts in previous sections involve workers managing feelings within interactions with families to have an impact on others or for the benefit of others, for

example to keep the parent engaged in working with them. This links to Hochschild's (1983) concept of emotional labour, which involves the suppression or working up of feelings for such a purpose through 'surface' or 'deep' acting (see section 4.2.5).

In some cases there was a dissonance between the emotions felt by the participant and the emotion (or lack of emotion) they thought they should portray in a situation as a professional. For example:

I think as local authority social workers. . . you almost have to put a cap on your emotions – and not shut them off as it were because it's highly emotive work and you can never not have some form of emotion around these kind of proceedings. . . In terms of say my emotional display in court, in contrast to mother's it must – to her, it must have looked like I was quite cold and very shut down, because I was able to kind of evidence succinctly and quite clearly, I wasn't – I was able to contain my emotions in terms of not being upset or not being overly angry and displaying aggressive tendencies which neither parent were able to do (SW2).

And I was there when we actually did remove the children. We did it at the family centre. . . I remember the parents were saying you're such hard what's its because you're not crying. But actually the social worker and I were trying hard not to cry (SP1).

Both the above extracts indicated it was felt to be right as a professional to suppress emotion, but this suppression conflicted with another kind of 'feeling rule', that it is wrong to be hard and cold in a sad situation such as this. There was also effort involved in 'trying hard not to cry'. The practitioner below (who was also quoted above in section 8.2.1) regarding the mother's sympathy for him) describes this effort as putting a 'professional head on'. Practitioners' use of the word 'professional' in relation to managing emotions was also noted by Ingram (2015) in his research.

There is also an aftermath to be dealt with – in this case on the way home:

But you put your – as much as you can, you put your professional head on, erm you do your job, take the babe to the foster carers, and then, just try and deal with it on your way home. . . At the time when she said it, truthfully, it nearly reduced me to tears. But just tried to keep my professional face on, grit my teeth (SW4).

The next practitioner, also male, had gone through a process of 'psyching up' and suppressing emotions in readiness for removing a newborn baby from a mother in hospital, before being given the impression after some hours that the EPO would not

be granted. Then suddenly it was. The process of psyching up, down, and up again during a day seemed to make the emotional impact and its aftermath greater:

I thought to myself I'm not going to be doing that – so I almost let my guard down and I thought to myself I don't have to go through that – and then I was being told go to the hospital and the baby's going into care, and that was one where I just went into sort of automatic and dealt with it, but then after the event I had to erm – yeah for days I was in pieces about that (SP3) (exp. in care procs).

The above examples correspond to Hochschild's 'surface' acting in the sense that the practitioners were consciously putting on an act as a professional in this challenging situation, rather than trying to engender the positive emotions within themselves, which would have been 'deep' acting. While the professional expectation was that they would suppress their emotions, perhaps other social/cultural expectations or feeling rules that it is wrong not to feel upset in this situation, caused further dissonance and conflict for the practitioners, who would not have wanted to engender positive feelings about removing children. It is surface acting that is more likely to cause emotional burnout because it involves repeated 'expressions of inauthenticity and cognitive dissonance' (Green 2017: 783).

The previous two extracts were both of men talking about removing babies from mothers. While there were examples in the data of female practitioners identifying responses such as feeling upset, the male practitioners appeared to speak in more detail about these feelings (other extracts from SW4 and SP3 are in section 8.2.1). The number of men in this sample is too small to draw clear conclusions from but this could indicate further interesting lines of inquiry, for example into whether certain emotions (such as feeling upset) or emotional conflicts may be perceived by social workers paradoxically as more acceptable (or powerful?) for men than women to speak about in social work organisations (or to a female researcher) – and in general to explore the multi-layered role of gender in emotion expression and emotional labour in social work.

The next extract, though still largely 'surface' acting does involve an element of the social worker trying to generate some positive emotions within herself to be consistent with professional values. This is consistent with Pizarro's (2000) argument that individuals use cognitive strategies such as perspective-taking to engender an

empathic response. Reminding herself the mother was a victim seemed to be part of this, which again links to the way framing an individual as an innocent victim or vulnerable reduces negative feelings and engenders a positive approach:

She didn't listen. When I was really fed up with her I still had to go out there and be polite and not be judgemental and try and be supportive – at the end of the day she's a victim as well. And I think that was one of the values I was trying to stay focused on and tried not to let my emotions or feelings kind of show (SP4).

Winter et al (2018) and Moesby-Jensen and Nielson (2015) show how emotional labour, either deep or surface acting, is threaded through the interactions and relationships between social workers and the children and parents they work with. Winter et al found workers used various ways to manage their feelings and the emotional dissonance involved – through humour, self-care such as bringing in food to share, and social activities or other distractions. The next section will focus on the means participants in the current study used to manage their emotions.

8.5 Managing the emotions

Participants spoke of a mixture of individual and interactive ways of dealing with the emotional impacts of the work.

8.5.1 Driving, music and household chores

Driving appeared very significant and was referred to in five of the individual interviews as important for processing thoughts and emotions, for example:

And I do a lot of thinking in my car – I do a lot of driving, and that's when I tend to think about things, and try to make sense of them all (SW8) (v. exp. in care procs/under 3 yrs qual).

We drove together. All the way back we could talk about it and go through everything (SP7).

Two also talked of the positive impact of listening to music while driving. Ferguson (2011) points out how the car may function as a safe, containing space, a 'secure base', where workers can process their feelings and thoughts, and that 'cars have deep meanings for staff as spaces where the self can be replenished and helped to

build up the emotional resources needed to do effective social work' (Ferguson 2011: 195).

Doing household chores could also be helpful:

I'm a reflective person, I need that time on my own. I do remember doing my house chores on that weekend and just thinking about it, you know. It's fine, I'm OK doing that, it's a good time to do it (TM1) (v. exp. in care procs).

That also reflects Ferguson's (2011) discussion as he mentions the social worker's home as being a potential place for processing the emotional impact of the work. He draws attention to the circular connecting of home visits, the car, the office, and the social worker's home life and relationships, all interrelated in their influences. It also illustrates the increasing blurring of boundaries between work and home (Hochschild 1997).

8.5.2 Supervision and talking with others

Supervision and discussion with colleagues have already been mentioned in chapter 6 in relation to decision making. They will be briefly explored here as processes that were identified as important to participants in managing their emotions.

Formal supervision was mainly associated with advice and case management rather than reflection or dealing with emotion. It was the availability of the manager for informal or 'ad hoc' supervision and discussion that was highlighted numerous times in association with reflection on cases and dealing with the emotional impact of the work.

My manager was there for those conversations, and she did make time to sit with me and talk to me about how I was feeling. . .so even though we didn't have supervision, she was still there (SP4).

I know I could ring my manager and say look could I just sound this off with you because it's playing on my mind, erm, just to get some – that's more about reassurance I think at the time, but afterwards, it's about learning (SP10) (exp. in care procs).

The second extract above alludes to the difference between talking at the time or afterwards, which will be considered further below. It was recognised that sometimes practitioners might need to take responsibility to seek support and reflection about

something that was having an impact, and that some workers are better than others at seeking this. One participant mentioned that she received case management supervision from her manager but was able to talk reflectively with a senior practitioner in the team. Two participants suggested clinical supervision away from the office would be very helpful.

While formal supervision helped manage anxiety from not knowing what to do, it was informal conversations that helped participants more with managing other feelings arising in their work. Revell and Burton (2016) suggest that a 'rule of optimism' within the supervisory relationship can function to avoid or reduce reflection and professional curiosity, through supervisors assuming experienced supervisees make competent judgements and manage emotional aspects, and supervisees concealing their feelings. However, the organisational role of formal supervision with its focus on procedure, targets and performance management is a barrier to it being a space to think and feel. In the current study there appeared to be a split between uses of formal and informal supervision, suggesting that organisational constraints rather than individual approaches were impeding reflective discussion. Ingram's (2015b) study also found that practitioners edited emotions out of supervision, and instead used peer support to discuss emotional elements; he also points out that notes are not made of informal conversations, unlike formal supervision. Peer support was also highly valued by participants in the current study, as discussed in chapter 6 and below, and in Engstrom's (2017) study.

8.5.3 Informal team support, and feeling 'safe'

A number of participants identified the importance of a team culture that encouraged supportive relationships, for example:

We're only human, you know, and we're nothing without a good team around us, I'll definitely say that, you know, when your colleagues really – you need to support your colleagues with cases like this. Erm, otherwise it could be very lonely I think (SW8) (v. exp. in care procs/under 3 yrs qual).

Six participants described themselves as 'lucky' because their team or their manager was supportive, implying that this was not a 'given':

We're quite lucky in our team, you know – I've worked in different teams. .
.We are quite a small team, erm but we can sit and bounce ideas off each

other, or we can you know – one of us gets slightly stressed out. . . there's always someone there to bring you back down to earth again, or even if it was just to crack a joke for five minutes to make you laugh. . . And actually some teams don't have that . . .and that's a really hard place to work – and to be able to make decisions. . .Where it feels unsafe and it feels that you've got no one to talk to and things like that, you do then start doubting your own decisions, because there's no one there to back you up, or there's no one there to say oh you know I agree with you or I don't agree – cos everyone's so kind of engrossed in what they're doing (Focus Group 1).

Here humour is used, as in the study by Winter et al (2018). But this also illustrates the importance of the kind of 'organisational containment' described by Ruch (2007a) and cited by Ferguson (2011) and the impact when this is not present, to the point, in the words of the participant above, 'it feels unsafe' and self-doubt grows. The team can act as a container through providing an attentive relationship as described by Bion (1962) enabling individuals to feel safe enough to digest and reflect upon unmanageable feelings (Ruch 2007a) – or to draw from attachment theory the team can function as a 'secure base' (Biggart et al 2017; Engstrom 2017).

The importance of enabling workers to feel sufficiently safe to be honest and open was also recognised by a team manager:

You've got to feel safe in doing that – you've got to know that if you do raise those views, you're not going to be ridiculed, or thought of as not being professional, or your values are not true, erm, you got to have faith and trust that you can do it in a safe environment (Focus Group 1).

8.5.4 The nature of the building and physical work environment

Many comments (arising from Focus Group 1 and five individual interviews) implied that the nature of the building was an important enabler or barrier to the kind of team support discussed above, typified by the following:

I've some very good work colleagues that sit in the same room as me. We've been together for 2 years, the same 4 of us. . .But I think we're lucky in the fact that – I mean this is a lovely building to work in, there's 2 teams of 6 children's social workers. So my manager. . .her office is opposite mine, and so I have a lot of ad hoc supervision (SW8) (v. exp. in care procs/under 3 yrs qual).

Yes, I think the whole team knew about the time I was having and stuff. I think because we didn't have a stable manager we were all quite supportive as a team at the time. We were in a very small office together (SP3) (exp. in care procs).

Yeah they might overhear you having a conversation on the phone or something like that, so there's always someone on hand to have a chat with you if you're finding something particularly difficult, which is helpful, just to offload in that sense, or to get another worker's kind of perspective (SP8).

The last of the above extracts also illustrates the point made in chapter 6 that offloading when finding something emotionally difficult can lead to hearing another worker's perspective – but here it is also linked to being in the same room and the potential for another person to offer support, as opposed to it being left to the worker to seek it, which not all may do. Being able to sit in the same room, or area of a room, with team mates was important in getting to know each other's cases and building trust. Smaller rooms or buildings figured strongly in the interviews as environments that supported close team working, including for the team above (in 8.5.3) who discussed the importance of supportive trusting relationships, where individuals felt safe to share their views and emotions with those around them.

Perhaps a smaller room feels more containing. This links to ideas of place. Rooms and other features of buildings exist in spatial relationships with each other. Distance and proximity are related to access and exposure (Logan 2012). For example, the participant above whose office was opposite the manager's alluded more than once to this fact as enabling her to receive more frequent ad hoc supervision. Physical space guides movement and interaction and takes on social and symbolic meaning. Emotions such as excitement, caution and anxiety are created through social interaction within spaces, and buildings can be understood as 'performative events' through the way they are used and experienced by people within them (Jeyasingham 2016).

Jeyasingham's (2016) ethnographic study of social workers' practices and experiences in office spaces is relevant. This compared the experience of two teams. In one, in an older small building, views and feelings were expressed and the team was able to maintain shared values and understandings, and a shared sense of responsibility, urgency at times. In contrast, the other team was in a large open plan 'agile' working

environment, and while the social workers still sat close to their colleagues, it was seen as noisy, less cohesive and with a potential for dangerous practice. There seemed a solitariness and exposed openness at the same time, with interactions potentially observed by people they did not know, and Jeyasingham questions whether this arrangement potentially leads to ‘more inhibited bodies in environments that, while no less busy, are sapped of a sense of shared urgency’ (p216). Helm (2017) also found the nature of the office space was important in enabling informal discussion either through proximity or the availability of private spaces.

The idea of hotdesking also brought only negative comments from participants in the interviews, consistent with the discussion above, for example:

We were meant to be hot-desking but that stopped a long time ago. . .We hated hot-desking. . .And this encouraging people to work from home, erm, no – we have to talk to each other because our cases are ongoing – we talk all the time about – this is just – she's got – what shall I do – we do this all the time – doing it today, you know. How can you do that if you're working from home?. . .I think it's dangerous to have that, because you start to make decisions on your own (SP6) (exp. in care procs).

The importance of having an allocated desk is also identified in Engstrom’s (2017) study and by Ingram (2013), and is discussed by Ferguson (2011: 197), as ‘a fixed location within a community of colleagues where you know from day to day who your neighbours are’, and enabling the kind of secure base and relationships that workers can come back to and gain ‘the support they need on an hour-by-hour, day-by-day basis’. In the above extract it is also associated with *safer* decision making.

8.5.5 Reflection at the time or later?

One of the interview questions related to whether participants reflected, or would find it helpful to reflect, *during* the care proceedings process (ie working with the family, coming to the decision and involvement in the hearings), or *afterwards*. This generated a great deal of data. A pattern emerged, on the one hand that more chance to reflect at the time would be helpful, especially when very difficult actions needed to be undertaken, such as removing children, but on the other hand that actually during the very difficult activities it could also be important not to reflect *too* much as the awareness of the emotions and anxieties might make it more difficult to

keep going. For example, as seen earlier, when suddenly having to remove the newborn baby the social worker had to go into 'automatic' and felt the emotions later. Another participant described herself as being 'caught up in the motions of it' during the care proceedings, which was what she needed at the time, but afterwards when reflecting back felt 'it was almost like a huge sigh of relief'.

Several practitioners could see both positives and negatives in reflecting at the time, and perhaps it was about finding the right timing or safe spaces to reflect or off-load, while also recognising the need to keep going at certain points, using a spatial analogy of a sense of being inside or outside a situation, or stepping back/away:

I think practically as well when you're trying and you're so engrossed in a case. . .you're not gonna want to kind of come out of that and you're gonna want to be focused. . .but I can also see the positives from having it during and at the end as well (SP9) (v. exp. in care procs).

I think there were times probably when I was away from it, or when I was doing the paperwork or something, that I would feel overwhelmingly sad, but I think that you perhaps can't concentrate on that – because you've got to be doing, and it's not your only case. So you don't have time to appreciate it. Whereas I think when you step away, and you can look back at it from a distance, then you know (SW1).

For most there seemed a clear pattern that reflection after the event could be more considered, and involve thinking in more depth about what was happening and why, and what could have been done differently and learned. Kirkman and Melrose (2014) make the point that feedback on outcomes is important for teams to reflect on and discuss the quality of decision making. However, in this study, transfer of cases to other teams and confidentiality issues meant participants may not learn of outcomes.

Another common point was that often there was not time or opportunity afterwards:

it's almost as though – that's done, we kind of draw a line on it, and now those proceedings have been finished, here's another set to kind of carry on with (SW2).

Things change dramatically when you've done your care proceedings, and you kind of move on – to your next set of proceedings. . .we get a case, it finishes, we move on to the next one. There's no breathing space there (SW8) (v. exp. in care procs/under 3 yrs qual).

Thus reflection can be resisted by the organisation through its processes and relentless turnover of work, as well as internal processes in the worker such as the pressure to keep strong and in control in emotionally challenging situations, relief that it is over, and internal pressures to 'do' rather than 'think' (Ruch 2007b). Sicora (2017: 495) also observes it is hard for people to consider if a mistake may have been made, as '[b]eing wrong is an emotional experience' involving feelings of shame and failure.

8.5.6 Structured team discussion

Three participants spoke of having structured case discussions within the team. These are mentioned in chapter 6 as helpful to move forward a 'stuck' case. There are models of case discussion, for example Ruch (2007b) and O'Sullivan (2018), that encourage participants' engagement with the emotional aspects of the work; Dempsey and Halton (2017) also studied peer support groups which allowed practitioners to reflect on tensions and uncertainties and focus on professional development. However, the participants in the current study did not associate structured team discussions with discussing the emotional aspects of the work. This may be partly because they seemed to interpret dealing with the emotional aspects of the work as providing support with and relief from emotions that arose during the work, rather than trying to understand them or consider the unconscious impacts of emotions. Gaining relief, reassurance and 'venting' were associated with informal discussions, these being seen as safer. This was recognised by a team manager (TM1) who felt that it was better for individuals to be able to talk about feelings informally than in more formal group discussions where there was also the stress of 'performing' in front of colleagues. She explained that she would not ask a social worker to talk about a case that might evoke a lot of feelings they may not feel comfortable to express in front of others.

Taylor et al (2008) noticed in their focus groups that discussions marked by defensive projection of anxiety (for instance anger towards Guardians) were closely followed by thoughtful and analytic passages, as if the focus groups provided reflective space enabling anxiety to be contained. Interestingly, in the experienced focus group in the current study, it was after a sequence of strong negative feelings being expressed about courts and poor previous decisions that had led to harm, that the group turned

to a very different discussion about professional confidence and how social workers could present themselves as experts. In the other focus group there appeared an alternating pattern of expression of feeling and analytical discussion. Both studies therefore appear to indicate benefits of the group discussions that took place during the research which include a focus on emotional dimensions of the work.

8.6 Conclusion

Practitioners spoke about a range of emotions, at times felt very powerfully, and as in previous chapters there has been a clearly discernible dialogical relationship between emotion, ethical thinking and judgement. Further evidence has been presented of the importance of relationships in social work; these can be challenging, but also link with commitment and the ethics of care. As also considered in chapter 6, interaction with colleagues can occur as a result of emotion, and this was seen as helping to manage emotion but also potentially providing access to others' viewpoints and keeping decisions safer. However, while the importance of hearing others' viewpoints was acknowledged, there appeared limited conscious focus on making use of use these discussions to analyse the impacts of emotions or bring to self-awareness the moral constructions they might signal.

This chapter has also provided further insights into the experience of practitioners working with the courts, and the emotions associated with this: the feelings of sadness, anxiety, frustration and anger that could arise, as well as feeling powerless, unfairly judged, not valued and at the mercy of judges. The relationships arising in the court world seemed to provide a focus for powerful negative feelings, possibly – drawing from Menzies (1960) and Taylor et al (2008) – indicating the operation of defences such as projection, against the unbearable levels of anxiety, pain and responsibility involved.

Team support, relationships, suitable physical environments and reflective spaces were very important to practitioners in the study. These all point to the importance of a 'containing' organisational culture that understands the role of emotion and reflective discussion. However, while practitioners clearly valued reflection and discussion either to process and manage emotion, or to discuss ideas and how to move a case forward, there was not so much explicit linking of the two in people's

minds. There also seemed to be a split in use of the supervisor role between formal case management and informal support. Informal peer support was highly valued. As Ingram (2015b) points out, editing out emotion from formal supervision implies that emotion is not seen as a valid form of evidence and marginalises the reflexive appraisal of events in supervision, which will impact on the effectiveness of decision making and practice with service users. It also illustrates the 'significant challenge to hold thinking and feeling, process and task together' (Turney and Ruch 2018: 134).

It did seem that some aspects of emotion were seen by participants as an important part of practice, for example within their relationships with children and family members, and in some ways important to hold onto as part of being human. But apart from the role of 'gut feelings' in alerting to a potential issue, as discussed in chapter 6, emotion was not presented as a useful element to consider in formal case discussion or decision making processes, with disturbing emotions seen more as side effects, well-being issues or potential distractions to be managed. This may not change unless a greater understanding of the role of emotion is available to practitioners and managers, especially in the face of powerful work pressures and organisational processes that act as a barrier to thinking and feeling.

9 Chapter 9: Discussion

9.1 Introduction

This study aimed to answer the following questions through qualitative analysis of data from nineteen individual interviews and two focus group meetings with social workers, senior practitioners and team managers:

- How do social workers perceive and experience the ethical dimensions of decision making in care proceedings?
- How do social workers perceive and experience the emotional dimensions of this?
- How do they experience the interplay between emotions and ethical thinking in the process of coming to judgements and decisions in care proceedings?
- How can social workers be best supported in these processes?

As argued in earlier chapters (for example 1.2 and 4.5) there is a gap in research in this area. While some previous studies exist on decision making in care proceedings and child protection, they have not focused primarily on either ethics or emotions. In general, ethics and emotions are not brought together in social work literature on decision making. This study is unique in specifically bringing together both ethical and emotional dimensions, and considering their role and interaction in practitioners' perceptions and experiences of decision making in care proceedings. It has also been undertaken within a more recent care proceedings context than previous studies.

9.2 The key themes that emerged

The preceding three chapters have set out the main themes arising from this study. From these, three broader, overarching themes have taken shape: the dialogical relationships between emotion, ethics and judgement; the interface between the court world and the social work world; and the importance of 'space' and organisational factors in enabling workers to contain or manage the emotional aspects of the work. These are summarised and discussed in this chapter, followed by comments on the nature of social work expertise.

9.2.1 Head and heart: a dialogical relationship

The data indicate that ethics and emotions are embedded and inseparably connected throughout the decision making process for practitioners in care proceedings. This also links with the relational, embodied and interactive nature both of social work practice with parents and children, and of the decision making process itself.

However, as stated in chapter 6, participants tended to present the actual decision making process as one of logical thinking and reasoning set within organisational procedures. There was limited explicit recognition of intuition within the reasoning process itself, or unconscious elements, or a role for emotion in the decision process (though there was clear awareness of emotion in other ways).

An extensive range of ethical dimensions was manifest in the data. This is not surprising, as one of my questions asked participants what ethical dimensions they thought were present in the case they described. It was clear that these ethical considerations permeated the processes of coming to judgements and making decisions at both a conscious and less explicit level. Many points were made that broadly related to considering the rights of parents or children: the enormity of separating children from parents especially of permanently severing ties between them; difficult decisions about placement of siblings; tensions between different perceptions of the best interests of the child and what is good enough parenting; constructions of children and adolescents as deserving, or sacrificed, or 'let down'; the importance of the child's voice, or concerns about the child being 'lost' or invisible; and tensions between children's and adults' needs. Ethical dimensions in relation to professional integrity, guiding values and what is seen as good or right practice were also discussed. These included considerations of the importance of not doing harm; being fair, unbiased and providing a full opportunity; wondering if they had done enough to support a family or were making the 'right' decision; what constituted good practice, and views of integrity and honesty. Another broad category of points mentioned by participants linked to social justice: concerns over disadvantaged parents, use of power over parents who are victims themselves, and the role of social class and culture. While injustices to individuals were frequently considered, which I have listed under 'rights', less attention was given to the role of broader macro-level social injustices, inequalities and oppression. Overall, these

ethical dimensions encompassed a range of ethical issues, problems and dilemmas, as usefully defined by Banks and Williams (2005).

In the findings chapters I have made references to some of the ethical theories I surveyed in chapter 3, such as deontology, consequentialism, the ethics of care and elements of recognition and narrative. Virtue ethics can also be seen in participants' concern for integrity, honesty, fairness and other virtues. I had hoped to see more direct evidence in participants' thinking of the whole range of the theories and perspectives I surveyed – though some elements of hermeneutic and dialogic approaches were present implicitly in the data relating to relationships and interaction. In taking an inductive approach to analysis I was not analysing the data in relation to preconceived themes. There is scope, therefore, for future research with a focus on exploring participants' views or experiences through the lenses of specific ethical theories.

It appeared that there were particular kinds of constructions or 'rules of thumb' used (also reflecting findings of other studies such as Hackett and Taylor 2014, Whittaker 2014, 2018; Platt and Turney 2014) that were seen to justify decisions for legal intervention. These linked to ideas of a parent's accountability, conscious choice, non-engagement with services, inability to change, or prioritisation of their own needs and other relationships over the needs of the child – some of which have moral overtones.

Relevant to this is the influence of wider social, ideological, organisational and legal contextual factors in shaping the 'rules of thumb' used. The neoliberal emphasis on risk and the impact of austerity and shrinking resources have resulted in risk being a key determinant of intervention, and therefore the necessity of a deficit model being used to justify decisions. This is compounded by the same organisation having responsibility for both investigating and supporting vulnerable families (Haight et al 2017). Devine (2015) argues that services are provided under s.17 of the Children Act 1989 to some who do not want them in order to prevent escalation to s.47, which means that parental non-compliance with services that are meant to be supportive and consensual may lead to escalation of the case; there is thus a coercive element in assessment and the use of s.17 while parents do not have the same rights as in criminal law. This also links to the adversarial, rather than inquisitorial, model of the

courts (Wellbourne 2016), and the nature of the evidence needed in order to convince the court of the need for an order under s.31 (CA1989). So, as Urek (2005) shows, social workers may need to construct and present parents in particular ways in order to justify intervention. Thus the adversarial model, as well as neoliberalism, contributes to parents being related to as 'means' rather than 'ends'.

In the interviews there was sometimes a difference between some almost formulaic accounts of the reasons for justifying a decision and the way the same individuals talked about their relationships with and feelings about parents, which were often very nuanced and 'human'. This suggests that some of the language used to present parents' deficits may be shaped by institutional demands and the adversarial model, rather than social workers' personal approaches. For example, studies by Keddell (2011), Mason (2012) and Whittaker (2014) demonstrate the difference in culture between statutory services and organisations with a primarily supportive focus in working with families.

Noticeable in the participants' discussions of ethical dimensions were links between ethical thinking and emotions. Many examples have been quoted in the findings chapters (as well as further examples not quoted), where participants' talk about the situation or decision included their feelings about it. In fact when participants spoke of something being 'challenging' or 'difficult' this often referred to a situation which was difficult both emotionally and ethically, and it was often not made explicit whether the 'difficult' aspect was the uncomfortable emotion or the ethical tension involved. Likewise, ethical dimensions were evident in participants' discussion about the emotions they identified. It was noticeable that when talking about emotion, they added a thought or explanation about it. The findings seem to reflect that emotions reveal our values and moral priorities as suggested by Pizarro (2000) and Keinemans (2015).

In the data there was a clear pattern of sadness or upset feelings being closely linked to ethical dimensions, consistent with sadness being associated with greater depth of ethical thinking (Small and Lerner 2008). Some very strong sad feelings were evoked by the thought of parents and their children, or siblings, never being able to see each other again and the harm or other impact this may have. These sad feelings also seemed to be associated with an awareness of a shared humanity, being 'a human

being' engaged in splitting apart basic family relationships between other human beings, which in itself felt wrong, even if it clearly seemed the 'right' decision in other ways. These feelings were heightened when participants made connections with their own family relationships and histories.

Strong feelings of anxiety or frustration or anger were sometimes associated with thinking about harm that had occurred or could potentially occur, but were also linked to a wider range of situations. These included feeling thwarted by the courts in their attempts to practise ethically, or unfairly accused of being biased, or feeling personally responsible for making the 'right' decision that was going to have a massive impact on a child's life, or a personal risk to themselves such as being under the spotlight and having their practice or evidence criticised – examples of 'moral injury' (Haight et al 2017), as well as indicating some possible projection of anxiety and responsibility (Menziez 1960; Taylor et al 2008).

It seemed that the more ethical tensions the decision invoked, the more it was felt emotionally. However, there was also a dialogical relationship in that it also seemed that high emotional content led to a stronger sense or expression of the ethical issue. For example, there were instances when emotions aroused by seeing a parent or child, or sympathising with them through making a connection with the participant's own family or history, seemed to heighten participants' awareness of the benefit or harm in the situation – which in turn increased the emotional impact. There were also many examples of emotions appearing to deepen participants' commitment to work with, or do their best for, a child or parent or other family member, consistent with emotion being a motivator or leading to commitment to a moral action (Pfister and Bohm 2008; Pizarro 2000). On the other hand, there were also indications that emotion may arise out of the commitment to an attentive relationship (Noddings 2013).

Social and moral constructions also seemed to lead to certain types of emotion, for example seeing someone as a victim or a child as deserving better led to sympathy, in contrast with a parent apparently choosing not to parent or prioritise the child's needs, which could be seen as justifying going to court.

It seems therefore that emotion both impacts on ethical thinking but is also influenced by moral judgements and ethical thinking. When coupling their identification of emotion with an explanation for it, participants seemed to be aligning their feelings and ethical thinking. Pizarro's (2000) argument may be relevant, that where there is a conflict between people's moral beliefs and their felt empathy for someone, individuals either adjust their belief systems in response to empathy through cognitive strategies such as perspective taking, or may regulate or suppress their empathic responses, for example through focusing on differences. It seemed in interviews that practitioners wanted to feel right about their decisions, and it is possible that some aspects are potentially too painful to explore, for example to consider whether a 'wrong' decision may have been made to separate parent and child unnecessarily – and in these instances there was a justifying thought, such as not losing sleep worrying if a child was removed unnecessarily because at least the child was safe, or practitioners not being able to reflect after decisions because they needed to pick up a new case.

9.2.1.1 Relationships and embodied interaction

The above discussion connects with the embodied, interactional and relational nature of social work. As discussed in the literature review, home visits, meetings and forming relationships with children and families are a central part of the work (eg Ferguson 2011), even for practitioners who are not explicitly aiming to undertake 'relationship-based' practice, and emotions are integral to this. Chapter 8 shows the range of emotional impacts on practitioners of seeing, being with, working with and getting to *know* the children, parents and family members. For participants in the study, knowing and closely working with individuals over time in many cases seemed to generate care, compassion and commitment to them. Frustration and sometimes anger or anguish could be felt when they felt a child had been let down, or a child and parent were being permanently separated. Pleasure and delight arose from seeing positive changes. Strong feelings of personal commitment were expressed, such as being 'passionate' in standing up for a child, 'desperate' for a mother to prove herself, 'exhausted' but still giving all. In chapter 7 I have linked these to an ethic of care (Tronto 1993; Noddings 2013). This ethic of care can be seen in the way social workers talked about children and families they worked with, but also in

concern of senior staff towards less experienced staff who were having a hard time during care proceedings, and additionally in the expectations the social workers had of parents in caring for their children. Chapter 6 shows that there seemed to be a tension between the social workers' focus on the care the child was receiving from the parent, and the courts' contrasting emphasis on incidents. The ethics of care thus appeared a guiding and motivating factor for practitioners, and one process through which emotions fed into their ethical thinking, as well as being generated by an ethical commitment to the other.

Relationship building could therefore be seen as leading to more ethical practice. There were examples in the study of parents valuing the relationship with the social worker, although this was sometimes linked with wanting to see the social worker as a friend. Empathic relating has been shown to reduce resistance (Forrester et al 2008, 2012; Keddell 2011; Mason 2012); this and building trust could potentially make a difference to the outcome of a case, in leading to more information being shared, or a person engaging in work towards change; and trust also needs to be established to enable a child's voice to be heard (Tait and Wasu 2012). But building relationships could also be costly and painful, when they led to 'recognition' of a parent, or sympathy with or anxiety for a parent or child, or in combining care and authority, as illustrated by data in chapter 8.

Embodied interaction also facilitates the capacity to visualise and imagine a parent or child, in contrast with a written description. Nussbaum (2001) observes that emotions typically have a connection to imagination, and being able to picture a person or event vividly makes a difference to the amount of emotion and compassion felt towards the person. As one participant vividly stated, 'you can read about them on paper but it's not who they really are'. Ferguson (2011) brings to life the physical, embodied, mobile, atmospheric and emotional aspects of social work practice, the places in which social work takes place such as homes, cars and offices, and the tastes, smells, perceptions and visceral impacts that shape or inhibit movement and interaction. Interviews from the current study show the impact of person to person interaction and observation in shaping perception and judgement (see chapter 6).

It could be said that a form of knowledge is created in these interactions, a co-constructed, embodied and fluid form of knowledge. This knowledge could take the

form of building up or changing understandings and perceptions; talk could clarify confused or complex information, or give shape to hitherto unexpressed and inchoate thoughts or new ways of looking at something; or the impact of empathy and trust could enable an individual (child, parent or social worker) to reveal more information, which then would increase understanding, and could also lead to action and the potential generation of new knowledge. Broadhurst and Mason (2014) demonstrate the richness of contextual detail available through the embodied 'co-presence' of face to face encounters, where all the senses are involved; here, understanding is gained through all the senses, knowledge can be *felt*, and non-verbal communication used to convey warmth and encouragement and build trust. Park (2006) identifies 'relational knowledge' as a distinct form of knowledge (compared to 'representational' and 'reflective' knowledge). He points out that talking invites connection between people, and the 'knowing' of the other that arises from this 'is inherently not just an intellectual exercise, but an affect-laden action. That is, when we know relationally, we mobilize our feelings and our minds'. This relational knowledge is associated with listening, understanding (emotionally as well as cognitively), and commitment (Park 2006: 88). These ideas also resonate with Buber's explorations of 'I-Thou' and 'I-It' relationships (see 3.2.11). Reason and Bradbury (2006: 9-10) identify ways of knowing that 'start from a relationship between self and other, through participation and intuition', in which knowing is seen as 'the everyday practices of acting in relationship and creating meaning in our lives', and 'sensitivity and attunement in the moment of relationship' are important.. Relationship and embodied interaction (and their emotional components), then, can lead to greater knowledge and understanding.

However, the impact of embodiment on judgement may also be potentially negative, for example the impact of disgust (Ferguson 2011; Schnall et al 2013). Relational closeness leading to going the extra mile for some individuals may also mean that others are seen as less deserving and treated less favourably. This potential danger of partiality is pointed out by Tronto (1993) in relation to the ethics of care, and by Pizarro (2000) regarding the impact of having empathy for some individuals and not others and thus reducing equality of justice for all. In contrast is Levinas's perspective that ethics should precede knowledge and that we should relate to others without

understanding and judging them, because to conceptualise the other is to treat her or him as an extension of our own categories.

9.2.1.2 *Constructive Dissonance*

This study also indicates that another significant aspect of the relationship between emotions and ethical thinking and action is the impact of dissonance and its constructive role in leading to questioning, discussion and new perspectives in thinking and action.

It was clear from a number of participants in the study that one way they sought relief from, or tried to manage, the emotional aspects of the work, was talking with others. This could take the form of 'venting', or seeking the support of others, after a difficult experience that had stirred up emotions of sadness, distress, frustration, anxiety or uncertainty. A pattern that was evident in the data was that talking with others, whether through informal or structured discussion, consultation or joint working, was also associated with gaining access to other people's thoughts and ideas, which could then provide new insights or help the individual to think differently. It was notable that in some cases this discussion only took place because the participant was emotionally affected, and in these instances the conscious aim of seeking this dialogue appeared to be to gain relief from the emotion rather than look into the case more thoroughly. But there were also situations where a feeling of discomfort would consciously lead an individual to seek discussion. For example, there were many comments about 'gut feelings' leading to awareness that something was 'wrong' and needed to be thought about, discussed or looked into further. Participants also mentioned that less experienced workers needed more support, discussion and consultation if they did not know what to do or felt unsure, a situation that was also linked with feelings of anxiety. In these situations there was a pattern of uncomfortable emotions leading to discussion.

In other instances a social worker might consult through feeling stuck or because the decision was unclear and difficult. Joint visits were used as a way of supporting an inexperienced worker's learning. Structured team discussions were seen as useful for looking at a case that seemed stuck. Thus, as well as obvious emotions of discomfort, there were also examples of uncertainty or 'not knowing', as in not being able to

understand a parent's responses, or tensions between different factors or outcomes and not knowing the best conclusion, that would lead to individuals seeking discussion with others, whether in supervision or with team colleagues.

The experience of dissonance, whether emotional or cognitive, is therefore an important and potentially positive factor. In Festinger's (1957) theory of cognitive dissonance, experiencing a situation which conflicts strongly with prior expectations will disturb and challenge a person to generate new thinking. Mezirow (1990: 14) also identifies how an eye-opening discussion may be one of the means through which a 'disorientating dilemma' challenges our presuppositions and leads to 'perspective transformation'. This requires imagination and openness: 'Imagination is central to understanding the unknown; it is the way we examine alternative interpretations of our experience by "trying on" another's point of view. The more reflective and open we are to the perspectives of others, the richer our imagination of alternative contexts for understanding will be' (Mezirow 2000: 20).

In the interview data, situations that seemed straightforward, or when a practitioner knew what to do through experience, or when there was no emotional conflict, did not appear to lead to consultation and discussion. This seems logical; however, there were instances in the data of a participant feeling sure of a recommendation, but experiencing a change of mind following involvement by someone else, then leading to a significant change in plan such as keeping a child within the family rather than pursuing foster care, for example SW8 and the male relative (6.3.5), and participants' comments about the impact of the Signs of Safety model in making them think differently and respond to risk differently. Changes of plan could also arise when a case transferred teams, or plans were challenged in court, again illustrating the impact of the involvement of different viewpoints. In these cases dissonance had not necessarily been present initially, and the original decision makers had not questioned the appropriateness of the plans, until challenged in some way. Helm and Roesch Marsh (2017: 1369) also point out the potential for organisational change or instability to 'create opportunities for change and the 'emergence' of new ways of thinking and acting'.

Given these examples from the data, and the insights from writers such as Munro (2008) about the danger of confirmation bias and other heuristics, there is therefore

an argument that it is the apparently straightforward that may also need to be discussed as well – to problematize the seemingly unproblematic – rather than assuming that the experienced practitioner’s confidence from knowing what to do means there is less need to discuss. Higgins (2018) draws attention to the danger of ‘automatic thinking’ that is present in contemporary child and family social work, based on uncritical following of rules and principles and an absence of ‘inner dialogue’, the presence of which can lead to dialogue with others. Data from the current study show that experiences of dissonance and ‘not knowing’ were constructive as they were likely to lead to discussion and interaction with challenges and different viewpoints, and therefore the potential for more ethical thinking and action. Dissonance and ‘not knowing’ will be discussed further below in relation to organisational structures and processes.

To conclude this section, the findings of this study are consistent with Nussbaum’s (2001: 1) view that:

Instead of viewing morality as a system of principles to be grasped by the detached intellect, and emotions as motivations that either support or subvert our choice to act according to principle, we will have to consider emotions as part and parcel of the system of ethical reasoning.

There are evident drawbacks associated with emotion, some of which were raised in this study. It can potentially lead to partiality and unconscious preferences. It can also result in stress, and literature also points to the dangers of unrecognised and unprocessed emotion in leading to avoidance and ‘not seeing’ (eg Cooper 2005; Ferguson 2017), and burnout (Zapf 2002; Biggart et al 2016). However, the findings of this study indicate that emotions are an important part of the ethical reasoning process. For example they appeared to heighten sensitivity to the presence of an ethical issue such as the impact of a process on a parent or child, or bring a deeper understanding or recognition of a parent, and motivation and commitment to resolve an issue for the benefit of individuals involved. Emotions and ethical perceptions and thinking seemed to impact on each other in a dialogical relationship, both influencing, and influenced by, judgements and moral constructions, and all of these were therefore integral to the decision making process for significant decisions in care proceedings. Emotions can also lead to questioning and further discussion, leading to greater awareness of ethical dimensions and more nuanced ethical thinking and

decision making. Additionally, through their significant role in empathy, compassion, recognition, relationship and the ethics of care, as well as creation of a more participatory knowledge, they are part of processes that can potentially lead practice to become more ethical, committed, and less oppressive towards children and their families.

9.2.2 The interface between the court world and the social work world

In the interviews the differences between court processes and experiences on the one hand, and social work practice on the other, appeared so fundamental that in thinking about them I have used the idea of different 'worlds'.

Some aspects of going to court were experienced as alien and hostile. Discussion about court in the interviews was largely negative, although one participant did refer to court work as her favourite part of the job. The overall negative perception conveyed may have been partly because of the questions I asked, as for example one of my questions was about what they found the most challenging aspects of care proceedings, and I did not ask what they found positive. However, there was often a sense of social workers feeling beleaguered from the pressures, demands and attacks they faced through the court process. The attacks and demands were often felt to be unfair, undermining and sometimes demeaning. Practitioners were hemmed in by pressures not only from the courts but also from the families they worked with, the volume of their other work, and organisational constraints such as management decisions about resources.

There was some evidence of pushing back. One senior practitioner mentioned doing a presentation with her service manager to magistrates to explain aspects from the social work perspective and hear the magistrates' expectations. Another participant commented on the need for social workers to take responsibility for presenting good quality evidence to enable judges and magistrates to make appropriate decisions, and members of the experienced focus group spoke of the need to have professional confidence, be assertive, to challenge and present themselves as experts; they also discussed telling the local authority lawyers to file the evidence rather than continuing to ask the social worker to make changes. One participant also spoke of 'managing the other professionals', in a discussion of the difficulty of how to respond

when being criticised by the judge. Practitioners also talked of learning they gained from experience and reflection, and ways they were adapting and anticipating, for example through creating PAMS-like assessments where it was difficult to obtain agreement for one to be commissioned. More often, however, the emphasis in the data was more about individually coping with the frustrations, anxieties and other negative impacts, or feeling powerless and having to accommodate to the moods and demands of the judges and the guardians.

The impact of the courts on social work practice was also significant. In some ways the court world acted to shape social work practice, decisions and plans with the families. As discussed earlier, the adversarial model necessitates a deficit focus in statutory social work. Social workers have to collect and present extensive negative evidence about parents to meet the threshold for an order (Burns et al 2018). Decisions to take participants' cases to court were guided by whether the appropriate type of evidence was available to succeed in court. This could be seen in some respects as having to work in the 'shadow of the law' (Masson 2017), or perhaps more specifically, in the 'shadow of the courts'. Additionally, in order to gain control (through gaining parental responsibility), it was necessary first to lose control to the court, as found by practitioners in Dickens' (2006) study. The set timescales and processes of the PLO provided the framework for the completion of assessments and plans. Case law and the dispositions of individual judges appeared instrumental in shaping the potential options to be considered, as well as the outcome of the proceedings.

The physical spaces and aspects of the work in each 'world' are completely different. As mentioned above, social work with children and families involves relationships, embodied interaction, a fluidity of movement and continually changing and unfolding situations. The forms of knowledge created in the moments of embodied interaction and dialogue, ephemeral, imprecise, growing and changing, are very different in nature from the form of knowledge required by the courts. Practitioners were sometimes unsure how to translate this knowledge into written evidence, for example unsure what was really wanted by the courts, or how to represent the child's voice or what the child's life was like, especially within a limited word count –

as in the words of the practitioner in chapter 6 struggling to put the child's 'world on a piece of paper'.

In contrast to the spaces of social work practice, physically the courts are formal ordered spaces. Participants referred to the set seating arrangements in the court room, and being 'on the stand' to give evidence. Participants in the study did not mention clothing, but another feature of courts is the formal or smart dress expected; linking to the concept of embodied cognition is an idea of 'enclothed cognition' put forward by Adam and Galinsky (2012), relating to the psychological influence that clothes have on a wearer in terms of the symbolic meaning of the clothes and the physical experience of wearing them. In the interviews, courts were also potentially mysterious spaces, especially for families: participants talked of lawyers disappearing into rooms for important discussions, periods of waiting while nothing seems to be happening before a flurry of activity, and spaces where people on different sides mix together and a family member was unsure whether or not she was allowed to speak to the social worker.

This space belongs to the lawyers. The game-like nature of the court process is referred to by Beckett et al (2007). Participants expressed discomfort with the adversarial nature of proceedings and shifting from a focus on working with a parent to fighting against them. They were frustrated at losing but also found it sad and uncomfortable to see parents struggling on the witness stand (see chapter 8). The whole process was about the child, but it felt as if the child was 'lost' and not present, as also expressed in the serious case review for Daniel Pelka: 'despite Daniel being the focus of concern for all of the practitioners, in reality he was rarely the focus of their interventions' (Coventry LSCB 2013: 71). Family members could also be at a disadvantage, through potentially finding the processes foreign and opaque and the evidence incomprehensible.

There are also significant ideological differences between the two worlds. Macdonald (2017) draws attention to the influence of deeply embedded beliefs and ideologies in court decisions in her article regarding the need to preserve contact with fathers where domestic violence had taken place – in that both children's perspectives and safeguarding concerns were 'overshadowed by a dominant presumption of the overall benefits of contact with fathers' (p.1). She points out how the 'best interests

of the child' is not a neutral concept, and 'a socially and politically constructed concept of welfare as an indeterminate, but universal principle' may be applied, with the generalisation of all children as a homogeneous group, to 'produce rigid and often inaccurate, outcome predictions for individual children' (p.4).

From the data in this study it seems that social work and the courts can be seen as holding different worldviews, in terms of dominant presumptions (such as how rights, legislation, priorities and the best interests of the child are interpreted), and views of knowledge. As argued above, social work practice includes ways of knowing that are relational, embodied, holistic, evolving and co-constructed. These are reflective of the ways of knowing involved in a 'participatory worldview', which Reason and Bradbury (2006) set in contrast with rational and empirical orthodox Western views of knowledge – which are more representative of the positivist nature of evidence and expert knowledge valued in the courts. Social work organisations may again have their own worldview involving the prioritisation of risk management and targets.

While many negative impacts of the tensions between these worldviews were identified in the data, there are also potential positives. Similarly to the potential for dissonance to lead to dialogue, as discussed above, when these worldviews and frames of reference clash there is a potential for 'ethical space' to be created, as suggested at the end of chapter 3. In the data there were instances where a change of plan caused by the imposition of a different perspective by the court was later viewed as positive. The engagement of contrasting perspectives can stimulate ethical thinking, with the potential to create more positive outcomes. In another way, comparing different objects or situations in qualitative research may enable the properties of the original object to be seen and understood more clearly (Strauss and Corbin 2008). Gadamer's (2004) concept of bringing together different horizons (see 3.2.10) may also be helpful here, with the potential for encounter with another horizon to challenge our own perspectives and preconceptions, and for a dialogue which involves seeking to understand the other, to lead to positive change.

9.2.3 The organisation as manager or container, and the importance of space

9.2.3.1 The 'management' or 'containment' of anxiety and other emotions

Menzies (1960) concludes that 'the success and viability of a social institution are intimately connected with the techniques it uses to contain anxiety' (p78). A negative effect of anxiety, whether from not knowing what to do, or fear of an aggressive parent, or excessive workload, is that it has an impact on the ability to think, and can lead to a focus on *doing* rather than thinking (Ruch 2007b). As discussed in chapter 4, too much uncontained anxiety prevents workers from being able to think clearly and hold the child in mind (Ferguson 2011: 198), and failure to engage with anxiety and painful emotions generated in work with abused children may lead to 'not seeing' the abuse and trauma being experienced by a child (Cooper 2005).

However, it appears from the data in this study that anxiety could function both negatively and positively. Burton and Revell (2017) also note that the experience of tension from anxious thoughts or discomfort is an important element in 'professional curiosity'. Sadness and fear, as low certainty emotions, are linked with deeper and more holistic thinking and ethical decision making than high certainty emotions such as anger, happiness and disgust (Small and Lerner 2008; Kligyte et al 2013; Lerner et al 2015). In the current study, while too much anxiety was unhelpful, there were indications that a certain level of anxiety was constructive, when contained. This is because, as discussed above, awareness of anxiety, uncertainty or other emotions that are uncomfortable or difficult to tolerate, led to discussion. Discussion provided support, reassurance and relief enabling the worker to reduce or tolerate the anxiety, but it also brought the opportunity to practise 'methodical doubt' (Helm 2017); experience the input of different viewpoints; the scrutiny of 'another pair of eyes' (see also Whittaker 2014); and the opportunity for new ideas and potential changes of direction.

In relation to the need for openness and imagination, it is also important to be mindful that groups and teams may not necessarily provide the level of challenge, dissent or multiple viewpoints to enable new thinking to occur. For example, workers may seek to speak to those they are familiar and comfortable with (Helm 2017). Groups may apply the same biases in decision-making as individuals (Gambrill 2005,

cited in Roesch-Marsh 2012) and as Munro (2008) points out, may be subject to 'groupthink' (Janis 1982). Also, groups and teams may be a microcosm of divisions in society, influenced by and reinforcing dominant social and power structures (O'Sullivan 2011: 72).

For the purpose of this study, a distinction could be made between 'managing' and 'containing' anxiety. Supervision which is focused on tasks and activities may reduce some anxiety but because it does not reflect on what is happening at an emotional level will fail to *contain* anxiety in the sense of containment used by Bion (1962), and will not engage with the deeper dynamics, uncertainties and possibilities of a case, leading to the possible negative consequences mentioned above. In the interviews there was clear recognition that workers may need support to deal with disturbing feelings, but in the sense of providing relief and managing their impact rather than containing and exploring them. Support that is focused on allowing colleagues to 'vent' and gain relief from their feelings will not necessarily provide the level of challenge needed to re-examine and engage with the deeper dynamics and ethical dimensions of a case and the presence of any moral assumptions.

It also appeared that reflecting during an emotionally challenging phase of a case may be difficult for practitioners, not only because of lack of time but also because they felt the emotional impact might affect their ability to get on with the work. Many of their situations required emotional labour and the suppression or management of particular feelings (Hochschild 1983). However, time to reflect after the event was often limited by the need to focus on other work. Thus there were internal, pragmatic and organisational barriers to this kind of reflection.

Chapter 4 (4.2.6) discussed that a containing work environment is needed that enables workers to work sensitively with families (Howe 2010), and it is important that their own support needs are met (Horwath 2016). As pointed out by participants in this study, workers need to feel safe to talk about their emotions, and many comments were made about the importance of team or colleague support. Ruch (2007b) argues that a commitment is needed from senior managers to facilitate 'thoughtful work environments' (p.379), and 'for emotionally informed thinking to flourish, an ongoing forum is required, which offers a safe space, capable of nurturing appropriate types of professional vulnerability and dependency' (p.375-376).

However, being able to admit vulnerability and dependency may go against common organisational cultures which encourage 'heroism and secrecy': a patriarchal valuing of being strong and courageous, together with an avoidance of disclosing the emotional aspects of practice. Such a culture marginalises empathy and intuition in decision making as well as ignoring workers' fears and aspirations, and the same patterns of interaction are then mirrored in the practitioners' interaction with service users (Charles and Butler 2004). Moreover, as practice in this area of work is marked by uncertainty and complexity, the ability to hold an open-minded, 'not knowing' – or what Blom (2009) calls 'un-knowing' – position is vital but may be at odds with an organisational environment prizing targets, control, efficiency and flow of information. As Munro (2011) points out, in situations of uncertainty it can also feel less risky to practitioners to be compliant and follow rules rather than take responsibility for exercising judgement.

The ability to 'not know', in the sense of staying with uncertainty, can be seen as the more ethical approach. Cornish (2011: 144) refers to this ability as 'negative capability', a bringing together of 'open-mindedness, receptivity and humility' which is consistent with social justice and ethical, person-centred working. This is similar to the 'epistemic humility' advocated by Higgins (2018). Daniel (2005: 60), cited in Turney (2012: 155), advocates that uncertainty is conceptualised 'as a rigorous, intellectually robust and ethical position, rather than a sign of weakness or equivocation'.

Participants in the study identified the benefits of regular formal team discussions to unpick a case and possible interventions, but these discussions were not overtly focused on recognising emotional dynamics or ethical dimensions. While, as shown above, at times discussion provided both support with the emotional impacts and new insights into the case, it was not actively sought as bringing together these two aspects at the same time. However, various models and approaches have been suggested from different fields of literature which do bring together emotional and cognitive processes in case discussion.

Ruch's (2007b) case discussion model requires 'emotional listening', encouraging participants' emotional engagement with the case material, and involving 'a repeated experience of tolerating uncertainty and maintaining an open mind, a position of 'not

knowing” (p377). To ‘emotional listening’ Ferguson (2011) also adds the importance of ‘embodied listening’, focusing on how workers have felt in their bodies and experienced the tactile realities, smells and atmospheres of practice, and the impact these may have had. Cognitive Interviewing, which incorporates detailed recall of visual details and feelings involved in a situation, is developed by Turney and Ruch (2016) into a model for clinical supervision in social work, ‘the Cognitive and Affective Supervisory Approach’ (CASA).

Beyond the social work field we could also draw from the examples considered in chapter 4 which propose models of case discussion that use emotion as part of the process. Molewijk et al (2011) in the field of bioethics suggest that identifying and considering the emotions involved in a case helps to clarify moral assumptions at work, as well as stimulating deeper insights and personal learning. Keinemans (2015) draws on Molewijk et al and other examples to underline the role of emotions in revealing the value systems of professionals and signalling moral constructions that are present, as well as being an important motivator to action. She argues the importance of social workers bringing these aspects to self-awareness through reflecting on their emotions, suggesting a number of tools and models for use individually or with others. In situations of moral decision making Lacewing (2005) argues the need to be able to involve awareness of felt emotion in the deliberation process itself, with this emotional self-awareness being a necessary part of understanding the impact of emotions on our thinking. Le Coz and Tassy (2006), suggest that doctors should reflect after decision making on the emotions involved and their impact on ethical thinking, also using their imagination, memories and creative thinking to explore other emotions that could have increased their receptivity to other ethical viewpoints. This use of imagination is also advocated (as mentioned earlier) by Mezirow (2000) in perspective transformation; by Haidt (2001; 2010) in his social intuitionist model, arguing that visual imagery and the triggering of new intuitions has greater power than logical argument in enabling people to see a situation differently; and by Witkin (2014) in the sense of creatively envisioning new possibilities as part of the path from questioning and problematizing to transformation.

These examples spring from a range of professions, but running through them is the idea that transformation can arise from uncertainty, dissonance, awareness of emotion, dialogue or seeing things differently, sometimes through using intuition and imagination, but also that often the involvement of other people or an external pressure or challenge is needed: it is difficult to achieve through individual thinking alone. For these to be adopted effectively, however, an organisational shift may be required away from views of emotion as signalling weakness or need, or a distraction to be managed, to a view of emotion as necessarily present because of the nature of the work, and a potentially helpful resource that in appropriate ways may be contained, reflected on and used.

9.2.3.2 *The importance of 'space'*

The comments of the participants and the literature mentioned above together point to the importance of the availability of safe and containing reflective space, or spaces, of a kind that enables practitioners on the one hand to contain and tolerate (rather than eliminate or 'manage') anxiety, frustration or distressing emotions, and on the other hand to provide forums for discussion and consideration of different (and dissenting) viewpoints. These processes may help practitioners to hold a 'not knowing' stance and resist being drawn into anxiety-driven problem solving and action, or in the words of Taylor and White (2006: 937) being propelled 'towards early and certain judgements when a position of 'respectful uncertainty' might be more appropriate'. Foster (2010) also found that, among other elements, opportunities for staff to experience 'mental space' supported them in making imaginative and creative relationships with service users, and she cites Winnicott's ideas on creativity and 'potential space'. The idea of 'ethical space' being created when two different cultures meet has been mentioned above and in chapter 3.

In the interview data a variety of physical and temporal spaces could be discerned. Informal and formal interactional spaces existed within supervision and team or group discussions, joint working and friendships. The relevance of temporal space could be seen in points raised about the absence of time to reflect after a care proceedings case because the moment one is completed the practitioner will be allocated another. Physical aspects of space involved buildings, which are also social and embodied spaces, dynamic and imbued with social meanings and practices.

There were clear messages in the data about the importance to participants of being able to sit near others they knew and could talk to, and how certain buildings and spaces were valued, in contrast to situations of hotdesking. Cars were mentioned in connection with reflecting and dealing with emotional aspects of the work. In a sense the body could also be seen as a space or place in relation to reflection, in listening to music and doing household chores (see previous chapter), or as Ferguson (2011) highlights, in its mobility, senses and physical responses to emotions and atmospheres. These all interacted with individual, team, organisational and management cultures, practices and identities.

These spaces, then, whether physical, temporal, interactive or reflective, potentially enable social workers to reflect on and contain the emotional aspects of the work, and also combine to create mental, emotional and ethical space where ideas are challenged or developed, knowledge is created or co-constructed and shared, workers are less 'bureaucratically preoccupied' (Ferguson 2017), and practice can become more ethical. I suggest they could also be used to bring together the individual and the structural, enabling the individual to examine and interrogate the impact of organisational and wider structural and societal factors on practice, making the boundaries between them more fluid and permeable to change.

9.2.4 The nature of social work expertise

A related area, not directly addressed in the research, but aspects of which feature in the findings of this study, is the nature of social work expertise.

In his *View from the President's Chambers (3)* of 2013, Sir James Munby, President of the Family Division, stated 'Social workers are experts'. He went on to explain that 'in recent years too many social workers have come to feel undervalued, disempowered and de-skilled'. With the introduction of the revised PLO and elimination of unnecessary reliance on other experts, his hope was that this would 're-position social workers as trusted professionals playing the central role in care proceedings' (p.3).

The dominant perspective of practitioners in this study was still of being 'undervalued, disempowered and de-skilled', and not trusted as experts. In many cases this was linked to an assumption that they were biased against parents.

However, a lack of clarity about how to define social work expertise may also be a contributing factor. Trevithick (2008: 1212) identifies that 'social work practice is a highly skilled activity and one that calls for an extensive knowledge base and considerable intellectual abilities'. She argues that the social work knowledge base includes three interweaving areas: theoretical knowledge; factual knowledge (including research); and practice/practical/personal knowledge; also recognising within this framework the important role of service user knowledge. Munro (2011: 88ff) also brings together three areas in her understanding of expertise: (i) 'relationship skills' – including communication and the ability to combine care and control; (ii) 'reasoning and emotions in relationship-based practice' – involving skills in using logical and intuitive understanding and emotion; and (iii) expertise in 'using evidence' – from observation, evidence from the family/situation and critically appraised research. Social work is both art and science (Blom 2009; Cornish 2017); and as this study shows, also needs to include the capacity to translate knowledge created in embodied, relational interactional contexts into succinct, evidence-based documents.

Expertise is often associated with experience, and also with the use of intuition. This study involved practitioners with a wide range of levels of experience of care proceedings. Commonly cited are the stages of professional development drawn up by Dreyfus and Dreyfus (1986): novice, advanced beginner, competent, proficient and expert. In their model, decision making at each stage is seen as analytical until the expert stage when it becomes intuitive, based on learning from experience. However, in relation to this final stage, Fook, Ryan and Hawkins (2000) differentiate between 'experienced' and 'expert' practice. Experienced practice may be routinized and intuitive through being internalised, and may be effective in well-defined situations where patterns can be quickly recognised. The expert practitioner, however, is seen as one who is able to identify new and unique aspects, devise new categories of experience, and perceive and respond accordingly, sometimes taking risks, open to new ideas, and able to think creatively. As expressed by Gadamer in *Truth and Method*, being experienced is not about knowing 'better than anyone else', but rather 'a person who is called experienced has become so not only *through* experiences but is also open *to* new experiences. . . who, because of the many experiences he has had and the knowledge he has drawn from them, is particularly

well-equipped to have new experiences and to learn from them' (cited in Rossiter 1996: 149).

Kinsella and Pitman (2012: 170-1) also warn that knowledge derived from experience can lead to either of two outcomes, to 'a reflective practice of judgement based on a quest for wise practice and directed toward doing what is best; alternatively, to a practice grounded in fear, of doing what is safest from a self-interested and protectionist perspective . . . doing only that for which one might be held accountable'. The view of several participants was that with more experience they felt more able to challenge plans they did not agree with. Phronesis, developed through practice and experience, and often translated as 'practical wisdom' or 'practical rationality', is a relevant concept. Aristotle conceived of phronesis as an intellectual virtue that implied ethics, involving practical judgement informed by reflection, with an orientation towards action (Kinsella and Pitman 2012). This encompasses the kind of situated ethical sensitivity and reasoning required in the complicated, messy and uncertain situations facing social workers in care proceedings, which, as argued in this study, are permeated by both complex ethical and powerful emotional dimensions.

In this study I collected information on the number of care proceedings the participants had undertaken, as well as their age group and whether they were under or over three years qualified at the time of the interview. I was interested to understand the role of participants' level of experience. In the event, however, it was difficult to draw many clear conclusions. This may be partly because the number of care proceedings each had undertaken was not always related to their level of post-qualifying experience or social worker/senior practitioner status. Age also appeared to be a factor affecting levels of confidence.

Section 6.2.4.2 discusses participants' own views about the differences that experience made to their decision making, such as increased confidence, knowledge and understanding, speed, and willingness to challenge others' views. There was nothing obvious in the data to counteract these points, and in general the experienced practitioners conveyed a greater sense of coming to judgements themselves and drawing on their own previous experience.

All participants identified a range of ethical issues, but in terms of the nature of the issues raised, or amount of ethical tension or conflict experienced by the practitioner it was difficult to discern patterns relating to their levels of experience. It appeared that some individuals thought and reasoned in more detail than others, irrespective of experience or age.

The exception was Focus Group 2, which had a markedly different feel. This group's discussion contained frustration about courts, judges, lawyers, expectations, funding, timescales and previous poor decisions, but limited reference to internal conflict or uncertainty. Strong protectiveness towards the child was conveyed alongside a more negative and detached view of parents. As discussed in section 8.3, this was a group of experienced practitioners and managers seen as having expertise, in the presence of a principal social worker. It is not clear exactly what part the culture of the organisation may have played in this discussion, but this underlines the importance, as discussed earlier, of understanding how far organisational cultures may encourage 'heroism and secrecy' and devalue certain emotions, and addressing the negative effects of this.

In the interviews the first time of undertaking care proceedings or giving evidence aroused more anxiety, while anger and frustration at courts or judges was more marked in more experienced participants. Other than this, and excluding focus group 2, I could not see any other clearly discernible patterns of experience levels or age affecting either the participants' willingness to talk about emotions in the interviews, or their levels of awareness or the strengths of emotions aroused by the work, and participants at all levels valued informal support and consultation. This indicates that while more experienced practitioners may be expected to manage their emotions more fully (and may have developed ways of doing so), they may still experience the same levels of emotion as less experienced colleagues.

Care proceedings work is infused with ethical dimensions, not least the enormity of making decisions to separate parents and children. Humane practice in this field takes us to the heart of what it is to be a human being relating to other human beings at what could be the lowest point in their lives, that of potentially losing a child. It needs to involve the carrying out, with clarity and authority, of statutory roles to safeguard children, intertwined with a focus on rights, social justice and professional

integrity as set out in the BASW (2014) code of ethics, at the same time as care, compassion, and a concern to connect with, more fully *know* but not misrepresent the other. Here, elements of the full range of ethical perspectives outlined in chapter 3 become relevant.

Engaging with these ethical dimensions of care proceedings decisions is potentially very painful and challenging, as has been glimpsed in some of the accounts in this study. In light of the interaction of emotions, ethical thinking and judgement seen in this study, it needs to be recognised that when practitioners seek to practise ethically in this field they *will* experience painful emotions, uncertainty and conflict, and will need to be supported in dealing with these. The data in this study and the literature discussed above indicate that expertise, and ethical and ‘humane’ practice, involves a capacity to hold together a number of tensions: support and authority, recognition and judging, and knowing and not-knowing, keeping the focus on the child while also ‘recognising’ and supporting parents, and all the time working with anxiety and painful, disturbing emotions – a combination which is highly challenging to achieve.

The backdrop for this is one of mounting pressures from austerity and rising referrals, a halved timescale for care proceedings, curtailment of expert witnesses, expectations for a higher quality of social work evidence, and potentially competing pressures both to avoid leaving children in harmful situations but also to support families to keep children out of care (Dickens and Masson 2016).

In addition to those pressures, then, this study has touched on two barriers to ‘humane’ practice. One is the painful nature of humane practice, as discussed above – for example in the ‘recognition’ of a mother with strengths and vulnerabilities, as a human being losing her child, and as an end rather than a means, as illustrated in the interview data in chapter 8. It may at times be too painful, and cause too much dissonance, for someone involved in the decision to ‘see’ a parent in this way. The other is the impact of the prevailing adversarial model and the resulting deficit model (Burns et al 2018), where the emphasis is on collecting evidence of blame or incapacity, and social workers have to use language in a way that will present a convincing case (Urek 2005).

A discussion that individualises humane practice, expertise, phronesis, or the ability to work with uncertainty, also runs the risk of individualising blame, in a climate where limited use of these qualities could be rooted in organisational cultures, structures and social forces in a neo-liberal world, as much as the capacity or potential capacity of an individual. Burton and Revell (2017) argue that the individual context cannot be detached from the organisational context. This includes how well social workers are supported with the emotional dimensions of child protection work, as these and complex organisational demands and adversarial and defensive conditions are barriers to professional curiosity.

The findings of the current study underline the importance to practitioners of containment of the emotional impacts of their work, dissonance and dialogue, supportive spaces for discussion, and the role of discussion in decision making, and there is scope for bringing these together further. I suggest the emphasis needs to shift from linking these with the individual practitioner's level of expertise or 'need' for support, to linking them with the challenging nature and ethical and emotional complexity of decision making in care proceedings, which means it is the case, situation or decision that 'needs' to be discussed, rather than the practitioner who needs to discuss it.

9.3 Limitations of the study

This study has focused on a limited number of practitioners in one region and may not reflect the practice or the experience of practitioners in other local authorities, and those working with different or more diverse populations. The complexity of the topic has also meant that a wide range of themes has emerged. A more restricted topic, or interviews focused solely on one aspect, might have enabled a deeper exploration of some issues. The indeterminacy of qualitative data and interpretation has also been discussed in chapter 5. Some aspects of the decision making process and the precise and complex nature of the interaction of emotions and ethics are unconscious, and not clearly accessible through post-hoc interviews. However, I believe it has still been possible to gain a greater understanding of this interplay and its complexity and importance.

This has been a learning journey for me into the research process. I wanted to let the participants speak, and there has not been enough space for all of their words that I wanted to include. But, as indicated in places earlier, their words may not always be completely their own and may be shaped to some extent by organisational and legal cultures, discourses and processes, and the need to argue a case according to particular 'institutional narratives'. I have been moved by their accounts and their care for families they worked with, and I have felt a responsibility not to misrepresent them. I have become conscious that this kind of research can bring more understanding but also a danger of misunderstanding, and there may be a very fine line between the two. The analysis has involved a constant movement of stepping into, away from, and back to the data, trying to keep faith with the data. However, it may have been helpful to have had some ongoing conversation with participants to check out my views of the findings, and perhaps a more participative research design would have allowed this. As explained in chapter 5, I had initially hoped to undertake some follow up interviews but this was not possible within the timescale available. Chapter 5 discusses the limitations in how far I was able to carry out a grounded theory approach as opposed to a thematic analysis.

If I were to complete a similar project again I would also build in more reflective spaces with others to discuss ideas, thoughts and feelings during the research than I have done, especially given the importance of peer support, dialogue and reflective discussion noted in the findings of this study.

9.4 Further research

A number of the participants in the study seemed to find it helpful to have the opportunity to think about and talk in depth about ethical and emotional aspects of a case in the interviews. As discussed above, in practice they found ways of gaining support with managing emotion or talking through difficult aspects of a case, but did not focus specifically on understanding the role of emotions or ethical dimensions or how they might interact to impact on decision making. This study indicates that there is a need for more research that explicitly brings together the ethical and emotional dimensions of social work practice to gain a deeper understanding of their interaction in decision making, or in particular areas of practice, such as relationships with parents in child protection. This understanding is all the more important in the

current social, political, legal and organisational context of practice, given the potential dangers of bureaucratic, unthinking, emotionally detached and procedural practice (eg Ruch 2007b; Howe 2010; Munro 2011; Ferguson 2017).

Further research (possibly including contemporaneous elements) on the role and impact of different forms of discussion, both during and after the decision making process, would illuminate the processes involved and identify the most effective ways to support practitioners with working with the emotional and ethical dimensions of decision making in care proceedings and child protection, within the existing pressures of statutory organisations. This research could involve a participatory model, perhaps following an action research approach, or working with a group or team over a period of time.

10 Chapter 10: Conclusion

This study makes a significant contribution to knowledge through bringing together ethics and emotions in a new way in relation to social work decision making in this field. It has also considered the role of emotion in decision making in a broader way than previous social work research, including the positive or neutral roles played by emotion as well as its potential dangers.

Exploring social workers' perceptions and experience of decision making in care proceedings has revealed that emotions, ethical thinking and judgement are embedded and inseparably connected throughout the process. The study has generated rich insights into the complex interaction of thoughts, feelings, experiences and processes involved for practitioners in coming to significant decisions in a range of care proceedings cases. One clear message is that involvement in decision making in care proceedings generates powerful emotions for practitioners, and these emotions are infused with and intensified by the ethical dimensions of practice and decision making with families – and working with courts – in care proceedings. As this study demonstrates the close relationship between emotions, ethical thinking and judgement in decision making and associated processes, one implication is that decision making in this field cannot be seen as distinct from its context, ethical and value perspectives, and the emotional, embodied and interactional aspects of social work: these all play an integral role and it is potentially dangerous to exclude or ignore them. Understanding the interplay of emotions, ethics and judgement is therefore necessary in working towards effective and ethical decisions.

Another important consideration is the extent to which the impacts of emotions and associated ethical conflicts are recognised and worked with in practice, and how far practitioners are supported in this by their employing organisations. The study revealed ambivalence and uncertainty beyond viewing emotion as a well-being issue or as something to be controlled or managed to prevent it impeding good practice and decision making.

The previous chapter identified and discussed three key areas of findings:

- The close interacting relationship of emotions, ethical thinking and judgement in decision making, and their role in the relationships and embodied interaction involved, as well as the potentially constructive role of dissonance;
- The interface of the court 'world' and the social work 'world'; and
- The importance of 'spaces' and the role of the organisation in either 'managing' or 'containing' emotion.

From these I have formulated a conceptual framework which is set out below. The findings of this study have important implications for practice at all levels. This framework may be used to bring greater understanding of the processes and influences involved, and to identify effective ways of supporting practitioners and developing organisational systems.

10.1 Conceptual framework for understanding the role and interaction of emotions and ethics in care proceedings (and related) decision making

The basis of this framework is that the three elements of emotions, ethical thinking and judgement impact on each other in a range of ways, consciously and unconsciously. This interacting relationship between emotions, ethical thinking and judgement takes place within, and to some extent mediates the relationship between, *processes* – such as the individual, collective and organisational processes associated with framing, assessing, analysing, coming to a shared view and making decisions – and *relationships*, the embodied, interactional and relational elements of social work practice and decision making (see Figure 1).

The processes depicted in this framework are also enacted at the following levels: individual, team, organisational, court, and the wider national and global context. These levels influence and intersect with each other (Figure 2). Representing these five levels as a diagram of nested circles demonstrates the ecological nature of care proceedings decision making and the intersecting contexts and influences involved:

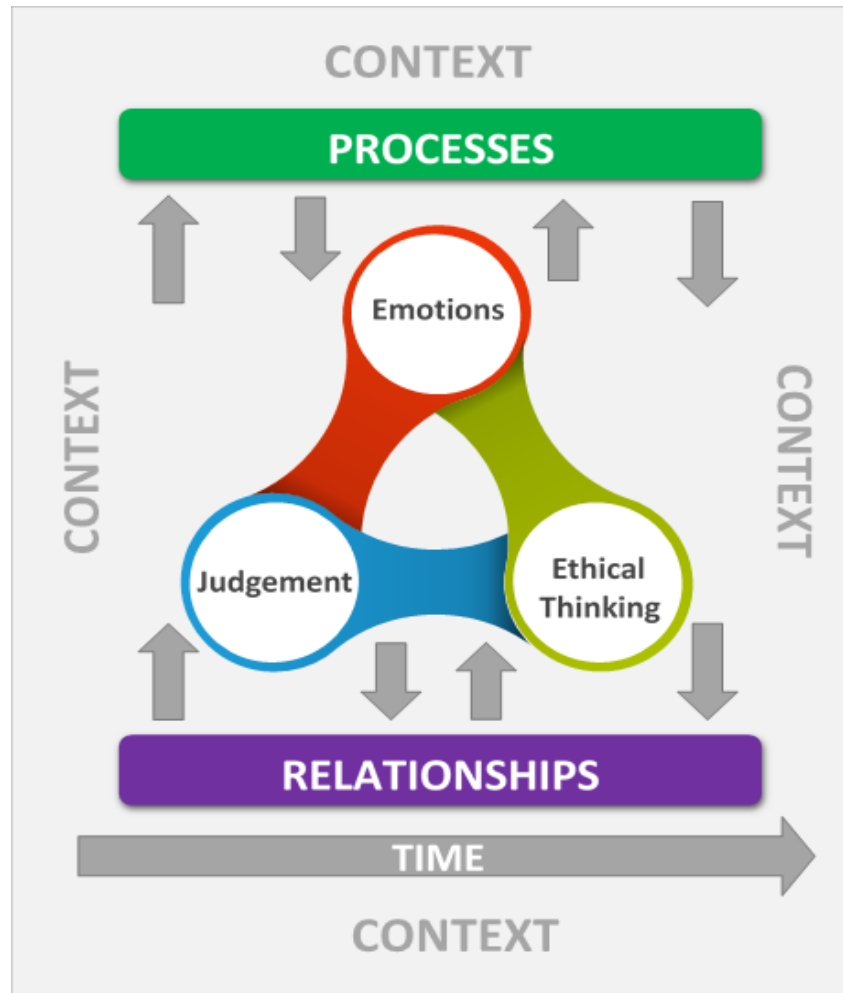


Figure 1: Interacting elements involved in coming to social work decisions in care proceedings

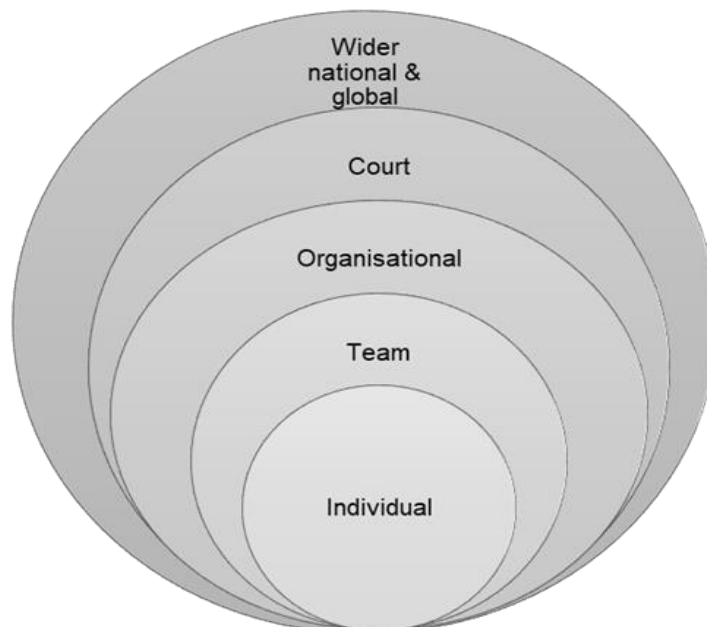


Figure 2: Intersecting levels and contexts

- *Individual level*

The interaction of emotions, ethical thinking and judgement is clearly seen in individuals' intuitive and analytical thinking processes and reflections, including heuristic processes. Individuals' own values, experiences, personal circumstances and family histories all play a part. Workers' relationships with the children, parents and family members they are working with are both affected by the emotions, ethical thinking and judgements brought by the workers themselves, but also in turn impact on these, potentially leading to changes in perception.

- *Team level*

This level includes supervision, both formal and informal, formal team meetings and case discussions, and the many informal and supportive interactions between individuals and their colleagues. Supervisory and group decision making are often seen as potentially more objective than individual decision making; however, as seen in the literature (eg Munro 2008), discussions of two or more people are open to the same heuristics (in which emotion may play a part), and 'groupthink' can deepen this, leading to more extreme decisions. Time and bureaucratic pressures, team cultures, practices, relationships and attitudes towards the provision of reflective space will also have an influence on how far individuals are able to discuss the emotions and ethical tensions and dilemmas impacting on them.

- *Organisational level*

Social work organisations have clear decision making routes and hierarchies. Organisational checks and balances are in place with the aim of ensuring the appropriateness of decisions and to minimise mistakes. However, as with team processes above, these will not be immune to the operation of heuristics and value perspectives and their emotional elements when guiding decisions around risk (risks to the organisation as well as to service users), need and limited resources. While unconscious bias is often seen as an individual issue, this study indicates that the influence of value perspectives operates at all levels, including the impacts of organisational discourses and cultures.

Organisations may change policy directions (for example towards or away from adoption or early intervention) without attention to the (sometimes significant)

shifts in ethical thinking and emotional responses required from the workers expected to implement them.

Organisational decision making processes also involve interactions and relationships. Organisations may prioritise the management of emotion through cultures of heroism and secrecy (Charles and Butler 2004), and control social workers through the use of shame (Gibson 2019). A culture shift would be needed for emotion to be valued and for emotional 'containment', in the sense described by Bion (1962), to be encouraged. Time constraints, resources and bureaucratic demands need to be balanced with support and the provision of spaces (physical, temporal or interactional) where reflection and emotional processing can take place.

- *Court level*

This research has highlighted the challenges for social workers of working at the interface between the two very different worlds of the courts and social work, where at times contrasting world-views and value perspectives appeared to operate, and closer understanding of each other would be valuable. The practices of the courts, together with the wording of legislation, the adversarial model, and perceptions of the evidence needed to convince courts, cast a long shadow over practice in statutory children's services. To some extent approaches to parents and decisions about the direction of cases could be seen as being taken 'in the shadow of the law', or of the courts. The demands of court work over social workers' time also affect their work with other families as well as the families in proceedings. Significant and powerful emotions were generated by the experiences of decision making and working with courts, including sadness at the impact on parents, deep anxieties and frustrations, and the challenges of dealing with ethical conflicts and dilemmas. Again, this points to the importance of support and reflective opportunities to enable practitioners to contain and work with these emotions and ethical tensions.

- *Wider national and global context*

Social work practice cannot be severed from its social, economic and political context. Shifting social policy directions (for example regarding adoption), neoliberalism and austerity affect both service users and local authority practice

both directly and indirectly. Moral perspectives and powerful collective emotions can be seen in social and political attitudes towards the poor and other marginalised groups, and 'poor parenting', as well as towards social work and social workers (Warner 2015). The extent to which these impact on approaches to families in proceedings is an area for social workers to reflect on, as well as how far ethical social work practice should involve a greater focus on poverty and a more politically proactive stance against austerity and neoliberal policies and attitudes.

10.2 Recommendations

Individuals and teams

- Rather than only seeing emotions as a distraction, source of bias or a well-being issue, emotions, including discomfort and dissonance, should be viewed a resource for practice (Ruch 2007b) and embraced, contained and used, rather than 'managed' or suppressed. This study indicates that emotions are part of the thinking process and their role should not be ignored, especially if practitioners are seeking to practise ethically. For example, sadness appears to have a positive role in increasing depth of thought. Discomfort and dissonance are constructive when leading to reflection, discussion and interaction with the perspectives of others. Examination of emotions aroused by a situation could also potentially bring greater understanding of values and assumptions involved (including those that could lead a child to become 'invisible').
- Discussion of emotion should be incorporated into formal as well as informal discussions and supervision. These could use my framework above as a basis, and could draw from existing models that include discussion of both emotions and ethics, as suggested in literature considered in previous chapters.
- Discussion of ethical dimensions should also be encouraged. As these were linked to emotions, discussion could help deal with the emotional residue of dealing with dilemmas and challenging situations, as well as identifying moral assumptions. An area that seemed less visible to participants in the study was that of wider social and structural factors, inequalities and oppressions; therefore, the questions involved in ethical discussions could include these

considerations, as well as poverty-aware and shame-sensitive practice, incorporating all three forms of recognition in relationships with families.

- In a pressured work environment informal discussions of emotional and ethical dimensions need not necessarily take up more time than time currently used in discussion: it is a matter of focusing the discussion differently, using different questions to each other, so that support is not only seen as helping people 'vent,' or 'manage' emotions, but also in using emotions as a resource to gain a greater understanding of a case or situation.
- Rather than locating and emphasising the skills and needs of the individual practitioner in being competent, curious, expert, or needing support, shift the emphasis to the nature of the case. Some cases need to be discussed, however expert the practitioner. Also, sometimes it is important to problematize the seemingly straightforward.

Organisational level

- It is essential that employing organisations recognise the powerful impact and role of emotion in practice and decision making in child protection and care proceedings, and the nature of the interaction between ethical thinking and judgement. This means organisations acknowledging and containing powerful and conflicting emotions as an *inevitable* and *important* part of the work rather than seeking to dismiss, marginalise or individualise them. All the above approaches outlined in the 'individuals and teams' section above need to be embraced and implemented at organisational level, moving the focus from the individual to the system.
- This may involve cultural change, to shift the emphasis towards the role of the organisation as container and enabler – and avoiding organisational practices that constrict and inhibit through cultures of 'heroism and secrecy' (Charles and Butler 2004) or shame (Gibson 2019). Workers also need support with the ethical and emotional dimensions of responding to changes in policy and practice. A deliberate focus on organisational *containment*, rather than *management*, of anxiety and other emotions, and on trying to understand the emotional dynamics in specific cases and of child protection in general, can help guard against

practitioners becoming 'bureaucratically preoccupied', children becoming 'invisible', or parents unrecognised.

- Consistent seating arrangements and groupings were perceived as significantly more helpful than hotdesking. Attention needs to be given to facilitating emotionally safe and supportive physical environments.
- Attention could be given to promoting greater understanding between social workers and court professionals. As suggested by Dickens and Masson (2016) this could include sharing their disciplinary knowledge and agreeing standards of practice.

Policy level

- For these changes to take place effectively their importance needs to be acknowledged and embraced at national policy level. Social workers, academics and social work organisations have a political role in making more prominent the ethical and emotional dimensions and complexities of professional judgement and decision making, the nature of relationships in child protection and care proceedings practice, and the roles played by poverty and austerity. Child and family social work is becoming increasingly defined by government. It is important for social workers and academics to seek further opportunities for activities and research towards increasing professional understanding, the promotion of humane practice, and enabling the social work profession to have a stronger independent voice in its role in representing both service users and social workers. For example, Featherstone et al (2018) suggest various possibilities involving dialogue, collaboration, research and political pressure to move from a deficit model of child protection with its current focus on preventing child tragedies, towards a holistic social model.

10.3 To conclude: benefits of the research

This study will be of benefit to practitioners through bringing a deeper awareness and understanding of the emotional and ethical dimensions of decision making in care proceedings and related fields. It validates practitioners, giving voice to their concerns, perceptions and experiences; it may also enable them to push for the kinds of support

needed. The study opens up ways of using emotions as a resource, including building on the constructive aspects of dissonance and sad and disturbing emotions, rather than limiting the focus to trying to manage these. The conceptual framework developed above may be used to identify where improvements could be made, or where processes or supports could be introduced or strengthened at each level. It can also be used by an individual practitioner or team to analyse and gain greater understanding of an individual case. The framework and findings of the study can be used by managers to identify ways they can best support practitioners and create a culture shift in attitudes to emotion, and in social work education to facilitate learning and critical reflection.

The framework could also be used to explore aspects of expertise and experience; how far experience should or not lead to greater autonomy; and how to learn from experience and find ways of working with emotions and protecting the self without withdrawing from families. Exploring the ethical and emotional dimensions identified in this study could help social workers hold on to social work as a profession with its own value base as well as being a specific job in a particular setting, carrying out the law and working within the constraints of statutory practice without necessarily being defined by these.

Most importantly, this study will also be of potential benefit to families in or at the edge of proceedings if it enables practitioners to think about the way they relate to or depict parents and family members, and attend to the impact of unconscious intuitive processes, emotions, ethical thinking and judgements. Its ultimate aim is to contribute to the 'recognition' of families, and the practitioners working with them, and the promotion of humane, relationship-based and socially just practice.

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APPENDIX 1: Participants

There were 31 participants altogether.

Information was also collected about gender, age group and ethnicity but is not specified here for each participant to preserve anonymity. 27 identified themselves as White British, and 28 as female and 3 male.

INDIVIDUAL INTERVIEWS

Designation in text	Role	Experience (3+ or under 3 years)	Number of care proceedings undertaken so far
SW1	Ex-LA social worker	3+	(not recorded)
SW2	Social worker	Under 3	4
SW3	Social worker	Under 3	4
SW4	Social worker	3+	3
SW5	Social worker	Under 3	(not recorded)
SW6	Social worker	Under 3	12
SW7	Social worker	Under 3	1
SW8	Social worker	Under 3	10-15
SP1	Ex-LA senior practitioner	3+	(not recorded)
SP2	Ex-LA senior practitioner	3+	(not recorded)
SP3	Senior practitioner	3+	6
SP4	Senior practitioner	3+	3
SP5	Senior practitioner	3+	3
SP6	Senior practitioner	3+	8
SP7	Senior practitioner	Under 3	4
SP8	Senior practitioner	3+	(not recorded)
SP9	Senior practitioner	3+	20+
SP10	Senior practitioner	3+	6
TM1	Team manager	3+	20+

FOCUS GROUP 1

Designation in text	Role	Experience (3+ or under 3 years)	Number of care proceedings undertaken so far
Focus Group 1	Social worker	3+	7
Focus Group 1	Social worker	3+	10+
Focus Group 1	Social worker	Under 3	1
Focus Group 1	Team manager	3+	50+

FOCUS GROUP 2

Designation in text	Role	Experience (3+ or under 3 years)	Number of care proceedings undertaken so far
Focus Group 2	Senior practitioner	3+	5
Focus Group 2	Senior practitioner	3+	10+
Focus Group 2	Senior practitioner	3+	c.10
Focus Group 2	Senior practitioner	3+	c.20
Focus Group 2	Team manager	3+	50+
Focus Group 2	Team manager	3+	30-40
Focus Group 2	Practice development officer	3+	20+
Focus Group 2	Principal social worker	3+	Not recorded

APPENDIX 2: Individual interview questions

- Please think of a care proceedings case you have worked with where coming to a judgement or decision was difficult or worrying in some way (either in the process of doing it or because of the result). During the interview I will ask you to talk about this case, but will also ask some questions about your experiences in general.
 - Please talk for a few minutes about the case. What made it difficult? (please state how long ago this was and how much care proceedings experience you had had at the time)
- What ethical dimensions do you think there were in the decisions involved and the process of coming to them?
- Regarding a key judgement and decision in this case, can you explain the process of how you came to it.
 - How quickly did you form a judgement? Did this change and if so why?
 - What made you choose this option?
 - What made it seem like the right or best option?
 - Was there a key moment you can point to when you felt clear this was right?
- Which emotions were you aware of in yourself and how strong (or not) were they -
 - In the process, before you reached the decision?
 - When working with the family / child?
 - Afterwards?
 - Was there a difference between your awareness of emotions at the time and afterwards?
- Did your emotions make you aware of an ethical issue or dilemma? (if so what?)
- Were there any values or principles that you normally hold to, that were difficult to follow?
- One thing I'm looking at is how people use intuition and conscious thinking and what part intuition might play – how did you find this?
 - Do you ever have gut feelings about something?
- Did any factors relating to ethnicity, culture, class, age, gender, sexuality or disability play a part in your experience of this case? And of the emotions and thinking processes in this situation? If so, how?

- What impact did the nature of your relationships and interactions with family members have on you?
- Were you aware of the impact of any physical factors such as physical appearance of the home, family members, etc?
- What part did your previous experience play in coming to this judgement/decision?
- How typical was this case example in comparison with other experiences you have had of planning and decision making in care proceedings?
- Has your approach to such decisions, or the way you experience them, changed over time and in relation to the amount of experience you have?
 - Or changed because of changes in policy and organisational expectations?
- Have you ever used any decision making model or guide? If so how helpful was this?
- What support and/or supervision did you receive and how did this help?
- Would you have found it helpful to have had more opportunity to reflect on, or support with, managing the emotional or ethical aspects of this situation, or other care proceedings you have worked with? If so why? What support would have been helpful and when? (at the time/later?)
- In your view what are the most challenging aspects of the care proceedings process?
- What differences have recent developments (eg the 26 week timescale) made to your experience of the ethical and emotional aspects of coming to judgements and recommendations in care proceedings?

APPENDIX 3: Provisional focus group questions

- What are the most challenging aspects of decision making in care proceedings?
- Do you see these decisions as ethical? – in what ways?
- How much thought do you give to the ethical dimensions of decisions at the time? And afterwards?
- What emotions have you experienced in relation to the decision making processes, and working with families during proceedings?
- What leads you to feel sure you are making the right judgement/decision?
- What helps you / would help you to manage the emotional aspects of the process?
- What would help you to come to good quality judgements and decisions?

APPENDIX 4: Participant Information Sheet

This is a PhD research project and the researcher is Anne Kelly, Senior Lecturer in Social Work at the University of Kent. The researcher has previous experience of care proceedings work as a qualified, registered social worker.

Topic:

How do social workers perceive, experience and manage the ethical and emotional aspects of decision making in child care proceedings?

Why study this?

Making plans and decisions about children's futures can be very challenging and may involve ethical dilemmas. The process may also have an emotional impact on practitioners. Recent changes such as the 26 week timescale will also have an impact. This research aims to find out from social workers about their experiences of these aspects of undertaking care proceedings, and what support they find helpful, or would find helpful, in this area of work.

How can you participate?

Individual interviews will take place with social workers who have undertaken care proceedings work.

Some focus group discussions will also be arranged. These could take place as part of a team meeting.

What will the individual interviews involve?

The individual interview will last about 45 minutes to an hour. It will be audio-taped and later transcribed. You will be asked some questions about your experiences of coming to decisions and recommendations in care proceedings cases.

Your participation is entirely voluntary and you are free to withdraw from the research at any time without any questions being asked.

How will confidentiality be ensured?

Personal/identifying information will be kept separate from the transcripts of interviews, focus groups and any other recordings or comments made available to the researcher. All information will be held securely on a password protected computer. Following completion of the project all personal identifying data about participants will be destroyed, but fully anonymised transcripts may be kept for future use in publications. Examples of actual wording from the interviews may be quoted, fully anonymised, in publications.

Will I benefit from participating?

You may find it beneficial to have an opportunity to reflect on these events and processes in relation to your own professional development. One of the aims of this study is to identify how practitioners can best be supported to manage the emotional impact of this kind of work, and to make recommendations for practice.

Has ethical approval been gained?

Ethical approval has been given by the University of Kent, [*name of local authority*] and [*name of local authority*].

If you would like further information on the project or its findings, please contact:

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APPENDIX 5: Consent Form

A study of how social workers perceive, experience and manage the ethical and emotional aspects of decisions making in care proceedings

Researcher: Anne Kelly

- I confirm that I have read the participant information sheet and have had the opportunity to ask questions
- I understand that I will not be identified in any report, and no information that could identify anyone will be used
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason
- I agree to take part in the above study
- I agree for the interview to be audio-recorded

Name of participant:

Signature of participant:

Date: _____

Signature of researcher: _____

Date: _____

APPENDIX 6: Information sheet

I would be grateful if you could complete the following questions so that I can compile information about the research sample:

Your initials:

Date of interview:

Post title (please tick):

..... Social worker

..... Senior practitioner

..... Team manager

..... Other (please specify):

Level of experience:

..... Qualified less than 3 years

..... Qualified 3 years and over

How many care proceedings cases have you been involved with to date?.....

Gender:

Age group (please tick):

..... under 30

..... 30-39

..... 40-49

..... 50 +

Ethnicity: