

Professional Doctorate in Social Care and Emotional Well Being (D50).

*The dichotomy of 'thinking' and 'doing' in social work practice with neglected infants and toddlers.
How do social workers respond to neglect and abuse in infancy, and does this change with the
introduction of a sustained case discussion forum?*

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Chapter 1: Introduction

Irish child protection services are best understood as complex social phenomena, concerned ostensibly with the practical business of safeguarding children, but whose operation and effectiveness are deeply influenced by historical events (McCafferty, 1985, Roscommon, 2010, McGuinness, 1993, Ryan Report, 2009), and more recent trends in the socio-political and social work practice environment (Featherstone et al., 2012, Buckley and Burns, 2015, Kemp, 2008, Parton, 2006).

This doctoral study is informed by a critical realist and systems psychodynamic perspective and considers the confluence of structure and agency in social work practice with infants, mothers and fathers. Using practice-near research methods, it highlights the complex reality of child protection practice (Cooper, 2009, Cooper and Wren, 2012, Rustin and Bradley, 2008).

1.1 Locating the research

This research had its genesis in 15 years of work with families engaged with child protection and welfare services. Four of these years were spent working with parents and infants in the context of an Irish residential family assessment and therapeutic service. I worked as clinical manager of the service - located in a former mother and baby home - while engaged in this doctoral programme. This frontline work exposed me to some of the most disturbing acts of infant abuse and neglect. Some of these observations were integrated with my first-hand knowledge of the deprivation and educational and social exclusion experienced by parents. Many parents had experienced loss and separation as children and adults and, as such, had deeply embedded ideas about relationships. They had developed complex strategies which enabled them to fend off painful memories, anxiety associated with parenting, vulnerability and dependency. The vulnerability of the babies in their care, their reliance on 'good enough mothering' (Winnicott, 1949), and the lifelong implications of the bonding process for parent and child, viscerally compelled our attention, stirring up intense feelings. Within this workspace, we were beset with anxiety, uncertainty and conflict.

I witnessed families struggling to navigate a system - of which I was an agent - to demonstrate that their parenting was good enough. This system, increasingly preoccupied with eliminating risk through efficient processes, frequently left me feeling isolated and anxious, particularly when I was holding a depressive position - in the language of psychoanalysis. In practice, this manifested in my advocating for more time for a parent and infant in our services, more therapy, more money, less restriction and more creativity. In attempting to maintain a boundary around our service and my authority, I was resisting the encroaching neoliberalist ideals of less dependence and more efficiency. My position was met with anxiety across the system and responses which many times revealed a professional preoccupation with personal safety.

1.1a Holly and Willow

To contextualise this practice experience, I present a partial account of the case of Holly and her daughter Willow, who stayed in our service for almost two years. Holly was a young mother in her early twenties and Willow was her fourth child. Holly's other children were removed from her and placed in care. She wanted to come to our residential service to demonstrate that she could parent Willow. The social work team disagreed, but at a case conference, it was decided that a referral would be made. We were fully occupied at the time of Willow's birth, and so Holly and Willow were separated. In an unprecedented effort, Holly rang our service on alternate days for three weeks looking for a place for them both, at the end of which time they were admitted.

Holly's family were involved with child protective services for many years and she suffered significant abuse and sexual exploitation while living with her mother and many of her mother's partners. When with Holly in the initial weeks, her rage, hurt and anxiety were easily observed, but her underlying grief became more obvious after we had established a tentative relationship. Holly lost her previous children because of addiction, resulting in ongoing chronic neglect. Her third baby was removed from the maternity hospital, having a particularly traumatic impact upon her, and this manifested in a recurring guilt with each milestone achieved with Willow.

Holly's experiences would manifest in intensely aggressive and challenging behaviour, which left individuals across the system at odds. Holly would show some her hurt and others only her rage and disdain. This aroused particularly defensive responses among us individually and collectively. The polarizing effect of Holly's behaviour and history was clear at an early review meeting. Holly and Willow's placement was ending, I was advocating for an extension to the placement, for money for therapy and for Holly to have contact with her other children more regularly. There was an acute sense of the professionals' expectations of our team to eradicate the risk of child abuse in this family. Holly's capacity to love Willow and to parent her was incongruous with the many assessments of her prior to her engagement with our service, assessments which by all accounts, were correct at that time. There was, understandably, anxiety at the prospect of allowing Willow to remain in Holly's care. Some voiced scepticism about Holly's capacity to sustain this good enough parenting in the community without 'all of the supports' within our service. Partaking in the meeting provoked powerful defensive responses in Holly, who became very aggressive, 'fitting into' the system's historical account of her. We succeeded in getting an extension and partial financing for therapy but a number of reports and follow up meetings, measuring any and all progress, were necessary. I understood this as reflective of the perceived and real risks we were about to take.

Working so closely with these social workers, I became familiar with the intense anxiety that came with the responsibility they had for children like Willow, and how this could generate a dichotomous position between her and her mother, in pursuit of her safety. The intense atmosphere of this initial meeting continued to be repeated throughout Holly and Willow's stay with us, subsiding once, when Holly invited the social worker to see her space and the home she had made for herself and her daughter within our centre.

Following discharge, Holly continued to attend therapy twice-weekly for over a year, she also stayed in the unit sporadically before moving entirely to the community and returned to use the centre's crèche and visit the team. The court recognised Holly's capacity to parent Willow and they discharged the care and supervision order. Social

care workers from the centre continued to call to Holly and Willow in their home. There, the structural issues of social welfare, education and isolation were immediately evident. So too was the abusive relationship between Holly and one of her parents. These conditions interacted with Holly and Willow in ways which increased their vulnerability and undermined Holly's parenting capacity. As time progressed, Holly began to lower her defences and a tentative trust in our team developed. This allowed her to communicate to us when she felt unable to provide for Willow practically or emotionally. During those times, we were particularly challenged to hold a position of uncertainty that accompanied our support of Holly and Willow. These occasions often incited overwhelming levels of anxiety and defensive responses which could be seen in rigidly held beliefs in our team that Holly was returning to her 'old ways'.

Holly and Willow are now living together in the community and Willow will begin school this year. They continue to depend upon services. I continue to manage the anxiety I have when I consider Holly's propensity to neglect Willow. It is a continuous process with no certainty to it.

The central ideas in this case pertained to the culture of assessment, decision making, and care and control; negotiated within a system gripped with reducing risk and monitoring staff. Crucially, and I will argue this throughout this thesis, the absence of a space in which to process and contain the emotional distress associated with the work meant that the team around Holly and Willow were, at times, stultified. Our anxieties at various times caused us to become polarised, defensively adhering to views and ways of thinking, working and making decisions, which had as their object the alleviation of untenable emotions rather than in doing what was best for mother and infant.

1.2 Research Questions

It is with the nature of those anxious states that emerged in response to Holly and Willow, and their source, that is, whether they are born inside or outside the worker or team, that this study is concerned. How do we discover whether they are

associated with the task or with fear about the professional self? What is the best mechanism by which to understand what types of anxieties operate within the worker eliciting defensive responses? These questions underpin the research questions guiding this study and the study design:

1. What is the nature of fear and anxiety in social work practice with infants who are suspected of being abused or neglected, and their families?
2. What is the impact of the provision of a regular sustained thinking space, in the form of a psychoanalytically informed Work Discussion Group, for child protection social workers?

Using a work discussion group, informed by systems psychodynamic theory, I wanted to create conditions for mature dependence amongst workers, where they might be challenged to bring the paternal qualities of their practice, authority-structure-boundaries, together with the maternal qualities of reverie-caring-holding-attention (Western, 2008, Rustin and Bradley, 2008).

1.3 Structure of Dissertation

In this thesis, I plan to take the reader through the research project, beginning in Chapter 2, mapping the theoretical terrain, where I explore and examine the theory and concepts that pertain to my research topic and the associated data.

Chapter 3 is the methodology chapter, which will detail the research design, including how the research was conducted, data collected and analysed, giving details of why specific approaches and methods were employed.

Chapter 4 will present the workers and the families they presented to the work discussion groups.

Chapter 5 will consider the nature and quality of anxiety as a pervading characteristic underpinning contemporary social work practice.

Chapter 6 will consider the use of a Work Discussion for social work practice.

Chapter 7 distils the research findings and discusses their implications for users of child protection and welfare services, social work practitioners, the social work profession, social work employers and social work education, and identifies possible avenues for further research.

1.4 Consent

Seven child protection social workers took part in the initial interviews and the first Work Discussion Group. Six workers continued to engage in the entire project. The names of the workers have been changed along with some identifying characteristics. Where possible the details of the families have been changed but there are limits to this, in keeping true to the dynamics and the practitioners work and responses. In the unlikely event of reading this, clients might recognise themselves, as others have concluded the risk is unavoidable with any certainty (Balint, 1964, Woodhouse and Pengelly, 1991).

The topic of consent and anonymity became an integral and ongoing part of this project such was the sensitive nature of what the workers shared. They were most concerned about the repercussions of sharing information pertaining to the internal organisational and management structure and culture (please see Chapter 6, page 189, for further discussion on this). Pseudonyms are used throughout this project to represent workers and the families presented.

Chapter 2: Literature review

2.0 Introduction

This study is an empirical psycho-social study of child protection social work experience with infants and families in Ireland in 2014. The study seeks to understand the nature of individual, group and institutional processes, using a Tavistock theoretical frame of reference, that integrates a psychoanalytic perspective with open systems theory and group relations (Huffington et al., 2004, Armstrong, 2005, Rustin and Bradley, 2008).

Section 1 will illustrate some of the traditional literature that has come to describe social work and social work practices, with reference to psychoanalytic informed studies. In Section 2, individual, group and organisational theories are presented with some supporting classical and contemporary studies, in an effort to present the possibilities for these theories as expedient in understanding social work practice and position within society.

Section 1

2.1 Child protection social work literature

Writing this literature review was frequently overwhelming: there is an enormous volume of material written on child protection social work practice. I quickly discovered that many researchers, academics, students, parents, children, professionals, auditors, journalists, politicians, and members of the public, have strong views on the definition of social work and on what social workers should and should not do. This is intimately linked with the serious nature of the work and the deeply held meanings assigned to it by society which are communicated to social workers in complex ways.

Establishing a clear and shared understanding of the 'primary task' of social work is critical for workers to be clear about and somewhat effective in their work (Ruch and Murray, 2011, Obholzer and Roberts, 1994). However, this is not a straight forward undertaking because of the interdependence of all of those working within and

surrounding the child protection system. Lorenz suggests that the task of social workers is influenced by the broader project of modernity, which divides opinion about childhood being a private and collectivist affair (2004, 2015). Another broadly based argument pertains to the practice of recognising and responding to neglect as structurally influenced, or as a serious child protection issue not necessarily caused by poverty (Daniel, 2015). Preston-Shoot and Agass locate it within a 'social, psychological, economic and political frame which frequently appears to render social work an unloved and challenging (if not impossible) profession' (1990; 104).

The literature both in Ireland and other jurisdictions demonstrates that the parameters of the social work task in child protection are not fixed; their movement is bound by history and the prevailing ideological and political climate (Skehill, 2004, Lorenz, 2004, 2015, Parton, 1997, Powell and Scanlon, 2016, Munro, 2004, Featherstone and Powell, 2015).

2.2 Irish social work history

The history of social work in Ireland is relatively short but its analysis informs research, education and practice (Skehill, 2004, Ferriter, 2005, McGregor, 2014). Historically, there are considerable differences in the provision of social work and child and family protection in England and Ireland. While the recent incursion of neoliberalism and globalisation is similarly experienced (Buckley and Burns, 2015, Garrett, 2009, Bourdieu, 1998a), the cultural and legislative context is disparate (Skehill, 2004, Ferriter, 2004, Featherstone et al., 2012, Burns and Lynch, 2012, Parton, 2004, Ferguson and O'Reilly, 2001). Most notable is the variance in progression towards formal child protection social work as we know it today. Irelands approach could be described as piecemeal, with heavy church influence in the 70's and 80's, and a later focus on family and community support, while in England, social workers quickly became synonymous with the state, heavily influenced by legislation and bureaucracy (Seebohm Report, 1986, Parton, 1996, Dolan et al., 2006, Christie, 2001, Skehill, 2003). The literature suggests that Irish social work has been especially exposed to significant change since the 1970's, with a weakening of traditional Church-State relations and a move away from mass institutional care (Powell, 1992, Skehill, 2003, 2004).

For many decades, the State attributed responsibility for the welfare and protection of mothers and children to priests and nuns, who were trusted with unquestioning certainty to care for those who could not be looked after within a family system, or who needed to be disciplined for behaviour thought to be uncatholic (Ferriter, 2004, O'Sullivan, 2009). It seemed that the church functioned as a receptacle for society's ill, retarded and poor members. Intervention in the lives of families was on a large scale, and between 1936-1952 between 2,000 and 3,000 children were placed in reformatory schools and over 170,000 in industrial schools (Ryan, 2009). Changes in Church-State relations in Ireland were accelerated, following a series of horrific disclosures made in relation to the church's systematic abuse of (mainly) children and women, whom it cared for within an archaic legislative framework (Raftery and O'Sullivan, 1999, Ryan, 2009, Ferriter, 2004, Childrens Act, 1908).

The result of this history for children and their parents, which was captured much later, typically by academics, is disturbing (Ryan, 2009, McGregor, 2014, Powell et al., 2012, Ferns, 2006, Burns and Lynch, 2012, Colman, 2010). In response to allegations of abuse, the Church was a highly defensive and closed system, with its priority being the protection of its members. Through the *Commission to Inquire into Child Abuse* (Ryan Report, 2009), community organisations, and the redress process, there is some engagement and acknowledgment of this furtive past. The scope of this literature review does not allow for a more comprehensive appraisal of this history, for a detailed analysis the reader is referred to core texts and policy reports: (Lavan, 1998, Ferriter, 2004, Powell, 2001, Skehill, 2003, Ferguson, 1996, Skehill, 2004, O'Sullivan, 2009, Buckley, 2003).

2.3 The emergence of societal risk

Irish public interest in child abuse reached extraordinary levels from the early 1990's (McGuinness, 1993, Keenan, 1996, Brosnan, 1998) and continued beyond the millennium (Ferguson and O'Reilly, 2001, Ryan, 2009, Roscommon, 2010). Central to this, has been an acceptance that lack of accountability and processes of regulation in our history created conditions for abuse to be systematic and widespread (Ryan, 2009, McGregor, 2014). This stimulated a response recognised

by a drive toward the protection of all children and families, and the elimination of abuse and neglect. In striving to meet these promises, social workers became more synonymous with problems of child abuse, with greater accountability and an increase of legal regulations defining their task. These combined developments have been described by Walsh as contributing to a 'climate of anxiety' in Irish society and a change in the perception of the Irish social worker (1999; 35).

One of the ubiquitous organising constructs of child protection that emerged during this time, was the advent of risk awareness and risk management in organisational life (Beck, 1992, Cooper and Dartington, 2004, Giddens, 1990). This arose as society became progressively individualised, with risks seen as individual failings and responsibilities, with virtually no accommodation of societal issues (Parton, 1998). Some propose that this rise in the dominance of 'risk awareness' dovetails with neoliberalist politics in their joint focus on individual responsibility (Bourdieu, 1998a) and self-reliance (Dartington, 2010).

In the last decade of the 20th Century, Ireland moved speedily towards the 'standard neoliberal model of an increasingly deregulated trade in goods, services and labour, and the relentless promotion of the market as an arbiter of efficiency, distribution and appropriate responses to needs, private and collective' (Featherstone and Powell, 2015; 40). This was understood as a determined outcome as a result of global politics (Bourdieu, 1998a, Kirby 2009) and the State is being accused of prioritising 'economic imperatives and the overriding commitment to intensified neoliberalisation' (Garrett, 2013; 36).

Providing care and support to families in need has been reframed under a rational economic model (Dartington, 2004, Carr, 2001). This has reduced the space for reliance, connection and mature dependence upon one another. In fact, dependency has, according to some, become an 'undesirable facet of life' (Carr, 2001), with a collective belief that moving from dependency to autonomy is both desirable and achievable. Simultaneously, organisations have been infected with a type of efficiency, productivity and certainty that is sold as infallible, where capacity

for thought and understanding emotional experience, are not prized (Dartington, 2010).

In this environment both parents and workers are thought to be responsible for their respective positions (Walsh, 1999, Keddell, 2011). This culture contributes to a 'crisis in trust' according to O'Neill (2002) cited by Cooper and Dartington (2004), who go on to advise;

'...as complexity in deregulated, networked environments threaten to escape central control mechanisms, so "risks", and risk management strategies proliferate. Organisational instability is experienced as continual...and individual dependency needs cannot be met within organisations' (2004; 132).

In this environment, new forms of anxiety – and their defences – emerge for practitioners, and prevail in their states of mind and 'organisation in mind' (Armstrong, 2005, Cooper and Dartington, 2004).

In the late 2010's, Irish society underwent a further dramatic social change precipitated by global economic disaster. The effect on the public sector became manifest in increasing referrals to agencies with an embargo on hiring staff to meet new demand. Increasing regulation, monitoring and micro-management became hallmarks of institutions whose service users' needs had diversified and intensified. (Christie et al., 2015).

In this climate, social workers are expected to do more with fewer resources under increasing media and public attention, within a prescriptive legislative climate; where they are vulnerable to depersonalised defensive practice (Hingley-Jones and Ruch, 2016). Working in this space is thought to be considerably anxiety provoking, both with regard to the painful nature of the work (task related anxiety) and with regard to the climate in which the work is being carried out (performance/Organisational anxiety) (Cooper and Lees, 2015, Turnell et al., 2013).

2.4 Túsla; the child and family agency

In 2014, the Irish State gave statutory power for the protection and welfare of children to a single body, the Child and Family Agency, named Túsla, meaning 'New Day'. It represented the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland. It brings together for the first time, social workers, community based services, education welfare and social care to work in partnership with voluntary and State agencies (Quin and McGregor, 2015, Tusla, 2015, Task force Report, 2012). With this came an explicit will in the agency to move towards early intervention and support, and a more comprehensive resourcing of families educationally and socially (Tusla, 2014, 2015).

However, at the Agency's inception, there was scepticism about the welfare and protection of children and families in Ireland given: the lack of sufficient resources; the increasing thresholds for responding to families; the increase in child poverty rates (from 18% in 2008 to 28.6% in 2012); deprivation in health and education, and; the lack of regard for the structural context in which difficulties for families arise (Christie et al., 2015, UNICEF, 2014, Burns and Lynch, 2012, Conneely and Garrett, 2015, Kerrins, 2016).

These structural inequalities have been identified as a central feature of the neoliberal project (Harvey, 2005). Simultaneously, there remained persistent concern about the direction of the profession with most social work posts taken up in the child and family agency, and the majority of social workers working on the 'front line of the risk management dimension of the service' (McGregor and Quin, 2015). This raised concerns associated with the establishment of the agency, that it will be segregated and associated with child protection alone, having definite implications for the primary task of social work (McGregor, 2014, Buckley and Burns, 2015).

2.5 Inquiries and inspections

The emergence of the prescriptive and legislative climate that characterises Irish social work may be understood against a backdrop of five major inquiries: The Kilkenny Incest Inquiry 1993, Kelly Fitzgerald, 1996, The McColgan Report, 1998, The Monageer Report, 2009, and the Roscommon Inquiry 2010. Between them, these inquiries have given rise to 187 recommendations on issues such as: the standardisation of services for early intervention; inter-agency work, and; improved practice identification, assessment and vigilance in respect of children presenting with signs of vulnerability or risk (O’Nolan and Buckley, 2016, McGuinness, 1993).

Since the Kilkenny Incest Inquiry in 1993, Ireland’s constitution has been amended and over 30 pieces of child-related legislation have been enacted (Powell and Scanlon, 2016). It is within this framework, along with increased political and public attention, that Túsla bases its day to day operations as well as ‘185 separate policies, none of which were in existence in 1993’ (Buckley and O’Nolan, 2013; 8). These inquiries are thought to have effected major systemic changes linked to negative outcomes such as ‘increased managerialism, reduced staff morale, increased staff turnover and defensive practice’ (ibid; 27, Powell and Scanlon, 2016, Christie et al., 2015, Burns, 2011, Buckley, 2008).

The Roscommon inquiry is a very different proposition to the Kilkenny Incest Inquiry 1993. The latter has been lauded as exceptional for its evident appreciation of the depth and complexity of social work, as well as its acknowledgment of a greater cultural and societal failure (Ferguson, 1993). The Roscommon inquiry however, accurately reflects the drastically changed environment in which it was conducted: There is a greater focus on the failings of individual social workers, who were charged with sole responsibility for child protection (Powell and Scanlon, 2016). A reading of the Roscommon inquiry alongside Parton’s comparison of the Maria Colwell and Victoria Climbié inquiries in the UK, suggests that the UK and Irish positions are now closely aligned. In Parton’s view, ‘the nature of the responsibilities of the relevant agencies, particularly social services, has broadened and intensified considerably [and] the responsibilities of certain professionals, particularly social workers, are enormous’ (2004; 93).

In the period from 1993 to the 2010's, Ireland followed English and international trends associated with the quality agenda, despite explicit caution (Walsh, 1999, Featherstone et al., 2012). There was an increase in formal management structures and external review processes *inter alia*, the Health, Information and Quality Authority (HIQA), quality assurance protocols and the National Review Panel (Buckley, 2014). These structures herald trends in 'externality,' in assuring quality and in measuring the capacity of the worker (Cooper and Dartington, 2004; 130).

Though admirable aims, the literature is clear that bureaucratisation of practice reduces the amount of time social workers spend with families developing relationships, once thought to be central to the social work task (Howe, 2010, Munro, 2011, Walsh, 1999, Collings and Davies, 2008, Ruch et al., 2010). With a collective focus on accountability, efficiency and compliance, social work is outsourcing its hands-on work with service users to other agencies, likely leaving social workers feeling deskilled (Howe, 2010, Dominelli, 2010).

The primary task of child protection has taken priority particularly in relation to the assessment and management of risk rather than responding to need (Parton, 2004, Christie et al., 2015). This is not unique to Ireland (Parton, 2004, Broadhurst, 2010, Munro, 2011, Cooper and Lees, 2014). Waterhouse and McGhee suggest that these prescriptive risk management procedures and other bureaucratic elements of the job may also function as a defence in allowing practitioners reduced time with families (2009). For example, particular primary tasks to do with monitoring and surveillance, and the fear of blame are thought to contribute significantly to social work anxiety (Broadhurst et al. 2010, White et al., 2009). These anxieties are aggravated as the difficulties that families face are often complex and intractable.

Creating opportunities to engage with families in an effort to create change requires time, presence of mind, and conditions for dependency in the system (Cooper and Lousada, 2005, Dartington, 2010, Ferguson, 2016, Lonne et al., 2016). When opportunities arise for these conditions to be at their optimal, they can cause anxiety across the system which is actively defended against. In every day practice social workers might find themselves at the confluence of individual anxieties permeating

upwards from families and organisational forces bearing downwards (Garrett and Bertotti, 2016, Preston-Shoot and Agass, 1990).

2.6 Families in child protection systems

Recent academic literature in the UK and in Ireland identifies a 'core population of high risk cases...characterised by multiple child care problems and extensive histories of health board involvement, which absorb the bulk of the systems energy in responding to children [deemed] at risk' (Ferguson and O'Reilly, 2001). A recent publication by Burns and McCarthy, drawing on internal HSE¹ data and qualitative research (Burns, 2009), revealed that social workers in Ireland have caseloads which are dominated by such cases (2012). These cases were found to have a stressful impact on social workers, and, in turn, the quality of service they are able to provide (ibid).

The evidence of multiple problems and combinations of problems has many implications for infants, their families and for how social workers engage in responding to them. Family histories can be complex, confusing and overwhelming for practitioners and services (Ferguson and O'Reilly, 2001, Brandon et al., 2008). Clinically these cases are recognised as some of the most complex to engage with, especially it is argued, in the absence of a robust theoretical framework (Rustin, 2005, Bower, 2003, Harvey and Henderson, 2014, Ruch, 2007, Ferguson, 2005, 2006, Cooper, 2015).

In the UK, over a period of eight years, Marion Brandon and her colleagues were involved in carrying out four consecutive, government-commissioned national two yearly studies, into the death or serious injury of children where abuse or neglect was known or suspected (Brandon et al., 2008, 2009, 2013, 2014). Between 2003 and 2011 they reviewed 800 cases. These studies revealed domestic violence, substance misuse, mental health and neglect as frequent factors in the backgrounds of families reviewed, and that a combination of those factors was particularly toxic

¹ Health Service Executive – formerly charged with responsibility for child protection and welfare in Ireland as part of their larger public health remit.

(ibid). This 'toxic trio' of parental behaviours has been found to increase the risks to children's safety and wellbeing (Cleaver et al., 2007, Brandon et al., 2005, Frederico et al. 2014). The Irish National Child Death Review Panel, established in 2010, published a report in 2014 presenting their work over a four-year period. While the presence of mental health issues, substance misuse and family violence was mentioned it was not conceptualised in the same way (Buckley, 2014).

Information regarding families involved with social work services in Ireland has been relatively neglected with an absence of robust statistics gathered (Buckley, 2008, Burns and MacCarthy, 2012b, Burns and Buckley, 2015). However, there are recent trends emerging. Due to the relaxation of the *in camera* rule in Ireland, it became possible to establish the Child Care Law Reporting Project, which explored the experiences of 333 families involved in child care court proceedings (Coulter, 2015). In a 2015 report, the project found that almost three-quarters of those engaged with the court system were parenting alone, the majority of whom were single mothers. Many of the parents reported on, faced multiple levels of adversity. The project reports:

“What many of these [child care] cases highlight is the lack of availability of suitable and appropriate services for vulnerable parents. Parents with mental health problems, cognitive disabilities, from minority ethnic groups, parents who are or recently have been in care themselves, parents who are addicted to drugs or alcohol, parents struggling with a child with mental health problems, *all require appropriate and targeted support services*. Again and again questions were raised about the availability of such services. (Coulter, 2015 p. 24)”

The personal and social experiences of these families contributes significantly to their overall interaction within a social work setting (Agass, 2002). In contexts of growing social and economic inequality and pervasive market demands, social workers are faced with persistent exposure to the considerable deprivation they see in the families referred to them (Burns and Buckley, 2015). Featherstone *et al.*, argue that the experiences of many families 'trying to parent in a profoundly unequal

society, are subject to practices that misrecognise symptom for cause, rendering the possibilities of meaningful change less likely' (2016; 9). In such circumstances, social work practice can be vulnerable to marginalising the social dimensions of client's lives (Lonne et al., 2016, Featherstone and Powell, 2015). Rather than just characterising Irish families as the 'domestic abuse' case, more consideration must be given to the structural contexts, along with attention to the individual or family pathology.

2.7 What do social workers do?

Crucially, much of what social workers do in reality, is dependent upon how their primary task is defined (Rice, 1965, Tusla, 2014, Gould et al., 2001), which is influenced by the above structural and historical factors, as well as the difficulties within the families that social workers meet (Stanley and Goddard, 2003, Reder et al., 1993, Ferguson, 2016). In light of the literature, I propose that the primary social work task has changed significantly as a result of broad socio-political issues to do with preoccupation with risk, efficiency and certainty in place of uncertainty, fallibility and dependency.

Contemporary social work defines itself as a practice of promoting social justice and human rights (IFSW, 2014), and in Ireland, there is a documented aspiration towards advocacy, value based and justice orientated practice (Christie et al., 2015). However, the capacity of social workers to actualize these practice objectives are influenced in reality; by the workers' personal history and capacity (Obholzer and Roberts, 1994); the characteristics of the families they interact with (Ferguson, 2010, 2016, Rustin, 2005); the socio-political and organisational climate (McGregor and Quin, 2015, Warner, 2015, Buckley and Burns, 2015); and the history of the provision of social work services (Skehill, 2003, 2004, Ferriter, 2004).

The concept of the primary task of a system was first defined by Rice in 1958 as 'the task which it is created to perform' and then as 'the task it must perform if it is to survive' (Rice (1965) in Dartington, 2010; 24). Miller and Rice employed the concept in their efforts to analyse how activities are perceived, ordered and prioritised within organisations (1967). They define the primary task of an organisation as a 'heuristic

concept', that is a tool 'which allows us to explore the ordering of multiple activities... [And] to construct and compare different organisational models of an enterprise based on different definitions of its primary task' (1967; 62). The term was used by Lawrence as an instrument for investigating the behaviour of organisations by suggesting that people within an enterprise engage in varied primary tasks, ones that are explicitly agreed and others that are often hidden (1977).

The aims of an organisation reflect its broad intended direction while the primary task refers to the way in which the system proposes to carry it out. The *normative task* is the formal or official task, usually defined by key stakeholders and underpinned by the broad aims of the agency. In the case of social workers, the task would be to promote the safety and well-being of children and support effective family functioning (Tusla, 2016). The *existential primary* task is the task that people within the agency believe they are carrying out, made up of the meaning or interpretation they give to their roles and activities. The *phenomenal task* is the task that can be inferred from people's behaviour, and of which they may not be consciously aware.

Defining precisely or realistically, the primary task becomes complex in organisations which exist to help people or to protect children, as is already obvious. While it might seem futile to attempt to define the task of the organisation, it is recognised as an important starting point (Roberts, 1994). One of the core features of the task of the leadership of an organisation is to ensure that;

'...the concept of the primary task...is not only uppermost in the minds of all of the members of the organisation, but that it is constantly reviewed in the light of the external environment and that the functioning, structure, and staff of the organisation changes in accordance with the changing primary task...' (Roberts, 2001; 199).

Within the framework created by the task systems surrounding this model, Rice and Miller develop the concept of 'sentient systems' (1967). That is, the emotional aspects of the job, beliefs, practices, possessions, stories and secrets that groups of workers invest feeling or *sentience* in (ibid). A *sentient* group, is a group which a

worker feels he can belong to and show loyalty to through relationships. The systems psychodynamic perspective, for example, is concerned with the nature of transactions across task and sentient boundaries in the organisation (Gould et al., 2001).

The explicit task of the child protection social worker is to provide for the safety and protection of children and the effective functioning of families (Túsla, 2014), but there can be many other tasks which are not so explicitly accounted for. For example, the social worker must exercise a caring function while also demonstrating authority, occasionally, in response to the abuse of a child (Reder et al., 1993, Lorenz, 2015). These tasks can evoke particular feelings in the worker and the system. In contexts where those feelings are not addressed effectively, there is a likelihood of 'anti-task' behaviour emerging (Zagier Roberts, 1994).

Hirschhorn proposes a move from attempting to define the primary task towards defining the primary 'risk' in an organisation, given the increasing levels of turbulence underpinning the social and economic environment (1994). He suggests that the 'primary risk is the core risk that animates the organisations strategy' (1994; 181). Taking these ideas, a significant question for a social work team then is 'what is our primary task?' (Ruch and Murray, 2011) or, 'how does our way of working relate to this task?' (Roberts, 1994; 38), or, 'what is the primary risk that shapes the social workers experience?' (Hirschhorn, 1994). Answering these questions is not simple, and much research has been concerned with what it is that social workers are doing.

Twenty years ago, Nigel Parton suggested we knew little of how social workers go about their daily work, including how decisions are made (1997). In Ireland during that time (1992-1997), Helen Buckley was undertaking an empirical study of child protection practice in one Health Board area. She conducted 237 interviews with social workers and carried out an in-depth examination of referrals made (Buckley, 2003). Her focus was on the practice of receiving referrals and the processing of them. Buckley's study revealed that Irish social workers provided a reactive rather than a proactive service, rarely encountering situations of abuse themselves.

Buckley found that the process of making decisions, on whether to pursue a referral was dependent upon the way in which lay people or other professionals would make the referral;

‘...when referrals were made, they were not necessarily presented in terms of child abuse. Rather, a message or account would be given of a situation that gave rise to some concern about a particular child...the framing of certain circumstances and events as ‘child abuse’ were merely initiated by professionals and lay people...the act of classifying the concern as child abuse...was normally carried out by the duty social worker, who had the primary task of deciding what behaviour or consequences would constitute abuse and what would not’ (2003; 29).

Buckley discovered that pre-screening or filtering out of referrals, represented a substantial amount of the work of child protection at that time. She also found that a non-interventionist philosophy was operating in the area in which she was completing her study, this was connected in her view to the fact that under half of reported allegations were engaged with, meaning a considerable amount of families were not intervened with (2003).

Both Buckley and, later Ferguson and O’Reilly (2001), found that statutory social work in the 1990’s was increasingly dominated by child protection work. Ferguson and O’Reilly’s empirical study was undertaken at a later period than Buckley’s and further extended her findings. They noted in their concluding chapter, an emergent dimension of ‘practice anxiety and a new risk consciousness’, arising from the need to avoid being responsible for children suffering abuse or dying (p. 261). This was coupled with what they called ‘manufactured risk’, (borrowed from Giddens (1994)), whereby inter-agency notification systems were found to slow workers down. They

found problems in the way the system defined cases and the type of responses which flow from these definitions.

At these relatively early stages in a period of significant change in Irish social work practice, these empirical studies identified emerging aspects of child protection practice to be seen today, namely, the dominance of risk in child protection work and the pervasive impact of systems (Broadhurst et al., 2010). Parton (2007) and Buckley and Burns (2015), suggest a recognised trend in time being invested in investigation and the gathering of information as opposed to intervention and the building of knowledge.

In 2008, Tony Kempe, an Irish child care manager, completed a qualitative study which critically reflected on the changing nature of Irish social work (2008). This study involving 20 senior social work managers in Ireland, set out to explore how practice was being influenced by processes of proceduralisation and risk management. Kempe's research revealed two major themes connected with the 'quality agenda'; the proceduralisation of practice and the predominance of risk in social work (p. 102). Practitioners moved from a practice driven by; 'wisdom, collective team knowledge, and connection to the community' to a practice flooded with 'regulations, standardised procedures...which sought to make practice uniform and structured' (ibid, 103). This movement 'created an atmosphere of defensive practice, where doing the thing right is far more important than doing the right thing' (p. 106).

Using the primary task framework makes explicit the discrepancies between what an organisation sets out to do and what is happening in daily practice (Roberts, 1994, Dartington, 2010). For example, Buckley's research into how social workers processed and responded to referrals revealed a significant gap between the *normative* and *phenomenal* task of the social worker (2003). Kempe's research reveals some of the hidden *phenomenal* tasks employed by workers as a response to the increasing prescriptive climate.

With implicit conflicts in task definition, and with practice measured upon technical parameters (HIQA, 2013, Buckley, 2012), completing the task can be a major source of anxiety for workers (Roberts, 1994). Competing definitions between what the organisation internally believes to be its task and what those outside the system believe to be the task of social workers, can add to this. The primary task can be influenced and changed by the changing nature of the external environment, or the organisation might remain a closed system impermeable to the changes in the environment (ibid). In the case of social work, there is evidence of the system being permeated by neoliberal and market ideology at an alarming rate (Featherstone and Powell, 2015), impacting upon how the task is carried out daily (Ferguson, 2016).

The studies hitherto, tend to lean towards talking about decisions and ways of navigating systems without capturing the intimate experiences of working closely with families. What is not captured in great detail in these studies is the major source of stress for professionals working in helping services as a result of their close proximity to those families they work with (Menziés Lyth, 1988, Obholzer and Roberts, 1994, Ferguson, 2016). This will be discussed with supporting literature in sections 2.7a and b, and in Section two of this review.

2.7a Decision making

It is clear from literature from the last three decades, that decision making is a definite feature of the primary social work task (Patron, 1997, Buckley, 2003, 2005, Reder and Duncan, 2004, Howe, 2005, Horwath, 2007, Munro, 2008, 2011, Gillingham, 2011, Keddell, 2011). In broad terms, decision-making is recognised as a complicated process involving the head and heart of the worker, although in practice and policy the head and heart have become polarised (Hingley-Jones and Ruch, 2016).

In making decisions, workers encounter challenges of balancing risk, care, control and power (Reder et al., 1993). Increasingly, decisions are made under intense spotlight, and influenced by limited resources, including limited time to think (Morris et al., 2015). Decisions to be made about children and families must necessarily involve being with and talking to families. The contribution families make has been

found to impact upon the social workers reasoning processes and subsequent decision making (Parton et al., 1997, Buckley, 2003, Ferguson, 2011), along with the meaning the worker has attributed to certain criteria (e.g. parenting) (Dingwall et al., 1983, Parton et al., 1997).

Morris and colleagues' qualitative study (2015), explored how social workers perceived and made sense of family situations. The researchers also interviewed families in a bid to hear their accounts of their own situations. Their research revealed that policies and debates about permanency, connected to temporal demands, influenced how social workers made meaning during their assessment and decision making processes, and this had very real consequences for families. The study also highlighted that the structural contexts for many families were not usually accommodated as part of the assessment and decision making processes.

Keddell, whose qualitative research was undertaken in New Zealand, suggests that social workers assign meaning to families in a context comprising a multitude of rival discourses relating to the nature and causes of client's problems (2011). Her study, examining social workers' decision making experiences revealed that;

'...workers valued family maintenance and sought to bolster this while managing potential risk, although children's safety concerns could still override this. In most cases, workers constructed the causes of clients' problems in non-blaming but individualised ways, viewed clients as being capable of change and perceived them as being honest and open...[however] notions of family maintenance, values of respect for the individual and psychological constructions of problems tended to be individualised rather than connected to the wider socio-political climate' (2011; 1259)

Further research with social workers has shown that decision making in cases of suspected neglect or abuse in pregnancy and post birth, is hampered by workers' own inhibitions in engaging with parents. They want to be perceived neither as 'cruel' nor to be exerting overt power (Tredinnick and Fairburn, 1980, Corner, 1997).

These studies reveal that social work decision making is emotionally charged and ethically fraught, yet efforts to improve or support decision making have disregarded these factors (Ferguson, 2005, Cooper, 2005, Rustin 2005). These studies have also revealed the struggle that workers have in reconciling the structural and intimate aspects of practice with families. Despite the nuances of this task, the overwhelming response to concerns about both the process and outcomes of decision making, has been the development of tools designed to address inconsistencies across the systems, communicating subtly the apparent weak ability of human professionals to predict outcomes (Buckley and Burns, 2015, Gillingham, 2011, Munro, 2011). Social workers are inspected on their capacity to use these tools and to practice in a way that meets the targets set for them. Despite such ostensibly robust tools, practitioners continue to face a series of dilemmas when it comes to making decisions, particularly when attempting to safeguard infants from possible future harm (Ward et al., 2012). Research has revealed its fallibility and the limitations of decision makers in this environment (Munro, 1999b, 2008, Buckley, 2003).

2.7b Decision making and inter-agency work

The decisions that social workers make are impacted upon at every step of the process – from the point of referral to the point at which they make a decision – by the interaction and engagement they have with other professionals and agencies, as well as with families (Ferguson and O'Reilly, 2001, Ruch and Murray, 2011, Datta and Hart, 2008).

Ruch and Murray, employing a similar methodology to this study, explored social workers' experiences of inter-agency working (2011). Social workers reported - incomplete or partial sharing of information - as one of the most unsatisfactory inter-agency experiences. Social workers reported that other professionals' fears of jeopardising their relationship with the family impacted upon how much information they would share and on their contributions at formal meetings (ibid). Social workers in these circumstances, were expected to be the communicators of bad news.

Taking a systems psychodynamic perspective, they suggest that this professional behaviour could be described as anxious avoidant in response to the anxiety generated by the work;

‘By adopting a splitting response, the unbearable aspects of the work are ‘split off’ by some individuals and the members of the inter-professional group involved with a family are configured into goodies and baddies...the expectation that the social worker will take on the responsibility for undertaking this task positions them within the professional system as “the baddy” (p. 439).

Their theories have relevance for Irish social work practice, particularly with mounting responsibilities associated with the task of protecting children in a climate of increasing expectations. In the Irish reporting of the Roscommon Inquiry, the tendency to project blame toward social work for its failure to protect the six children from chronic neglect and sexual abuse, obscures the complexity associated with the case (Roscommon Inquiry, 2010).

The defences employed by workers, quite likely upheld their relationship with the parents in circumstances of overwhelming fear and anxiety, and distanced them from the children and their own authority (Roscommon, 2010, Ferguson, 2016, Rustin, 2005). The stultifying effect of the fear and anxiety in the case, manifested in agencies convening 11 times to attend case conferences. In this space, little *work group mentality* existed in terms of registering the reality of the situation and the children’s experiences. Such is the nature of the anxiety that the professional group are diverted from the primary task and divided moving, in psychoanalytic terms, from a *work group mentality* to a *basic assumption mentality* (Bion, 1961). The groups’ anxieties in the Roscommon Inquiry, resemble what Bion describes as taking ‘flight’ from difficult practice contexts (1961). Where there is a willingness to face and work with reality and a shared understanding of the complex nature of the work, group mentality operates (Stokes, 1994, Bion, 1961). However, when there is a wish to evade pain and stress associated with conflict between groups, there can be a move

away from facing reality, a move towards anti-task practice (Ruch and Murray, 2011), and avoidance or denial of the requirements of the task at hand.

Uncertainties that emerge in working with vulnerable children and families, can lead to indiscriminate referrals to social services (Munro, 2010). In this regard, Preston-Shoot and Agass suggest that social work has 'become the recipient of, and receptacle for, displaced public anxiety' (1990; 105). In a classic systems psychodynamic research study, beginning in 1982, Woodhouse and Pengelly used work discussion groups as a research method across several disciplines in the helping services (1991). Practitioners brought 132 cases, offering a sizeable sample of their practice for examination. The researchers found that the social work intake boundary was wide and exposed (1991; 176), and social workers used a 'dustbin' analogy to describe this. Issues of child protection stimulated particular anxiety in non-social work practitioners, and this anxiety tended to be 'lodged with social services...a citadel under siege whose occupants kept an ever watchful eye on the portal' (p. 231). Faced with the anxious threat child abuse poses, and the political and economic demand to export cases, practitioners in other agencies demonstrated their sometimes defensive, less than honest referrals to social services (ibid).

Taylor *et al.* explored decision making in care proceedings and associated delays in the process (2008). Their study revealed that social workers likened their decision making tasks to 'judgements of Solomon'. They found that certain decision making practices evoked primitive anxieties which were projected into other professionals, who were seen as irresponsible (ibid).

These studies and inquiries reveal the intrinsically complex task of inter-agency work and reflect the workers' vulnerability to displacing and externalising problems that belong elsewhere – in the workers themselves or in their organisations (Woodhouse and Pengelly, 1991).

2.8 Creating spaces to think and feel

The challenges associated with making decisions and working collaboratively, have been frequently highlighted in the literature as closely linked to the consistent

absence of a facilitated thinking space (Rustin, 2004, Munro, 2011, Woodhouse and Pengelly, 1991). Professionals involved in working with high risk groups, are in most need of such spaces to consider the often painful nature of their work (Rifkind, 1994). Ruch suggests that the 'absence of suitable thinking spaces [may be] one reason why practitioners have difficulty thinking about their practice' (2006, 370).

Many researchers and academics have pointed to the need to create space at policy and practice level to accommodate the emotional needs of social workers (Ferguson, 2005, Reder and Duncan, 2004, Munro, 2011, Hingley-Jones and Ruch, 2016). The availability of such a space is recognised as essential to longevity in the work force, and stability and creativity in the practitioner (Ruch, 2007, Burns, 2009, Rifkind, 1994, Rustin and Bradley, 2008).

In the Irish context, the importance of supervision is highlighted in government policy: 'for the protection of the public and promotion of quality service, social workers require access to formal supervision that is regular, consistent and of high quality' (Office of the Minister for Children and Youth Affairs, Ireland, 2009; 42). The Irish National Social Work Qualifications Board (2005), and several inquiries, have emphasised the role of supervision as 'an essential and lifelong component of professional social work' (cited in Burns, 2012; 222, Ryan, 2009).

Despite this, the empirical basis for supervision in social work in Ireland and internationally, is weak (Burns, 2012, Beddoe et al., 2016, Carpenter et al., 2013). In their review of supervision research, Carpenter *et al.*, found no compelling evidence that supervision could contribute directly to improved social work practice (2013; 14). While there has been much written about the need to provide appropriate supervision spaces for child protection social workers, very little research testing the impact of such spaces and their appropriateness as a forum for processing the emotional dimensions of the work has taken place (Ruch, 2007, 2011, Rustin and Bradley, 2008, Jackson, 2008, Woodhouse and Pengelly, 1991, Fook and Gardner, 2007).

In Ireland, the limited research that does exist, claims that supervision is neither regular nor of a high quality (McGuinness, 1993, Buckley, 2002, Hanlon, 2008, Burns, 2009, 2011, Peet and Jennings, 2010). In a study by Hanlon and colleagues, respondents indicated that rational 'case management activities' dominated supervision and that social workers' caseloads were critical barriers against the provision of quality supervision (2008). Burns' qualitative study revealed similar findings (2012). He suggests that despite practice principles laid out in Children First Guidelines for the provision of supervision, the HSE was not near the standards required in terms of providing good supervision to social workers (2009). In Burns' study, social workers described their supervision as 'case management' (ibid, 2012, 232), with one social worker reflecting upon the culture of child protection work acting to inhibit the emotional aspect of the work.

The literature further reflects that supervision is outdated and is more akin to an exercise in surveilling practice (Ruch, 2006), focusing on monitoring inspection, regulating risk and case management, rather than reflective practice (Kraemer in Armstrong and Rustin, 2015, Burns, 2012). This, despite the fact that it has been established that analytical, critical and reflective thinking, is essential to relationship-based social work practice (Goddard and Hunt 2011, Hingley-Jones and Ruch, 2016).

In the absence of reflective spaces, the psychological and emotional aspects of the work have been largely ignored (Ferguson, 2005, 2011, Rustin, 2004, Cooper, 2005), replaced by rational, bureaucratic and managerialist processes. Broadhurst et al. (2010) suggest 'there is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive' (p. 27). Furthermore, working in these environments, social workers are vulnerable to engaging in 'overly authoritarian and risk adverse practices... [that is] depersonalised and defensive in nature' (Hingley-Jones and Ruch, 2016; 238).

In order for reflective practice to be a core component of social work practice, the contexts, conditions and forums facilitating it need to contain the uncertainty and

anxiety accompanying contemporary practice. The managerialist, outcomes-oriented ethos currently underpinning practice is an inadequate container (Ruch, unpublished thesis). Respecting the complexity of the work and the systems already operating within the worker and the organisation as systems of defence, is a necessary precursor to introducing new ways of thinking and reflecting. Kraemer discusses the challenges in offering reflective spaces and the possible unconscious ways organisations and practitioners might resist reflective thinking (Kraemer in Armstrong and Rustin 2015). An obstacle to reflective practice might be the discovery within social workers of their relationship to authority, coming to terms with difference, and their own sense of omnipotence. An available defence against such discomfort is 'to unite in self-righteous grievance against managers who "never understand what we have to go through". This bolsters their self-esteem, but not their capacity for reflection' (Kraemer in Armstrong and Rustin, 2015, 146).

Reflective practice, underpinned by systems psychodynamic theory, facilitates practitioners to remain thoughtful, flexible and critical of rigid defence mechanisms which are characteristic of the organisation's inability to face the emotional implications and unconscious aspects of the work (Hingley-Jones and Ruch, 2016).

2.9 Women. Social workers, mothers and children

Women find themselves centrally located in the child protection social work environment both as workers and mothers. National studies indicate that they comprise the majority of the direct service provision workforce in child protection and welfare (Tusla, 2014, 2015, Buckley and Burns, 2015, Burns and Christie, 2013, Garrett, 2009). Furthermore, the majority of research studies reviewed herein include more women social workers than men as research participants (Taylor et al., 2008, Davis and Collings, 2008, Morris et al., 2015, Graham and Shier, 2010, Ingram, 2015, Noyes unpublished thesis, 2015, Whittaker and Havard, 2016). Yet, the research and literature on women and mothers as social workers, is considerably limited (Featherstone, 1997, Parker, 1997, Menashe et al., 2014, Parker, 1997, Waterhouse and McGhee, 2015).

Issues of motherhood, feminism and women social workers are rarely tackled and when they are, provide the greatest challenges for writers (Featherstone, 1997, 1999, Smith, 2010, Finnegan, 2004, Menashe et al., 2014, Menzies Lyth, 1975, Howe, 1994).

The Irish child protection space, where women relate to each other is situated in the oppressive history of Ireland's relationship to women. Historically, Irish society's profound ambivalence about the care of its dependent members, namely unmarried mothers, infants and children, is captured in stories like those of Joanne Hayes (1984) and Anna Lovett (1984), both young mothers, who gave birth out of wedlock. Joanne Hayes' story is told in the context of the thousands of other Irish stories untold in this thesis, of unmarried women who were responded to with contempt when thought to be unlawful or morally wrong (Finnegan, 2004, Ferriter, 2004, McCafferty, 1985, Maguire, 2001). Becoming pregnant for many unmarried Irish women, resulted in their incarceration and separation from their infant and their subsequent systematic abuse and exploitation. This was a societal decision at that time, heavily influenced by the close relationship between church and state (Ferriter, 2005, Powell and Scanlon, 2016, Christie, 2001). Today Irish society is beginning to embrace with some trepidation its horrific treatment of these women and children (Commission for the Inquiry into mother and baby homes, 2015).

The experiences of Irish women and children were given little space to be heard until the 1990's. Catriona Crowe, Irish archivist and literary critic suggests;

'The private domain of personal experience has always been at odds with the official stories which were sanctioned, permitted and encouraged by the state and the Catholic Church...these memoirs run like a parallel stream of information alongside the official documentary record...the official record can tell us what happened, but rarely what it felt like'

The practice of excluding emotional experience from official records is an important aspect of our social work and social history that has a familiarity in the context of

contemporary social work practice (Powell and Scanlon, 2016, Burns and Lynch, 2012, McGregor, 2014).

2.9a the position of children in relation to their mothers

The focus on the protection and welfare of the child as central in policy and legislation has contributed to a tendency for social workers to respond to mothers only in relation to their impact on their children (Scourfield, 2001, Featherstone, 1999, Waterhouse and McGhee, 2016).

Furthermore, it is suggested that the language of child protection 'situates the idealised child separately from his/her family' (Featherstone et al., 2014; 1742). In an article underpinned by psychoanalytic theory, Collings and Davies (2008), found two dominant discourses of the child as 'vulnerable and innocent' and 'as rights-bearing individual' within child protection. They contend that these discourses may split the interests of the parent and child. They suggest that this serves as a distancing aid from the anxiety of a decision concerned with separation;

'...workers may find comfort in institutional discourses premised on the rescue of children from inadequate or culpable parents because such a dichotomous view of children and their parents can lead workers to split off their anxious feelings and distance themselves' (p. 187).

They further propose that emotions attached to the discourses of childhood can have significant but unrecognized consequences, without explicit recognition.

In a qualitative ethnographic study by Scourfield, examining gender construction in child protection work, he found the existence of a powerful discourse of women as responsible for protecting children (2001). His research demonstrated the tensions that emerge when social workers see women as change agents in the absence of the social spaces they occupy. Buckley's study, referred to earlier, found that the majority of parents involved with the Irish child protection system were mothers, and

that practitioners tended to focus on mothers, even when the fathers were the alleged abusers (2003).

Featherstone, in her writing about women and mothers as social workers, points to the erosion of the space in which woman social workers can firstly provide support, and secondly think about the women mothers they come into contact with (1997). Acknowledging the power relationships in these interpersonal spaces, she suggests that the structures often prohibit any type of meaningful meeting of women. Morris's study, which employed a life history narrative and feminist inquiry methodology, suggests that women's socialisation as nurturers, which creates an orientation for 'pleasing' and 'serving others', may appear as anathema to the control function of child protection work and the undertaking of the 'dirty work' of society (Morris, 2005).

Societal ambivalence about women and mothers, is acted out in the many polarised discourses surrounding motherhood and its often denigrated role. Two recognisable opposing discourses are that of the pivotal and responsible role afforded to the mother in the early years of her infant's life. The contribution of infant mental health research places the mother centre stage with responsibility for providing optimal conditions for the baby's growth and development. This is also found in psychoanalytic literature (Winnicott, 1960, Bion, 1962) and perhaps accounts for the difficulty in reconciling both feminism and psychoanalysis historically. Although, in her writing, Benjamin provides an alternative psychoanalytic view on mothering (1995). Alongside this discourse, is the growing pressure on women to contribute to the workforce and to the material growth of the family:

'Contemporary society is less supportive to mothers and babies than it might be: exerting pressures, placing obstacles, and surrounding the mother with attitudes that are antipathetic to her role' (Menzies Lyth, 1975).

Mothers have become divided into those who stay at home and those who work. Strong feelings emerge and are projected by one group towards the other. These feelings are alive in the interpersonal spaces that women, social workers and

mothers take up (Featherstone, 1997). Understanding the complexity and contradictions of motherhood in the context of social work, is a fundamental aspect of practice and research.

In my study, those women who were mothers identified with the mothers in their cases, evoking feelings of ambivalence and anxieties about their own capacity as caregivers. Maternal ambivalence is understood as;

‘...the experience shared variously by all mothers in which loving and hating feelings for their children exist side by side. Much of the guilt with which mothers are familiar stems from the difficulties they experience in weathering these complicated feelings’ (Featherstone, 1999; 48 citing Parker, 1997).

Practice informed by psychoanalytic theory accommodates an understanding of these deep emotional dynamics at play in encounters between women social workers and the women in families they meet (Welldon, 2012, Mariotti, 2012).

2.10 Summary

This chapter demonstrates the immensity and complexity of child protection literature. Particular gaps in Irish research literature are revealed. There has been minimal investigation into social work experiences of intimate practice and reflective practice. This research study intends to address some of these gaps.

Section 2

2.10 Systems psychodynamics and social work

Pertinent to this research study, is the steadfast argument in the literature for a deeper understanding of the complex dynamics between workers and families and their organisation (Ferguson, 2004, 2010, Cooper and Lousada, 2005, Cooper and Dartington, 2004, Bower, 2005). A central challenge in social work research and practice, is holding onto an understanding of human capacity and intimate experience, whilst simultaneously taking cognizance of the effects of real life structures on the behaviour of families and social workers (Houston, 2001a, 2001b, Ferguson, 2016, Hingley-Jones and Ruch, 2016). Employing a systems-psychodynamic approach to understanding families, social workers, their teams and organisation, can go some way towards maintaining these dissonant positions. In its broadest sense, the application of these theories can illuminate effectively the impact of politicised systems of care on individuals and workers (Dartington, 2010, Cooper and Lousada, 2005).

Howe argues that 'social work's theories and practices reflect the times in which they live... [...and] have become analytically more shallow and increasingly performance orientated' (Howe, 1996; 77). Psychoanalytic practice places the skill of understanding others and oneself as central in the work. It takes account of the significance of the relationship as a vehicle through which change can happen and it places weight upon the importance of communication both verbal and non-verbal between the worker and the client (Ruch et al., 2010, Stevenson, 2005). Trevithick suggests that it is these practice orientating principles that align psychoanalytic theory with social work practice (2012).

Psychoanalytic theory is a relatively new concept in Irish social work practice and it does not feature frequently in the literature (Ferguson, 2012, Walsh, 2008). However, it can provide a useful model for Irish social workers and academics in further exploring how external adversity impacts on the individual, family and working group becoming part of their internal world and make up. Many Irish social workers

are already using some form of psychoanalytic thinking in their adoption of the attachment literature and Bowlby's work (Howe, 2005, Bowlby, 1969).

The 'systems' part of the theory refers to concepts of open systems that provide the dominant framing perspective for understanding the structural aspects of an organisational system, including;

'its design, division of labor, levels of authority and reporting relationships; the nature of work tasks, processes and activities; its mission and primary task, and...the nature and patterning of the organisations task and sentient boundaries and the transactions across them' (Gould et al., 2001; 2).

Humans create social institutions to satisfy their own needs as well as to complete required tasks, these institutions become external realities comparatively independent of individuals (Menziés Lyth, 1988). They effect individuals in significant emotional and psychological ways, and therefore, learning about their impact can be of significant value in shedding light on the dilemma's members of organisations may face (Obholzer and Roberts, 1994). Studying the social defence aspects of organisational structure and its relationship to task and *sentient* systems, is central to the psychodynamic systems perspective (Gould et al., 2001).

2.11 Anxiety and defences

Melanie Klein and others have given a central position to anxiety and the defences in personality development and ego functioning (Klein, 1948, Ogden, 1982, Bion, 1962), and as a diagnostic and therapeutic tool in understanding the functioning of a social system (Jacques, 1955, Menziés Lyth, 1970, Armstrong and Rustin, 2015). Anxiety is the signal that unconscious desires and fears are threatening to take control of the personality in a way that inhibits understanding and thinking, and ones sense of self (Waddell, 1998, Armstrong and Rustin, 2015). According to Freud, anxiety 'has an unmistakable relation to expectation: it is anxiety about something' (1926; 163). Fear is of a known object, whereas the object of anxiety is a response to a situation that is not fully understood (Armstrong and Rustin, 2015).

Primitive anxiety is part of the human condition, an ever present pervasive anxiety and dread of the unknown, for which we have developed methods of coping. Experienced initially in infancy 'whenever the ego, or the rational part of the mind, felt at risk of being overwhelmed' (Armstrong and Rustin, 2015; 7).

Klein's earliest thinking involved conceptualising ways in which the infant manages the primitive anxieties he experiences intently, through the use of primitive defensive processes. Klein, following Freud, postulated the operation of the death instinct from the beginning of life as both opposed to and bound by the life instinct. The infant is faced with an extremely complicated, confusing and frightening barrage of stimuli. With the help of a good enough mother (Winnicott, 1952), the infant can begin to organise his experience. He does this by splitting off aspects of himself (projective) and taking in aspects of others (introjection). Psychologically and in fantasy, the infant feels himself to be safe from danger and destructiveness (Ogden, 1982).

2.11a Paranoid-schizoid position

The early domination of these processes of introjection and projection by aggression and anxiety, leads to a fear of persecuting objects. Klein calls this the paranoid-schizoid position. The paranoid position has a particular quality in which the infant perceives the mother to be entirely good or bad (1930, 1952). Two types of object relationships unfold and are seen as alternative but not far away, having been split off and projected (Steiner, 1993). The scope for integration of the mother as a whole is particularly limited. The predominant anxiety is the fear of persecution. In the 'schizoid' or splitting functioning, people or events are experienced in very extreme terms either as idealistically fabulous or unrealistically terrible. Splitting functions to support the infant in building a relationship with a good object while destructive impulses, are directed towards the split off bad object (Steiner, 1993, Klein, 1946). Through the mechanism of projection psychic pain that is experienced is gotten rid of, the unwanted feelings are projected into someone else. This manoeuvre, which takes place unconsciously is resorted to in the face of overwhelming danger and

fear. In these circumstances, the experience that is being expelled can come to be felt deeply by the recipient.

The concept of projective identification was introduced by Melanie Klein in 'Notes on Some Schizoid Mechanisms' (1946). A heavily debated concept it is defined by Finch and Schaub as 'a mode of unconscious communication of emotion... [That is] more complex than transference from one person to another, rather, it is an expulsion of unwanted or threatening ideas' (2015; 306). Projective identification is the process by which aspects of the self (or internal objects) are split off and attributed to an external object or person, and the fact that it belongs to the self is denied. This communication beyond words often reflects unspeakable affective experience.

Unlike projection, projective identification is a form of communication in which the projector has an unconscious need to make the receiver aware of what is communicated and what is to be responded to (Casement, 1991). The fantasy of projecting a part of oneself into another person and controlling him or her from within is a central aspect of projective identification (Ogden, 1979). The projector feels like the recipient experiences his feeling, not merely a feeling like his own but his own transplanted feeling. There is a feeling of being 'at one with' (Schafer, 1974) the person into whom an aspect of himself has been projected. This is different to projection where the projector feels estranged from, threatened by, or out of the touch with the object of the projection. In projection one feels psychological distance from the object, in projective identification one feels profoundly connected to the object (Ogden, 1979). The interpersonal interaction is central to projective identification.

Projective identification offers a compromise solution whereby the projector can rid himself of a threatening experience which might also be life giving. Where there is evidence of verification of the projection, for example, where the receiver shows evidence of having the intense anger or tension, the projector experiences a sense of relief that offers confirmation of the experience being evacuated from him but preserved in the recipient (ibid). The receiver who is alert to these intense states as

being foreign inside her, can offer a therapeutic response. In this interpersonal space, two minds are at work. The receiver of the projections is the author of her own feelings although they are elicited under a very specific kind of pressure from the projector. The fact that these elicited new feelings are the product of a different personality system and internal emotional state means that they may be handled differently than the projector has been able to handle them (Ogden, 1979). This allows the projector to experience these affective states as less terrifying than before. He might learn to live with these projected aspects of himself in a manageable way. If the recipient fails to recognise the interactive pressures as a form of communication, there will be no therapeutic response. In fact, if the recipient cannot tolerate the experiences the sense of the feelings being unmanageable is confirmed in the mind of the projector (ibid).

Projection and Projective Identification are thought to represent 'two poles of a continuum of types of fantasies of expulsion of aspects of the self' (Ogden, 1979; 373). Projection is seen predominantly as a 'one person phenomenon involving a shift in self- and object-representations'. In contrast projective identification requires that 'one's projective fantasies impinge upon real external objects in a sequence of externalisation and internalization' (ibid, 1979; 373).

Projective identification acts usefully as a defence against the anxious feelings that one might find overwhelming. In terms of communication, the infant can feel understood by making the mother feel what she feels;

[Projective identification] helps the ego to overcome anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defence against anxiety...the processes of splitting off part of the self and projecting them into objects are thus of vital importance for normal development as well as for abnormal object-relation. The effect of introjections of the good object, first of all the mother's breast, is a precondition for normal development...it comes to form a focal point in the ego and makes for cohesiveness

of the ego...I suggest for these processes the term 'projective identification'.' (Klein, 1975; 6-9).

The relationship between the mother and infant; and the capacity of the mother to take in and digest the infant's intolerable states of unmanageable feelings and communicate them back to the infant; forms the basis for managing his feelings of anxiety. A mother who might not have had her own destructive wishes or impulses contained, and adequately resolved, might find it difficult to communicate with her infant. In the absence of this effort on behalf of the mother, a more forceful and violent projection that ceases to be about relating or communication emerges, the child having internalised an even stronger conviction that he must get rid of these feelings (Ogden, 1982). The opposite is also true of the mother who has a good handling of the projected feelings of the infant and makes them available for him to reinternalize them. The introjection of this loving relationship in infancy is important for growth and development.

Bion saw these projections as sometimes an expression of the desire to communicate. His concepts of 'containment' and 'container contained' build upon Klein's theory and are helpful in adding the concept of knowing and the desire to understand (1962). He was also aware of the powerful emotion that the baby can arouse in the mother. Although he believed that the infant could tolerate an element of discomfort and had to learn to manage frustration, Bion used the phrase 'nameless dread' to describe the experience of a baby who is left with his own distress unprocessed (1962; 6). The mother's capacity for containment becomes a problem if she becomes so anxious by the infants' feelings that she projects them back to the infant, along with her own feeling states. In these situations, splitting associated with the paranoid-schizoid position tends to return to the fore and rational thinking becomes difficult. Winnicott describes this breakdown in the maternal 'holding environment' as a premature break in the primitive connectedness of the mother and infant (1960).

Bion believes that if the mother can provide a good enough containing function in her role as the receiver of the infant's intense feeling states, then the infant can

experience some relief. He suggests that the mothers' capacity for 'reverie' or understanding, enables her to collect, integrate and give back elements of these intense states in a more tolerable format for the infant (Waddell, 1998, Bion, 1962). If the process of relationship building is successful, the ego is strengthened and becomes successful at tolerating ambivalence and the depressive position is accommodated.

Where the social worker finds herself the recipient of unbearable, intolerable feelings from families, she sometimes identifies with what is projected, loses a sense of self and her decision making and objectivity are compromised (Bower, 2005). The social worker is imparted the feeling of mother, father or child in an overwhelming way. Similar to the infant, the social worker requires adequate containment to make sense of this experience, without which she risks responding in harmful ways to the child and parents.

2.11b Depressive position

This second position represents an important developmental advance; a more considerate position is taken, with a somewhat balanced attitude and ambivalent relationship with the mother. The beginnings of a capacity for remorse emerge along with feelings of guilt and a desire to make things better. The infant's responses are organised around an experience of the other as separate from the self, inhabiting their own life separate to the immediate personal needs of the infant. With the depressive position in infancy, comes the emergence of reparative capacity and a move away from concrete thinking (Steiner, 1993). When full integration of the object has been achieved and internalised, ambivalent impulses towards it;

'lead to depressive states in which the object is felt to be damaged...attempts to possess and preserve the good object are part of the depressive position and lead to a renewal of splitting, this time to prevent the loss of the good object and to protect it from attacks' (ibid; 33).

While the shift from one state to another first takes place in infancy it is not fully achieved at that time and remains a challenge to which we must respond repeatedly throughout our lives (Waddell, 1998, Steiner, 1993).

Integration leads to depressive position functioning, while disintegration and fragmentation ends in paranoid-schizoid functioning. Bion recognised the movement between states as more dynamic in quality equating it as – P/S ↔ D (1963). We continue to oscillate between positions depending upon our experiences. Waddell, drawing on the work of others describes this movement;

‘...as an alternation between gazing at the self in a mirror, and looking out through a window at the lives of other people. Perhaps under the impact of renewed anxiety or loss, the gaze may return again to the mirror’ (1998; 8).

Therefore, the depressive position is an acceptance of the ‘impossibility of closure rather than the achievement of...harmonious integration’ (Hoggett, 2008; 384). With the depressive position comes the dawning of ambivalence on both sides it is suggested (Winnicott, 1949, Parker, 1995). The above theories are heavily focused on the infant’s development and pay little attention to the developmental trajectory of the mother, or the role and importance of maternal ambivalence as a positive and even transformative feature in their mutual development (Parker, 1997).

Parker proposes, that maternal ambivalence is necessary in mobilising the mother to consider the relationship between her and her baby as neither all loving nor all hating. This allows a certain sense of separation which is important for both the mother and the child supporting the development of both. In families where abuse or chronic neglect is prevalent, the mother’s feelings of ambivalence towards her baby can be extreme. Featherstone argues that the societal suppression of the expression of ambivalence in motherhood in western cultures causes such ambivalence to be experienced as unmanageable for mothers (1999). In conjunction with this argument is the necessary recognition that sometimes the most appropriate

support cannot reconcile how a mother might feel about her infant (Reder et al. 1993) (see Parker for a fuller account, 1995, 1997, and 2012).

2.11c Psychic retreat or borderline functioning

In conditions of intense anxiety, Steiner proposes a third position; *psychic retreat*, offering a space of relative peace and protection, from the threatening aspects of contact (Steiner, 1993). However, the relief provided by the retreat is attained at the cost of withdrawal and isolation, which can be in itself distressing. The retreat can be idealized as a pleasant haven or experienced as a cruel place. Steiner, referring to his clinical work with adult patients, suggests that patients might cautiously emerge from this retreat, but return again if and when things go wrong (p2). This psychic retreat is also referred to by others as a borderline state of mind (Britton, 1998, Rey, 1994). These concepts are also utilised by Cooper and Lousada, in their writing on systems of defensive organisation that they categorise as borderline (2005; 37). These concepts are engaged with in this manner to make sense of the crisis in the welfare and social work systems in the UK (ibid, Rustin, 2005).

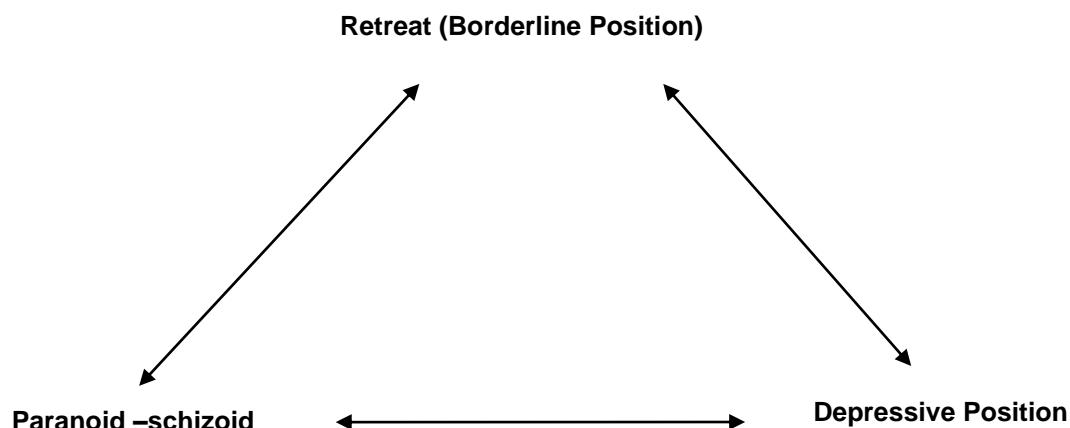


Figure 2.0. Steiner, 1993

Steiner suggests that the position of psychic retreat has its grouping of anxieties and associated defences in the same way as the other two positions. These three positions are occurring concurrently (Klein, 1935), with refuge sought in the position of retreat when under perceived threat.

Remaining in this space for too long impacts upon the individual's development and growth, and engagement with the reality of practice. The protection of the retreat offers a temporary respite from anxiety but no real security. Nevertheless, the individual experiences a state of equilibrium, which is experienced as more manageable, than emerging to face the depressive position (painful reality of child abuse) or the paranoid-schizoid position (fear of annihilation, scapegoating).

Steiner makes accessible his theory of psychic retreat, in his application of it to the stories of Oedipus the King (*turning a blind eye*) and Oedipus at Colonus (*flight from truth to omnipotence*). In Oedipus the King, Oedipus *turned a blind eye* to the knowledge before him, resulting in a perverse relation to reality. In Oedipus at Colonus, Oedipus faces death, and in response he retreats from this reality in a more extreme way, moving from truth to omnipotence (Steiner, 1993). These theories have particular relevance for social work practice.

2.12 Social work practice

Social workers working conditions are characteristically anxiety provoking and so, issues of anxiety and defensiveness are central (Munro, 2010, Lees, 2013, Cooper and Lees, 2015, Whittaker and Havard, 2014, Turnel et al., 2013).

With regard to social work and the task of the social work practitioner, anxiety can be seen in two ways. Firstly, the level of responsibility carried by the social worker creates an anxiety and insecurity, particularly when their role is considered an ambiguous one, regarded perhaps with hostility by some (Preston-Shoot and Agass, 1990). Increased legislation and regulation, reduced resources and time, a preoccupation with risk, and over-prescription of what their work entails lead social workers to experience anxiety in a particularly acute way (Cooper and Lees, 2015). Secondly, anxiety and insecurity come with proximity to service users, who may exhibit severe disturbance, and physical or verbal aggression (Ferguson, 2016, Taylor et al. 2008).

Specific social work responsibilities can carry symbolic meanings that resonate with deeply held experiences and meanings, stimulating intense anxieties that must be defended against (Krantz, 1990). These anxieties can lead to a myriad of defensive responses that can become not only embedded in the worker, but also in the organisation (Menzies-Lyth, 1988). If social workers did not have these defences they could not endure the work, but an absence of understanding them and the need to relinquish them when appropriate, can lead to distorted practice (Mattinson and Sinclair, 1979).

While psychic retreats can be readily found in borderline patients, Steiner reasoned that borderline states can provide refuge to normal individuals at times of stress. Child protection social work practices of 'turning a blind eye' – which keep facts out of sight, allowing a practitioner to know and not know, has been described by Margaret Rustin in her analysis of the death of Victoria Climbié;

'...what is it, at root, that is being avoided?...a significant component is the psychological impact of becoming aware of Victoria's dreadful life...defences against such awareness are much to the fore...and defences against recognising reality necessarily involve severe distortions in the mind's capacity to function...failing to see what is before one's eyes because to do so would cause too much psychic disturbance' (2005; 12)

Psychic retreats offer relief from the paranoid-schizoid anxieties of fragmentation and persecution or the depressive feelings of guilt and despair. Both of which child protection social workers faced during their work with Victoria (ibid). While this can be attractive and necessary, it can also mean introducing distance and separation from lived experiences of the family, leading to the possibility of increasing risk going undetected (Trevithick, 2011).

In the UK, Harry Ferguson's ethnographic home visiting study is particularly relevant (2016). Concerned with understanding how social workers engage in the day to day practice of home visiting, he explored the experiences of twenty-four social workers,

nineteen of whom were women, from two different local authorities. Ferguson found that often workers were overcome by the sheer complexity of the interactions during home visits, the emotional intensity of the work, parental resistance, and the atmosphere in the home (ibid). He suggests that when workers found themselves beyond their capacity for tolerating the anxiety associated with an encounter, their ability to connect or to hold the child in mind diminished (Ferguson, 2016; 11).

The study showed that time spent with children 'was dictated more by organisational requirements and timescales than the amount of time the worker needed to spend with the children to try to fully understand and meet their needs' (ibid; 12). Organisational pressures were found to have impacted upon the time taken to think, and on the ways in which some assessments were carried out. One worker was referred to as being in a 'bureaucratically preoccupied state'. Her state of mind was recognised as crucial in dictating the quality of the work she would engage in (ibid). In this regard, the emotional world of the organisation is split off from engagement between this social worker and the family. To apply Menzies-Lyth's thinking, the adoption of a bureaucratically preoccupied state may have functioned as a defence mechanism, protecting the worker from anxiety associated with being close to the family (Menzies Lyth, 1988).

The operation of defensive behaviours allows us to function somewhat 'normally' in these contexts. However, the difficulty with defensive behaviour at the level of the individual and the organisation, is that we forfeit our development and the possibility of integrating this knowledge and then developing a capacity for empathy and guilt (ibid, Dartington, 2010).

2.12a Transference and countertransference

The literature is clear that an understanding of transference and countertransference is fundamental to understanding the work and relationship of social worker and parent (Agass, 2002, Bower, 2005). The concept of transference in clinical work is thought to be one of Freud's most important discoveries (Hinshelwood, 1994; citing Freud, 1905, 1914). It is understood as what the patient brings into therapy relationship, the quality and feel of his primary experiences of relating to other

people. The therapist experiences being engaged with as if he were the patient's parent, sibling or intimate friend. A strong transference relationship is considered a distortion of perception of the stimulus, an over-extended or untimely and often repetitive reaction, provoked by the need to make the present relationship fit into the psychic structure of the past relationship;

'It is of little help to know that a client is projecting feelings that he had for his mother onto the worker; what is important and useful to know is the type of feeling and the way this distorts the reaction in the present – that a particular feeling is inappropriately enacted, or cannot be held and is projected into the worker' (Mattinson, 1975; 35).

Transference can be applied in this way by social workers in their work with parents and families in order to gain a deeper understanding of what the clients experience in their most intimate relationships. If a client is defensive for example, it tempts the worker to use a defensive response as an avoidance of the underlying feelings (Mattinson and Sinclair, 1979).

Countertransference commonly describes the feelings that the analyst or the worker becomes aware of, 'what he sees to be his emotionally determined expectations and apprehensions in contact with his patient' (Britton in Bower, 2005; 167). Despite the fact that social workers are not working in clinical situations they are not free from psychological pressures (Preston-Shoot and Agass, 1990, Bower, 2005, Rustin, 2005). Transference and countertransference are daily experiences. In social work with families however, particular pressures are operating. Often the family's anxieties are not expressed in words but acted out, evoking repetitive action rather than reflection across the system (Britton, 2005, Rustin, 2004). In the system transference, 'the reproduction amongst workers and agencies of a pattern of 'object relationships' which resemble those of...families' ensues (ibid; 170). The term 'system countertransference' is used to account for the fact that pathology in families can spread right throughout the professional system, driving everyone toward the

same end in a repetitive, stuck manner (Reder and Kraemer, 1980, Preston-Shoot and Agass, 1990).

These are families who are likely to feel persecuted rather than guilty, and whose relationships are experienced more often than not in the paranoid-schizoid position. They have feelings of 'enmity rather than conflict, desperation rather than sadness' (Britton, 2005; 170). Working with these families requires realistic expectations of success or capacity to change. In addition, workers are challenged to keep their minds open to the paralysing and provocative effects of such cases. This is where the use of containing professional spaces could prove somewhat successful (Bion, 1961, Ruch, 2007).

2.13 Anxiety and social defences – groups and organisations

How families and social workers approach the task of relating to one another at a group and organisational level is related to their earlier experiences, and, in the present day 'working' climate in which they 'meet'. Their interpersonal communications are also often reflective of the organisational climate (Armstrong and Rustin, 2015). These patterns of communicating are intensified and reinforced by anxieties associated with fear of separation and death, and fear of blame on behalf of all members across systems. In an effort to manage this threat, organisations, the families and the workers develop defensive strategies.

In groups and organisations, systems psychodynamic theory and the theory of group relations can provide a language for understanding the emotion in organisational life and its relationship to individual and collective thinking and practice behaviours (Gould et al., 2001, Armstrong, 2005, Dartington, 2010). Original ideas and theories about anxieties and defences associated with human functioning have been extended in the Tavistock's unique approach to understanding group and organisational life (Jacques, 1955, Menzies Lyth, 1988, Armstrong, 2005, Armstrong and Rustin, 2015, Gould et al., 2001). This approach, combining open systems theory, psychodynamics and group relations theory forms the basis of the systems psychodynamic perspective (Miller and Rice, 1967, Gould et al., 2001).

The concept of the social defence was applied to groups originally and then broadened to systems or organisations. However, it was not until relatively recently that culture, politics and power were given attention (Krantz, 2010, Hoggett, 2010, Armstrong and Rustin, 2015, Dartington, 2010). This broader perspective is recognised as more ‘thoroughly psycho-social’ (Hoggett, 2010).

One of the earliest developments in the area of systems psychodynamic organisational theory, was the pioneering work of Isabel Menzies Lyth (1960, 1988) on the relationship between the organisations task, process, and structure. Beginning with her seminal paper on the organisation of a nursing service in a general English hospital, Menzies was interested in how the worker and the organisation created defences against the anxieties associated with the ‘primary task’ of working with sick and dying patients (1970, 1988).

A combination of her research in this hospital and other studies, demonstrated the usefulness of the concept of *social defences in organisations* that exist separately to the workers in them, but are utilised to bolster individual defences against work related anxieties (ibid, Hoggett, 2010, Krantz, 2010). She argued, for example, that contributory structural arrangements, such as a seemingly rational and appropriate division of labour, often contains elements of a social defence system. In the case of the nurses she studied, this functioned to reduce the stresses associated with sustained contact with ill and dying patients. While the structures, policies and cultural patterns that Menzies coined ‘social defences’ helped members to protect themselves against painful feelings and conflicts, they also affected the organisations ability to function. Similar to psychic defences (Steiner, 1993), social defences operate on a continuum between sophisticated, competence enhancing adaptations and weakening forms that can impair or cripple an organisations innovative and functioning capacity (Krantz, 1990).

The hope is that an organisations social defence system will support its staff to function effectively by helping them to recognise, contain and gain perspective on, the more primitive fears and anxieties evoked through membership and engagement

with complex tasks. However, Menzies findings revealed that the social defence system in the hospital failed to alleviate primary anxiety and actually created a set of secondary anxieties (Menzies Lyth, 1988, Lawlor, 2009). This social defence system becomes understood as an objective entity and is adopted during the process of socialisation of new staff to an organisation who might have had a different idea of what the work entailed. It is suggested that while certain social defences are unlikely to be helpful to an institution or to its members in achieving primary goals or outputs, they may continue to contribute to psychic survival and can be adaptive, enabling workers to cope (Rustin and Armstrong, 2014, Hoggett, 2010).

Many practitioners and theorists (e.g. Hirschhorn, 1990, Roberts and Obholzer, 1994, Huffington et al., 2004, Cooper and Lousada, 2005, Lees, 2013), found much evidence to support Menzies idea that unconscious anxieties are often reflected in organisational structure and design, which function as a defence against them.

Menzies-Lyth's study has remained highly influential and has been applied to child protection social work settings in an attempt to make sense of the interplay between task and organisational processes, and anxiety and defences (Cooper and Lousada, 2005, Waterhouse and McGhee, 2009, Cooper, 2010, Munro, 2011, Taylor et al., 2008, Lees, 2013, Whittaker, 2014). While it has been argued that there are a number of differences between both work settings, and certainly between the political climate then and now, this paper has motivated others to apply these ideas and to modify them, offering a sophisticated framework in which to contextualise the work of social workers (Whittaker, 2010, 2014, Cooper and Lees, 2014, Lees 2013).

In particular, and of relevance to this research project, the nature and sources of anxieties to be contended with have 'evolved to include a powerful range of extra-organisational forces and pressures' (Cooper and Lees, 2014; 239). These anxieties which are related to societal pressures and the organisational and political climate in which the social work task is being carried out, are thought to be persecutory in nature and to be concerned with protecting the organisation, and the professional and personal self (ibid 245, Cooper, 2009).

It is argued that public sector organisations have become tormented by professional anxiety (Lees, 2013, Cooper, 2010, Krantz, 2010, Hoggett, 2010). Cooper suggests that this takes three forms; performance anxiety (in the face of managerialist policy), rationing anxiety (in the face of scarcer resources) and partnership anxiety in response to the management of networks of agencies (Cooper, 2010). Krantz adds to this suggesting that organisational transformation characterised by 'digitization and globalisation' play a role in shaping social defences in organisations (2010; 196). More recently, those at the Tavistock have begun to acknowledge and discuss 'survival anxiety' associated with the fear of losing one's job or funding (December, 2016, supervision seminar).

These theories begin to embrace the density and ambiguity attached to intervening in the lives of others, and the dangers of proclaiming certainty about what is the correct course of action to take, and what might be the right outcome.

2.14 Conclusion

This chapter has delineated the theoretical terrain considered most relevant to this research study. Chapter 3, the Methodology Chapter, will outline the research design, modes of data collection and analysis, before moving onto the three findings chapters.

Chapter 3: Methodology

3.0 Introduction

Irish research pertaining to the daily-lived experiences of child protection social workers is limited, so too are studies investigating the impact of a reflective space in which they can bring their work. A combined systems psychodynamic approach to practice has not been a feature of Irish social work. As a consequence, the design of this study has been guided by classic and more recent approaches to researching similar issues outside of Ireland (Mattinson and Sinclair, 1979, Woodhouse and Pengelly, 1991, Rustin and Bradley, 2008, Ferguson, 2016).

This chapter sets out the research aims and objectives and contextualises them within an epistemological and ontological framework. The methods of data gathering and analysis reflect the combination of critical realism and psycho-social research. In the final section of this chapter, and in keeping with the central theoretical approach, significant attention will be paid to the subject of reflexivity, supervision and ethics.

3.1 Establishing epistemology and ontology

In child protection environments, I have observed that the birth of an infant causes significant anxiety within and across individual, group and organisational systems. Taking this encounter as a starting point, I was interested in accessing the emotional experiences of social workers who were working in this space. I wanted to distinguish what particular factors associated with the work produced anxiety in the worker. Specifically, how the workers own psyche and the organisational climate combine to produce a particular practice template. In this regard, my interest was both personal and political (Houston, 2010a).

Secondly, having heard for many years' stories that social workers told of the painful situations they encountered daily, and having felt very fortunate (and at times guilty), to be completing a Professional Doctorate, I wished to give something back as well

as to take and understand something of their experience. I was motivated to provide social workers with an opportunity to experience a containing space in which they could talk about and reflect upon their work experiences. Integrating my experiences at the Tavistock, my forming view was that the emotional dynamics of experience at work – both conscious and unconscious – have a real and powerful impact on practice with families, and this justified closer attention. The use of a psychoanalytically informed group, in my view, would create an appropriate site for such practice near research and for the creation of containment for workers (Rustin, 2008).

I put together the following set of objectives in support of these aims;

- To provide further understanding of the conscious and unconscious emotional factors that affect social workers and their organisations, when responding to infants, toddlers and their families.
- To explore the relationship between the social work task with infants and their families, and the organisation and socio-political environment in which it is carried out.
- To examine the factors that influence social workers' capacity to think about or to stay close enough to the infants and/or parents experience, including what gets in the way of thinking and feeling.
- To explore the causes and manifestation of fear and anxiety in social work practice at the level of the individual, the group and the organisation.
- To examine whether a sustained 'thinking' space in the form of a Work Discussion Group alters thinking and then practice.
- To contribute in a realistic and evidenced based way to current thinking about child protection social work practice.

The practice-based and experiential origins of my research necessitated an epistemological approach which embraced the inter-active and inter-subjective nature of human relations and its associated complexities. It also needed to capture the interplay between social workers and their organisations. I was chiefly interested in the interface between the 'micro' and 'macro' aspects of social life.

Initially, I considered constructionism as conceivably reflective of my epistemology and ontology (Robson, 2011). Social constructionism is a broadly based mainstream qualitative approach that views social properties as constructed through interactions between people rather than having separate existence (ibid). Meaning develops and is constructed by human beings as they interact and engage in interpretation. Social constructionism is primarily concerned with the process by which human abilities, experiences, common sense and scientific knowledge, are both produced in and reproduced amongst human communities (Shotter and Gergen, 1994). This theory rejects the modernist view that there is a knowable objective reality and truth that can be measured and is antithetical to positivism. Therefore, meaning does not exist in its own right but rather is constructed by the people interacting in and interpreting their world. My experience has led me to believe that there is an external reality that exists outside of individuals that individuals interact with. This complexity demands a suitable methodological facility (Sayer, 2000). Therefore, while these ideas fit somewhat with my research aim and objectives, the theory does not capture the complexity of the interaction between human agency and social structures in a sufficiently meaningful way. With this in mind I decided that Critical Realism most aptly reflected my epistemology and ontology (Bhaskar, 1978), providing a powerful framework for the application of qualitative methods to the investigation of social phenomena and processes (Iosifides, 2016).

3.1a Critical Realism

Critical realism is a philosophy of science that has extensions into the social realm (Mingers et al., 2013, Houston, 2001a). It is a meta-theoretical framework that explicitly assumes that;

‘social science studies are conducted in open systems, that reality consists of different strata with emergent powers, that it has ontological depth, and that facts are theory-laden’ (Danermark et al., 2002; 150).

Founded by Roy Bhaskar, the theory recognises that there is a *reality* out there independent of our thoughts and impressions (1998, 1989). This reality is differentiated into three levels; the empirical level comprising of experienced events; the actual level, consisting of all events whether experienced or not, and the causal level accepting the 'mechanisms' which generate events (ibid, Houston, 2001a). It was causal mechanisms that were of most interest to Bhaskar, he was of the view that causal mechanisms were more reflective of the reality of a situation than the domain of the empirical (1998). He proposed that the way people behave will be predisposed by innate psychological mechanisms, as well as social mechanisms (1989, Houston, 2001a). Bhaskar recognised, similar to constructivists that people can transform their everyday lives but his theory accommodates a more adequate account of social life by also recognising the role of structural factors.

Critical realism offers a solid base to social work research but it has had relatively limited influence on the discipline (Houston, 2001a, Oliver, 2012, Cooper, 2009). The theory is concerned with real world problems and their underlying causal processes that are recognised as non-linear and complex (Robson, 2011, Bhaskar, 1978, Mingers et al., 2013). Of central importance is the observation that 'all objects of investigation have a history of becoming and it is these historical presuppositions' that also need researching (Roberts, 2014, Murray, 2003).

It allows for a deeper understanding of 'what makes things happen in specific cases, or in more ethnographic form, what kind of universe of meaning exists in a particular situation' (Sayer, 2000; 20). A criticism of this theory is the researcher's reliance on a priori of information about particular practices and structures (Kemp and Holmwood, 2003). For example, the fact that I have set out to investigate fear and anxiety in social work practice suggests that I already hold some ideas about its presence in practice and structures. However, in response to this is the argument that this is only pre-existing knowledge but not knowledge about a specific set of concrete structures and causal mechanisms operating in a particular social context (Roberts, 2014). Therefore, my theories about the presence of anxiety in social work practice require detailed empirical investigation.

Critical realist theory accepts that social workers' experiences, meanings and practices are more than subjective views or accounts; they are influenced by broader processes, relations and structures, while simultaneously engaging in the reproduction or transformation of certain and real societal forms (Sayer, 2000, Carter, 2000). For example, a social workers' denial of a family's experience may be generated in part by her interrelated beliefs that the work is void of feelings, which may be generated by a broader discourse of 'quality of practice' measured on efficiency, which in turn emerges from the intersection of organisational, political and economic structures. Given my interest in researching social work experience and practice that is deeply inter-twined with both internal and social processes; paying close attention to how social workers construct their practice reality, this theory seemed to have the most effective means of responding to my research objectives.

A central tenet of Critical realism is the rejection of the 'epistemic fallacy' (Bhaskar, 1978; 36) which conflates reality with our knowledge of it. The continuous interplay of generative mechanisms give rise to a shifting and unpredictable social reality and so 'all knowledge must be seen as tentative and fallible' (Oliver, 2012; 375, Sayer, 2000). These ideas accommodate the ambiguity at the centre of social work practice and require humility and a move away from a certainty that pervades contemporary social work assessment practice for example.

Causation

Critical Realism contends that science is not just about recording constant concurrences of observable events, for example, A causes B because A is regularly followed by the occurrence of B (Robson, 2011, Minger et al., 2013). The theory begins with some accepted phenomenon and then asks why or how this has come to occur. Thus, offering a different view of causation, *generative causation* (Robson, 2011). It asks what is it that causes or generates events so events and experiences are linked to their underlying generative mechanisms rather than their antecedent events and experiences (Oliver, 2012). In social work practice then what appears on the surface may be challenged by examination of the underlying generative structures; it is explicitly emancipatory in that sense.

Given the complexity that comes with social work, practice the idea of a straightforward causal relationship between social workers and their organisations is not realistic. It is very difficult to predict social work practices (Munro, 2011) and something small happening in one part of the practice could have a disproportionate effect somewhere else (Schulman, 2010).

I am intent on exploring the generative causal mechanisms that produce particular features of social work practice that are anxiety provoking. I wish to explore the interaction between social workers and their organisation, including both the enabling and constraining effects of their organisation. I see the interplay between them as central, recognising that these generative mechanisms may be nonphysical and unobservable (Bhaskar, 1979).

Critical realism provides a framework that allows the examining of this data that goes beyond what is immediately knowable while maintaining a commitment to theorising in the context of real world experience (Oliver, 2012). However, aligning critical realism to psychoanalytic theory and psycho-social research could be regarded as contradictory for some of the following reasons. Psychoanalysis has been described by some as a hermeneutic discipline concerned with the exposition of meanings rather than the determination of causes (Rustin, 1991, Gellner, 1985). It relies heavily on assumptions about what is really going on in people's minds. It has been argued that psychoanalysis claims to have a privileged source of knowledge of the unconscious mind that hasn't been demonstrated in conventional scientific terms (Gellner, 1985). This certainty about scientific knowledge is contradictory to critical realism and its emphasis on uncertainty and the nature of truth.

The concept of critical realism or scientific objectivism includes the essential idea that there is no pure knowledge, no complete knowledge that often evidence is insufficient for knowledge of some aspect of nature and that care must be taken to understand what is sufficient knowledge in a given area, in this case psychoanalytic theory. Some raise the question in this context whether 'projective identification' makes the sorting out of what comes from whom impossible (Hanly and Hanly,

1999). However, there is no absolute certainty about the truths that are important in psychoanalysis. Working in obscurity with the unknown is intrinsic to psychoanalytic work and critical realism finds no fault with this.

Furthermore, it is suggested by some that psychoanalytic theory views knowledge as produced through sense making activity that is 'unconstrained by any truth criteria, as distinct from criteria of meaningfulness' (Cooper and Lousada, 2005; 216). Although psychoanalytic theory is concerned with understanding meaning this narrow description undermines its potential as a form of scientific knowledge. Rustin argues that the level of subjective meanings should be understood as only one constitutive dimension of psychoanalysis 'not as a self-sufficient alternative and rival to realist accounts of it' (Rustin, 1991; 126). Cooper and Lousada contend that meaningfulness is a condition of knowledge or thought but 'meaningful thoughts and systems of thought have referents, that is to say, objects in relation to which meaning is being made' (2005; 216). Cooper suggests that in all natural scientific endeavours that which is under observation, whether distant stars or anxiety, is theory dependent and mediated by instruments or faculties of the mind that sit between the observer and the observed (2017).

Rustin (1991), Cooper and Lousada (2005) and Hanly and Hanly (1999) would argue that critical realism accounts for psychoanalysis more adequately than positivist or hermeneutic approaches. Bhaskar's (1979) insistence that meanings can function as causes in the human sciences is especially pertinent to more recent psychoanalytic theorizing. Part of this research has involved an inquiry into the reality of the unconscious life of social work practitioners that is revealed in the presence of the researcher and the group. Even as gains are made in the analysis of the data uncertainties persist. A tolerance for uncertainty is critical in both psychoanalysis and critical realism. The reality of child protection social work is not easily accessible or fully determinate. It is characterised by open systems with interactive effects that produce inherent emergence and uncertainty. This makes only a range of interpretations possible or plausible because of the constraining nature of the underlying reality.

There are complex philosophical dilemmas that the marrying of these two approaches raises and I do not suggest to have addressed all herein. However, I hope to demonstrate in this chapter and throughout the thesis the benefits of bringing together critical realism and psychoanalysis to psycho-social research. I wish to demonstrate that drawing on psychoanalytic theory will facilitate further exploration and development of that which is unobservable, nonphysical but also knowable. The methodological task then is to find a helpful method to identify social structures and their causal influence on social work practice.

3.2 Psycho-social research

In the foreground of a critical realist frame psycho-social research sits comfortably. It does this in recognition of the research participant as a psycho-social subject. For example in this study social workers communicated a sense of anxiety associated with the death of infants on their caseload. In accommodating this statement and their position I make two sets of assumptions; what is the individual nature of fear and anxiety; and to what extent are their anxieties explained by their social circumstances or work environments as opposed to something unique to them as individuals. Accommodating these psychic and social positions is what psycho-social research attempts to do (Hollway and Jefferson, 2000). The central principle is to hold together an understanding of the dynamics of the psyche and the social without reducing one to the other (Hollway, 2009). In a time when the social sciences and research has begun to change traditional models of human rationality which dichotomise reason and passion are being challenged. The familiar split between the individual and society is now recognised as unhelpful (Clarke and Hogget, 2009) and psychoanalytic thinking and psycho-social research can be considered a useful conduit.

A further contribution that psycho-social research makes is in its recognition of the researcher and research participant as defended subjects (ibid). The central tenet of psycho-social is that in addition to facts and feelings openly communicated by the participant, there are unconscious communications, dynamics and defences that

exist in the research milieu worth examining. Social workers in this study were often invested in discourses which supported a particular self-identify or group belief, which offered protection against anxiety (Gould et al., 2001). Psycho-social research challenges general research assumptions in qualitative and quantitative studies that research participants are 'telling it like it is', that participants are conscious of who and what they are, and that they have the capacity to articulate this at interview or in group work transparently (Hollway and Jefferson, 2000).

When researching the experiences of these participants, using a psycho-social lens, the researcher gets particularly close to the research participant in order to get to grips with their lived experiences (Cooper, 2009, Cooper and Wren, 2012). It is possible to get underneath the material they present and to even get mixed up in it (Cooper, 2009). This is the nature of practice-near research (Froggett and Briggs, 2009, Cooper, 2009).

Taking a psycho-social lens and applying methods in this context broadens the reach of the researcher into his research setting and into herself. In psycho-social research the world that we are investigating is 'our world, a construct of meanings, affects, [and] relationships that can never be fully independent of the researcher' (Cooper, 2009, 431). I find this helpful in articulating the challenges I faced in writing up this project. Such was my identification with the workers at various points in the progress of the study that I often felt defensive in making arguments about matters raised in the findings chapters. More significantly, I considered toning down certain aspects of the findings in an effort to defend the workers at other stages in the write up. With that in mind, this approach to research lends itself to exploring thoroughly the researcher/researched relationship (Briggs, 2005, Clarke and Hoggett, 2009), enhancing the ethical dimension of knowledge production by 'revealing the projective dynamics of the research-researched relationship and utilizing it for the purposes of deeper understanding' (Alexandrov, 2009; 38).

The challenge with any substantial body of theories is developing a capacity to move in and out of them. This becomes more complicated with psychoanalytic theory because it involves a capacity for reflexivity. In a way, this is different perhaps to

less subjective researcher theories and perspectives. Clarke and Hoggett suggest that taking up a reflexive practitioner position involves

‘...sustained and critical self-reflection on our methods and practice, to recognise our emotional involvement in the project, whether conscious or unconscious’ (2009; 7).

These intense feelings associated with being especially close to the material could have impacted upon the findings to a greater extent if I was not accepting of this vulnerability and tendency in myself.

The idea of getting below the surface of everyday social work experience and enabling a more realistic communication of feelings, thoughts, and behaviour, was a key aim of the research. A first step in that process was understanding why I was interested in researching the experiences of social work practitioners. Attempting to answer this became more complicated as the research progressed. The psychoanalytic and methodological frame around this project was well placed to challenge this deeper engagement with reflexivity.

Cooper offers an expanded view on the key components he suggests are necessary to getting close to people physically and emotionally;

1. *The smell of the real* – experiencing research in a visceral, live, emotional way
2. *Losing our minds* – as a result of this particular research dance, the researcher experiences feelings of love, hate, etc., that might belong to them or might be projections they inhabit in the process of the research.
3. *The inevitability of personal change* – Cooper suggests that to engage in practice-near research, is to go through a process of personal, psychological change in the course of the research work.
4. *The discovery of complex particulars* – challenging the dominant view that the larger the sample the more generalizable or applicable it is, or the more truthful it might be, Cooper suggests that uncovering the intricacies

associated with a person's experience can be as illuminating and valuable to the understanding of particular human populations (2009b, 432).

Cooper's practice near theories are situated within a critical realist frame and influence this research project and my own experience as a researcher.

Within psycho-social research there are differences about which psychoanalytic theories and accompanying methods are drawn upon to think about the psycho-social subject and research data (Hollway and Jefferson, 2010, Rustin and Bradley, 2008, Whittaker, 2014, Clarke and Hoggett, 2009). Although psycho-social methodologies are still in the developmental phase there have emerged a number of methods which are considered useful to researchers (Hollway and Jefferson, 2010, Wengraf and Chamberlayne, 2006, Rustin, 2008). I will discuss the methods taken up in this study now.

3.3 Methodology

The contextual and inter-subjective characteristic of the research project, the above paradigm and associated psycho-social framework required data generation methods to be located in settings grounded in the lived reality and experiences of social workers. Thus, the qualitative methods chosen needed to 'fit the purpose' of the research inquiry.

Unlike some qualitative research that is purely inductive, this research is theoretically-driven to a certain extent (Hollway and Jefferson, 2000, Gough and McFadden, 2003). Driven by theoretical ideas about anxiety, social defences and individual and organisational systems (Menzies Lyth, 1988, Steiner, 1993, Rice and Miller, 1967), it is not theory neutral. While this might have predisposed myself and my supervisors towards locating that with which we were concerned with, in the data, I will demonstrate a robust data analysis plan, which I suggest, went some way towards countering this predisposition or vulnerability.

Returning to critical realism the concept of retrodution is employed in an effort to engage with traditionally opposed methodological problems of inductivism and deductivism. Through the process of retrodution, more emphasis is placed on

description and conceptualisation than positivism adopts, and the search for regularities through quantitative analysis becomes relatively downgraded (but not redundant). Critical realism indicates that we need to distinguish between *generalisation*, which is about finding out how extensive certain phenomena are and maybe give little explanation of what produces them, and *retroduction*, which explains what produces particular states and changes but does not necessarily indicate much about their distribution, frequency or regularity (Fleetwood and Ackroyd, 2004). Both are necessary but their differences infer a re-evaluation of many common views of the respective roles of surveys and case studies, for example, which see the former as explanatory and the latter as merely exploratory or illustrative (Sayer, 1992).

Qualitative methods inspired by critical realism do not confine themselves to understanding social phenomena internally through the perspectives of social actors alone. They seek to relate individual's perspectives to the broader, cultural and structural contexts, in order to explain social processes and phenomena (Maxell, 2004, Oliver, 2012). Below I outline the methods I chose to meet these objectives.

3.3a The work discussion group method

The Work Discussion Group (WDG), developed at the Tavistock has formed a major part of their teaching provision over the last number of decades. It is strongly influenced by the work of Wilfred Bion (1960) and the practice of infant observation, and has been written about most extensively in 2008 when Margaret Rustin and Jonathon Bradley edited a book on the subject. Work discussion is primarily the;

‘...application of psychoanalytic ideas and methods to the emotional and unconscious life of individual workers and the organisational settings of work with children and families’ (Rustin, 2008; 267).

It is recognised as both a site for reflection outside the work context, but crucially it may also provide an internal model of reflective interaction that could take place within the working space (Rustin, 2008).

Participants bring detailed written examples of their work for discussion in each seminar. The presentation is made and then discussed by the rest of the group, led by a seminar-leader (in this study, myself). The cases presented include the interaction between the workers and the families, peers and organisations. Participants were requested to bring to the group an experience, or something they are wondering about, concerning an infant in a family they are working with. Each group seminar involved one social work participant presenting their written case out loud to the group. The group would then discuss their immediate thoughts and feelings. Following a short break in each seminar, the presenter is invited back into the session to comment on her experience of presenting and of the group's discussion. Each seminar lasted two hours. My role, as both facilitator and researcher, was to support the group in keeping on task and when possible, to point out defensive practices amongst the group and individuals in the group.

No particular technique is taught in the seminars, but it is underpinned by particular psychoanalytic theory and methods. The presentation of case work in a group environment is thought to illuminate the complex particulars of practice (Cooper, 2009), including – the performance of distinctive tasks and the anxieties associated with them, and the underpinning characteristic organisational culture.

The model expressly includes the concept of projection, considering the way in which feelings get into the worker and may stir up the participants in the group when they are listening to a detailed narrative (Rustin, 2008). Through this medium participant experiences can be mulled over and where possible contained. The reflection on emotional experiences related to the work is thought to have a positive impact upon worker competency (Ruch, 2011, Rustin, 2008, Rustin, 2005).

A consistent feature of psychoanalytic clinical practice and research is the central role given to the gathering of narrative data (Rustin, 2005, Rustin and Bradley, 2008), multiple narratives and subjective perspectives (Ruch and Julkunen, 2016). The use of work discussion as a research method is relatively new but it is thought to have a significant contribution to make. I chose to use this method especially

because it has been articulated as a useful model for meeting the developmental potential of child protection social workers (Bradley and Rustin, 2008, Ruch, 2007, Warman and Jackson, 2007, Cooper, 2015, Hingley-Jones and Ruch, 2016). In addition, there has been no sustained provision of the model to child protection social workers for the purpose of research to understand its usefulness for practice (Jones, 2014).

My study does not incorporate work discussion at inter-agency level as other studies have in the past (Woodhouse and Pengelly, 1991) and Rustin (2008) recognises significant advantages in bringing participants together from the same professional setting. This allows for a more systematic investigation of a particular kind of institutional context. Work discussion can contribute in a live and real way to the understanding of how institutions and care systems actually work (ibid).

A fundamental characteristic of work discussion in my view is its commitment to the research process, generating 'thick description' (Rustin and Bradley, 2008) by researching over a prolonged period in a relatively natural setting (Cooper and Wren, 2002). By adopting such an approach the researcher seeks to minimise the impact of the research process on the research topic and maximise opportunities for the behaviours or emotions to be contextualised and more deeply understood (Cooper, 2009, Rustin and Bradley, 2008).

Through the detailed descriptions of case examples fundamental knowledge is gathered about macro (organisational) and micro (relational) aspects of practice. This offers the opportunity through data collection and analysis to ground theoretical inferences in detailed instances across seminars. These instances are open to critical reflection within the group by other members and by the researcher and then by the researcher's supervisors and independent colleagues in group seminars – I refer to this as a methodologically robust process of *tiered containment*. This clinically orientated method of the generation of knowledge and theory is matched with a quantitative method of cross case analysis in this project, further supporting its validity and robustness (Rustin and Bradley, 2008, Stake, 2006).

In practical terms the work discussion group consisted of seven and then six women, not including myself². Their ages range from 30-45. We met nine times over a period of one year. The boundary conditions of the group were critical including the provision of the same space, consistency of time and membership (Garland, 2016). We met in a quiet, low-key Hotel on the outskirts of the city. The room was comfortable and well lit and there we sat in a circle formation. During this time, the group went through several stages. Within the group, certain individuals also progressed in particular ways, and this is evident upon analysing the data.

Containment

One of the benefits of this model is its usefulness in enhancing the capacity of the practitioner to observe and respond in sensitive ways to emotionally charged and complex situations in their work places. Bion's theory of the dynamic interplay of 'container' and 'contained' with respect to emotional experience is particularly helpful to the provision of the work discussion group and in analysing the data (1961). His theory of containment is one way of describing the creation of this setting that is accepting but not passive, thought provoking without being directly challenging and inclusive without requiring sameness (Klauber, 2008).

The container who he refers to as being the more mature has the capacity for observation, reflection and the transformation of overwhelming yet unmeaningful emotional experience into something more manageable for the contained mind. This embodied way of knowing he refers to as Reverie (Waddell, 1998). The contained requires a relationship with a container in order to develop mental capacity for thoughts, communication and judgement (Rustin and Bradley, 2008). Bion's idea of the container as a robust mental model capable of making the unthinkable thinkable or the unknown known is very useful to this research project.

Particularly in terms of analysing the data, the concept of reverie was applied to the group's capacity and my own. I recognised it as an embodied way of knowing and using my own subjectivity as an instrument of knowing. This is particularly relevant

² There was a seventh member who is referred to as Caroline, a social worker who left the group after the first seminar. Some findings pertaining to her experience are presented in Chapter 4 and 6.

in the presentation of seminar 5, in chapter 6, when one social workers distress at the death of a parent was projected into the group space and into me, and I became aware of an intense feeling of anxiety that was noticeably not my own. My and the groups toleration of this intensely anxious state allowed for an experience of containment. This took the form of an emotional 'acting out' and then sense of relief, followed by a more coherent articulation of experience and sense making.

3.3b Semi-structured interview

As well as material obtained from the work discussion seminars, my field notes, and associated supervision seminars, I interviewed the workers at the beginning and end of the project. The purpose of interviewing participants was to allow for some understanding of their experience of themselves in work before and then after the provision of a reflective space.

Similar to the work discussion groups I was interested in paying attention not just to the spoken word but also to the tone, the emotional content and the bodily expressions of the workers during their interviews. With this in mind I accommodated some of Hollway and Jefferson's psychoanalytic principles of the defended subject (2000; 4). The less structured method facilitated a greater sense of exploration - minimizing procedural activity, and allowing participants' meanings and beliefs to be explored more in-depthly (Wilson and Sapsford, 2006). This method enabled the gathering of more subjective data than would have otherwise been the case. In devising an interview template, I wished to allow the workers to communicate freely about their work and so I kept my questions to a minimum, and with my supervisors' support, developed a basic framework (Appendix 1).

I was particularly interested in them selecting a case that they were working with involving an infant or toddler. They were free to select a case of their choosing other than those specifics. I had planned to use questions as a starting point but would be flexible in the interview and notice the verbal and nonverbal cues of the worker where possible.

I met the workers in a small quiet space in a neutral venue away from their team and working environment. The interviews were recorded with a digital recorder. I experienced anxiety at the prospect of the workers not talking much during the interview but I found that they used the space and spoke at length about the cases that seemed to trouble them most.

It appeared to me that the cases the workers brought to the first interviews were those that they were preoccupied with. They were the cases that caused some workers to become upset in the interview space. For example, one worker Bridget brought a family to the first interview that she had worked with almost twenty years ago. She described this family as having a significantly distressing impact upon her at an early stage in her career that remained with her. The interview I deduced may have been an opportunity to get in touch with these experiences and perhaps to explore the associated deep feelings in a confidential, secure and containing environment.

In the final interviews, I met with each worker again. This time I asked them about their experience of the group process (Appendix 2). The second interview was facilitated to capture the workers individual experience of the seminars and to ascertain if there were any changes in their thinking about those infants and families they engage with and whether the provision of a reflective space had made a difference in terms of their engagement in thinking about practice. The same set of principles pertaining to the structure of the interview was applied to the final interviews. There were some differences in questions owing to the unique experience of each participant.

3.4 Recruitment

Seven child protection social workers were initially recruited. Six continued throughout the study. In preparing for the recruitment of research participants, I wrote to the two childcare managers in the area I hoped to undertake the study. I outlined my research ideas and the purpose of the research as I saw it. Simultaneously I was embarking upon the ethical approval process.

Both childcare managers were supportive of my research idea and agreed to me making a presentation to the four social work teams. I went about preparing emails to the respective principal social workers and included the research guide, participant consent and other relevant information (Appendix 3, 4, 5). I requested to attend the team meetings and present my research topic, some literature, and to outline the proposed research design and plan.

In three of the four social work teams, I had an opportunity to present. From the time the emails were sent it took some further follow up emails and planning to get to the team meetings. I was flexible in attending wherever they were and in presenting and setting up in whatever manner suited the team. The fourth team did not respond to my request until well into the research recruitment and next stage of preparation, so I did not present to this team.

Of the three teams I presented to there were approximately 80 social workers. The presentation generated some discussion in teams. I asked if those interested in participating would leave their name on a sheet I had left. In total ten social workers applied to part take and seven were randomly selected. The findings I suspect account partly for why the sign up was significantly low.

The seven workers selected signed consent forms and we began corresponding by telephone and email. Over the course of a number of weeks, I met them for interview and we then engaged in preparing to meet for the work discussion seminars. Six workers continued to meet throughout the lifetime of the project with just two missing one session out of the entire project.

3.5 Data Analysis

In analysing the data, I have used a mixed-methods approach that facilitated the analysis of patterns or regularities in empirical phenomena and allowed the probing for depth of explanation. The interviews and Work Discussion Groups were audio recorded, transcribed and thematically analysed individually (Braun and Clarke,

2006). Then taken together, the work discussion seminars were analysed using a cross case analysis method (Stake, 2006).

3.5a Transcription

Over the course of this research project, there were 22 separate recordings to be transcribed. I completed all of my own transcriptions and the process provided the initial opportunity to become familiar with the data and to begin the process of analysis.

The transcripts were read and reread five times. I listened to the audio recordings on a further four occasions, not for the purpose of transcription. My efforts were an attempt to uncover any possible meanings that would be lost in transcribing just the text. This, along with my field notes and seminar notes has given fuller form to the data collected. Hollway contends that

‘in order to succeed in representing the lived experience in its dynamic, multifaceted, complex and conflictual wholeness, words have to be used in such a way that they are not stripped bare of the emotional, sensuous, desiring and embodied life that they are available to represent’ (2009; 462, 2015).

3.5b Thematic and cross case analysis

I engaged with this research project from within an explicit psychoanalytic framework and saw much relevance in that material for my research. Therefore, I did not think I could start with a blank slate when beginning the process of data analysis. Consequently, grounded theory which requires line by line coding, and a commitment to come at the data free from knowledge of relevant literature did not fit entirely with this research design (Braun and Clarke, 2013; 186, Robson, 2011).

Furthermore, I chose not to use interpretative phenomenological analysis (IPA), as I understood my research was not solely concerned with the views, understanding and sense that social workers made of their experience, but also with the unconscious; ideas and thoughts not fully accessible to them in their conscious

awareness, that were I suspected emerging in the group spaces. In addition, I wished to capture the group dynamic and the data which was emerging within and across group seminars. In keeping with a critical realist theory I was also concerned with capturing, if possible, the organisational and socio-political context in which the work was undertaken as it manifested in the group. I wished to utilize psychoanalytic concepts of projective identification, organisation in mind (Armstrong, 2005), and transference and countertransference, which could not be accommodated within this method of analysis. While IPA has been considered appropriate for use in other psychoanalytically informed research projects (Sheridan-Russell, 2014 unpublished thesis), I was not convinced of its usefulness for this project.

Taking all of the above into account and in discussion with my supervisors, I considered Thematic Analysis (TA) as proposed by Braun and Clarke and Cross Case Analysis as incorporated in Robert Stake's studies (2006). I will discuss cross case analysis later in this section. Thematic analysis;

'...offers an accessible and theoretically-flexible approach to analysing qualitative data (2006; 1)...it can be used to answer almost any type of research question...and used to analyse almost any kind of data (2013; 178).

Thematic analysis presented a relatively simple and straightforward method for systematically analysing the data from interviews and work discussion groups. It also married well with my approach taken in cross case analysis of work discussion seminars. It allowed a close examination of the data and also afforded flexibility to keep the bigger picture in mind whilst I was scrutinizing the fine detail of the text.

I commenced the process of analysis after reading and re-reading and listening to the interviews and work discussion seminars (Appendix 6, 8). I established some categories that seemed to be relevant to the data and then refining and adding to them as I went through each of the transcripts. In analysing the data, various themes were identified; some articulated by members of the group, others communicated through non-verbal means, which also formed part of my coding process (Appendix

7, 9). I also recorded my own responses within the group setting. Below is an extract from the first work discussion group (WDG1) and the corresponding coding technique I employed;

1'...there were ongoing difficulties with the grandfather Michael's
2behaviour and he continued to be abusive. On the phone call he
3told me that I was disgusting, dis, degrading, (Laughs) disgraceful,
4obnoxious, creature. That my day would fucking come, that I would
5(sighs), (becomes very upset and starts crying). **NOS – I think you
are doing really well.**

6Chloe 'me too'

7Katy 'I am feeling really embarrassed now sorry'

8Chloe 'don't be embarrassed'

9Charlie 'don't be silly'

10Katy '(crying), sorry. (Takes another drink), sorry (pause).
11(Silence). Sorry about this. (Another social worker helps with
12getting a drink), thanks. (Silence) Ok, so he (silence, trying not to
13cry). Sorry I am just getting to the reflective piece (laughs), I can't
14do it. Ok, (laughs) sorry, so he told me my day would fucking
15come, that I have children, and that children die in car crashes
16(takes a deep breath, silence) (crying), sorry. I am just finding this
17really difficult (silence, crying) sorry, (sighs). I just didn't realise
18that I felt this way sorry'

19Chloe 'it's alright just take your time'

20Katy 'I just, I'll just take another drink'

21Chloe '(helps with a drink).

22Katy 'Jesus I look like a freak now. I really am sorry.

23Bridget 'you are doing great'

24Katy 'So he said that I have children, and that children die in car
25crashes and that people die in car crashes. He told me that
26something would happen to me ah, at that point I had referred the
27mother for intervention to improve the quality of the relationship
28with Jane and the quality of the contact with Jane, wasn't really

29improving (trying to hold it together). So at this point, I think it is
30unlikely that she is going to be the primary carer for the baby
31because the baby is now residing with her father. But, I started to
32feel really terrible, ah god (silence – visibly upset). I think this is
33where the feelings are coming from now because I just started to
34feel really terrible about the recommendation I had made and how
35that had impacted on the mother (pause) oh god. Sorry. I suppose
36I just became really consumed with it (voice shaking). I just felt
37really down that I would have made a decision like that and felt
38really incompetent (pause), sorry, (crying)'

1Researcher 'would you like somebody to read the rest Katy?'

2Katy 'oh god, ya if that would be ok?'

3Chloe '(begins to read Katy's piece)'

4Katy 'Thanks'

The first number in brackets denotes the seminar number, the second gives the page number, and the third identifies the line number. Where there is an asterisk or two or three, this denotes passages of particular interest to me as I was working through the data in relation to my research aims.

- Group support (1:10:18)
- separation task (1:10:32, 1:10:33)
- contact (1:10:27)
- decision making (1:10:33)
- apology to group (1:10:7, 1:10:10x2, 1:10:12, 1:10:13, 1:10:15, 1:10:16, 1:10:17, 1:10:21)
- task related anxiety (1:10 – throughout section)
- defences against anxiety associated with task of presenting (1:10:13, 1:10:21)
- Fear, violence/aggression (1:10:13*, 1:10:15**, 1:10:23**, 1:10:24, 1:10:25)
- Live Impact of Work discussion group –containment relief (1:10:14*, 1:10:30, 1:10:16, 1:10:21, 1:10:32, 1:10:34)
- concern for parent – (1:10:33)

- Live impact of Work Discussion Group – linking thoughts and feelings (1:10:31)
- Live impact of Work Discussion Group – facilitation input difficulty (1:11:1)
- Live impact of Work Discussion Group – group input (1:10:20, 1:10:22).
- Anxiety about the group – embarrassment (1:10:7, 1:10:21)
- Affect in interview (1:10:14 –sighing) (1:10:14, 1:10:15, 1:10:20 – crying) (1; 10; 23 – taking a drink)
- Negative self-concept – incompetence (1:10:35)

Using thematic analysis enabled me to examine the interviews and work discussion groups and the data that they contained in a systematic manner (Appendix 10-13). It helped in identifying emerging themes. It also allowed me to accommodate non-verbal expressions and unconscious aspects of the workers' communications in the group setting. The prevalence of these deeper less conscious or coherent expressions was extensive and pervaded the group seminars, capturing the aliveness which can be often lost in typed transcriptions (Hollway, 2009).

3.5c Layered Data

This project produced what can be described as layers of data as I have begun to capture in the above presentation. Along with the participant's data I endeavoured to capture my own experience being in the room with this group and in interviews; including my thoughts, feelings and responses. I captured the group's interaction with one another across the seminars as well as their individual engagement. This broad accommodation of the data is reflective of the complexity of this project.

At various stages of data analysis and theory building the data and initial findings went through a third party process where the material was presented, sometimes with some initial interpretations, to seminar groups and at individual supervision seminars. This was methodical and demonstrates an effort to move away from apparent certainties about the true nature of human subjectivity, which can be recognised as a fault of psychoanalytically informed research (Frosh and Barrister, 2008). I have broadened the interpretive strategy applied to the data and in this way I think the method is more rigorous.

Figure 3.0 contains a diagram reflecting the data that emerged across the project. I categorise this as *Primary data*, *Secondary data* and *third party generated data*. For example, primary data pertains to data audio recorded and transcribed directly as is. These transcripts and some interpretation were then presented in supervision seminars with my supervisors or with a group seminar, consisting of fellow doctoral students and a facilitator. A section or all of this data would be presented, considered and metabolised by the group. The outcome of this data digestion and further production is what I refer to as secondary data and third party processing.

Data Description	Primary Data	Secondary Data	Third party processing/generated data
First Interviews x 7	X	Thematic analysis of all seven interviews	
Caroline First Int			Analysed on 3 occasions - supervisor seminars
Final Interviews x 6	X	Thematic analysis of all six interviews	
Jessica Final Int		Analysed a further two times	Analysed on 1 occasion - supervisor seminar
Work Discussion Seminar 1 (WDG)	X	Thematic analysis	Analysed on 3 occasions - supervisor seminar. Section brought to group seminar
WDG2	X	Thematic analysis	Analysed on one occasion as part of supervisor seminar
WDG3	X	Thematic analysis	Analysed on one occasion as part of supervisor seminar
WDG4	X	Thematic analysis	Analysed on one occasion as part of supervisor seminar. Section brought to group seminar for consideration
WDG5	X	Thematic analysis	Analysed on one occasion as part of supervisor seminar
WDG6	X	Thematic analysis	Analysed on two occasions as part of supervisor seminar
WDG7	X	Thematic analysis	Analysed on three occasions as part of supervisor seminar
WDG8	X	Thematic analysis	Analysed on one occasion as part of supervisor seminar
WDG9	X	Thematic analysis	Analysed on two occasions as part of supervisor seminar
Cross Seminar Analysis		Cross case analysis	Reviewed by supervisors and expanded to include patterning questions (Cooper, 2014 paper)
Cross family analysis		Cross family analysis using case presentations and first and final interviews and field notes taken	Reviewed by peer doctoral colleague
Doctoral Presentation of a selection of preliminary findings			Reviewed by research participants, input given and further insight added to original formulation
Irish Presentation of Preliminary findings to senior management in Túsła			Reviewed by research participants, input given and significant insight emerging for further analysis – ideas or silencing/censorship
Presentation of personal experience by Chloe and Bridget (Appendix 14)			This data was added to findings to broaden researcher insight
Presentation to a group of randomly selected social workers in Nov 2016 (Appendix 15)			Reviewed by social workers in attendance. Some findings confirmed and supported, other views added which gave support to or further insight to findings.

Figure 3.0 Process of Data Analysis

Using Andrew Coopers paper - *Analysing Data; A working paper* (2014), I wish to present the process of data analysis in broader and deeper terms than above using his 'staging process' below.

Stage 1 – I was gathering initial ideas about themes and patterns connected to my original research questions, pertaining to the nature of fear and anxiety in social work practice. At this stage for example, I was noticing that the workers all brought the same families to the first interview, to the seminars and to the final interview. I had not gathered enough insight as to what this meant or how this could contribute to the overall conceptualisation. Nonetheless, I made the note and registered it as a piece of worthy data. Another emergent theme I recognised was a sense that each social worker responded in her own individual way to a case with her own unique response. For example, the prevailing emotion in Chloe's presentation in seminar 2 was shame, while in Seminar 7 it was the fear that Katy experienced. Similarly, I had not formulated these ideas any more than this.

In addition to reviewing the material from the workers' perspective, I was also interested in examining the characteristics of the cases they brought. I looked at each family as they were presented at each seminar and interview. I then read and reviewed the transcripts looking for any further mention of the case in any other seminar or at any other point in the interview. This detail I used to generate a profile of each family in isolation of the worker, using those surface level characteristics that were considered static, for example domestic violence, named abuse, homelessness. I compiled this information across the cases in this way and present this in Chapter 4.

Stage 2 The next stage involved checking out my initial thoughts pertaining to the data on families with the relevant theory. I looked at the lengthy and robust research carried out by Marion Brandon and her colleagues into families who have been the subjects of serious case reviews (2008, 2009). I began to make some links between the characteristics of those families and the cases the workers presented. In

addition, taking some of the other preliminary ideas, with the help of my supervisors, I began to generate some psycho-social research questions to put to the data. I reviewed each case again and also at this point my field notes, noting any emotional responses I had had when these cases were presented.

I considered these families in the social context within which they were presented and within a critical realist and psycho-social frame (Houston, 2001a). Each question was prefaced with – What does the data show/reveal/tell us about.... (Cooper, 2014). I was interested in the patterns of family relationships within each family and the patterns of relationships between each family and social worker. A list of questions were put to the data in an effort to capture this deeper material at this second stage (Appendix 16).

Using the audio recordings, transcriptions, supervision and field notes, I began again to analyse the data recognising emergent themes within this framework. I created a table reflecting these questions, along with data which emerged. I began to populate it with findings supported by the data from each seminar (Appendix 17).

As I worked through each of these cases, I was engaging in two processes. I was checking the findings against the questions asked and then I was returning to the material and reading and re reading it to gather a more comprehensive and complete understanding of the case as a whole; of the context within which it was presented; and of the workings of the group in response to each case in each seminar. At this stage, I began to make some assertions about the psycho-social space that a family like the Rose family occupied and the relationship patterns between the mother Isobel Rose, and her social worker Chloe. This method of questioning began to reveal the underlying structures on which are built the complex realities of social work practice.

Having considered each individual family and the relationship patterns, I looked across the family cases, each time returning to the data to check and recheck my findings. I created some collective statements about the cases. For example, I began to articulate what I noticed emerging in the data pertaining to the pattern of

relating between family members, and between family members and social workers. At this point, the data began to reflect key themes associated with families, particularly pertaining to chronic separation, loss and grief. Furthermore, the relationship patterns between families and social workers revealed features of fear, guilt and anxiety about dependency. Finally, I began to make sense of and articulate what I observed in the data to be a particular quality of anxiety evoked in the worker in response to the work. I was not in a position to make definitive statements about the nature of the anxiety or its relationship to the case. This required further mining.

Stage 3 I moved away from the above framework momentarily and back to the work discussion seminars. I reread each seminar and listened again to the audio recordings. Taking each seminar as a 'case' I began engaging in a cross case analysis (Stake, 2006). Initially this elicited 94 separate findings (Appendix 18). Some of these findings I categorised as follows;

- Explicit communication by a group member or the group, which could be encapsulated as lack of support or thought from managers, or workload stress.
- Findings were also accommodated under a psycho-social frame and were implicit in the data, relying upon my field notes, supervision and emotional memory, and the data. These were captured in the following way, feelings of anxiety, expressed/implicit.
- Finally, findings pertaining to the behaviour or emotional expression of the workers across the seminars that were recorded as crying, laughing or breathing shallow/heavy.

These findings were grouped together in order to generate themes and make some assertions at stage 4. I will talk about cross case analysis now before moving onto stage 4.

3.6 Data analysis – cross case analysis

I have chosen to broadly follow Robert Stakes cross case analysis (2006). When I talk about cross case analysis, I mean for the purpose of this study cross 'Seminar'

analysis. Each seminar was taken as a 'case'. Predominantly, each case study is analysed for its 'self-centring complexity and situated uniqueness' (Stake, 2006). However, these cases may share a common characteristic or condition, causing them to be categorically bound together. Stake refers to this as the 'Quintain'. Taking a look across the cases the data might reveal something important about the 'Quintain', also meaning a particular phenomenon. The challenge in cross case analysis is to ensure that the participants contextual meaning and in this case the seminar meaning, is maintained, while ensuring systematic and comprehensive exploration of the issue.

Utilising Stakes procedure, I reviewed each seminar looking for the prominence of evidence to develop themes. I rated the utility of each of these themes in an effort to draw some assertions. This is a somewhat technical process of looking at the evidence or 'findings' to support themes which have emerged, I spoke about this at stage 3.

Findings pertaining to specific feelings, behaviours, or expressions of thoughts, by individuals and the group as a whole, which were revealed during the course of the work discussion groups, were recorded. These findings supported the development of a theme (Stake, 2006). For example, when a participant mentioned not knowing what to do with regard to an infant they were working with and their parent, the finding would be *articulating concern*, while the theme would be decision making (more specifically - separation or task). I have rated how prominent findings were in each seminar from 0-3. If a finding was not present at all it was given a 0 rating, if it was a dominant action or feeling or expression for the group or participants in the group it was given a 3.

The findings to support the themes in relation to this portion of the data emerged from reviewing each seminar in detail and recording findings in much detail in the 'Data Analysis Tables for Work Discussion Groups' (Appendix 19&20). I was also mindful of my own responses to the cases and any transference and countertransference experiences I had, making a note of them as I went. Once this table was populated, I began to observe emerging themes that were reflective

across all seminars, in particular themes of decision making, proximity to abuse and neglect and women as workers and mothers.

3.6a Low incident, high intensity findings

There were findings which emerged in the data and across the seminars, which were not counted in the same way or were not as prominent as those which pertain to decision making, for example. In particular, there are findings in the data pertaining to themes of death and shame in social work practice. I applied an inverse method for data collection and analysis which involved considerable expression of behaviour and emotional expression (Appendix 21). For example, the presence of death in cases was not supported by many findings. However, such was the nature of the emotion associated with it within the seminars when it emerged; I gave it a higher rating. I also took into account the movement of the group and their progression towards more openness as the seminars progressed, reflecting the timing and emergence of these themes. This was reviewed with my supervisors who agreed with this categorisation.

3.6b The Quintain

The individual work discussion seminars shared a common characteristic or condition that somehow bound them together. This object or phenomenon was anxiety, recognised in Stake's terms as the Quintain (2006; 6). The study of single 'cases' together, is in order to understand the Quintain better (ibid). While each seminar was studied in depth, when they were analysed together, anxiety emerged as a binding condition, relevant to all seminars and workers (Appendix 19&20). Therefore, out of the original data analysis table came another table which looked more closely at the findings and the presence of anxiety (Appendix 19&20).

The use of the Quintain was helpful in employing concepts of causation from critical realist theory. Finding anxiety as a prevailing feature that binds groups and cases together, allows me to begin asking questions such as why this is? Or, how does anxiety about a case motivate particular actions? What is the nature of this anxiety? The use of the concept of the Quintain has allowed me to think about anxiety and its

causal relationship to decision making and inter-agency work and in the context of the organisational setting.

Stage 4 I began to group the findings that emerged from individual thematic analysis of the work discussion groups (Braun and Clarke, 2006), and the cross case analysis, returning to check these out against related psychoanalytic theory. Having discovered the feature of 'anxiety' as common across cases, I began to categorise it further according to task related and secondary anxieties. For example, the theme – *doing more harm than good* – I categorised as a task related anxiety (Menzies Lyth, 1988). Below is an extract that captures this theme;

Bridget 'One of my thoughts was just around the weight of the information and of some of the decisions that we make. And sometimes we do because of not having time to process or talk about or observe. We sometimes make the wrong decisions'

Jessica 'the weight on Charlie, just the guilt she is carrying about it'

Bridget 'when I say wrong I don't mean it, it was probably the right decision at the time. I don't know (sighs).

Jessica 'I have things I am feeling guilt about as well as we sit here. Such a crucial time in children's lives and it passes by so quickly and you can't get it back again...silence...just felt really uncomfortable listening to that, I felt the weight on Charlies' shoulders'

Bridget 'When you take children into care, you are making that decision that it is going to be better. You are taking them into care under the premise that you are going to do a better job than their parents'

(WDG9; 14; 14-30)

Other themes that emerged within and across seminars included – *isolation, death, and the unending needs of parents* – I categorised these as primary task related anxiety and organisational anxiety, with features of anxiety associated with mature dependency (Dartington, 2010). Using theory associated with depressive and persecutory anxiety and positions of *psychic retreat*, I began to make a theoretical

case for a particular feature of contemporary social work practice involving overwhelming anxious feelings, so significant that the worker withdraws psychologically in an attempt to protect herself (Steiner, 1993).

The cross case analysis format also revealed particular trends in the data, for example, across the seminars I recorded the number of times workers reflected upon, articulated about or thought about children, and parents. Findings revealed that workers spoke about children twice as much as adults across the seminars.

At this stage in the data analysis, I began to look more deeply at the working of the group. In the first three stages, I was concerned with those findings and themes that emerged from the content of the group. I moved on to consider the groups engagement in the work discussion space. I began to make connections between the workers being silenced in their work environment and the emergence of this as a state of anxiety toward the end of their engagement with the group. I found that despite the pressures they face and the workload they talk about, they continued to attend the group unable to articulate its possible inconvenience either directly or by their absence. This is a challenging thought that undermined my original proposition that the group was so effective that the workers continued to engage despite their outside challenges.

3.7 Validity, reliability and triangulation

Although this is a qualitative study, counting the findings and then assigning them prominence allowed for a more rigorous testing of the data. Overall, in the data analysis and cross case analysis, I attempted to ensure there was enough evidence or 'findings' to support each theme. I established which seminars had the most evidence to demonstrate themes and presented these in Chapter 4, 5 and 6. I prioritised those themes (outside of the low incident/high intensity themes) which are most prominent for all social workers.

While no observation or analysis is perfectly repeatable, triangulation and Stakes method should contribute to the validity of this study and reduce biases (Stake, 2006, Hollway and Jefferson, 2000). Using this process of triangulation the data was

reviewed to ensure that each finding has more evidence than a single correlation or a quotation. Each of the themes and data analysis tables were discussed and reviewed with my supervisors and in group seminars. Furthermore, the main findings were presented at two conferences and to the research group and another randomly selected social work team.

3.8 Reflexivity, subjectivity and the research process

At the heart of a psycho-social research project is what is described as the 'reflexive practitioner' and their critical and sustained self-reflection on their methods and practice, and their emotional involvement in the project, at times both conscious and unconscious (Clarke and Hoggett, 2009). Foster suggests that accurate analysis depends upon the nature of researcher reflexivity as a practice in the 'use of the minds of others and a constant watch from the third position' (Foster, 2016a; 54). The methodological approaches described above, recognise the inseparable nature of the researcher-research relationship and seek to maintain commitment to the phenomenon under study by revealing the 'familiar in the strange and the strange in the familiar' (Hammersley, 1993; 207). The centrality of inter-subjectivity and interpretation in this research setting required my conscious reflection on my practice.

From the beginning, my experience in approaching the task of researching and then writing about this research was a challenging experience permeated with emotion. Firstly, the methods used were challenging, and involved me and the research subjects, our experiences, thoughts and views. The experience was theirs and mine and the process taken to arrive at some findings took time, patience, and an emotional readiness which I have not needed in such volume previously. Given the complex and challenging nature of knowing, appropriate support structures were vital to ensure my reflexive abilities were nurtured and sustained.

3.8a Resources for reflexivity

My observations and experiences in the work discussion spaces and the initial and final interviews were captured for thought by using a reflective journal, a tool familiar to many reflective practitioners (Rolfe et al., 2001, Schon, 1983). In contrast to my

field notes which were essentially specific accounts of my observations of work discussion groups, journal entries allowed me to reflect on how I had experienced specific encounters and any feelings, thoughts, ideas or hypotheses it had evoked. Here is a sample of field notes written after the fourth work discussion group;

23rd November 2014

Early in the life of the WDG, it became clear that the process of sharing experiences is difficult. After Katy's presentation in seminar one the group responded with levels of anxiousness about getting too close to the emotional experiences they were having in the work. As the group continued the cases became more complex and painful. The groups bringing of these cases left me in my role as facilitator feeling the weight of responsibility invested in me as the possible 'expert' to identify solutions. In the group, I found myself actively holding onto a thought or solution to a case presented. I felt discomfort that was not quite me, pressure to find the right answers. I wondered if my feelings of discomfort were indicative of an organisational shadow cast in the group, notably a projection.

As an alternative means of accessing and checking the trustworthiness of my reflexive understandings, I engaged in peer debriefing with another research student in Ireland engaged in doctoral research (Guba and Lincoln, 1989). It was helpful that she was a social work team leader. I was able to tease out the significant emergent themes and address particular obstacles to understanding perplexing dynamics. For example, I raised the subject of the case load weighting tool as an example of a policy that was introduced that I believed wasn't helpful. Her view was that this tool was necessary for her in terms of supporting her team to manage their caseloads. In her experience some social workers found it very useful. This alternative perspective was challenging to me at that time but reminded me that although I am confident of the validity of my research findings they are one picture and not all of the findings are generalizable. I was also challenged in terms of my somewhat unconscious perception that I had grown to know these subjects and thus knew all social workers. This reminds me of working with families where experienced

practitioners might have excess confidence with a family because they have known ten other families like this one. The importance of testing out ones working hypothesis and having it appropriately challenged could have important implications for families.

Towards the final stages of the write up, I met with one of the research participants to share some of the findings. She was very helpful in reminding me of the emotional experience of the group process again and I felt re-energised after our meeting.

3.8b Facilitator role - work discussion group

The role of the facilitator in the work discussion group is a complex position. My role as facilitator was shared with my other role that of researcher, and in fact with my outside the group roles of researcher and family worker at the Bessborough Centre, mother, daughter, sister, wife and friend.

Much happened in my role as facilitator in the group. Initially I was most comfortable in the role of leader and the one with the answers and knowledge. Being liked and thought of as organising something successful, was very important to me; this preoccupation of mine had some real consequences for the group. I was unavailable to attend to the material they brought at the beginning in as effective a way as I would have wanted and they needed. I would say with some confidence that as the seminars went on I became more comfortable with the individuals in the group being disappointed by the group experience and having difficulty with me and my interpretations and so the group progressed as did some of the individuals within it.

3.8c A separation encounter

During the research project, I became pregnant with my second daughter. This was a joyous occasion for me for many complicated reasons. As my pregnancy progressed, I was most conscious of my daughter being with me in the groups as I continued to listen to these social workers' experiences. At times, this caused me to resent having taken on this research project, I imagined other pregnant mothers

walking in the park, not having to think of such disturbing things. This facilitated me I think, in getting in touch with what these social workers who were mothers, were imagining and feeling. Their role as mothers and social workers became more coherent in my mind. Lunabba, emphasises the importance of understanding 'the intersectionality of the self...acknowledging how different categorical backgrounds can simultaneously portray various meanings in a particular social moment' (2016; 89-105).

Towards the end of my pregnancy, I remember being acutely aware of my rights and my rights to my own body and to privacy, this emerged during seminar 6, leading up to the break in the group. I was overcome with emotion about what it would be like to have no control over my body and my baby, similar to some of the experiences of mothers involved with social work services. In a remarkable and despairing turn of events, I found myself having a somewhat similar experience to the mothers who were brought to the group by social workers. Following the birth of my baby, she was diagnosed with a very serious life threatening condition and was taken from me immediately and transported to another hospital. I remained in the hospital pleading with them to leave but being bound by a hospital policy until the following morning. Prior to leaving the hospital, I met a young nurse who handed me a flier on post-natal depression. She could not have been more than 20, she went about trying to show me how to recognise the signs of post-natal depression should I get it! I believe this example represents the way that policy and practice efficiency can interact with mothers in the most distressing way.

In the days that followed, I watched as experts took care of my daughter. I became powerless to the situation. I signed consent forms when I knew nothing of the detail of what they contained, even though they were explained to me. On one occasion I remember observing two nurses laughing and joking about a night out while standing over my daughter, adjusting her drips. Now I am reminded of what Obholzer and Roberts say about proximity to death and pain being a major source of stress for staff working in these settings (1994). Then, I had a guttural instant reaction causing me to start to roar and shout at them before leaving the intensive care unit in tears. It was like I saw myself doing this from outside my own body. Their impression of

me over the duration I was there with my daughter, was relatively short, fleeting, and intense, in the grand scheme of things. But, if they were to assess me on the basis on which they found me, in those extreme circumstances, they probably would have categorised me as mad. They would not have been wrong, I felt mad in this situation

I experienced traits in myself that I did not recognise, that I would ordinarily not like in someone else.

I write about this experience because I got in touch in the most surreal way, with the mothers and fathers I had worked with as a practitioner. The realisations I experienced were accompanied by tremendous guilt at having done things wrong in some cases and a flood of relief in other cases at having engaged in what I recognised as a supportive encounter. This experience has influenced my further engagement with the research gathering and data analysis in a way that is useful and more emotionally minded.

3.9d Tiered containment

As the study progressed, my supervisors and I continued to think about what was happening in the group, what was happening with me as facilitator and what then was happening in the space with them as supervisors. It became clearer that this model of me as facilitator supported by two other supervisors, whom supported the unpacking and then digestion of the group experience, was very relevant to the group's experience of being held.

This experience of a type of *tiered containment* where at all levels there is holding, is something that is perhaps more recognised in the psychotherapy or psychoanalytic field, and less so in social work. In the psychotherapeutic setting, the therapist meets the client, offers a holding environment if you like, then the therapist's supervisor does the same for them we would assume, and so on. However, there are differences: the therapist has a planned number of clients, and one assumes, is well prepared, perhaps not for the content of the session, but for the fact that one client will attend, it will happen in the same place, and they will within reason finish

on time. It is more the exception that they will not be able to predict, in general how a session will go.

For the child protection social worker, the number of families they may see in a day is not planned and is recognised by many as too many (Burns and MacCarthy, 2012b), and the situation they will face is often unknown and unplanned for (Ferguson, 2016). The chances of them bringing some experience to the work discussion group which is distressing, chaotic, unarticulated, is much higher. In such a setting then, the idea of tiered containment is essential. As facilitator, I continued to experience this regurgitation of distressing experiences which remained with the worker and could be recalled at the drop of a hat in minute detail. This verbal recall was often accompanied by rapid, shallow breathing, or crying, or on two occasions impacted upon the worker to such an extent that they left the room. The need for these experiences to be recorded and then reflected upon in a structured way became a definite and necessary feature of this process and the provision of this type of group.

Supervision Seminar Example – following each group the written transcript would be shared with my two supervisors and we would review the session along with my experience of the session. This allowed for an intense scrutiny of the experience and of my role. On one occasion, at the beginning of the work discussion group, attention was drawn to my own feelings of possible envy of the groups experience and my possible move towards becoming a member of the group rather than a facilitator of the group (WDG2). This space in which I could think about my own vulnerabilities as a researcher allowed for the groups experiences to be contained in a way that made it possible for them to receive a consistency in containment, support and facilitation that might not have been possible. Below are some examples of my reflections on my own role as facilitator at the beginning of the work discussion groups;

Session One – new role, prescriptive - I moved between being in the facilitator role and being a member of the group. It was a challenge to keep my own feelings contained, given the emotion in the room. I

had an impending urge to get it right, being recognised as a good facilitator and doing a good job, being worthy. I wondered about a parallel process between my journey and that perhaps of a new social worker. I knew that the feeling states were important, but I was more comfortable in moving the group along, ticking the boxes, I wasn't sure of my own capacity as a research facilitator.

Session Two – I started this session by not giving the group the opportunity to talk first because I was consumed with being a good facilitator. I also introduced the idea of having my own supervisors, in a sense to feel less alone in the role of facilitator.

Below is an extract which I think reflects my struggle with recognising my own capacity;

'Caroline and Chloe were to present today. Caroline is not going to be here as I have informed you. She was called to an emergency meeting in the maternity. I thought we would give some time to the last session, and just how people found it, without dwelling necessarily on what was presented but more the themes that emerged in this setting on that day, so I had thought a bit about it, so I might share with ye some of my thoughts. Would that be ok?' (WDG2, Nicola; 1)

Of course the response to the group to the above extract is not surprising –

'Great, ya, ok'

In this extract, my tentative approach was more reflective of the enormity of the task at hand. On reflection, I moved into this manic mode and left behind somewhat the task of the group. I did not stay with the idea that Caroline was absent and what this might have been like for the group, particularly Katy, who had presented in seminar 1.

I think in this early part of the journey as group facilitator, I was fixed on, at times, meeting my own needs as a researcher to the exclusion of the participants. Clarke and Hoggett talk about the 'defended' subject and the defended researcher and suggest that we can all become anxious and defend ourselves against such anxieties (2009). Through the process of supervision, the fine line between facilitator, researcher and practitioner was kept somewhat straight. We are often not aware of our own responses, and this has most definitely been my experience, particularly in the early parts of my facilitation of the work discussion group. To have my interpretations of the data checked and rechecked and reflected back to me became a valuable part of the data analysis and my ongoing position within the group.

3.10 Ethics

The process of applying for and gaining ethical approval took almost a year and stripped me of any patience that I had left for organisational systems. However, it did challenge me to examine what it was I was hoping to achieve in interviewing and providing social workers with a reflective experience. The most challenging experience during the application process was the question put to me about my own capacity to support these participants. The ethics committee would not accept that I alone could position myself in the role of researcher and the role of supporter. So I went about finding a senior psychologist in my own organisation, to support the project and to act in a supportive capacity for participants if needed. This led me to think and to read more about what it was that I was undertaking and to try and make sense of my role in this regard.

The experience of psycho-social research has challenged my perception of ethics and the very lively role ethics can play in action based continuous research like mine. Over the course of this project, this group of social work practitioners gave very detailed and frank accounts of their experience of direct work with children and families. They conveyed – often in a very powerful fashion – what they experienced in the work and its impact upon them. I found the experience of conducting the interviews and facilitating the groups profoundly moving, as it seemed to me at the

point of time of each interview and group, as well as with each subsequent listening, that the social workers were opening up to me about just how difficult the work could be at times. They spoke about the impact it had on them and how they felt about this. For example, Katy spoke about an infant on her case load who had multiple fractures. I got the sense that this was the first time she had brought together the cognitive case experience with the affective experience.

The topics these workers engaged with were deep, dark and painful. They had a personal and professional dimension that was recognisable in the context of the psychoanalytic frame. The data reflects that much of the feelings that surfaced did so for the first time. A powerful sense of responsibility came upon me throughout the project and has stayed with me. I have made considerable efforts to treat their experiences with sensitivity, care and respect, without as I mentioned earlier, becoming overly identified with them and defending against presenting a realistic picture of the work. This is a challenging tension recognised as implicit and explicit in psycho-social research analysis (Clarke and Hoggett, 2009). I was overwhelmed at points during the research process and data analysis when I was reminded of the powerful and privileged position I took up as researcher. I especially noticed in myself an impending wish to have met with some of the mothers brought to the group space by the workers, to have had an opportunity to make 'whole' the partial accounts given of cases.

Hollway suggests that 'care for the research subject' is at the core of psycho-social research (2006). The research design that I used and discuss herein is one that I believe to be positively considerate of the research participant and reflective of their ongoing experience. Throughout this study, the facilitation of the group, understanding the group process, and my role as facilitator and researcher, was subject to intensive review and scrutiny by my supervisors. During this process, I came to know something about research that had escaped me in my undergraduate and other post graduate studies: The implicit sense that the data is someone's experience, it is emotional and it is an aspect of reality. The nature of the data collected in this project is alive and filled with meaning and is particularly sensitive.

I discovered in late 2015 and in the first two months of 2016, that analysing this data was particularly painful, challenging, and initially noticeably hard to make sense of. Most importantly, I understood that the making sense of and the presenting of the data is an ethical and considered process involving the participants. I had not written about this in my ethical application and I had not if I am honest considered it on more than a theoretical level. However, the process under which this data was collected, analysed and considered, in an ongoing manner throughout and at the end in a more formalised thematic manner, contributed to a more sophisticated understanding of what being an ethically informed researcher means.

Toward the end of the project, some of the preliminary research findings were presented. The preparation of these presentations, delivered by me first in the researcher role, and then me and two of the participants who waived their anonymity, in the second presentation, formed a significant part of the research journey not accounted for. The preparation of these presentations were very important most especially in relation to how the data was presented and in ensuring that the participants experience was not misrepresented.

Informed consent is often considered to be only important at the outset of a study. Once all the implications of the research are explained, one can get on with it so to speak. In my experience, the subject of informed consent emerged as a live issue for discussion right up to the end of the project, and I think I will continue to visit it. If this project continues to grow and be thought about, then I will continue to consult with the participants. Initially, this scared me and I was defensive about engaging in ongoing discussion about informed consent, I was afraid that if I continued to talk about it I would have no research group. However, I discovered that it is a critical part of the relationship the researcher has with the participants and with him or herself, and with the research, and is integral to psycho-social research (Foster, 2016).

3.11 Conclusion

This research project is rooted in an appreciation of epistemology that recognises the importance of knowledge generation which is located on the boundary of conscious and unconscious human experience, including individual psychic experience and the individual's psychic experience as a group member of a shared social world. With this as a starting point, the project demands a solid engagement with meanings, affects and causal relationships that are not independent of me as researcher and group facilitator (Cooper, 2009, Clarke and Hoggett, 2009).

Moving this close to the lived experiences of child protection social workers, necessarily unearths difficult and disturbing realities which belong to the world in which we live. In order to sustain this research endeavour, I have relied upon critical realism and psycho-social research methods and accompanying theories (Clarke and Hoggett, 2009, Rustin and Bradley, 2008, Rustin, 2008, Cooper, 2009, Holloway and Jefferson, 2000). In the next chapters, I endeavour to present the findings underpinned by this rigorous method in an accessible manner.



16 July 2014

Dear Nicola,

Project Title:	The dichotomy of ‘thinking’ and ‘doing’ in social work practice with neglected infants and toddlers.
Researcher(s):	Nicola O’Sullivan
Principal Investigator:	Professor Andrew Cooper

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered at the meeting on **Wednesday 5th March 2014**.

The decision made by members of the Committee is **Approved**. The Committee’s response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should any significant adverse events or considerable changes occur in connection with this research project that may consequently alter relevant ethical considerations, this must be reported immediately to UREC. Subsequent to such changes an Ethical Amendment Form should be completed and submitted to UREC.

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

Research Site	Principal Investigator / Local Collaborator
Bessborough Centre, Ireland	Professor Andrew Cooper

Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
UREC Application Form	2.0	5 June 2014
Participant Information Sheet	2.0	5 June 2014
Consent Form	2.0	5 June 2014
Interview topic guide	1.0	18 February 2014
Letter of permission to gatekeeper organisation	1.0	5 June 2014
Gatekeeper permission letter	1.0	11 July 2014
Group discussion forum guide	1.0	18 February 2014

Approval is given on the understanding that the [UEL Code of Good Practice in Research](#) is adhered to.

Please be aware it is your responsibility to retain this ethics approval letter for your records.

With the Committee's best wishes for the success of this project.

Yours sincerely,



Catherine Fieulleateau
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Chapter 4: Workers and families in the child protection system

‘The problems [families] pose to each other have much in common with those they pose to the social workers, and their reactions to each other have a similarity to the reactions of the social workers to them, and to some of the institutional practices’ (Mattinson and Sinclair, 1979; 67).

4.0 Introduction

The complexity inherent in the cases selected by the workers and the provision of a containing space in which their feelings about them could be aired, brought their acute fears and anxieties about their work into sharp focus.

Findings revealed three central inextricably linked themes associated with child protection work. Firstly, the nature and characteristics of families had a significant impact upon workers and the systems operating around them. Secondly, for the workers, a significant source of anxiety and pressure felt by them was associated with what they saw as a central feature of their job; the task of decision making. Finally, their personal experiences and positions, particularly their experiences as women and mothers, was a major factor in how they negotiated their home and work life, and how they felt about and interacted with the families presented.

This chapter will introduce the workers and the families and draw attention to the patterns of relating between them, associated with the above themes.

4.1 The workers

Seven social workers engaged in this study initially; Caroline³, Katy, Bridget, Ciara, Jessica, Chloe and Charlie. Collectively they had over 40 years’ social work experience.

³ Caroline left the work discussion group but agreed to her input being reflected in the findings.

The work discussion seminars afforded a rare opportunity for them to disclose predicaments, failures and worries, in conditions of containment for anxiety, support for learning, and a reflective rather than a prescriptive climate (Rustin and Bradley, 2008). These women found a way of getting to the material that mattered to them most, revealing a complex interplay between their work and the organisational setting.

Their motivation to engage in child protection work included a genuine and at times idealised interest in meeting people, understanding how families work, and providing support (Vega Zagier Roberts, 1994). Embarking upon the social work task was particularly personal to some of the workers who had family members in caring professions. Jessica links her role in her family as a 'carer' with her career trajectory;

'...it was the only thing that I thought that I was interested in doing, probably because I have always been a carer, that is the job I slotted into' (FI, Jessica; 1).

Bridget always knew she wanted to be in the caring profession, her mother was a nurse, and she felt strongly about wanting to make a difference. Bridget, a seasoned social worker and member of the group, had significant experience of being in reflective spaces. She spoke frequently about the painful nature of the role and about her fears that a child might die, and of not doing a good enough job.

Katy was interested in teaching or social work. She remembers her mother encouraging her to do social work. She is a young mother, who left and returned to the role, following maternity leave breaks. Katy came to the group seminars with fresh, raw, and painful experiences which she needed to impart with immediacy, providing very useful insight into the nature of the work (Ogden, 1999). Katy was particularly concerned with not being able to do enough, with making the wrong

decision and with fear for her own professional self. The material she shared brought her painfully close to her role as mother.

Ciara is new to the role of child protection, although she has worked for many years as a social worker. Ciara understood her desire to help other families as connected to her own experiences as a young mother. She was particularly interested in what made a difference for people in families in terms of their capacity to be successful. Ciara identified with the mothers she met, having been a young mother herself. During seminars, she frequently brought stories of near death like experiences encountered by social workers, eliciting anxious responses from the group, but succeeding in redirecting the work of the group and reducing anxiety.

Charlie is a young mother who chose social work over psychology. She has been working for more than ten years. Charlie is concerned throughout the study with letting children down and with not being able to give them the services they require. She works with children in care and some of them remind her of her own children, especially those who are the same age. Charlie's defence against the anxiety associated with the more painful aspects of her work is often to pursue more training, to gain more knowledge, and to search for experts to help her in caring for children on her caseload.

Chloe is probably least open to the idea of 'unlearning' or of letting go of the rational practices and procedures she has relied upon. Her choice of profession was felt by her to be based upon location and easy access to University. Chloe felt a sense of shame and incompetence in her work that became explicit in the group setting. Chloe's experience especially illuminated the nature of individual and organisational anxieties and their associated defences in child protection social work.

The public task these women have taken on in working to safeguard and protect children, while attempting to provide support for parents, is intimate work which has touched upon their own experiences as women, mothers, sisters, daughters and friends. These women became social workers at a conscious level to support families and to improve the situation of children. Many of them have a closely held

belief in the wish to do good work and to provide care and support. There may also be a deeply held wish and belief that their work could eliminate child abuse and safeguard all children and families (Roberts, 1994).

This personal, work related task, feeds into the organisational system, where there are multiple other tasks to be undertaken. Increasingly, as this study demonstrates, the tasks these workers have to do are experienced as less to do with helping families and children, and more to do with managing risk. Consequently, the primary task of the workers becomes partially about their survival in relation to the demands of the organisational and socio-political environment;

‘...I had completely crashed...I have never experienced it before...was at my weakest, lowest...and because I was mortified I took [only one] week off, I should have taken about four...I used to literally run, I was really frantic... [When I look back] I think Jesus how did you do that...I was working weekends and evenings...just to get the reports done’ (FI, Jessica; 1-8).

The workers own underlying wish to protect children from abuse and parents from suffering remains, causing them great pain and anxiety when they fail at achieving this task.

Roberts refers to the self-imposed often unarticulated but powerful task, as ‘the self-assigned impossible task’ (1994; 113). Roberts and others suggest most of us are attracted to working in particular settings because they offer occasions to work through unresolved personal issues (Hingley-Jones and Ruch, 2016). If this is correct, then staff with similar internal needs find themselves in similar settings. The needs that workers bring to the work interact with the needs that families bring. As a result, when encountering;

‘...failure in their work with damaged and deprived clients. If this arouses intolerable guilt and anxiety, they, like the infant, may retreat to primitive defences in order to maintain precarious self-esteem, and

to defend themselves against the retaliation anticipated for failing to heal' (Zagier Roberts, 1994; 116).

These anxieties might give rise to a defensive belief that if only there was enough training the situation would be better for children. Or, if only there was more support from management and more resources children and parents would be better off. In this way, hope is preserved for the social work task and confidence in their own capacity (Palmer and Reed, 1971). The provision of a space to these six women, in which to strengthen their insight into their reasons for choosing this work, resulted in awareness of their valency for similar defences. I will now turn to the families that these workers brought to the seminars.

4.2 Families in the minds of social workers

The workers presented one case at each work discussion group. Eight of the cases presented concerned infants and toddlers, the other case concerned a teenager (Sophie Clearwater), though reference to her infancy was made. Figure 4.0 shows the families presented across the seminars.

Family	Social Worker	Seminar
Rose	Katy (1 st Case)	1
Moone	Chloe	2
Woodward foster family	Charlie (1 st Case)	3
Friar	Bridget (1 st Case)	4
Rowntree	Ciara	5
Monty	Jessica	6
Hockedy	Katy (2 nd Case)	7
Sophie Clearwater (an adolescent)	Bridget (2 nd Case)	8
Woodward foster family	Charlie (1 st Case again)	9

Figure 4.0 Families

Additional cases with similar characteristics were also introduced at interview and across seminars spontaneously. Those cases offered supplementary support for the

emergent themes and were drawn upon during data analysis, and feature in the presentation of findings.

The workers brought these eight families and the memories associated with them in a repetitive fashion, suggesting that something was located in the worker that was occasionally crippling. The preoccupation with particular cases is captured in Chloe's reflection in seminar 2, as she depicts the challenges she faces with getting 'rid of' the Moone family from her mind. The case will never feel resolved for her, and such is her anxiety associated with it, it is spilling over from her waking life into her dreams. She brought this family to the first interview, to the second seminar and to the final interview. Chloe also spoke about the Moone family at two other times in response to other workers' presentations. Similar to Chloe, all the workers without exception chose to bring the same case to their first interview and to their work discussion group presentation.

In his study, Martin Smith found that particular experiences and cases remain with social workers if they go unrecognised and unshared (2010; 104). He suggests 'really important experiences are never entirely forgotten; they can build up to have a cumulative effect on the workers' mental health'. In a presentation of the preliminary findings of this study to a group of social workers in November 2016, one worker described this cumulative effect as having a 'layering' quality inside her body and mind (Appendix 15). Quoting Freud (1930), Smith continues; 'everything is somehow preserved and in suitable circumstances can once more be brought to light' (2010; 104).

Figure 4.1 reflects the frequency across seminars with which each worker talked about their cases. Each case is assigned a number; 1 = the presented case, 1b = the second presented case, 2 = another case referred to by workers. The numbers next to each name reflect the seminar the worker presented in, for example, Katy presented in the first and seventh seminar.

Name	F.I.	WDG1	WDG2	WDG3	WDG4	WDG5	WDG6	WDG7	WDG8	WDG9	F.In
Chloe (2)	1,2	1	11	22	112	33	11111		223	3	1
Ciara (5)	1		2	22	21	1		2	2	112	
Charlie (3/9)	1			1					1b	1	1
Bridget (4/8)	1		2		1	2	22	2	1b	2	1
Katy (1/7)	1	1	1	222	222222		2	1b		222	11
Jessica (6)	1	1	111	1	221		1	2	1	22	12

Figure 4.1

Each time, the worker reflected upon their primary case across the seminars in a way which demonstrated a level of preoccupation, new thinking, or a fixed view, it was recorded. The cases evoked particular feelings and associated practice challenges amongst the individual workers, which were comparable across the cases and seminars.

4.3 The families

The families that workers carefully chose and were, in a sense, preoccupied with, had similar characteristics. Thematic consistencies were present across the cases which were easily accessible in the data. Figure 4.2, displays these characteristics. There was no review of case files or in-depth interviews to glean other historical case information; therefore, it should be recognised as a partial account.

Case Characteristics	Rose	Moone	Woodward	Friar	Rowntre e	Monty	Hocked y	Clearwate r	Woodward	Total
Number of babies and children living together	1	2	1	3	2	3	2	1	1	16
Number of parents	2	1	2	2	1	2	2	2	2	16
Other children in care (or living elsewhere)		X	X			X	X	X	X	6
Accommodation temporary or h/less	X	X			X	X	X	X		6
Domestic Abuse	X		X	X	X		X	X	X	7
Familial Abuse	X	X			X			X		4
Mental Health	X	X		X	X	X	X	X		7
Violence and/or aggression	X		X	X			X	X	X	6
Violence/Aggression towards SW	X				X	X	X	X		5
Neglect	X	X	X	X	X	X	X	X	X	7/8
Sexual abuse		X								1
Physical abuse		X		X		X	X	X		5
Psychological or emotional abuse	X	X		X	X	X	X	X		7
History of parents in care		X		X	X					3
Parent with history of childhood maltreatment or neglect	X	X		X	X					4
Other services involved (addiction, mental health, public health, psychology etc.)	X	X	X	X	X	X	X	X	X	8
Addiction		X		X	X		X	X		5
Court Involvement	X	X	X		X	X	X	X	X	7/8
Fostering Services or Res Ser Involvement	X	X	X		X	X		X	X	6/8
Foster family or Residential Care case			X					X	X	3
Learning Difficulty					X	X				2
Ethnic Group			X		X			X	X	4
Prostitution		X						X		2
Criminality		X				X		X		3
Death (in the case)								X		1

Figure 4.2 Family characteristics

In six of the eight cases, families presented with co-existing factors including; substance misuse, domestic violence, and mental health problems of one kind or another. These factors, or a combination of one, two, or three, were found in all cases along with the presence of neglect. Three parents in the study were themselves in care as children.

There were 12 infants and toddlers and 4 children, who were presented as index children in the families presented. There were four families – Moone, Monty, Hockedy and Clearwater – where there were another 14 siblings living in formal care situations. All of the families - with the exception of the Friar family - were involved in some capacity with the court system, and with at least two other services. There is a considerable range of intersecting conditions across families which are similar to those characteristics found in families in child protection services in other jurisdictions, both nationally and internationally (Ferguson and O'Reilly, 2001, Buckley, 2003, Brandon et al., 2008, Frederico et al., 2014).

The complex and intergenerational aspects to these cases reflect their vulnerability to lengthy social work engagement, and to taking up large amounts of social work time (Buckley, Skehill and O'Sullivan, 1997, Ferguson and O'Reilly, 2001). The fact that these cases are similar to many of the more high profile cases which have, of late, attracted media and political attention and drawn criticism of social work practice is indicative of the ubiquitousness of the issues identified in this project.

4.4 Psycho-social cases

Along with surface level characteristics presented above, each case revealed its own particular structure, relationship pattern, and historical and social context.

The psycho-social family features which emerged across the cases included; chronic separation, loss, grief, helplessness, fear, abuse and violence. These experiences were situated within a particular social context of poor employment, social isolation and in some cases poverty. These experiences, both historic and present, generated significant emotions for parents which were 'acted out' in their parenting of their children and in their couple relationships. Furthermore, these experiences produced behaviours and ways of relating between the family and the professional system that were in turn anxiety provoking for workers and their organisations, eliciting a myriad of defensive practices.

Dominant relationship patterns of similar quality between family members across the cases presented were found. These patterns of relating were also evident, upon further analysis, between the workers and the family members. These patterns will be described herein under the heading Patterns of Relating.

4.4a The professional network

The cases revealed complex connections across all systems. The diagram below presents the intra and inter-relationships of a family system and its wider professional network (Reder et al., 1993; 29).

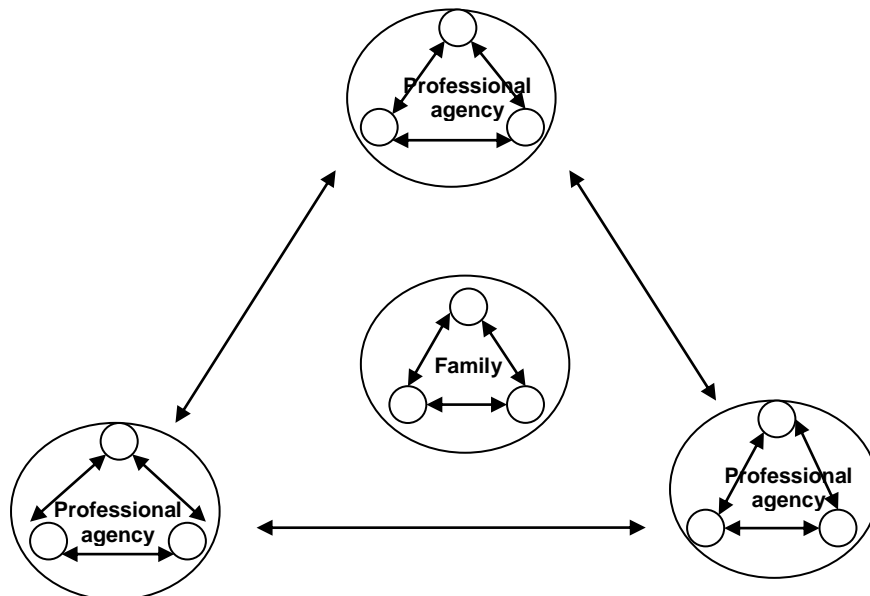


Figure 4.3 the intra- and inter-relationships of a family system and its wider professional network.

Core tensions and difficulties among professional networks were mobilised by the cases and the professional network interacting with and surrounding the cases. Some cases demonstrated how complexities embedded in family systems would manifest in the professional system. Professional networks around families would become split (WDG1, 2, 3, 4, 6, 8, and 9) and this often took the form of a lack of perceived cooperation amongst agencies and social workers.

Strong feelings of hatred and anger emerged and were projected toward social workers, and polarised views pertaining to the abuse and neglect of babies were held in professional's minds. Through the process of projective identification workers were susceptible to taking in these feelings and identifying with them in their views of themselves as incompetent, bad and hated objects. These associated experiences left these workers with continuing anxious preoccupations about themselves which included; a sense of incompetence, not being good enough, a sense of unease, and feelings of despair, isolation and loneliness. Furthermore, in the absence of recognising and reflecting upon this aspect of unconscious communication, social workers sometimes responded to families in ways that identified with those aspects projected into and associated with them. They had feelings of incompetence, badness and hatred.

Below is a synopsis of each index case after further mining of the data and paying particular attention to the predominant relationship patterns between family members. Data will be presented here and in the following chapters to support the initial claims about each presented case. The case details reflect analysis over a nine-month period, nevertheless it is recognised as a '*point in time analyses*' and acknowledgement is given to the dynamic nature of families and family patterns (Reder et al., 1993, Bower, 2005). With this in mind, it is the quality of relating that might offer contribution to the wider social work debate rather than case specific questions that might understandably be raised for the reader of this section.

4.4b The families

Below the eight families brought to the seminars are presented in brief. The Rose and Rowntree family are presented in more detail to demonstrate the relevance of findings across all cases.

Rose – This family was brought to Seminar 1 by Katy. The family included Michael Rose (Grandfather) and his wife (unnamed), the maternal grandparents. Ann Rose was their daughter and she is mother to a baby, Jane Rose. Ann's ex-partner, John,

is father to Jane. He has a second daughter who is half sibling to Jane. John lived abroad in the weeks prior to Jane's birth and the couple had separated. Michael Rose did not like John and did not approve of his relationship with his daughter. Ann was referred to the social work services with her daughter Jane by the maternity hospital, owing to severe self-neglect and her mental health presentation.

Ann was engaged with Mental Health services over a protracted period of time. She had a reported history of assault and stalking, and was known to the Gardaí. Ann and Jane were separated shortly after Jane's birth. Michael Rose agreed with social work services that he and his wife would care for his granddaughter. Ann received in-patient hospital treatment for mental illness and Jane went to live with her maternal grandparents. Four weeks into caring for Jane, Michael contacted social workers, apparently irate. He insisted on getting an allowance for caring for Jane and indicated that he was very stressed. He stated that he would not go on caring for Jane. Soon after, when he brought Jane to visit her mother he abandoned her at the hospital and threatened to run over a social worker with his car.

In the proceeding months, five different care givers looked after Jane. She then went to live with her father John. Ann spent time living with her parents but reported feeling afraid of Michael Rose following threats he made to kill her. There was a growing realisation amongst the social work team that Ann's presentation and capacity, was related to how she was parented. However, mental health services did not share this view and seemed to view Michael very differently to the social work team.

Katy took over this case mid-way through the assessment. Contact visits between Jane and Ann were supervised; it was reported that mother and daughter were frightened of one another and there were long periods of silence where no relating took place. The teams' experiences of Ann were polarised; on some occasions she would be polite and on other occasions she was difficult to engage. Katy described her as difficult to get to know.

Patterns of relating

The relationships in this family are particularly fragile and when it seems that relating is felt to be too much, separation appears to be the only option. This is evident in Michael's relationship with his daughter Ann, and his granddaughter Jane, and with Jane's father John. Along with separations within the family system, separation was a feature within the professional system with changes in social worker from the point of referral; many changes in foster placements for Jane; and changes in professional systems from hospital to community based systems. There was further separation in thinking about Ann, with the psychiatric services believing that she could not be trusted to be alone with her daughter and then reneging on this view and separating themselves from their responsibility for contributing to the decision making in this regard.

The snapshot of this case begins to give clues as to the difficulties that form threads across this family and stretch into the professional network (Rustin, 2005). The brittleness in relationships within the family, and the aggression and fear, in Michael and Jane respectively, was transported to the social workers in seminar 1, evoking feelings of guilt and fear amongst them. This was voiced with regard to how decisions would be made and a prevailing concern with making mistakes.

Tasked with questions about separating this mother and infant and then with regard to their further coming together for contact and separation, Katy began to identify with the grandfathers' attributions of her as a 'fucking moron', believing her 'day will come' and that her 'children [will] die in car crashes' (WDG1).

Psycho-social features; isolation, separation, helplessness, violence, loss, grief. The predominant relationship patterns between family members are characterised by fear and aggression.

Moone – Isobel Moone is mother to seven children with six fathers. The youngest children Isobel Junior (3 years old) and Mark (infant), are presented in seminar 2. Isobel Junior's father saw her sporadically but knew her by a different name. Isobel

junior, upon receipt into care alleged sexual abuse by her father. Mark's father does not feature in the case presentation.

Isobel's first two children are adopted. Her third child is not in her care. Isobel's fourth and fifth children were placed in care following their abandonment. Isobel is involved with addiction services, community crèche services, social work, housing and family support services. Isobel is known to the Gardaí. During social work assessment, Isobel and Isobel Junior left their home for weeks on end and could not be found. Isobel often behaved in ways which demanded closeness to her, this elicited a response which manifested in her distancing herself from professionals and at the extreme end, abandoning her children (Mattinson, 1975). Her ambivalence causes her to attract and repel professionals across the system (Reder et al., 1993). Psycho-social features; loss, separation, violence, isolation, grief, ambivalence, neglect, abuse, helplessness, and homelessness. The predominant relationship patterns between family members are described as abusive, neglectful, disorganised, frightening and ambivalent.

Woodward – Ben Woodward (2 years old), was the fifth baby born to his parents. The family are non-Irish nationals. Charlie, who presented the case in Seminar 3 described 'extreme prolonged domestic violence' prior to Ben and his siblings receipt into care. Ben was placed on his own in a foster placement. Ben's foster parents, Maebh and Bill have four older children of their own. Maebh described Ben as hating her, crying a lot and being unsatisfied with any care she offers to him. She described him during a home visit by Charlie, as out of control.

Psycho-social features; loss, separation, isolation, helplessness and grief. The predominant relationship patterns in Ben's foster family are considered to be fearful, ambivalent and anxious.

Friar – Raquel and Jeffrey are parents to their twin infants Ben and Holly. Raquel has a twelve-year-old daughter Olive who lives with them. Jeffrey visits the family home and has lived with Raquel and the children sporadically. Raquel had a barring order in place following allegations of Jeffrey being aggressive towards her when he was drunk. She describes Jeffrey as much worse than her father, who was very hard

to live with. The couple rekindled their relationship during the late stages of Raquel's pregnancy. Jeffrey was in care as a child and young adult and had ongoing involvement with mental health services. Bridget reports significant difficulty in accessing reports from other services on Jeffrey's earlier engagement with them. The couple are known to the Gardaí. Jeffrey had some involvement with addiction services for drug use. Olive is recognised as the family member who communicates across the family boundary when relationships break down and the family are in trouble. Raquel does not trust social workers and has acknowledged that she lied to the previous worker.

Psycho-social features; mistrust, anger, abuse, helplessness, death, separation, loss. The predominant relationship patterns in this family are underpinned by fear, aggression, warmth, deception and manipulation.

Rowntree – Helen Rowntree is a young mother to Susie (3) and Danny (infant). Helen came from a large family and as a teenager she alleged sexual abuse, neglect and physical abuse by her parents and sibling towards her. She was received into care with other siblings and was rejected by her family. She later retracted her allegations and since remains somewhat of an outsider in her family. Helen has been involved in violent intimate relationships with men, including the children's father. Susie and Danny were removed from Helen and placed in foster care following their ongoing chronic physical neglect and her leaving them with strangers while she was drinking. Helen has supported contact with her children and is expecting her third baby. Helen is homeless at the time of this presentation.

The family was recognised as a priority case by social worker Ciara and reportedly took up a huge amount of her time. Helen became pregnant when she reached adulthood with her first daughter Susie; Susie's father was significantly older than Helen. Danny was born when Susie was less than two, and Susie was looked after by social services while Helen was giving birth to Danny due to a stark lack of any informal or family support.

Helen's capacity to manage her two children diminished in the face of increasing debt, the death of a partner, no family support, and an apparent lack of an internal experience of good care that she could draw upon (Winnicott, 2002). Helen availed

of supported accommodation, family support, and a community crèche facility, but it did not seem to be enough. Reports about the children's welfare and safety were made by agencies involved with the family to the social work team. Fostering respite support was offered but did not sustain the mother and children in the community together. Referral reports included mention of Helen's incapacity to provide appropriate care for her children including Susie having a bleeding nappy rash with dried faeces caked into her skin, from her bottom to the middle of her back. Susie was toilet trained but Helen kept her in nappies. The children were received into care. The social workers experienced Helen relating to them as polarised moving from being experienced as very nice and needy, to aggressive, threatening and volatile. Helen left workers wondering whether to return her children; taken up with a sense that she had worked hard on the one hand, and feelings that she had done no work on the other hand.

Helen's maternal ambivalence was exacerbated by her sense of loneliness in parenting her children, her experiences of her own childhood abuse and then rejection by her own birth family, and her separation from her partners through violence or death. These experiences combined to produce a primary relational template marked by deprivation and this, it seems, impacted negatively on her capacity to safely parent her children. Nevertheless, her childishness as described by Ciara in Seminar 5, and her likeability, left questions about giving her an opportunity to resume care for her children. Hope about her capacity lay in juxtaposition to other views about her incapacity and volatility.

Helen's case in particular introduces the structural contexts surrounding her experience of parenting. In particular, it raises awkward questions about definitions of support, care, assessment and poverty. Ethical questions of support include those of fostering dependency in families and the provision of longer term work. While Helen was, in the end, deemed to be responsible for the failure to care and protect her children, her history, the socio-political environment, and the climate in which she was parenting cannot be ignored.

Psycho-social features; death, violence, abuse, neglect, poverty, helplessness, separation, loss, grief, isolation. The predominant relationship patterns across the family system include neglect, fear, chaos and abuse.

Monty – Rob and Vivienne Monty have five children. They have had longstanding involvement with social work services. Their older daughters are in relative foster care following confirmed physical abuse and neglect. Rob was prosecuted for this. They have three younger children, one toddler and infant twins. The family are involved with a plethora of services. Rob is known to the Gardaí. Vivienne is involved with mental health services. The children were involved with a physiotherapist as a result of their delayed development.

The family live in rented accommodation, a significant distance from their own families of origin, and neither parent is working. Some of the core difficulties presented by this family concern relational deprivation, represented by the quality of the relationship between Rob and Vivienne, and their children, and this is characterised by their struggle to make space for the children in their minds, to create conditions of comfort, and to engage in nurturing behaviour. Jessica's description in seminar 5, of bare floors, wet clothes on the children, and cold damp air, reveal a certain quality about the home environment that reflects this relational quality while also suggesting a state of physical neglect.

Psycho-social features; separation, loss, grief, helplessness, conflict, neglect. The predominant relationship patterns in this family include neglect, aggression, anger, fear and inconsistency.

Hockedy – Maud and Bob Hockedy have three children. The family moved between the UK and Ireland during their involvement with social services. Brid is ten years old, Stephanie is 4 years old and Jasmine is an infant. Stephanie stayed in the UK while the family were in Ireland, for a number of months with her grandmother and she had little contact with her family during this time. There is a history of domestic violence and alcohol abuse. The family have had periods of homelessness during their time in the UK.

Psycho-social features; isolation, homelessness, separation, loss, helplessness, violence, abuse and neglect. The relationship patterns across this family system include neglect, ambivalence, anxious avoidance, fear and anger.

Sophie Clearwater – Sophie Clearwater is a teenager in care, with a history of ongoing involvement with social work, involving frequent periods of time in care and at home. Sophie was placed in residential care outside of the country for a period of time. She is one of twelve siblings, one of whom is deceased. In the study, Sophie's infancy was characterised by unpredictability. She moved more than five times before she was four years old. This continued to act as a feature in her life with repetitive placement breakdowns in foster care and residential care, which reflected continuous relationship breakdowns and repeated separations. Sophie is regularly involved in drinking and drug taking and goes missing from care. Bridget is consumed with a sense that she cannot help Sophie.

Psycho-social features; death, loss, helplessness, separation, grief, abuse, neglect. Sophie's relationships with the systems she is involved with are considered to be of a frightened, chaotic and aggressive nature.

4.4c Summary

The families share commonalities in their intense experiences of loss, separation, relational deprivation and the repetitive crises characteristic of their lives. The lack of family support in the Rowntree and Rose family was common across the Moone, Hockedy, Monty, Friar and Clearwater case. Isobel Moone, Helen Rowntree and Jane Rose depended upon supported accommodation or homeless services to live. No family owned their own home, or had gainful employment. Most parents lived far away from their birth families. The families moved frequently, sometimes outside of the local area and back again. The lack of predictability and consistency within their relationships and parenting was also found in the way they lived and moved in their communities.

With very few of the families experiencing any kind of positive relationship, their reluctance to trust that a relationship might be reliable and containing was evident in

the case descriptions (Howe, 1998). Their lack of trust was reinforced by the organisational climate and working conditions which limited opportunities for relationships with social workers to be supportive and long lasting, and the workers were acutely aware of this.

4.5 Decision making

A key theme pertained to the weight of responsibility associated with decision making, particularly concerning the separation of an infant from his or her parents, and, decisions about infants on workers' caseloads who remained in situations where they are subjected to neglect or abuse over time.

Decisions pertaining to separation were not exclusive to removing a child from their birth family; workers were also taken up by decisions to separate a child from a foster placement or residential placement (WDG9, 3, 5). Furthermore, workers revealed considerable anxiety about separating and reuniting parents and children in contact, feeling particularly conflicted about decisions pertaining to the frequency of contact (WDG1, 9).

Workers faced practice challenges linked with these dilemmas, these included managing uncertainty (WDG7, 5), ongoing monitoring and risk management (WDG1, 2, 9) and challenges in working collaboratively (WDG2, 6). Cases requiring decisions to be taken often involved a high number of stakeholders, with social workers experiencing a sense of overwhelming responsibility alongside diminishing authority. Decisions were influenced often by the responses of the professional network and the court system. The task of decision making and associated practice challenges left workers feeling incompetent (WDG8, 4, 5, 1, 9), ashamed (WDG2, 3) and isolated in their work (WDG4, 7). Other experiences included feelings of power and powerlessness (WDG1).

Finally, dilemmas associated with decision making, and their concomitant fears and anxieties were couched within an increasingly risk aware organisational and political environment that was perceived as critical, isolating and as giving priority to

standardisation with regard to decision making practice and engagement with families (HIQA, 2014).

The manner in which decisions were taken were intimately linked to the patterns of relating that characterised the family, worker and professional system. Reflected at the beginning of the chapter, this study found that problems within families evoked similar problems within social workers and within teams.

4.5a Patterns of relating

Distress, violence, aggression, and neglected and abused babies arouse anxiety, and it is extremely difficult to contain and handle this type of anxiety usefully. The more anxiety-provoking the situation the more difficult it is for workers to hold onto their thinking capacity and relational skills. The case examples below demonstrate the ongoing, dynamic, relational dimension, associated with decision making in this context.

Monty

The presentation of the Monty family in Seminar 6 reflects the intimate relationship between risk management, decision making and interagency work. Jessica is allocated this case when the older children are in care and the younger children are at home⁴

‘...when I took over, the social worker who was allocated was afraid to visit the house due to the father’s level of aggression so the only professional seeing [the toddler] was the public health nurse every few months...initially ...I spent hours listening to how [the parents] felt wronged by the previous social worker...six months later the mother gave birth to twins; at this point I had concerns about their ability to interact with their toddler. I didn’t observe them playing with

⁴ Some of the details have been changed, but there are limits to this, in keeping true to the dynamics and the practitioners work and responses. In the unlikely event of reading this, clients might recognise themselves. As others have concluded the risk is unavoidable with any certainty (Balint, 1964, Woodhouse and Pengelly, 1991).

her, stimulating her, providing boundaries, I was worried about her eating in the house. So I applied for, and was granted, supervision orders. The parents were very angry with me; they began to disengage...I noticed that the mother was more attentive to one of the infants...it became apparent that there were difficulties in the relationship with [the other], she called him [harsh names] and the other infant her [precious angel]. My concerns were that the infants were being left to self-feed...we were worried the babies weren't being stimulated and that they weren't being dressed warmly enough for the weather...I didn't want to miss the window with these babies. The children were referred to psychology...they were referred to physiotherapy...The psychologist voiced serious concerns about the parent child relationship. When the babies were six months old the public health nurse found them home alone...I continued to visit announced and unannounced. During visits I would feel anxious about what I would see, the dad was very volatile (*Jessica begins talking really fast, change of tone in voice*). From the age of six months, the twins were always lying on the floor. This was a bare wooden floor there was no blankets underneath them...sometimes their hands and feet were cold to touch. Sometimes they had damp clothes on; often it would be so cold I would leave my coat on...I repeatedly spoke with the parents about this; they ignored and eventually dismissed me. The dad smoked continuously around the children who had repeated chest infections...the children didn't babble...the toddler ...would often kick a ball against their heads, when I was there mom would try and correct her, I wondered what she did when I wasn't there...the [children] all have developmental delays (sighing)' (WDG5;6)

Jessica takes us with her as she enters this home and she shows us her struggle to make sense of what is going on as she begins to assess the risk. In her opening statements, she reflects upon the historical concerns relating to Rob. In the passage when she gets close to describing her interaction with him I note a change in her

tone and speed of voice. Jessica's interaction with Rob is having a disproportionate influence on her thinking and on the task that she has (Smith, 2010, Cooper, 2015, Ferguson, 2005, 2007). Rob's aggression and demeanour continues to play a significant role in Jessica's engagement with this family.

Possibly provoked by the family's defensive position, Jessica begins to invite others to work with her in attempting to further support this family and perhaps to split up the task and reduce her anxiety associated with her home visiting and assessment experiences (Agass, 2002). The presence of the court in this case adds to the complexity and the splitting up of the task and professionals further, and the feelings associated with the family;

'I was in court constantly...the judge had huge sympathy for the parents. He was monitoring the case and in all honesty was monitoring the department...brought me into court every few weeks. I would highlight my concerns; the parents would present very differently in court to how they would present at home visits. They would speak softly and cry, for a year and a half this judge continuously leaned towards the side of the parents, and said [once] that he was aware that there was a potential risk to the children but he wanted to give the parents an opportunity. I cried on the way home after court that day... (*Breathing quickly*), During one home visit during the Christmas break...the babies were completely unresponsive to us, to our smiles, to our voices to toys to any kind of stimulation. The mother put one child on the floor, she fell back onto the floor, and didn't make a sound, she didn't move or attempt to get up, she lay there like a lifeless doll...The public health nurse was very distressed and questioned me about why I wasn't putting the children into care...there wasn't enough evidence...I would feel anxious [visiting], most of the days the dad would be standing over me and shouting aggressively. The babies and the toddler never took any notice...One day I called to the house and the dad refused to let me in, I could hear him yelling...I could hear him screaming at

his partner not to allow me in. [Maeve] who was about two years old stood inside the front door, I could see her through a glass panel.' (WDG6; 8).

These parents and Jessica are in opposition in this defensive and adversarial climate. Jessica's experience is remarkably similar to the children's struggle to have their distress communicated and listened to. The family's unconscious communications are projected into Jessica 'taking root' and she is experiencing them bodily as indicated in her breathing and crying.

The courts position in the inter-professional hierarchy is significant. Despite the fact that the judge has not seen the children he is afforded the greatest power and status compared with Jessica who was directly involved with the family. This exaggeration of hierarchy is found in Reder and his colleague's systematic review of child death reviews (1993; 74), and in Taylor's study with groups of child protection social workers (2008). Interestingly in the Irish context, is the fact that unlike other European countries, family law cases in Ireland are heard in general courts by judges who mostly do not specialise in child and family law (O'Mahony, 2016).

This case embodies difficulties that require considered thought and Jessica is without this support and then she cannot seem to communicate her distress to her managers and to the court, perhaps reflecting something of the quality of relating in the family. This is of course more easily understood in hindsight and at the time that Jessica was engaged in working this case she has no space in which to process these experiences. Thus she, the parents and the children are worse off. Additionally, Jessica's experience with the family and her decision making processes are intimately connected to the patterns of relating between her and other agencies;

'...The psychologist and the physiotherapist became stronger in their [changed] views that the parents had potential...and advocated strongly in meetings, I would highlight my concerns, they would minimise each one. They would highlight how the system was failing the parents and how we needed to give these parents the opportunity

to look after their children. When I voiced my worry that the father was being aggressive in the house and the impact of this on the children, they told me that he wasn't hostile to them. They told me that perhaps I had created this atmosphere in the house....my visits were a source of stress to these parents who were trying their best (*breathing becomes shallow, sighing*). I was told I was wrong in saying that the father was shouting, *shit*, (*pause*), he simply talked loudly because of [his nationality] and background...I was to listen more...I wasn't listening to them...I wasn't to antagonise them, that I was to speak softly to them, that I was like the police because I kept [visiting]... [and] it was unfair of me to call unannounced. I still called unannounced to the house but I did lesson my visits...I began to wonder if I was being negative and unfairly harsh on the parents, I began to doubt my opinion....The father would always argue with me and disagree with what I had said; he appeared controlling and domineering over the mother. She was visibly tense in his presence...towards the end of the case I was so used to the father's abuse, but I was also very aware from the other professionals that I shouldn't stress him out. One day I visited with a colleague who had never met the family... ..my colleague said that the dad was intimidating and menacing. I thought she was being a bit harsh...I realised that I had started to normalise his behaviour' (WDG6; 8-9).

The pattern of Rob and Vivienne's relating to one another and to their children is carried across and into their engagement with services. It is reflected in different professionals experiencing Rob as very nice and kind and others experiencing him as aggressive and frightening (Preston-Shoot and Agass, 1990). The Monty's have developed an ambivalent relationship it seems with the professional network, both attracting and repelling professionals (Hardwick, 1991, Bower, 2005) and this is also reflected in their parenting. The parent's ambivalent feelings towards their children are marked and extreme. This is witnessed by professionals involved with the case where some observe play and positive engagement between them and others neglectful engagement.

It seems that unintentionally the workers take up polarised positions in relation to the children and the parents (Reder et al., 1993, Britton, 2005), as tension continued to grow between professionals taking a step back to consider their positions became less possible. The dynamics operating within this system represent a clear example of how the key elements of a parent's internal world are transmitted to individual workers and become enacted between workers and across the professional network. The deep feelings of this family are evacuated and projected forcibly into professionals and felt by all those working with the family. The intensity associated with engaging with this family has a powerful and pervasive splitting effect on professional teams. The parents' anxiety and stress and any possible poor parenting is directly associated with Jessica and her presence and process of relating to them.

Utilising the concept of projective identification, the anxiety and volatility that Jessica experiences coupled with her fear of Rob are likely to reflect Rob's feelings of anxiousness and fear about the task of parenting and about engaging with Jessica. Rob and Vivienne's unconscious need is to make the present relational encounter with Jessica 'fit into the psycho-dynamic structure of a previous one' (Mattinson, 1975). What Jessica brings to the relationship must be split off it seems in an effort to confirm Rob and Vivienne's views of the world and of themselves, possibly as insignificant and useless. This is lodged within Jessica and she is preoccupied in this seminar and others with feeling guilty and not good enough.

Rob in particular feels victimised, believing that he and his family are misunderstood by social services and this is taken up by the court and professionals in their view of the social worker and the parents. Similar to Ruch and Murray's study the assumption here is that Jessica will take on the responsibility for taking up the position of 'the baddy', so members of the professional group around this family are configured into goodies, reflecting a splitting of the system (2012, Klein, 1926). This is felt by Jessica as she articulates in a later session;

'I think the perception is that social workers take children from their families and that goes against everyone's natural instinct. There is

just this perception that we are the baddies and people love baddies’
(WDG7; 12).

The trouble with these polarised positions and patterns of relating in practice is seen in Jessica’s considerable struggle to consider any of what the other professionals might be thinking about the family which might contradict what she believes to be true. Attempts at linking or thinking about the family together are attacked in the presence of powerful projections by the parents and in the absence of a space to integrate feelings and thoughts (Bion, 1962, Rustin, 2005, Mattinson and Sinclair, 1979). The kinds of defences present in this case are held closely when people feel under threat (Trevithick, 2011), but a reflective environment could provide an appropriate setting for these to become relaxed (Ruch, 2007). What is misplaced then is an awareness of the complexity of the whole, the anxiety and defences remain, while the limits of knowledge and control are not faced.

Jessica’s perception and her experiences are recognised as one sided and caution should be applied to them obviously, but, the sense that Jessica is left with, is the feeling of not wanting to work together with these agencies again;

‘...*silence*...I dread the thought of reworking another case with her’
(WDG6; 25).

That alone presents very real problems for the next family. The findings particular to the case presented here, reflect something similar to what Rustin describes in her evaluation of how agencies collaborated in the Victoria Climbié case. She suggests ‘different professionals were relating to one another as strangers as if they were members of alien organisations, not as members of a multi-disciplinary professional community sharing a common commitment’ (2005; 13).

Friar

Bridget described her sixth visit to the Friar family in seminar 4. The couple have been involved with social services and the case has been transferred to Bridget with a history of Raquel not engaging with the previous social worker and openly lying to

her. There is a history of domestic violence culminating in Olive ringing the guards while Jeffrey was attempting to get into the house while drunk. Bridget has not met Olive yet because Raquel has not allowed her to - it is after five when she gets home from school. Bridget says she has not pushed this yet as her fear is that Raquel will pull back from engaging with her and will get 'rid of her'.

Bridget is attempting to build a relationship with this family while also carrying out an assessment. Their patterns of relating reflect issues of trust on both sides which are intensified; it seems, because of Bridget's role. Bridget reflects upon her reluctance to be open and straight with Raquel;

'...she trusts me, she spends a lot of time giving out about the previous social worker, the PHN, and she knows I am concerned about the safety of her children. She doesn't know that earlier I was part of a meeting where it was agreed that the guards would keep an eye on the family. I don't trust that she is being open and honest with me, I don't trust in her ability to keep herself and her children safe. I leave again worried a knot in my stomach. I am trying to maintain and build a relationship with her so I can get a better understanding. I am worried that I am not doing enough in the face of the damning history. I am worried too for me that something bad is going to happen... (*Silence*) (Bridget, 11).

The patterns of relating across the system in this case are important to how decisions might be made. The family and the professional system around it have become fragmented with split off feelings about the history of domestic violence, the history of the parent's relationship and Olive's experience. The bad 'bits' about the family are held by the previous social worker and Public Health Nurse, and Raquel is anxious that Bridget holds onto the good bits and she is invited to collude with Raquel in not noticing or paying attention to the possible reality. This results in Bridget not communicating with Raquel about the extent of her concerns which caused her to contact the Guards.

In his paper *Counter-Transference in a Case Conference*, Roger Bacon describes a professional system immobilised by fears that the knowledge they have about a family is 'dangerous or explosive', to such an extent that it prevents them from wanting to openly communicate with the family about this (Bacon, 1988; 193). The result is that the children and their experiences recede from view and the parent's true destructive feelings towards their middle son, in Bacon's case, are denied or cut off (ibid). Bridget is nervous of relating openly with Raquel, for fear of being removed from her position in the family;

'...Raquel has been quite open with me in saying that yes she lied and the reasons she lied...she felt she wasn't listened to...what I am struggling with is that it is a fragile relationship...struggling to make sense of it, to get in there and see what's happening. Treading on egg shells...if I say the wrong thing that very quickly she could shut down and I could be like the public health nurse and the social worker before and be criticised and be out' (WDG4, Bridget, 12).

Bridget is positioned in a way with Raquel, where she is somewhat silenced, similar to Raquel's experience when she is the victim of domestic abuse, and to Olive's experience in this system of being cut off from Bridget and silenced. The impact of this is reflected in the patterns of relating, resulting in further isolation for Olive and Raquel, ensuing in their experiences being 'sealed up in the workers individually' (Bacon, 1988; 198). Bridget's worry about being 'out' of the family, is couched in wider concerns about not having enough evidence that the family situation is serious enough to elicit formal (court) or informal (management) support for her to be in the home. Perhaps also the function in Bridget's struggle is to maintain some sense of herself as being 'good enough' in the eyes of the family and the system. She is straddling both systems.

4.5b Summary

These case examples reflect the tension for both workers in managing the needs of the families within a constraining legislative child protection role. Acutely aware her

narrow safeguarding role; Bridget fears that any challenging on her behalf will cause the family to shut her out. This will leave Bridget in a position where she is without the necessary evidence to reach a threshold for formal support of her engagement with the family. In this position the possibility arises where both the court and the family reject Bridget.

The nuanced psycho-social mechanisms that are complex, subtle and non-linear, that described the patterns of relating above, including the effects and outcomes they generate, require a sophisticated theoretical model. In attempting to understand the working of the minds here, and the patterns and mechanisms of determining influence, some researchers have helpfully engaged with chaos and complexity theory, which has evolved out of this (Shulman, 2010, Rustin, 2001, Moran, 1991, Stevens and Cox, 2008). These theories can be usefully applied to the child protection system, and Cox and Steven's use the theory's concepts of emergence, dissipative structures, bifurcation and attractors, to do just that (2008). This thesis, unfortunately, does not offer the unlimited space to discuss these theories in great detail, but the reader is referred to Schulman for an excellent example of how Chaos theory is combined usefully with psychoanalytic theory to explore complexity in families like the Monty's and Friar's.

4.6 Women. Social workers and mothers

The findings from this study suggest that there are deep emotional dynamics at play in the encounters between women social workers and the women in the families they meet. This is particularly associated with the role of mothering. In this regard it was almost impossible for them to maintain a physical or psychological boundary between home and work;

'When I come to work I forget about my own children, its only when I go home, or on the way home, I start thinking about them, that's the only way I can cope...I have little munchkins waiting for me at the gate, my son said to me a couple of weeks ago 'sometimes I can't remember what you look like so I look at the picture on the cabinet',

that nearly broke my heart (she laughs)' ...its difficult. But when I go to work, work just consumes me' (FI, Charlie, 4).

'...I have got children who are actually the same age as these children. So it's very, it makes it very personal. It's very upsetting reading that kind of stuff...the little boy is [same age] as my youngest son... (FI, Ciara, 6).

Proximity to pain and neglect was felt acutely by some workers. In seminar 7, Katy presents the Hockedy family, she describes Jasmines chronic neglect and her fear that she might die. During the presentation, Ciara who is pregnant, is crying. The interaction captured below reflects the intense feelings of anxiousness that Ciara is possibly holding onto in listening. Her own likely feelings of worry about her own unborn baby are intertwined with her social work role. The following interaction ensues;

'What was happening for you Ciara as you were listening to Katy? I noticed you were upset' (WDG7; Nicola, 20).

'I just started to feel a bit panicky, it's funny what Charlie said about feeling sick, I started to feel sick. Like I was going to get physically sick (Ciara begins to laugh) ...I am very emotional at the moment anyway' (WDG7; Ciara, 20)

'You are here with your own baby?' (WDG7, Nicola; 20).

'Ya (*laughing*)' (WDG7, Ciara, 20)

'Hard to listen to' (WDG7, Nicola, 20)

'Ya (*becomes upset*) I am going to start crying now, I'm sorry (*Ciara begins to cry*)' (WDG7, Ciara, 20)

'Some of us are mothers and aunts and have new babies and nieces' (WDG7, Nicola, 20)

'Have a tissue' (WDG7, Bridget, 20)

'Bridget is good for the tissues' (WDG7, Jessica, 20)

Group laughing

**‘Being in this work as a woman and as a mother is really hard’
(WDG7, Nicola, 20).**

The anxiety in the group rises dramatically at this moment, as they engage with this thought of mothers and women and social work, and its many possible meanings for the work. The group’s anxiety is evident, and they employ laughter it seems in an effort to regulate their emotions (Gilgun and Sharma, 2011, Trevithick, 2012). This is followed by an almost immediate relief, Ciara lets out a sigh and leaves the room momentarily to get a drink, before returning and reengaging. The provision of the reflective space in allowing Ciara to project her feelings and then to progress to thinking is recognised as important in studies with social workers (Taylor et al., 2008, Smith et al., 2003) and nurses (Skogstad, 2000).

4.6a Assessing mothers

In social work assessment spaces where parenting capacity is under inspection, any negative feelings that a mother might have towards her children must be denied. Caroline⁵ introduced the Reagan family at initial interview; Nancy Reagan is a mother to four children. Three of her children are in care following chronic neglect and prolonged periods of hunger. Caroline removed her fourth baby Melissa at birth. Nancy pleaded with Caroline to allow her to keep Melissa until she had been weaned fully from the medication she was prescribed because of her exposure to drugs in utero. Nancy agreed to hand her over then to care. Apparently, Nancy changed her mind a couple of weeks later asking for Melissa to be returned to her. Nancy told Caroline that she would find Melissa easier to care for than her older three children who were in care.

Caroline’s experience of these interactions evoked anger and frustration and a defensive response in her towards this mother;

‘...at the moment she is pregnant with her fifth child, all the children have different fathers... She had a fear of dying last week...there is

⁵ Caroline left the study after the first work discussion group.

some stages where you just have to cut off and I just looked at her and said, we all have a fear of dying' (FI, P5; 5-10).

In analysing the data, I was left thinking about the considerable benefits of a reflective space to Caroline in her work with Nancy. Caroline made attempts to understand how this mother could behave in these ways;

'How can someone go from so low, and now she is in a relationship again and the whole world is fine...she was asked to take her children back and she said she didn't want them...I feel like she is putting a lot of effort into outside and external things when she could be doing a lot of internal things' (FI, Caroline, 9).

Caroline meets Nancy's powerful manifestation of unmanageable maternal ambivalence. Nancy it seems, was acting in primitive ways to manage her own anxieties associated with the parenting task possibly stemming from her early childhood experiences of being parented and cared for herself. Caroline asks Nancy to consider her behaviour and to change it and to get in touch with the impact of her behaviour on her children. The idea of this baby, Melissa, and the reality of parenting children continuously, is too much for Nancy, while simultaneously the loss of Melissa evoked such desperation in Nancy that she felt she must have her returned (Reder et al., 1993).

In presenting Nancy in this way, Caroline may have been defending against her own overwhelming feelings towards motherhood (Taylor et al., 2008, Featherstone, 1997). Caroline uses her authority in her role to distance herself from the pain that Nancy experiences (Palmer and Reed, 1971). A necessary defence if balanced with an appreciation for Nancy's position. Caroline's sense of responsibility, and at other times anger, reflect a real tension between care and control in the work (Reder et al., 1993). Issues of care and control are present also for Nancy, who may have grown up with unresolved dependency needs, and conflicts about control. It seems that this mother, as a result of her own mistreatment and abuse, had decided that relationships are dangerous, and to get close and depend on someone might result

in abuse or neglect. The challenges in achieving an appropriate balance in these parenting tasks, can find their way into the professional system, with workers providing long term support and intervention to some families, and trying to engage and take control of the situation they find themselves in with another family. The intense emotions and anxieties, explicit and latent, conscious and unconscious, which have pervaded this relationship, have become dynamic in the practice situation, in the absence of holding (Rustin, 2008).

In order for Caroline to consider Nancy's distress she would have to possibly consider her own distress and defensive responses as a mother and social worker. What would this mean for Caroline? Caroline's role as mother and social worker intersected in a despairing manner when a mother known to social services gave birth to a baby in a maternity hospital at the same time as Caroline gave birth to her baby. This experience was without doubt traumatic for Caroline;

'the baby was taken from birth from the mom...I was in hospital the same day that they took the baby, in a room a couple of doors down with my own baby...and listening to the crying, it was immense...you can see things, you can hear the crying, please don't take my baby...its emotionally very hard to do something like that and to be that person. It can break a mother...you could be pushing them towards breaking point. You may feel responsible for that to be honest' (FI, Caroline, 7).

The work Caroline describes doing is so deeply painful and pervasive, bringing its own anxieties which she defends against. Her own experience of giving birth was invaded by the disturbing reality of a mother and infant being separated in a room very nearby to the room that she and her baby lay in. This left Caroline with a sense that she could be responsible for breaking a mother in two, compelling her to defend against this, by using the organisation and its defensive mechanisms of time and task pressure in a way that could shelter her from having to reflect any further on these experiences in the work discussion space (Woodhouse and Pengelly, 1991, Taylor et al., 2008, Downes, 1988).

4.6b the impending birth of a baby

Ciara is considering reunification between Helen Rowntree and her children in Seminar 5. Helen is pregnant with her third baby;

‘She found caring for two children very challenging...when baby Danny was eight months, things deteriorated quickly...her boyfriend died of a heroin overdose...I am very conflicted, it is in court a lot, it is on my mind a lot, this mom, she is a very likeable person most of the time. She is very engaging; I have a really good relationship with her. But she can be very volatile, she can be aggressive, she has been violent in the past and I just think she needs an awful lot more support than I can give her. I feel like I am betraying her when I go into court and I mention the litany of incidents that have occurred over the last six months...’ (WDG5; 24).

Ciara’s trust in her capacity to build a safe positive relationship with Helen who can be volatile and aggressive is not unusual (Smith, 2006), and reflects the social relations embedded in this risk management task (Broadhurst et al., 2010), which are difficult to account for in the absence of a thinking space (Ruch, 2007). In presenting the case to the seminar group, Ciara tells us about a time she found herself alone in her office with Helen. She perceived the interaction to be so threatening that she allowed Helen to leave the office with her children, and described feelings of incompetence at not being in a position to stop this;

‘I felt incompetent that I had left the children down by not being able to protect the children from the situation...I was unsure of what else I could have done...if I tried to take the children physically it would have escalated the situation further (*sighing*) (WDG5; 13)’

Throughout seminar 5, Ciara describes a profoundly ambivalent relationship with Susie, where she finds herself in this frightening situation, where she, Susie and the children are experienced as frightened and frightening to each other. In the

situation she describes Ciara is making a decision to put her own safety first and this preoccupies her. The example clearly reflects the dynamic nature of the decisions that Ciara must make, and the anxiety provoked by her encounter with Helen, and the impact of this on her thinking and role as a mother. Following some discussion in the seminar space, Ciara engages in further thinking about her own role within this complex process;

‘I was very caught up with the mom and her difficulties and feeling sorry for her and knowing her background....it was difficult to pull apart and see the kids in the middle of it...possibly she could have worked towards reunification. But I don’t think that’s going to happen now with another baby in the mix. I think I am too close to this one. My own children are similar ages...I found that very difficult, it is good to step outside of it and think about these people...’ (WDG5; 25, Ciara)

‘You mentioned reunification. What would have to change in terms of this mother for you to be convinced that she could do it? (WDG5; 25, Nicola)

‘She does have a lot of positive attributes; she is very resilient. She is not suicidal or completely breaking down. She has come around from being homeless and having difficulties with alcohol. There is a family support worker working with her...I put an awful lot of work into it myself. It’s just not changing as you would hope to see it change...her ability to mind herself...I haven’t seen any changes’ (WDG5; Ciara, 26)

These oscillating states in Ciara and mixed emotions are often hard to get to in social work practice and go unspoken about. The difficulty is, that without some mechanism for thinking about, or challenging these feelings and ideas, the worker is left making decisions in isolation, with feelings of enormous responsibility associated with it. In psychoanalytic terms, the tendency is to split off these feelings and ignore the painful reality of many of them (Munro, 2011, Ruch, 2007, Walsh, 2008, Rustin, 2004).

In Menzies Lyth's study, she talks about the detachment and denial of feelings, where a professional must develop an adequate professional detachment, learning to control feelings, refrain from excessive involvement, and avoid disturbing identifications, minimising the interaction of personalities (1988). Ciara and Caroline's attempts at dragging themselves apart from identifying with mothers are evident. The pain of getting too close to these mothers and their maternal ambivalence, provokes defensive responses.

In an attempt to manage her helpless feelings, Ciara takes refuge in the defensive structures which allow her to pull back and get some distance from the case and to move into an assessment, omnipotent role where she can lean on the court for support and reassurance, and in doing so, developing something of a second skin for protection (Bick, 1968). Linda Davies, in her paper on mothers in the child protection system, submits that the 'practitioners' wish for omnipotence is understandable in a practice context where there is no room for dependency or vulnerability' (2008; 142). Neither social workers who are mothers, or the mothers in the families presented here, had any space in which to express their feelings of ambivalence about mothering.

4.6c The dichotomous position of mothers and infants

The role of 'motherhood' for the women in some of the families attracted services and attention which, without children, would leave them noticeably isolated. Across the cases there was an absence of a mother figure, with many of the mothers having been exposed to horrific abuse and neglect themselves. The underlying fragility in the case presentations of some mothers, gave the impression of a lack of an internal model of a containing parental couple able to process their states of emotional distress.

Social work encounters can be very frightening, and interventions like Nancy Reagan experienced, can compound her vulnerability. Nevertheless, like Helen Rowntree,

Nancy finds herself in the difficult position where the social worker becomes possibly the most predictable person in her life.

Each time Isobel Moone became pregnant, the services became concerned and involved, the prospect of mothering became too much for many complex reasons, but it was mostly Isobel who was held to account and not the fathers of the children, or her own chronic childhood history. Isobel abandoned some of her children, and found herself homeless and isolated on many occasions. She often resorted to prostitution, in an effort, we could guess, to make money, but also perhaps to bring people close, and to establish some sort of relationship, however deprived. A pregnancy, or baby, was most effective in bringing services close to Isobel, until each baby was removed, or abandoned, and she returns to a place of isolation.

Welldon, in her writing about mothering across generations, suggests that becoming pregnant and producing babies might be the only way mothers, who have suffered abuse, can convey any sense of an inner goodness (2012). There is an emotional reassurance that initially comes with pregnancy and a baby that is 'short lived and at times breaks down, especially when confronted with external pressures first created by the new baby's demands and, later on, by social agencies concerned about the baby's safety' (ibid; 383). The process of mothering engendered an unacceptable loss of self for Isobel Moone, but this was complicated by, simultaneously, a continuous need for another person, and possibly a desperate wish not to be alone, and so another pregnancy ensued. The loss is denied and attempts made to overcome the loss with a new pregnancy, or 'replacement baby' (Broadhurst and Mason, 2013). While professionals might observe an absence of conscious mourning, Bowlby suggests, that the individual is likely suffering from unconscious chronic mourning (1980; 138), and this is linked to earlier significant childhood trauma.

However, in pregnancy and after birth the attention that a mother is given is transient and the focus from services shifts to the infant as their safety becomes the concern, and so a new pregnancy might be perceived by the mother as the only way to obtain any help (Welldon, 2012). In the UK there is emerging research on the prevalence

of mothers that lose successive children to care within the child protection system (Broadhurst, 2013, Cox, 2012). There is a suggestion that a failure of state services to respond to parent's needs, particularly mothers needs either post-adoption or post-foster-care, leads to a situation where mothers only way to access support is to become pregnant again (Broadhurst et al., 2015; Broadhurst and Mason, 2013).

The account of Helen Rowntree's experience evoked conversation about the competing needs of young people in the care system who become parents, and their infants. Helen became pregnant with the possible wish to replace the children she had lost and to bring people closer to her. Certainly, her pregnancy ensured continued close involvement with social work services perhaps fulfilling an unconscious wish for a dependent of her own. Helen may have projected aspects of her own unacknowledged neediness and vulnerability into this pregnancy, in her wish to take care of this baby in the way she wished she was cared for (Welldon, 2012). These are possibilities that are not explored with Helen in the organisational structure that she meets.

The climate in which Chloe and Ciara are working makes it very challenging for them to provide ongoing support to either parent if they are without their babies. Scarcity of resources, limited time frames and large caseloads, coupled with a sense of isolation in the work, results in legitimate dependency demands, made by parents, experienced as overwhelming by the workers herein. The parent's sense of loss and grief is compounded by this further isolation. Workers communicated their sense of being stuck in the middle of supporting parents and safeguarding children, leaving them with a sense of guilt.

The findings demonstrate that talking about and considering the position of mothers and fathers was significantly less frequent as with the infants and children in cases. Featherstone and colleagues are of the view, that the prioritisation of children is couched in a context, which gives increasing attention to the early years, neuroscientific research and time limits for getting it right for children (2014). Practicing in a context of risk-averse practices, business processes, time lines and targets, parents are relegated to a secondary role with the protection of children

recognised as most important. The prioritising of infants' feelings and experiences in this group needs broader accommodation of the complicated nature of the *sentient* and task system. While it is undoubtedly linked to the legislative environment in which the interests of the child are given differential treatment (Burns et al., 2017), there are also other dynamics underpinning engagements between workers and parents that require uncovering and understanding as this study demonstrates.

4.6d the position of men

In almost every case, men took up a position of violence, aggression or control of women. Isobel Moone, Helen Rowntree, Ann Rose and Raquel Friar, experienced a myriad abuse in childhood at the hands of their brothers, fathers and in some cases grandfathers. This followed these women as they became adults and parents. For example, as a young parent Helen was engaged in a very violent relationship with the father of her children. Ann Rose continued to be on the receiving end of aggression and threatening behaviour from her father when she became a mother herself.

There were other cases outside of the 8 index families which featured issues of control and/or aggression. Charlie's example below reflects a considerably nuanced case involving a parenting relationship dominated by the father figure. This father has seven children, three with his latest partner. The mother was in care as a child. Charlie's work involves carrying out an assessment on the parent's capacity to care for the twins and she is working towards reunifying both parents with their twin girls. Charlie took over the case because this father did not get on with the previous worker;

'...it is a very contentious case...I was going down every [week] during the [parents] access...I was looking at the bond between the mother and the babies, which was very strong, whereas the dad had no interest whatsoever. ...the mother was more sensitive...these babies were born premature...the hospital were concerned because the parents weren't really coming in very often... [mom] was in care herself and she had only turned 18...we had hoped that we might be

able to transition the twins home at nine months, but it didn't work out because every time I tried to increase the [time with the babies] the dad sabotaged it... [By] constantly cancelling the access. Eventually he told me "I can't cope, we can't cope, we are going to consent to a two-year order"...I could see the dad had no interest...the poor mom is a different story she had a terrible upbringing and all she wants is a baby. She had another baby and that baby is with her but she is desperately upset at the decision to leave the kids in care...she is adamant that she wants them back...I feel for her' (FI, Charlie, 7).

4.6e Summary

These findings reveal the painful reality of women at work with other women and the complex emotional dynamics underlying encounters between them. The system surrounding both women social workers and the mothers they meet, denies their possible feelings of hatred, anxiety and ambivalence (Featherstone, 1997). In the absence of a space in which these feelings are accommodated workers can feel immense anger or frustration towards mothers. The workers herein often found the neediness of the mothers they met difficult to bear, particularly in a system that discounted this neediness in both workers and mothers (see Chapter 5).

4.7 Conclusion

This chapter has been concerned with presenting the families and workers that featured in this study. The findings demonstrate that both workers and parent's psychic systems are a contributing factor in the work. Salient family features reveal their particular vulnerability to lengthy engagement with social work services and the repetitive quality of their relationship patterns. Cases are laden with emotion and anxiety that is intimately linked with the role of these workers as women and mothers, and the decision making process they engage in. Chapter 5 will consider the nature, quality and frequency of this anxiety.

Chapter 5: Anxiety in social work practice

5.0 Introduction

Taking salient findings from the cross case analysis and against the background of the last chapter; attention will be paid herein to the nature, frequency and quality of anxiety, as it materialised individually and collectively in response to the work, and the climate in which it is undertaken.

Primary task related anxieties and their accompanying defences will be addressed. Secondary anxieties, generated in response to the functioning of the organisation as a social defence against anxiety will be presented. Under the theme of secondary anxieties and fear for the professional self, consideration will be given to the emergence of anxiety arising from extra-organisational pressures including the socio-political and policy environment, globalisation and neoliberalism (Cooper, 2010, Cooper and Lees, 2015, Christie et al., 2015).

Finally, this chapter will present findings to suggest that anxieties related to the task of working in close proximity to abuse and neglect, overlapped with anxieties about failure to make the right decision, resulting in perceived professional annihilation should something go wrong. This particular quality of anxiety evoked a *psychic retreat* as a defensive social work response (Steiner, 1993).

5.1 Task related anxiety

The close, intimate, daily work with the families described in the previous chapter caused particular anxieties in this group that are categorised as task related anxieties;

1. Proximity to death, abuse, chronic neglect
2. Social work fear of their own death or terminal illness
3. Doing more harm than good
4. The separation task

5. Dependency

The quality of anxiety was usually depressive in nature (Steiner, 1993, Klein, 1952) arousing intense moral feelings of guilt, incompetence and shame (Hoggett, 2010). Both the workers and their organisations defended against these anxieties in ways which will be presented herein.

5.1a Proximity to death, abuse and chronic neglect

Proximity to death, abuse or neglect of both parents and infants caused workers significant anxiety;

‘...it was time to feed the baby, he started to feed the baby and I just felt completely uncomfortable with that, because he had injured the baby when he had [last] fed him...’ (FI, Katy, P4; 7-9).

Workers found themselves continuously challenged in their capacity to withstand abusive, neglectful and deathly environments. Some worried that their work would take them over, resulting in a feeling of ‘everything melting together’ (WDG6, Chloe; 14). When Chloe met Isobel Moone, she was caring for Isobel Junior and was pregnant with her infant son Mark. In her first interview, Chloe speaks about an interaction with Isobel Moone Junior that was of a deathly quality;

‘... (*short rapid breathing*)...I went to see her in crèche once because there were concerns about marks on her, I walked in the door and she came straight towards me and threw her arms around me, she didn’t know me very well, it was like a dead man’s grip, I couldn’t get her off me, she was absolutely squeezing me. The crèche worker actually had to pry her hands open to get her off me, I thought that was very odd, for someone that she didn’t know...she wasn’t even two at that stage....there was huge hostility from her mother to me in her presence which never affected her...When I was in the house she would constantly look for my attention, her mother was bawling crying and roaring and shouting, she didn’t run away and hid or

anything or cry...so that worried me as well that there was never any reaction, (*short intake of breath*)... when she came into care she was a little shy and then within a few days, she came to the department again, came towards me and threw her arms around me, didn't say anything, wouldn't engage with me...did that dead man's grip again...I remember coming back telling my team leader straight away after that visit to the crèche...there is something about her that I know, but I don't know (Chloe pauses). (FI, Chloe, P3-5).

What happened to you in the moment can you remember? (FI, Nicola, P5).

'All I did was hugged her back first, I (pauses and takes a breath)...I was a bit shocked myself...I just didn't know what to make of it, I was a bit startled and then when [crèche staff] took her off me, I felt really sorry for her...she wanted to be in my arms for some reason. And it was the grip, it wasn't a hug it was a grip...I didn't really know what to make of it. Apart from something was wrong (*laughs*) (FI, Chloe, P5:7-14).

It seems that this toddler cannot talk about her neglectful or sexually abusive experience. The affective communication is projected unconsciously and takes root in Chloe and leaves her with intense feelings and emotions. This experience of a "*dead man's grip*" that Chloe described left me with the experience of being temporarily immobilised in the interview a likely reflection of what Chloe felt when being hugged by Isobel in this way.

The "*dead man's grip*" resembles an attempt to hold oneself together with desperation. Isobel Junior was communicating her helplessness and her physical need of a container in order to hold herself together. Chloe was to become Isobel's second skin in the absence of a containing mother and this manifested in her efforts to engage Chloe in creating a pseudo-protective layer; clamping eyes on Chloe and clinging to her. Esther Bick (1968) in her work on infant observation identified what she called second-skin defences in infants. In the early stages of infant life, parts of the personality are felt to be held together by the skin, which is the boundary

between the mother and infant. This provides a sense of both contact and separation and is held together psychologically through the process of containment.

When containment fails the infant, in this case Isobel Junior feels there is no boundary or skin holding her together and so she feels as if she is falling apart.

Chloe's own defence against proximity to this abusive and destructive environment was to distance herself, to rely upon technical tasks at hand. This fits in with Chloe's view of herself as 'emotionally...a bit numbed to the work' (First and final interview; 11, 3). In responding to and identifying with the strong feelings of anxiety projected into me, I redirected the conversation in an effort to create some distance, possibly mirroring Chloe's practice response (Mattinson, 1975).

The intimate observation and interaction with Isobel Junior aroused intense shame in Chloe which surfaced in her presentation of the case around her work and her engagement with Isobel's mother. She denied this shame and focused on the technical aspects of her task. This I suggest contributed to the polarisation of this mother and daughter.

Proximity to the death of a parent evoked considerable anxiety in the social work teams these workers were a part of, and were defended against in the absence of reflection. A parent on Chloe's case load died during the research project, this evoked in her feelings of despair and hopelessness. Anxieties aroused within Chloe's team were managed by crudely and anxiously counting how many deaths there had been; 'a colleague said "oh that's six of them in three months" ...it wasn't meant nastily, but there was no humanity in it...' (WDG5, Chloe; 17). Charlie shares a similar experience following a double murder and suicide in a family she was working with;

'I had this horrific case...I was told I needed chocolate cake (*laughs*). That particular case there has been more this week (*she begins to cry*) ...there has been no support and I am just exhausted (*continues crying silently*)' (WDG8, Charlie, 9).

These workers it seems struggled to engage with the sadness or hopelessness that might come with thinking about death or deprivation in the families they worked with or perhaps they did not have the emotional readiness to engage with it (Ruch, 2007). There is disconnect between the event and the feeling. What emerges in reaction to proximity to death is a type of manic defence which interferes with the capacity for genuine engagement with the reality of what is going on for families and workers. Engagement is superficial and defended and support offered is experienced as fleeting. This style of relating at a surface level with manic features is brittle and is in response to a lack of organisational containment or 'second-skin' functioning in the organisational setting (Lucey, 2015) and a defence against the significance of death (Menzies Lyth, 1988).

In the face of such dark work and where chronic states of deprivation are perceived as possible outcomes for the infant, parent, or worker, 'it might be preferable to concentrate on only the technical task in hand' (Kraemer, 2015).

The workers acknowledged that there were conditions in which they might not want to visit families because of the unbearable feelings associated with proximity to abuse and neglect (WDG2, 7, 6). For example, in seminar 6, Jessica reduced her visits with the Monty family, possibly owing to the intense projections of hatred by the family, the unbearable sight of their home environment, the aggressive responses from Rob Monty, and her identification with the professionals' feelings of anger towards her. In seminar 7, Katy describes the challenge in getting any professionals to visit the Hockedy family alone owing to the perceived threatening behaviour of the parents. The chronic conditions of the home environment might have also been a deterrent and refuge may have been sought in holding out for a second professional to join Katy in visiting the Hockedys (WDG7).

5.1b Social work fear of their own death & terminal illness

Proximity to substantial loss and death like experiences generated considerable anxiety and concern for one's own mortality and this was expressed in a variety of

ways. Both what the workers said and the intensity of emotion that accompanied their reflections was captured in the analysis (Appendix 21).

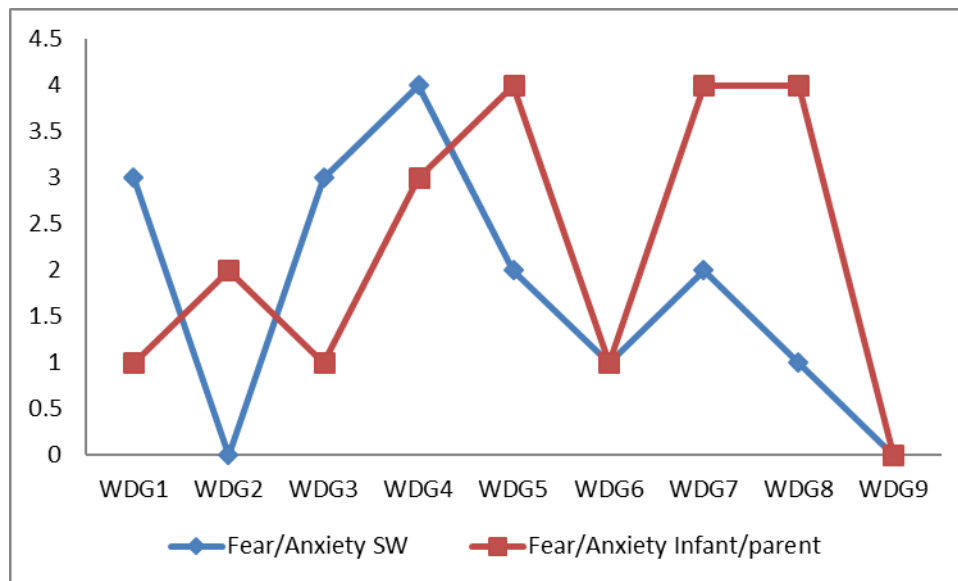


Figure 5.0

Figure 5.0 depicts the intensity across the seminars with which social workers expressed their concern for their own lives and those with whom they work with. For example, in seminar 7 and 8, the group moved very closely towards explicating their anxiety associated with their fears that the infants on their case load would die. This was inextricably linked with fear for their own professional safety. The graph reflects in seminar 5, Chloe’s intense experience of the death of a parent on her case load and her fears for the life of Isobel Moone.

Across the seminars, there was a prevailing anxiety about social workers becoming terminally ill, dying, or being injured by the families they work with. The data suggests that Ciara held onto these feelings on behalf of the group and was most consistent in expressing them. During many seminars, Ciara offered the group stories about the death, disappearance and illness of workers she knew. In seminar five she tells the group that her department welcomed a social worker who stayed for a very short time; ‘she was completely over loaded by work. She had a breakdown in work one day and had to be taken to hospital by ambulance’. This was responded to with ‘Oh God’ and ‘Jesus’, to which Ciara offered ‘never heard of again after that. That’s extreme but it could happen to anyone’ (WDG5, 20). This was closely linked

in time in the seminar to Bridget and Katy's suggestion that it is possible to be in the job and to watch children being abused and to feel part of that process (WDG5, 21). This suggests that in the absence of a consistent space in which to process the intense feelings states often being communicated unconsciously between families and workers and across the system, workers can shut off from receiving the families' messages and there is little attempt to contain them and offer a therapeutic response.

An almost daily closeness to intense levels of disturbance and hostility results in workers becoming caught up with ideas about who is neglecting who, who is dying and who is killing. The intense cumulative feelings encountered in the work may well live on inside the workers and contribute to emotional overload as is evident in some seminars (WDG1, 5, 6, 8).

In seminar 4, Ciara and Chloe discuss their worries about death and illness. Their interaction stimulates the group's discussion about a national television advertisement sponsored by the Road Safety Authority in Ireland, depicting a the real life story of a young social worker who crashes her car because she is distracted and as a result is inflicted with a lifelong brain injury (<https://www.youtube.com/watch?v=AmEIZw20ytY>). The group comment on this while laughing in an effort to regulate their heightened anxiety. Katy identifies with what she has seen of this ad;

'She had a brain injury' (WDG4; Chloe; 4)

'She had loads of things in her head, it happens all the time, you drive through three towns and you are like, where am I?' (WDG4, Katy; 4)

Group laughs

I remembered it, and I thought about what happened to me that day when I was supposed to be driving to work and I drove twenty miles out of my way. Because I was so consumed with [the Rose family]' (WDG4; Katy, 4)

Group nodding

'I hate that ad. But it reminds me for a couple of days, I worry about that' (WDG4; Chloe, 4)

5.1c Doing more harm than good

The cases that social workers brought were largely concerned with the quality of parenting that children were receiving sometimes in the context of considerable deprivation. Their anxieties stemmed from not only the expectation that they would be able to protect the infants in the family but that they would help the parents too, and make up for the deficits in the family by the provision of care or other supports. These expectations (some of which were self-imposed), inevitably pushed the workers into the role of assessor where they were passing judgement. This resulted in responses of anger, frustration, disagreement and hatred, by both families and the professional network. In this space particularly when faced with inconclusive facts, differences of opinion and the pressure of the court, workers often felt that they were doing more harm than good. Their experiences with families and professionals often got in touch with their sense of their own capacity for harm and injury to the family in the work they do;

'Sometimes things go desperately wrong in care and then we send [children] home and things go desperately wrong at home. And that's what I think about, what I could have done or should have done...I don't want to make the same mistakes again. So then I start to doubt myself. I envy other professionals who seem really confident and know exactly what they are doing' (WDG4, Jessica, 29).

Jessica's anxiety about doing more harm than good was evident also in Katy's presentation of the Rose family and finds support in the study undertaken by Woodhouse and Pengelly (1991). In an effort to defend against her feelings, Jessica begins to idealise about other professionals who she believes are more competent than her. Jessica's anxiety has a depressive quality to it emerging as an intensely guilty feeling at not protecting the Monty children quickly enough and to a lesser

extent in her brief reflection on Vivienne's (mother) position in the family. This quality of anxiety emerged again in a later seminar in connection to a different case;

'I felt [failure] hugely. I took these children into care and I put them somewhere and that placement wasn't good enough so like I had failed them twice because I took them from their parents and now I am taking them from a different foster placement... (*Extended silence*). (WDG9, Jessica; 24).

Jessica's overriding defence against her anxiety associated with doing more harm than good involved distancing herself from her colleagues, not taking lunches with them and not stopping long enough to talk with them, thus reducing any space in which to consider her work. In addition, she increased her caseload, taking more and more cases and reducing any space in which to experience the work;

'I better hurry up with this play because I have to go and do another one in another house...you're not actually there like' (WDG7, Jessica; 4).

Below Katy's conviction that she might be severing a bond or attachment between a mother and infant that she is usually committed to protecting, causes her significant anxiety. She is particularly taken up with deciding the level of contact that Ann Rose should have with her baby Jane, following Katy's decision to place baby Jane with her father;

'...I felt that contact between [mom] and the baby needed to be significantly reduced (*Katy swallows as if caught for breath*), I believed at that point that the psychiatrists' advice to supervise contact at all times was meant for the foreseeable future. I looked at research to back up my decision...I felt that contact arrangements should take account of the role that [Ann] could reasonably play in Jane's life (*breath, pause*). Sorry, this is, I don't know why I am getting emotional here, sorry (*laughs*).... (*Sorry, pause, she takes a*

drink)...oh sorry, I am lost...I felt confident that I was doing the right thing for Jane (*swallows*). I met with mom and advised her of the decision, I explained the reasons. She didn't become visibly upset but was concerned about how she would bond with the baby (*deep breath*)...on legal advice we were advised not to reduce the access until the next court hearing. [The legal team] was of the view that this was very punitive....the status quo remained...I started to feel really terrible (*visibly upset*). I think this is where the feelings are coming from now because I just started to feel really terrible about the recommendation I had made and how that had impacted on [mom]. Sorry. I just became really consumed with it (*voice shaking*)....When I looked at my own children I thought about the moments that [Ann] would miss out on or had missed out on with Jane due to my decision. I felt that I had almost made a decision that would change the course of their lives and the gravity of these decisions we make about people's lives easily, affected me in a way that I had never felt before...I am finding it hard to forgive myself. I felt in hindsight that how I had used the research may have been improper...I realise that it was very hasty...I started to wonder if [the grandfathers] anger toward me was justified' (WDG1; P9-11, Katy).

When faced with the necessity of making these ethical decisions, Katy's approach; the research she did, the other cases she recalled, and her reliance on the psychiatrist, all served as a helpful defence in minimising the despair she likely felt at the possibility of doing more harm than good (Preston-Shoot and Agass, 1990). Her efforts to be seen as a good social worker were unsuccessful and left her preoccupied with feelings of hatred towards herself. Feelings that were reinforced by the legal team who viewed her as punitive.

Katy's own conflict between the 'good' parent / worker which she aspires to be and the 'bad' parent / worker who she wishes to reject (but fears being identified with), reflects not only the conflicts of her clients, but of the society and organisation which employs her to carry out this task (Preston-Shoot and Agass, 1990).

When Irish infants and children are placed in care, having contact with their family and the frequency with which this takes place becomes a significant ethical and value laden issue, involving a number of stakeholders *inter alia*, the infant, parents, social worker, team leader, court, solicitor, family advocate, foster carer, guardian (Burns et al., 2017, Coulter, 2015). The decisions that workers and judges make in these cases are coming under increasing scrutiny (Coulter, 2015, Burns et al. 2017, O'Mahony et al., 2016). With short term care orders and virtually no adoption, anxiety pertaining to decision making associated with contact emerges as a significant finding across many cases.

The reality that pain is likely to be caused regardless of the particular decision was at times defended against. Similar to Beckett et al. (2007), a fantasy emerged that by some means a 'right decision' was possible and could be more straightforward, with enough evidence, training, or support.

5.1d The separation task

Placing a child in care is one of the most significant and sensitive decisions a state can take, a decision it outsources to child protection social workers. Eileen Munro in her writing on errors of reasoning in child protection tells us that for any human the effects of thoughts about the potential consequences for children should an initial assessment of risk be proved wrong, is the production of high levels of anxiety. And, the idea that they might be blamed for getting it wrong is almost unthinkable (1999b; 753-755). At her first interview, Bridget described her work in another jurisdiction with a parent whose child was being 'freed' for adoption. Bridget was sent to take photographs for the adopted child as memories of her birth family;

'...I didn't know the woman but I knew her story. She had been an alcoholic and she had turned a corner ...with her second child but couldn't do anything about the first child. She wanted to give me a camera just to take photographs for this child because she knew she was never going to see this child again...god even when I am thinking about it now I feel quite tearful...that's one of the things

that's better [in Ireland], if people do make changes reunification is possible...there is hope, and ok children can't sit around waiting for their parents to change...It just felt so wrong to be sitting with that woman and her daughter, [she] would never have a relationship with her brother...there wasn't anything I could do...only [take] photographs...we make such huge decisions about children and their families, and hope that they are always the right decisions...there can be more than one right decision...Is making decisions in such a short timeframe the right decision? And sometimes it is...because I have worked with children who have been just hanging on' (FI, Bridget, 4-5).

These experiences undoubtedly shaped Bridget's ongoing work with parents and children and she describes the delicacy of the work she undertakes with a family below where she is actively working to keep a mother and infant together. This mother has had two children removed from her care because of chronic drug abuse, which resulted in severe physical and medical neglect of her children who were toddlers at the time. The eldest child disclosed sexual abuse following her receipt into care. The children's father was a drug dealer and heroin user and is in prison during Bridget's involvement. Bridget describes with great sensitivity a home visit;

'I was there with [another worker] and [she] was talking to the mom and this little girl. She was 18 months old...she was standing on the floor in the sitting room and I don't know what triggered it. But she was suddenly standing there quietly with tears streaming down her face...Her mom didn't notice...I drew mom's attention to it and then her mom comforted her...I saw this little girl this morning with her mother and she's very happy and placid. She is still with her mom. Mom is just at the end of the treatment stage...and it's been very significant for her...I think there has been huge learning for her...she was never parented properly...She was [abused] as a child herself...huge responsibility if [I] get this wrong (sighs). The mom had spent a week in prison a few different times there had been a

few separations between [them]. I remember the solicitor saying you should go for a care order you'd probably get it, and I [said] I am not sure that's the best thing for her. I am very fond of the mom there is something very likeable about her and she genuinely loves her children...wants to do what's best for them...' (FI, Bridget; 10-11)

Nicola 'I am struck by what you know about the case and your resolve in terms of this mother and infant. Where does that come from? What are you thinking about as a social worker when you are giving this a chance?

'Hope, I think I do have hope...I can see potential...there is something about this woman. There is something endearing about her...she is a survivor and if she can just do what it is that she needs to do. She is parenting now which she wasn't with the others. I think that is going to be a huge challenge when this partner comes out of prison. Maybe things will change then but she has got something...maybe I see the child in her...and I am listening this morning [Bridget visited before the interview] to her talking about taking responsibility for her actions and acknowledging all the lies and the guilt and shame she feels because of what she had done to her children. There is also the cynical voice in my head thinking, so this language is addiction therapy language, but there is an emotional capacity there in her that I think she can give this child what this child needs right now...If I don't believe that people have the capacity to change I am not sure I could do this job...I also see that to separate this little girl from her mom, what is that going to do to her, is what mam can do with the supports and with the learning and growth, is that good enough? ...you can put a child into a foster placement and that's not necessarily good enough' (FI, Bridget; 12-13).

Bridget's home visit and subsequent reflection reveals the stamina and commitment required to engage with this family given the history and present circumstances. Her engagement with them reflects the very practical aspects of what could be considered sound ethical practice (Lonne et al., 2016), that is closely aligned to what Hingley-Jones and Ruch describe as relationship-based practice that encourages workers to 'look beneath the surface in order to understand and feel' (2016; 236).

Below Katy's anxiety about the task of separating parents and children is embedded in a myriad of complexities that cross the family, organisation and inter-agency system;

'this [parent] killed somebody...I have been thinking all the time do I have the real picture here...does she need to present with injuries before I do something...would I be destroying them by removing them they are getting older now, it's just so difficult the sense of being alone with it all' (WDG4, Katy, 20)... 'It's really confusing, when you are presented with a picture that looks happy...the children look happy they are affectionate with their parents, they are well behaved, and they are smiling. Yet you have all this information that makes you think they couldn't be happy (Laughs)' (WDG4, Katy; 24).... 'Even though part of me feels...I know I have enough [evidence] there. There is part of me feeling, should I be doing that then?...the picture over the years is probably shocking...nothing very recent of severe violence. I don't know why I wasn't prepared to push that far enough or was I wrong not to push it more...am I feeling, ok they haven't had an opportunity because there hasn't been any intervention, it's just been open, closed, there hasn't been any real relationship with the children...?' (WDG4, Katy; 24).

When Katy begins to get in touch with her feelings about this family, she experiences intense anxiety at the prospect of destroying members of this family. The strength of feeling associated with this experience and the need to create defences against it or

to retreat from it is reasonable (Steiner, 1993). Historically the organisation has defended against the painful aspects of work like this by repeatedly closing this case (Reder et al., 2004). In managing the anxiety associated with this task this organisational defence could provide a comfortable refuge for Katy, one that she could feel reasonably contented with when her work load is such that time is a valuable commodity.

5.1e Dependency

With much attention given to what are unhelpful dependency situations in relationships and organisations there is a sense that dependency 'is pathological and destructive' to social institutions (Dartington, 2010; 43). The dependency needs of the families presented are felt to be enormous and overwhelming to workers and threatening to the system. When issues of dependency emerge there is much debate about appropriate levels of dependence in relationships amongst workers.

Mature dependency is fostered in committed and long term work (Dartington, 2010), however, herein we hear of changes in workers allocated to cases, efforts to close complex cases and a sense from the workers that their time is limited to such an extent that very little relationship-based work can take place. In recent times the nature of dependency and relationship-based work is being more easily determined by organisational and extra-organisational structures (Cooper and Lousada, 2005, Featherstone et al., 2014, Lonne et al., 2016), a finding that emerges here too.

In seminar 5, the group is introduced to the significant dependency needs of Helen Rowntree which reverberate across the system. The care system that fostered and responded to Helen's dependency needs as a teenager in their provision of high levels of care and support to her have ceased. This dependable environment was removed upon her reaching adulthood, communicating a message to her that she is now responsible for her own parenting and decisions made with regard to the care of her children.

The structural inequalities Helen experienced and any previous dependent relationships are denied. This is complex however because appropriate dependence

encourages self-authority and competence and so a worker might believe that in ending the relationship they are allowing Helen to be autonomous and self-reliant (Solomon, 2010, Carr, 2001). Dartington suggests that dependency is necessary throughout life, especially in the 'management of transitions...where the individual is temporarily dislocated from the certainties of previous experience and thus more than usually reliant on the experience of others' (2010; 44). Given Helen's chronically abusive experience as a child herself her need for dependency as a requirement for ongoing development is likely to be high. Although, this is a difficult argument to make in a climate that moderates the importance of ongoing relational support.

In seminar 5, I raise the question as to Helen Rowntree's intention to become pregnant with her third child as a possible unconscious way of eliciting a response from the services to her needs. Ciara responds;

'I think so, the attention, the drama, the needing to be a part of things, I feel sorry for the children, possibly she could have worked towards reunification...I think I am too close to this one...these are people I see way too much in my job (*laughs*). Even when I don't have an appointment with Helen she is likely to turn up at the department. She is very dependent even though she can't stand me (*laughs*). (WDG5, Ciara; 25).

Acknowledging Helen's dependency is troubling for Ciara and adds to the weight of her sense of responsibility about the work. Helen's needs are experienced as endless; there is a sense that Ciara will be drained dry. Helen's attempts to access Ciara, is anxiety provoking for Ciara and she leans upon the organisational system in maintaining the parameters of her relationship with Helen. This setting includes less time with families, more paper work, audits and inspection of efficiency, and limited reflective space, and is challenged to provide adequate support and conditions for dependency to Helen or to Ciara.

Chloe's contribution in the same seminar following the death of a parent on her case load reflects her own dependency needs. She is significantly distressed at the task

she faces responding to the needs of both parents and children. Returning to Isobel Moone, she describes visiting her and finding her in an impoverished state;

'I visited her just before I went off, I brought her some food and stuff and I found her in a horrific condition...I had to go back into the office and I had to contact [hospital]. She came into the office yesterday, and she said she hates my guts but she really appreciated that visit and she felt that I kept her alive over Christmas (*heavy breathing*). I am just thinking now of all these parents and all of their needs (*sighing*)...I've got about five parents now who are on the edge. I feel like I have all of the children and I have all of this and nobody else knows about them...I just feel the burden of having that on myself. It is too much, I am spread too thin (*sniffing, crying, breathing heavily*) (WDG5, Chloe; 16).

Chloe continues that the court expects her to find homes for other parents who are homeless; and she finds it an impossible position to be in;

'He thought I would just do it, I can't look after them all and all of their children. There is this expectation and when it is coming from the judge like what do you do, oh well I couldn't be bothered? (*laughs*)...[the parents] completely hate me but they all look to me when they are in need (*laughs*) the worst of the worst, there are just so many of them' (WDG5, Chloe, 16).

Chloe's overwhelming but conscious wish to help parents can be overshadowed by an unconscious anxiety associated with this. Her attempts to suggest that Isobel and her other needy parents hate her and that she does not matter to them, reflects her efforts to deny this dependency need and a possible attachment to them (Mattinson and Sinclair, 1979). This is helpful to Isobel too, who likely wishes to deny her attachment to Chloe in the same way as she might have in her abandonment of her children.

The repetitive means that parents have of surviving attachments and separations that are carried from earlier relational templates, offer an opportunity for real learning to be taken by the worker in offering support (Solomon, 2010, Mattinson and Sinclair, 1979). However, the very nature of these behaviours and ways of engaging with the system are anxiety provoking for workers. Jessica talks about individuals who were children on her case load, who return as parents;

‘...you kind of want to hug them and look after them and put them back together again. And we can’t and ahm, I don’t know how we fix, or manage that. I find myself trying to mind the parents, and then being really fond of them and ones that hate me, I am still fond of them. Because you can understand why they are so broken (*pause*)...I have had them turn 18, and then 19 and they are still ringing and it’s really hard for them. And then we are saying actually now we are going to get involved, when you have a kid. Now you don’t have a choice’ (WDG5, Jessica; 20).

There was also evidence in the system of the erosion of situations for the growth of dependency;

‘I worked with a mom who was terminally ill with cancer and her husband had died a year before...I used to get really upset meeting her. Because she was so pragmatic and organised and never let emotion come into it. I just thought...*silence*...I remember sitting with her, there was nothing I could say to make anything better. I would just try to be practical with her, it was really sad. I remember I went out on leave afterwards and nobody told me that she had passed away, I know I wasn’t in work, but I had become emotionally invested... (*Clears throat*)’ (WDG3, Ciara, 33).

Ciara's poignant reflection of her capacity to support this mother by being there and bearing her distress was undermined in a system that did not pay attention to the significance of this relationship. Ciara is tentative about sharing with the group her sense of loss and possible guilt at not having mourned the loss of this relationship.

5.1f Dependency and the organisation

In the care system, the splitting up of the social work task amongst teams is a clear example of the organisations role in reducing conditions for dependency and anxiety. For example, the duty team accept families into the system or screens them out, the intake team carry out the assessment and the long term team continue to work with the family. If children come into care there is a child in care team for the child and a fostering team for the foster carer, when children leave care there is an aftercare team. So effectively a family could have four social workers in a relatively short space of time not accounting for the turnover rates or staff sickness or annual leave. This operates as a defensive structure allowing distancing between staff and families, and could be useful in defending against anxiety aroused by dependency;

'I probably don't get too close, I don't have bad relationships...I wouldn't be as close to children or the parents as a lot of other people would be. I am task focused...none of them would be bawling crying if I left which I like' (Fint, Chloe; 6)

Why do you like it? (Nicola)

'It's just easier on everyone, because (*laughs*). It's very easy to get drawn into cases, certain children, the ones who are entirely on their own, [they] would draw me in. [But] I just think I could be moved at any time, I could leave at any time and it isn't good for them...social workers come and go. Children...find that very tough...I think when you become the number one that's when you are entering kind of dangerous territory for them and for you. But more so for them because they have more to lose... [But] you have a couple of kids that kind of get under your skin (*laughs*)' (Fint, Chloe; 6-7).

The organisational structures provide a useful site for which Chloe's vulnerability associated with dependency can be evacuated via projection. This defensive patterning of the organisation can become embedded and internalised as ordinary aspects of practice that workers are less consciously aware of;

'...working with a family for twelve years. The same social worker with the same family. I thought it was so unusual that hardly ever happens...I thought I don't think I could manage that. I wonder if it is better to move a case on, or take a break from it' (WDG3, Ciara, 30).

In a similar vein, Ciara describes how the provision of a temporary fostering placement impacts negatively the potential for relating between a mother and her foster children (WDG3; 16).

In her first interview, Jessica talks about her experience in a system as a new qualified social worker. Without a team leader, Jessica began to use the system - as a welcome defence against the anxiety associated with the pain of the work;

'...I started to become this machine, you get a referral you do a, b and c and you move it on...In, out, in, out, in, out...I did start to lose empathy and I started to become more (*pause*), I started to see clients as them and us. I started to speak really derogatory about some clients...it's a harsh environment...you are so exposed when you come out of college...It was really either sink or swim, and (*pause*), well I obviously swam but I swam badly because I didn't really know what to do.' (F1, Jessica; 9).

The ways in which workers across the system defend against anxiety, often through their use of the social defence structure, reflects the complexity associated with attempting to change organisational cultures and practices (Long, 2006, Menzies Lyth, 1976).

5.2 Social defence structure and secondary anxieties

The organisational spaces where work was carried out had an established culture which included operational practices both explicit and implicit that provided a social defence against the primary anxieties highlighted above (Menzies Lyth, 1988, Taylor et al., 2008). These protective strategies appeared to be imprinted in the operating systems of the child and family agency as ordinary. The workers described multiple operational practices that created emotional and physical distance between them and families, and resulted in secondary anxiety. These included;

- Increased paperwork and business systems processes and reduced time with families
- Partnership Anxiety; multi-layered systems for approval in final decision making, in particular for court applications, more work being undertaken across networks, resulting in an escalation in tangential responsibility and reduction in authority.
- The introduction of agency staff, resulting in increased insecurity and anxiety about ones role
- External audits and inspections, resulting in a lack of understanding of the system in real time, and in the creation of a system vulnerable to orientating practice outcomes to match the narrow parameters of inspections

A great deal of data was available about these practices but some (e.g. caseload weighting tool) are not relevant to the central argument of this thesis and so will not be reflected herein.

The organisational culture was not immune to the influence of neoliberalism and globalisation, which sees the emergence of new public management systems, as well as a pervasive sense of surveillance and monitoring by the public and media (Burns and Buckley, 2015, Powell and Scanlon, 2016). The overbearing quality of this working climate produced anxiety that was experienced as overwhelming by

workers. I will argue, based on the findings herein, that this is persecutory in nature and is captured here under the theme;

- Fear for the professional self

A curious finding suggests that these defensive structures were occasionally used to buttress the workers defences, and so took on a paradoxical position in that regard.

5.2a Increased paperwork, systems and processes and reduced time with families

A prominent feature in modern social work systems, that was absent in Menzies-Lyth's study, is the use of information and communication technologies. Social work policies and practices, characterised by digitisation, rituals and practices (Krantz, 2010), designed to provide an enabling structure for efficient work, may inadvertently come to have the opposite effect, as found in recent English studies (Broadhurst et al., 2010, White et al., 2010).

Some of the processes and systems in place for workers were experienced as stressful, failing to encompass the range of intense feelings engendered in the interaction between workers and families. They have redefined social work practice and created secondary anxieties for workers and impacted upon their work in a variety of ways. The preoccupation with timeframes, forms and processes, push these workers towards the finish line before they have had time to integrate information with their emotional experience. However, this can be a welcome defence against the anxiety associated with the work;

'You are not really attuned with it. I suppose there is a part of you that has to be like that too because how do you do the work like'
(WDG8, name censored, 8).

One worker communicates to the group the anxiety she feels that she never closed a case off on the system;

'I had a referral on a case that I knew I had closed. But I had found out that the initial assessment hadn't been written out so I had to go back and write them...so it never closed on the system even though I had sent out all the letters and it was closed. Now I am left with a new referral on it. I feel a bit chaotic from it all' (WDG7; 6)

'Listening to you all this morning I feel as though it is hard to breathe' (WDG7, Nicola; 6)

'Ya it is hard to breathe sometimes (*laughs*)' (WDG7, Bridget, 6)

'The stress of it' (WDG7; 6).

While the digital recording of cases has practical advantages and has been called for in Irish social work practice consistently (Burns, 2012, 2009, Buckley, 2012, 2015), Whittaker believes that it can create a 'dissonance with the visceral, emotional realities of the work' (2011; 490). This is certainly reflected herein. The great speed with which the work must seemingly be undertaken, and the fraction of time spent with families, makes it impossible for these workers to slow down (Ferguson, 2008, Broadhurst et al., 2010). Bridget describes this experience;

'...I haven't been sleeping for a few weeks and there is one case taking up a huge amount of time...it's the feeling of letting people down as well. Saying I am doing things and then oops, not doing it, and forgetting...I was in at 7.30am this morning, I was the same yesterday morning and it's not making a difference' (WDG7, P2; 6-12).

Bridget's and the other workers' experiences are echoed in a qualitative study undertaken by Burns with Irish child protection social workers (2009). He found that social workers experienced a 'stress of conscience' resulting from insufficient time to provide quality care to families (Burns, 2009, Burns and MacCarthy, 2012). In this study workers often related this stress of conscience with a bodily sensation;

'It's just the worry of not having enough time to give families and space in my mind...I feel it in my chest...'

The issue of time as implicated in practice and decision-making is significant. Practices and plans were shaped by temporal concerns and impacted upon the workers' sense of achievement, their perception of their own competence and on their levels of anxiety associated with engagement with families. The workers without exception were anxious about the pace and nature of change within their organisations and the increasing expectations on them to perform in rational ways and to avoid mistakes;

'I am thinking of cases I haven't given time to and I know it's not right' (WDG9; 30).

'A child is waiting for a service because I didn't get it in yet' (WDG7; 7).

I asked them what gets in the way of visits with children and families. They suggest it is paperwork. In seminar 3, Chloe shares an experience of being out of work on sick leave but continuing to feel anxious about getting her tasks completed on time;

'There was huge stress around...high stress court cases. And it was my stomach. I couldn't go to work. I couldn't leave the house...I was in the bed and...I became progressively more stressed, because I was worried about these cases...I was sick at home in my pyjamas doing phone calls...when I think of it now I think it was a bit crazy (*laughs*) (WDG3, Chloe, 18).

'Why do you think you were at home making phone calls?' (WDG3, Nicola; 18)

'...the timing...if I didn't get [paperwork] done a child wouldn't get a placement...I didn't feel like I wasn't managing at the time ... when I look back now I know clearly I wasn't managing' (WDG3, Chloe, 18).

The impending pressure to have an answer for the court, to move onto the next case, and to get it right are all in the mix. The sheer volume of court reports caused considerable stress to workers (WDG7, 8, 5);

‘...it just takes up all of your time...I ended up preparing the night before....When I have court I find I spend a lot of time doing work at home...I have a couple of children who have come into care and I have had very little contact with them and I have been feeling really guilty about that’ (Fint, Katy; 4).

In a recent cross country study on professional’s experiences of the court system, findings revealed that Irish social workers found the requirement to continue to attend court reviews challenging, and a difficult balance to manage with their work load (Burns et al., 2017). In seminar 7, Bridget reflects that much of her time is spent writing court reports, which she is completing at home, the pressure of which is waking her from sleep. This arouses intense anxiety about not seeing children. In an Irish study; *Listen to Our Voices*, undertaken with children in care, children wanted social workers to look after fewer children so that they could ‘better engage with young people’ (McEvoy and Smith, 2011; 12).

The complexity of social work practice has been reduced to something that is considered predictable, rationale and always manageable. In reality, structural conditions are impacting on social work capacity to engage for significant periods of time with children and families;

‘...just the feeling of letting someone down. I told that child I would visit her this week and I haven’t and tomorrow is Friday’ (WDG7, Jessica, 4).

This statement by Jessica aroused anxiety in the room and was responded to by Bridget reaching for more buns on the table and saying to the group ‘I am pigging out here’. Ciara talks about the feelings she is left with;

'...the sense that you are working with people who have been let down so many times and you don't want to be the one letting them down again' (WDG7, Ciara; 4).

The cases chosen highlight the ubiquity of risk awareness and managerialist practices in the life of the organisation as it was held in the minds of the workers.

They experienced their workload as both demanding and high. There was a relationship between increased pressure and workload and feelings of isolation and lack of support. Workers experienced a dwindling sense of job satisfaction connected with a growing negative image of themselves;

'For a while I felt like I was constantly apologising to people. "I'm really sorry I didn't ring you back"... I was apologising to professionals, foster carers and families...that made me feel incompetent, I remember thinking, what do people think of me?' (FI; 7).

'There is no time to consider the recommendations you are making [about a family in supervision]. You do it, you present it, you consider those, you decide...there is no time given to what will we do here...I have the sense that I am on my own, and [management] are on their own trying to do what they have to do' (WDG9; 4).

'I feel fairly ineffective to be honest' (WDG7; 13)

Workers were concerned about missing things and not picking up on some of the subtleties in the work in the absence of a second eye on their work. Others were concerned about forgetting to complete tasks because of the workload and even forgetting people's names (WDG4). Removing any space in which thinking, feeling or reflection can take place, replacing it with practical, rational and procedural practice can feel initially safe for both social worker and organisation. However, this emotional safety has a fragility to it which workers were acutely aware of.

5.2b The introduction of agency staff

In seminar 8, following a discussion about caseloads and the pressures associated with doing the job the group began to talk about agency staff who recently joined their teams. This provision of agency staff and less structured working arrangements is not a social work phenomenon only (Bourdieu, 1998a). The introduction of agency staff, led to an implicit increase in competition, and a loss of a sense of security amongst the workers. There was a perception that agency workers had some of the worst cases but were viewed as better staff;

‘They are preferred because they don’t fight back because their contract could go’ (WDG8; censored, 12).

Working in this climate impacts significantly workers according to Bourdieu;

‘...by making the whole future uncertain, it prevents all rational anticipation and, in particular, the basic belief and hope in the future that one needs in order to rebel, especially collectively, against present conditions, even the most intolerable’ (1998a; 82).

This is important in the context of particular social work writing, which encourages social workers to stand up and collectively assert their agency. To fight for social justice for themselves and families, becomes extremely difficult in such a climate. Furthermore, agency social workers ‘with no stable status, entrusted to guide and assist families, whose social condition is not far removed from their own, are inclined to embrace and spread shared illusions’ (Bourdieu, 2001; 62). The workers described the agency staff as submissive, owing to the shifting ground upon which they are working.

‘...I see them being bombarded, bombarded’... it’s shocking’ (WDG8, censored, x)

'...preferences for the agency workers because they can essentially do whatever they want to them' (WDG8, censored, x)

'They won't say no' (WDG8, censored)

'... I can see what they are thinking...these agency staff won't be giving out or crying (*Laughs*)...there is that kind of view that we are more hassle. ...it's like a conveyor belt. They are not even getting the opportunity to be good practitioners...they don't have the time to learn. They are potentially really good, but we are churning out bad practitioners through no fault of their own...' (WDG8).

I propose that agency staff add to a generalised and permanent state of insecurity aimed at both full time workers and agency staff. The objective insecurity created by the conditions of neoliberalism and the market leads to a subjective insecurity in the workers, giving rise to a sense of demoralisation and anxiety. The awareness of the workers' tentative position is present at every moment both conscious and unconsciously (Bourdieu, 1998a).

5.2c External audits and inspections

The external audit and inspection of teams, of which the workers were a part, was not reflective of the emotional reality of their work (Howe, 2010). As a result, it takes significant stamina to remain engaged with a particularly difficult case, and distorting the outcome could be attractive;

'What struck me was that [Chloe] kept going. It would have been so much easier to...everyone was saying it was ok, just to close the case. On a superficial level, going out to a house, it kind of ticks the boxes...it took a lot of courage to keep going...the easier option would have been to just close it, and on paper it probably would have looked ok' (WDG2; 12)

The methods of gathering information about the work directly affect the depth of what is known about Chloe's experience of the case above, and Jessica describes with

clarity how it might act as a welcome defensive structure. During the course of Chloe's work with the Moone family a parent on another of her cases died. This experience, combined with Chloe visiting Isobel Moone to find her in a distressed state, caused her significant distress. When she revealed her vulnerability and requested support, the management response left her feeling highly anxious;

'I am actually viewed as if there is something wrong with me and that was my worst fear...I am feeling better now, but I don't know if it's because I have distanced myself a lot more...' (WDG8, Chloe's; 5).

What is not known about Chloe's defensive response, reflected upon above, is whether she is distancing herself from the families, or management, or both. Curiously, during this period of time Chloe's case file on the Moone family was audited externally, she never met the auditors but they assessed her file and found that it was an example of a 'good file', presumably indicating good practice;

'the file got a really good review...I felt like it was wrong because it was a fluke...but when I am saying to [my management team] that I am so behind...I am drowning in paperwork, you are going to find me there under a file some day and I will be suffocating...they don't believe a word I say. That case [file] isn't a reflection of the work and the pressure' (WDG8, Chloe; 30).

Despite her performance being measured and found to be positive Chloe is left feeling confused about what this means for her identity as a practitioner. This confusion with regard to worker identity creates a sense of insecurity. The organisational culture confirmed to Chloe that her feelings and anxieties are not considered important for practice and so these become split off in order to reduce her anxiety associated with separateness and isolation and Chloe distances herself further from the emotional reality of the work (Fint, Chloe).

This example clearly demonstrates how the climate in which paperwork and efficiency is valued promotes defensive practice. One problem of a theory of

governance by targets is the assumption that the part of the workers' performance that is measured can comprehensively represent performance in the whole system (Bevan and Hood, 2006). If we take this theory and apply it to Chloe's example, the auditing of the case file as an indicator of good practice entirely ignores the intense emotional experience Chloe encountered in working with the Moone family. It also ignores Chloe's vulnerability in this practice situation towards defensive practice, and the possible implications of this for the family.

A theory of governance by objective targets, is underpinned by the belief that the distribution of performance does not matter, and that the system is immune to 'gaming' (ibid). Bevan and Hood define gaming as 'hitting the target and missing the point' resulting in a proclivity to reduce performance where targets do not apply (p. 521). This fits in with the practice example above. Bevan and Hoods comprehensive review of the introduction of governance and targets to the NHS system in the UK, revealed patterns of work being corrected to respond to the targets set. These changes reflected improvements in certain areas, while masking the reality of the practice in other areas, which impacted upon patient care.

The use of such a governance system requires 'heroic assumptions' of 'robust synecdoche and game-proof design', which are not justified in the health and public services (ibid; 533). Social work services are vulnerable to practice distortion outcomes in a similar way. Workers internalised what matters and what is measured in their practice;

'I don't think relationships are valued as much as ticking boxes...'
(WDG5; 2).

'You are always thinking HIQA are going to come in, they are gonna open my files and be like "these are appalling", because (pause) actually I do more than I write in social work...I would have done loads of work with some families, visits and sessions with parents and kids. But I haven't recorded them in the files, so it's totally null and void, it's invisible' (FI; 6-7).

Below one worker is reflecting upon a family she introduced during one seminar, her own practice sensibility is cast in the shadow of the system I have described;

‘The purpose of the visits...am I doing them just to say that I have done this visit? Is it enough...Really was it any use? Or is it just on paper?’ (WDG4; 15)

Parton (1998) has argued that since social workers are placed under impossible demands to accurately calculate and manage risk, procedures are set up to ensure that decisions are defensible rather than necessarily right.

Bevan and Hood recommend ad hoc audits and inspections as a way of reducing the propensity towards practice distortion (2006). The workers felt they could not communicate the reality of their experiences of the system, for fear of their own professional status. For now, given the culture of perceived censorship, in respect of communicating the reality of organisational culture, unannounced inspections offer a promising resolution;

‘All these social work files [found in a social work department, in filing cabinets, unallocated]. [Reported in the media]. They are looking for social workers from everywhere else, as if the rest of the country is functioning’ (WDG8, censored, 31).

‘I would love if HIQA didn’t give notice, I would love if they just landed in’ WDG8, censored; 31)

‘but unfortunately they don’t, unless something really bad happens’ (WDG8, censored’ 31)

‘The amount of cover up before a HIQA inspection, it brought the moral of the team right down’ (WDG8, censored, 31)

‘Just make sure it looks like it’s done’ (WDG8, censored, 31)

‘Work through all the weekends, do whatever it takes’ (WDG8, censored, 31)

'Locks being fixed on cabinets that haven't worked in twenty years'
(WDG8, censored, 31)

'It's the lack of honesty, and it being a core value' (WDG8, censored,
31)

'That impacts upon clients as well. If we are not honest in our work,
are we honest with service users? And expect them to be honest
with us?'(WDG8, 31).

The narrow focus of inspections, as they are experienced by the workers, results in a partial, or episodic view of practice that is static, and does not accommodate the emotional distress that goes with the work, lending itself to practice distortion and increased feelings of persecutory anxiety amongst workers.

5.2d Partnership Anxiety

There are substantial difficulties in managing inter-agency collaboration in child welfare and protection environments not least because of the differential nature of the tasks associated with each agency, together with a reluctance to share responsibility for the 'dirty work' of child protection (Buckley and Burns, 2015). Coming together to think about families where there might be a concern about abuse or neglect of children is steeped in personal, organisational and political values. The political and policy context is likely to contribute to a myriad of institutional defences, producing a 'partnership anxiety', according to Cooper (2010).

The findings reveal an overwhelming number of incidences of negative experience relative to positive inter-agency experiences across the seminars. Workers experienced less authority and more responsibility, in situations of inter-agency work. Many of the cases revealed situations comprising frequent interactions that left social workers feeling as though they were left holding the case;

'We are looking at [other agencies] for their input to help make the
decision....they are like well that's up to ye. They will criticise us

afterwards...this is what I would have done, I feel like saying well why didn't you suggest it' (WDG1, Caroline; 26).

'People on the outside looking at you and thinking why are you not putting these children in care. I have a GP saying to me in another case sorry [this mother] is never going to be able to look after these kids what are you doing like' (WDG4, Katy, 27).

The role of the Irish court exacerbated social work anxiety in its perceived demands for the 'right' kinds of evidence to make a case on behalf of a child or family. The presence of the court in the minds of workers was pervasive and manifested at times as a blueprint for their engagement with families and measurement of parenting;

'There is a lot of pressure when you are talking about interpreting things from the courts perspective...talking about the baby being distressed for long periods of time and averting her eyes. There was lots of evidence, but I don't know how easy that would be in a court room setting' (WDG1; 17).

'...the evidence is more important when you're taking a child into care. ...what was the evidence as oppose to what you felt really' (WDG7; 28)

'We applied for a two year order because legal told us too. The [judge] asked why I didn't apply for a longer order, ok, maybe next time I will (*laughs*)' (WDG8; 26).

The tangential feature of the professional network system is contributing to a deskilling of social workers (Howe, 1992, Buckley, 2000). Coupled with this, workers are unsure of what to do in court environments and find themselves responding to the temperament of court judges and systems rather than the needs of children and parents; this finding is supported by a recent study by Burns et al. (2016/7). Furthermore, a significant gap exists between the sense of responsibility that workers feel they have and the reality of their authority. The reality it seems is that while the

initial decision might be the social workers to make the authority is not hers and lies elsewhere exacerbating her anxiety (Cooper, 2010).

Professionals and parents can respond to the power associated with the social work role with hostility. In work where the separation of parents and infants is taking place pain is necessarily inflicted and felt. In situations where parents are left feeling terribly wounded and professionals are feeling angry the question of who is to blame arises (Mattinson and Sinclair, 1979, Taylor et al., 2008). It was Chloe's job to go and remove baby Mark Moone from hospital and from his mother Isobel Moone. This was responded to with anger and hostility by the hospital staff;

'...From the chief midwife, the head nurse. [Isobel] had left the hospital, she was supposed to wait, but I understand that it was hard for her and she left...the nurse wouldn't shake my hand, she wasn't friendly towards the foster carer...it was very hostile' (FI, Chloe, P8:30). 'I know it is very emotive and they only see the mothers in the honeymoon period when they are very happy and it is only three days but, I think the communication with them, you are left feeling that you have done something seriously wrong (*laughs*). Ahm, (Pause) (FI, Chloe, P8: 32, 33, P9:1).

The projected hatred and hostility from the hospital staff resonates with Chloe and her sense of her own capacity to harm or cause injury and the anxiety associated with this. The fraught feelings she has which are associated with the separation task she is engaged in are compounded and initially denied by Chloe. However, away from the spotlight of other professionals, Chloe revealed a more depressive state of mind pertaining to the task of separating Isobel Moone from her children;

'It's not a good feeling...the fall out...you are blamed then for everything...I did what I did for those kids but then the trade-off is the parent, it doesn't feel good (WDG4; 16).

The interaction amongst the professionals involved with the Moone family can be a common feature associated with families especially the hostility and resistance (conscious and unconscious) that is expressed. Chloe's selection of this case and return to it over and over again suggests that something of these intensive feelings and states of mind were projected into her in a way that was troubling and sometimes crippling.

The intensity of the feelings taken in by Chloe here and Jessica in the previous chapter with the Monty family had a direct impact upon their practice choices, with both workers lessening their visits to the family home. To cope with the powerful emotional forces Chloe and Jessica adopted certain defences which on the surface appeared in the reduction of visits but on a deeper level impacted upon their engagement with families and agencies. In their efforts to be seen as a good social worker they were willing to shrink their authority. Dependency on the professional network was reduced to textbook practices which included ringing agencies or calling meetings to carry out 'checks'. Relationships are abandoned and possible opinions of social workers as omnipotent are held fast. Relief from this anxious interaction is sought in the social defence structure. The fallout is seen in the erecting of impermeable boundaries defended against change. Family characteristics are split up and held rigidly reducing the capacity of the network to see the family entirely. This pervasive splitting technique leads to a reduction in emphatic relationships and understanding.

Dumping

Managing anxiety associated with painful work can also result in defensive responses across the systems. This is often recognisable in the increasing number of indiscriminate referrals to social workers (Munro, 2010; 26). As a result, social workers experience overload as referred to earlier in this chapter, and noted by Woodhouse and Pengelly in their study (1991).

The difficulties faced by partner agencies in managing the anxiety associated with the families they engaged with, resulted in the employment of defensive techniques,

which were perceived by the workers as over referring and using the service as a 'dump';

'...in my previous jobs as a social worker in other areas I would never dream of going into a family's home and asking to see around...It's a unique role' (WDG2, Ciara; 16).

'I think we are a dumping ground for professionals as well' (WDG2, Bridget; 16)

'Like a sewer, a dump, shit' (WDG2, Jessica; 16)

'All the shit is there, our own shit, the families shit, professionals shit' (WDG2, Nicola; 16)

Group – laughs

'Ya, just shovelling it all day' (WDG2, Jessica; 16)

Group – laughs

'Then HIQA come and we try and shovel it really quickly' (WDG2, Jessica; 16)

Group laughing

'That's what families try to do with us' (WDG2, Ciara; 16)

'What do we do as a group here when we can't tolerate stress and pain' (WDG2, Nicola; 16).

'It's an awful visualisation when you stop to think about the dump. (*Laughs*). It's not funny' (WDG2, Bridget; 16)

'It's not funny at all' (WDG2, Jessica; 16)

For Jessica and Bridget, the analogy of them as the dumping ground was initially funny but had a deadly serious meaning (Lemma, 2000). In an effort to challenge the group to identify with the professionals they work with, I made the following observation;

'I am thinking about how we use dumps, how we flush our toilets or put out our rubbish...Do we think about where that goes? Maybe we can...relate to the idea that professionals outside of you guys don't think about where the rubbish is

going or where the dump is or what it looks like...maybe we can acknowledge on some level what it might be like for other professionals...' (WDG2, Nicola; 20)

Group silence

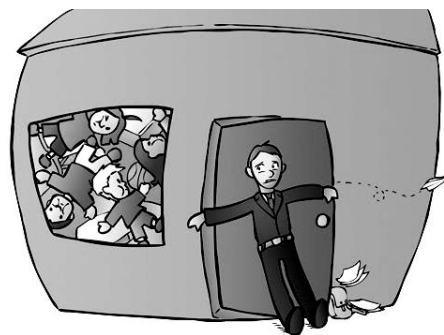
'I worked as a social worker in disability...often I would have these ongoing cases where there would be concerns but nothing huge...when it would get to the point where I would be able to make a referral to child protection I would have a sense of relief, because I could hand it on...So there was a bit of parking cases and waiting for child protection (WDG2, Ciara, 20)

'Dump' (WDG2, Bridget; 20)

'That's what we always hear, we are a dumping ground (*laughs*) (WDG2, Katy; 20)

'I think there is a lot of that dumping...I felt that I was the dump. I was expected to manage a situation and make decisions about a situation and everyone was happy for me to do that and then criticise me afterwards or during...that dump had no flowers in it' (WDG2, Chloe; 28).

This metaphor powerfully captures the fundamental issues of fragmentation and integration that exist on the boundaries of care systems. The workers continued to use imagery to reflect their sense of themselves as cut off, isolated and overloaded within their own agency. Their mounting anxiety about increasing referrals was juxtaposed with their intense feelings of isolation;



'I got this new case...It's a lot of work but I am really enjoying it. I was out with her yesterday, she is in care and we did a big piece of work...I was going home and I was [thinking], I could do fostering (*the group laughs*). Ya that's what I could do and I was at home and I was saying it to my partner "I could go into fostering" and he said "why don't you go into fostering" (WDG9; Jessica, 17).

Group laughs

'My description was this.....child protection...there are loads of people packed into a house (*Jessica begins to mimic being squashed, the group are laughing*), and we are all like this....squashed, we can't move. And there is a house over there and it's fostering, and they are all just walking around' (WDG9, Jessica; 17)

Group is laughing hysterically

'And they have air to breathe and once every five years the door opens and one person gets to go over there...' (WDG9, Jessica; 17)

Group continue laughing

'And we [say], I wanna get over there. [My partner says] "Right ok"' (WDG9, Jessica; 30)

Silence

'Adoption now there's another big empty house' (WDG9, Ciara; 30)

Group laughs

'Even emptier' (WDG9, Ciara; 30)

'There have a swimming pool and a sun lounger' (WDG9, Chloe; 30)

Group laughs

'We are like, oh look at them over there' (WDG9, Jessica; 30)

Group laughing 'And fostering are waiting for that door to open' (WDG9, Bridget; 30).

Laughing and then silence

'Agency workers, "oh this is the house you are in", and they are like, "oh what's this house over there?" then they are inside "close the door, close the door". (WDG9, Jessica; 32)

Group laughing

'Hold the door closed until they give up' (WDG9, Ciara; 32)

'We should make an estate' (WDG9, Jessica; 32)

'Head office at entrance' (WDG9; Nicola, 32).

Silence

'A big empty house. He'd be in a mansion. Locked gate' (WDG9, Bridget; 32)

'Security camera' (WDG9, Jessica; 32)

'We are all equal and he there in his mansion with a cigar like' (WDG9, Jessica; 32)

Group laughs

'Or he's just not there at all you just think he is there' (WDG9, Ciara; 32)

Group laughing louder

Silence

In their depiction of themselves in *their house*, I suggest that these workers are attempting to hold on to themselves and a sense of their worth in the face of increasing pressure on the boundaries of their system. Idealised and feared aspects of themselves are projected outwards. In the fostering and adoption house are the thinking, reflecting, self-caring aspects of themselves which they find really hard to get to; 'once every five years the door might open'. In the corporate house they have projected their anxieties associated with what their practice might have become, that of seeming like they are thinking and being but in reality they are absent. This reflects the possible confusion written about earlier in the chapter in how particular work is reinforced, and the progression of the system towards more externally validating mechanisms (Cooper and Lousada, 2005, Cooper and Dartington, 2004).

5.2e Fear for the professional self, psychic retreat and silencing

The introduction of systems and processes described herein create a drive towards a new form of accountability. Ayre describes this as 'the fear of missing something vital [encouraging defensive practice], primarily calculated to protect the system rather than the child' (2001; 897). In situations where fear for the professional self

prevails anxiety which is persecutory in nature increases and the use of defensive practice will grow (Munro, 2010, Lees, 2013). The workers feared being scapegoated, isolated, vilified, and had an underlying anxiety about being 'found out'. In situations of increasing anxiety, their capacity to retain thought for families reduced similar to other studies (Noyes, unpublished thesis, 2015, Ferguson, 2016).

In this section, I wish to demonstrate that such was the nature of the workers' intense feelings that some withdrew from anxious states associated with proximity to families and fear and paranoia for themselves. Taking Steiner's theory and Armstrong's organisational extension of the concept (2005; 75), and applying it to these findings, social workers engaged in a psychological 'retreat' when external and internal situations threatened the bounds of their capacity to contain mental pain. These retreats provide a sense of relief from anxiety which exceeds tolerable limits and the retreat is given up when the crisis is over (Steiner, 1993). The retreat is temporarily painless and serves to protect these workers, however, erodes any space for meaningful contact with themselves or the work.

Katy's engagement with and thinking about Jasmine Hockedy illustrates very well the dynamic interplay between primary task related anxiety and secondary persecutory anxiety. Her presentation reflects the interaction between her anxiety at observing Jasmine's care at very close proximity and her fear of a possible death on her caseload and the resulting damage to her professional self. This is bound up with Katy's perception that she is required to mask her vulnerability and feelings of fear and to make an efficient assessment of this case within a limited timeframe.

There is little evidence of Katy's dependency needs being met by her organisation. This is demonstrated early on with her initial anxiety about the case having been on a lengthy waiting list and subsequently assigned to her without her knowledge. The case was assigned to Katy because the previous social worker had felt unsafe. Katy's anxiety about what time and space she will have to give this case manifests within moments;

'I recently took over a case involving a baby with severe developmental delay...a four year old and a ten year old...the case was re-referred following the baby's birth...Dad had been very aggressive towards another [worker], threatening him physically and telling him that he would put him in hospital...I indicated at the outset that I didn't have space to do this however [but] my involvement had been agreed at a multi-disciplinary team...I decided I wouldn't visit the family alone for safety reasons and to make it clear to the family that we take their threats seriously and won't tolerate them...but I also felt guilty about it. I have done visiting alone before despite threats because I have felt this is what is expected...I observed the house to be dirty, the chairs were soiled, so soiled they were black...the curtains and the walls were dirty, the floor was dirty although it had been swept' (WDG7; Katy, 16).

Katy has multiple tasks to attend to and high up in her mind is her own safety. In such a complicated and challenging environment Ferguson's study revealed that the 'risk of superficial, non-intimate practice was ever present' (2016; 6). We witness Katy's strength of character in asking to see the infant she notices is missing from sight as she pulls herself back from the 'edge of being overwhelmed' to engage in the task at hand;

'...I asked to see the baby, the mother brought her in from another room in a buggy. Which was reclined, her feet were slightly elevated above the rest of her body, and she was awake...the mother said she had just woken. Her finger nails were long and they were, they were (*Stuttering*), dirty...the mother indicated that she was completing the physio programme given by the hospital. The baby was still and unresponsive, she isn't fixing or following. She is not lifting her head...' (WDG7, Katy; 16)

Such was Maud and Bob's lack of capacity for parenting their children that when it came to Jasmine they put her away into another room, split off and not thought

about. Katy's attempts to bring the family together to bring Jasmine into the room so that she could see Jasmine was responded to later with threatening behaviour, verbal abuse and disengagement. This behaviour was effective for the family historically in keeping the system at bay by forcing changes in social work personnel and other professionals with the potential effect of diluting their concerns or influencing the frequency of their visiting.

Katy's presentation until now demonstrates with emotional intensity something of the quality of experience connected to such close proximity with chronic neglect. Attending to this painful experience allows Katy to register a sense of disturbance and potential danger to Jasmine (Cooper, 2004). Rustin advises that such cases evoke infantile anxieties in child protection staff including feelings of;

'helplessness, of dependence, and deference to authorities, of not knowing enough, of sticking to rules mindlessly like a terrorized child...of fear and wanting to return to the 'normal' world as soon as possible' (2005; 13).

As Katy communicates the more anxiety provoking aspects of the case her speech slurs, she is stuttering and losing her train of thought before completely breaking down and crying. The result is that all discussion and thinking is temporarily suspended (Bion, 1962). The second visit comes after a multi-disciplinary meeting where concern is raised about the family's resistance;

'...they refused access. They shouted abuse at us saying that they weren't given this time. [Brid] asked her mother to stop or they would be taken away... (*Katy starts to cry*)...I don't know where the emotion comes from because I didn't feel like this when writing it...we agreed to leave after a period of trying to negotiate with the parents, the father shouted at us to 'fuck off ye dumb cunts', god, sorry (*stuttering and voice hoarse*)...I wondered where were [Stephanie and Jasmine]. I felt helpless to do anything...I didn't feel afraid or wasn't aware of it. I felt powerful in the knowledge that their behaviour

would assist me in getting an order. I felt their fear and the fear of [Brid]...I heard that baby P died on the 9th Centile (*pause, silence, Katy begins to cry*)...I wondered about the decision to let these parents care for a baby with such a high level of need, silence (Katy leaves the room for a half a minute)... I worry about the level of responsibility I am holding, I do feel supported on some level by the multi-disciplinary team...I am worrying that we are not taking enough time to consider decisions in our [team]. I am worried that the baby will die (*Katy becomes upset, there is a long silence in the room and she cries silently*)...and me being part of an investigation, I just worry about it, and maybe that's just me thinking too much about myself (WDG7, Katy; 17-18, 28).

We get a glimpse inside Katy's state of mind and we are exposed to her fear at the thought of Jasmine dying and her guilt at thinking about herself 'too much'. This thought has come to her as a surprise as have her intense feelings;

'...I really hadn't thought this baby could die. I hadn't thought about it before reflecting on it...to be honest it really surprises me that I wasn't aware at all that I would feel like that or that I would become upset...you are carrying it somewhere, that you don't even realise' (WDG7; Katy, 26-27).

The anxiety that Katy communicates explicitly and implicitly at the heart of her case presentation concerns a threat to herself in place of the infant and is persecutory in nature. Cooper and Lees might consider this example as 'precisely the replacement of concern (albeit anxious concern) for the [baby] by a dominant anxiety for the survival of the professional self' (2014; 244). Katy's fear is that the baby will die but the anxiety associated with this fear is initially less known to Katy and is instead experienced as something that is about to happen to her in the face of the possibility of Jasmine dying.

Katy's projection of her experiences and associated feelings into the group are received and this is measured by their capacity to tolerate her upset in their silent but attentive response and holding (Casement, 1991). We get the sense of the groups capacity to take in and identify with something of what Katy is projecting when we hear their comments following her presentation of feeling 'dizzy...I felt like I was going to be sick' (Charlie; WDG7, 19) and of feeling like they were being 'rail roaded' with information (Jessica; WDG7, 20).

The psychological demands of such a practice decision on the social worker are often not spoken about and can be 'confined exclusively to the inner psychological world of the individual practitioner' (Dwyer, 2007; 50). Katy holds her feelings of anxiety intensely and we see this manifest in her reflection that it is 'difficult to breathe'. Although Katy is making joint home visits and is part of a multi-disciplinary team, she feels isolated and is acutely aware of the 'department' in which she is working where decisions are not given enough time. The organisation in this way becomes a useful target for holding onto some of the intense anxieties associated with her task (Woodhouse and Pengelly, 1991).

The experience of visiting the family and of witnessing the neglect of Jasmine and the physical state of family's home environment was threatening to overwhelm Katy. Prior to this seminar it seemed that Katy had 'retreated' in defence and stopped thinking about this baby and the possible reality of the situation (Steiner, 1993). With the provision of a reflective space it was possible for Katy to communicate her sense of herself as positioned between her anxiety about the care and protection of Jasmine and her anxiety about the protection of herself. She found it painful to remain in contact with Jasmine's chronically neglected state and her own paranoid anxious state surrounding Jasmines potential death and her being scapegoated or worse. Below Katy attempts to make sense of this;

'...Thinking about how I felt about it, made me think about the baby in the case, and how vulnerable they were. It really made me think about that baby, and the possibility of a baby dying and how serious

the situation was...and I think it really made me move it on a bit more (Fint, Katy; 2).

Clearwater

Bridget presents Sophie Clearwater in Seminar eight, she shares with the group her fears that Sophie will die while in care. Bridget communicates her anxiety about her own safety in this practice situation. The group are anxiously eating sweets and laughing at inappropriate times in response to very serious issues raised including the chronic abuse and neglect of this child for most of her life. They begin to retreat into a position of relative safety where their previous depressive anxiety associated with Sophie's experiences and the accompanying guilt that they might have left her down as workers themselves feels extremely painful (WDG8). They begin to project into the organisation this bad part of themselves and the manager is then seen as 'covering his own back'. The group take up a third position a retreat from contact with both Bridget and Sophie and the space where emotional contact can be made has narrowed considerably;

'I hope she is in [care] until she is 18 because if anything happens to her, the finger will be pointe...they will go looking for somebody' (WDG8; Jessica, 21)

'The scapegoat' (WDG8, Charlie; 21)

'The scapegoat' (WDG8, Jessica, 21)

Silence 10 seconds

'It feels like arriving at an accident with no equipment' (WDG8, Nicola; 21)

Silence 5 seconds

'I am just thinking about what Bridget said...brings me back to the support that is available to us that we should be getting, because that impacts on us' (WDG8, Jessica; 21)

Silence 15 seconds

Experiencing myself as loaded with anxiety projected by the group into me, I register it and I wait, then I offer a thought in an attempt to offer containment and to invite the

group to engage. This seems to accommodate a shift in position to one where there is more space for emotional connection and Jessica begins to connect emotionally with Bridget's dad passing (Steiner, 1993).

This study found that anxiety associated with performance, partnership, and with the survival of the professional self was present in the data considerably more than task related anxiety. In line with Cooper (2010) and Cooper and Lees (2014), this study found that the socio-political and policy milieu based on market efficiency and neoliberal principals (Burns and Buckley, 2015, Bourdieu, 1998a) has introduced a variety of 'extra organisational forces and pressures' (Cooper and Lees, 2014; 239), which have led to an over emphasis on managing risk instead of need.

Findings suggest that profound anxieties arising in this complex context have taken root in social work at a time when the supporting structures lack capacity to tolerate such anxiety. Thus, anxiety is not contained within the hierarchy of the organisation but pushed into the frontline. A position of separation and isolation exists. Responsibility is firmly located with social workers who are further distanced from the organisational hierarchy reflecting a 'type of quarantine' rather than a model of containment (Tucker, 2015; 265). In the UK, instrumental and technical rationality guide social work assessment and Ireland is following along behind this trend.

5.3 Conclusion

Taking the collective findings from Chapter 4 and 5, the next chapter will consider the meaning and impact of the provision of a reflective space in which the workers could think about their work.

Chapter 6: Learning through experience

6.0 Introduction

This chapter contemplates the potential for and process of learning in a work discussion group (Rustin and Bradley, 2008). As a research site, the model provided a setting for the here and now study of the interrelatedness of the individual, the group and the organisation.

Firstly, I discuss the group's initial engagement and accompanying anxiety at the prospect of learning from experience. Despite initial anxiety, findings reveal that in response to a containing space, the group begin to share their most disturbing experiences associated with the work. These experiences are of violence, death and chronic deprivation. Subsequently, I consider the defensive responses that emerge in the worker in reaction to these anxiety provoking experiences. Findings suggest that these defences are enacted in the shadow of the inner world of the organisation as it exists in the mind of the worker (Armstrong, 2005). I use Chloe and Bridget's experiences to further demonstrate this. In the latter half of this chapter, I demonstrate how the group moved toward dependency, taking up positions closer to the emotional reality of the work. In conclusion, I contend that an invitation to think and feel in the context of an organisational culture that defends against this presents these workers with a borderline predicament (Cooper and Lousada, 2005).

6.1 Creating a space to think – premature exits

The task of the group was to study their work and role and to reflect on their experiences in close detail. The workers played a pivotal part in governing the status of the case material and how it was brought, including defining its limits. Delineating a boundary allowed the workers to become members their space marked and time allocated for the work to be done (Garland, 2016, Rifkind, 1994, Mattinson and Sinclair, 1979). Dynamic administration of this kind equated to a type of 'holding in mind' or containment offered to the group.

Despite the provision of such conditions, Caroline's presence and then departure captures something of the anxiety evoked in the offering of a reflective space. Her withdrawal after seminar 1⁶ evoked a defensive internal response in me and I 'forgot' that she was part of the group. I ignored the valuable contribution she made until the analysis stage and even then reflection was encouraged in supervision rather than initiated by me. In intensely painful practice situations like those Caroline described in her first interview (Chapter 4), an invitation to think and expose your feelings is perhaps a most threatening one. It is indeed comprehensible that both workers and their organisations might establish sophisticated ways of managing such difficult thoughts and feelings without the use of reflective spaces (Mattinson and Sinclair, 1979, Bower, 2005, Armstrong, 2005, Menzies Lyth, 1969, Chapter 5).

Exploring complex issues associated with the work can expose the more painful aspects of working that might have been managed in a different way up to now (Obholzer, 1994, Hulusi and Maggs, 2015, Cooper and Lousada, 2005, Rifkind, 1994). Bringing individuals together, who have hidden these aspects of themselves, can appear like everyone is pretending to cope, while beneath they are fearful of taking risks for fear of humiliation (Rifkind, 1994). Creating distance from such interpersonal spaces can serve as an effective and necessary defence. Caroline describes in practice how one family utilises such defences;

'It is very easy to fool someone on a phone...you don't want them to hear noise that's coming from somewhere...where someone inside could be screaming and shouting and grasping a real [sense of] what's going on in a house' (FI; Caroline, 3).

The methods chosen for communicating for a family or worker can convey something about what can be tolerated and managed at a particular time. The screaming and shouting and the possible reality for this family is distanced and muffled by a faulty line.

⁶ Caroline gave permission for her material to be used as part of the findings.

The experience of Caroline's leaving reflects the reality of creating a reflective space and the very real resistance to this. Her departure initiated anxiety about the regulation of the group's boundary, for example, Katy wondered whether her presentation in seminar 1 would be shared outside of the group by Caroline. She also thought her presentation might have been a contributory factor in Caroline's departure. Ciara felt that Caroline did not have the time to give to this reflective work. Paradoxically, Caroline's leaving might have given the others permission to stay (WDG3).

6.2 An invitation to feel

In the initial seminars, the idea of experiential learning provoked considerable anxiety amongst the group (Garland, 2016). Individually and collectively, the workers communicated an internalised group mentality, mobilized in the context of their organisation-in-mind (Armstrong, 2005), in which emotions were to be managed in isolation of the work. Correspondingly, this space represented a challenge to them. In seminar 1, for example, Katy's presentation of the Rose family triggered ambivalent thoughts and feelings about the wish to think and feel in work. Anxiety emerged collectively about the possible meaning of engaging in this space (Hoggett, 2015, Kraemer, 2015). This became more explicit as the seminar ended;

'We use humour a lot. As Katy was talking she was laughing a few times...and saying sorry' (WDG1, Bridget; 23)

'...we have sweets to sweeten things?' (WDG1, Nicola; 23)

Chloe is laughing while eating sweets

'...he called her a bollox. We were laughing, that's ok once we understand' (WDG1, Bridget; 23)

'...when we don't...we begin to practice unconsciously...open to punishing the adults that are hating us or punishing the children, not meaning to but we are human' (WDG1; Nicola, 23)

'God I am freaking out now' (WDG1; Chloe, 23)

'Are you?' (WDG1; Nicola, 23)

'...there are certain times when I have felt guilty, and incompetence. But a lot of the times I feel like I brush it off or keep it away and I am able to lock it away...maybe it's all a bad thing (laughs)' (WDG1; Chloe, 23).

'There is an expectation and a culture within all of our departments that you can go for support, but you are not expected to be sad...it's encouraged but not allowed...so it's hard to switch and be allowed to be emotive...I am a little bit afraid that I am going to become less emotionally detached as a result (laughs)...am I going to be crying at every case I open now?' (WDG1; Chloe, 23).

The sense we have of our relationships and ourselves and of how the world works, are the templates we carry with us to the work. In the group setting this becomes a 'precious possession' to be defended (Woodhouse and Pengelly, 1991, Garland, 2016, Bion, 1961). In this space, the workers engaged in a continuous and evolving accommodation of new ideas in the context of their internalised group model (Palmer and Reed, 1971). In this group, it was as if evidence of vulnerability or weakness was something to be got rid of or denied.

6.3 Disturbing thoughts and shared experiences

The nature of the group's communication and the intensity of emotion associated with the cases reflected perhaps their anticipation of this space and their response to its arrival. The workers brought one case more painful and disturbing than the previous and in reflecting upon this with my supervisors, we began to question whether there was a competitive dimension to the bringing of cases in terms of who could bring the worst case. This evolved into a considered possibility, that via the presentation of cases, the group were collectively communicating to me their anger at me for thinking that this group might be helpful. I was left feeling foolish at the end of seminar 3, about my somewhat idealised view, that this group would solve certain practice dilemmas.

Upon further analysis of the data, I began to piece together something of what this might have mirrored as a characteristic of the groups work in context. The idealised social work task; encompassing support, advocacy and social justice, was markedly different from the reality that faced this group of workers in their day to day practice. I often had the spontaneous thought when listening to a presentation - *Now Nicola, what will you do with that, how will you fix that?* Had we both set ourselves an impossible task (Vega Zagier Roberts, 1994), to provide safety and protection for all families, and support for all workers?

6.3a Violence in the work place

The bringing of cases marked the tentative beginning of a shared experience of disturbing thoughts and feeling, which I propose these workers had been preoccupied with keeping to themselves, for fear of criticism, shame and exposure (Rifkind, 1994). Finding a way for the group to become aware of the nature of distress and disturbance being communicated became a critical role for me (Bradley, 2008, Ruch, 2007).

Below, I want to draw attention to the impact of violence and aggression on the workers' capacity to think. In seminar 1, Katy's interaction with Michael Rose is significant in its impact upon her work. The first time Katy mentions him, she communicates something of the relational difficulty trying to contain her emotional experience in the form of words. This continues throughout and culminates in her presentation of an interaction with him that causes her significant upset;

'...On the phone call he told me that I was disgusting, dis, degrading, (*laughs*), disgraceful, obnoxious, creature...that my day would fucking come, (*sighs*), (*Katy becomes very upset and starts crying*)'....'(*crying openly*) sorry. (*Takes another drink*), sorry, (*pause*) (*silence 10 seconds*). Sorry about this.... (*Silence, she is trying not to cry*). Sorry I am just getting to the reflective piece (*laughs*), I can't do it. ok, (*laughs*) sorry, ya so he told me my day would fucking come, that I have children, and that children die in car

crashes (*takes a deep breath, silence*) (*crying*), sorry. I am just finding this really difficult (*silence, crying*), sorry, (*sighs*). I just didn't realise that I felt this way sorry...Jesus I feel like a freak, I really am sorry' (WDG1, Katy; 10).

This interaction which happened many weeks before remained alive in Katy's mind along with her anxiety and distress, which was both physical and psychological (Smith in Ruch et al., 2010). In the absence of a containing space, this man has become a huge figure in Katy's mind, almost out of control.

In this psychological space it is difficult to focus on other things (Ferguson, 2016), including mother and baby. The anxiety which comes with having her children caught up with her work becomes too much for Katy to bear. Her laughing is incongruent with her sense of anxiety and subsequent upset, but is recognised as a welcome defence providing some relief. Rather hopefully once this intense interaction was communicated Katy seemed to have made space in her writing and in her presentation to the group to connect with what was also bothering her. Remarkably tangible, the provision of a receptacle for her intense emotions to be projected into made space for her to hold a depressive position and consider the mother and infant;

'...I started to feel really terrible, God (*silence- Katy is visibly upset again*). I think this is where the feelings are coming from now, because I just started to feel really terrible about the recommendation I had made and how that impacted on the mother (*pause*) oh God. Sorry. I suppose I just became really consumed with it (*voice is shaking*). I just felt really down that I would have made a decision like this and felt really incompetent (*Katy begins crying*)' (WDG1, P10; 27-34).

Using the space provided Katy engaged in a process of '...unravelling the unspeakable...what is avoided' (Preston-Shoot and Agass, 1990; 68). Katy's movement in this contained space toward recognising and abandoning an illusion of

omnipotent control in her case, in the face of the reality of practice is progressive (Bion, 1962).

The group were considerably challenged to stay with a view of themselves as potentially harmful and in their response to Katy's presentation they were insistent that she did a great job and did everything she could (WDG1; 20). In attempting to manage the anxiety associated with thinking that they might do harm in their work they take flight from the pain associated with this because it possibly feels too great (Bion, 1961). They began to project their anxieties toward other professionals within and outside their department, for their irresponsibility in the case and their lack of support to them. This defensive management of anxiety is considered in other studies (Taylor et al., 2008).

In response to my overwhelming sense of anxiety about the group's capacity and my own to tolerate this distress, I interjected and offered Katy the opportunity to have someone else read the rest of her presentation, of course she agreed. While the content of what she had written continued to be striking this interruption by me had shifted or deflected from the marked pain and upset in the room and operated as a defence against this.

When Katy was invited back into the group she attempted to regain some of her more robust self, reinforced by her internalised model of the work;

'I think I would be the same as most people we all get abuse over the phone ...I laugh it off...I don't spend the day crying. Just so people know' (WDG1, Katy, 24).

The group begin to laugh out loud at this.

This experience played out in the group illuminated one of the organisational tensions held by the workers which the group was drawing to the surface. This is a tension between doing, thinking and feeling, with a definite fear that emerging feelings might disable the worker and the organisation. In my field notes, I reflect that I am not sure this is the right way to go about this research project, I think about

abandoning the idea and I fantasise about starting again with another less stressful research design. Something of the group's anxiety has gotten projected into me perhaps and I begin to identify with it.

6.4 Organisation in mind

The policy changes, audit culture, time constraints, scarcity of resources, and the smouldering fear of the death of a child was a constant underlying presence in the group seminars. Taking the view that emotion is a function of the 'organisation-in-context rather than simply of the individual and his or her own relationships', particular attention was paid in analysing the data to the emotional undertow of organisational life as it was communicated by the workers (Armstrong, 2005; 11). Across the seminars, the workers communicated a mental picture of their organisation in its socio-political context which was informing (and informed by) their emotional experience and behaviour.

The experiences of workers in the context of their organisation was intimately linked with the workers' sense of their efforts to help families and to seek help for themselves being attacked;

'...a worry in the agency that something might happen to her....if anything happens to her...they will go looking for somebody' (WDG8; 20).

These feelings were underpinned by a pervading sense of anxiety running through the organisation – concerned with the very nature of the primary task. There was a growing awareness of the feelings of anxiety aroused in myself in the presence of this group and their work. It was at times as if the group were caught in a pervasive emotional undertow which was greater than a matter of the particular pressures of the social work role.

The precise reason families find themselves referred to social work is because someone has anxiety about the risk presented to a parent or child or both. The thought of a child being killed or neglected provokes significant anxiety and hostility

in society, as does the thought that a social worker might prevent a child living at home. Society's ambivalent attitude to the protection of parents and children is projected into social workers. Perhaps the feelings of anxiety that pervaded the seminars, could be understood as an emotional experience that was part and parcel of the organisational life of Túsla which emerged out of and illuminated the very nature of the task upon which a myriad of professionals and families are engaged. Hutton and colleagues suggest that this is the very material of the work, *i.e.* working on the anxiety given to social work by society (Hutton et al., 1994).

The nature of the interaction between workers and their organisation as it was perceived, experienced, and expressed by them was captured in the data (Appendix 13). Some of the relationship patterns between workers and their organisations were overt and others were implicit in workers' assumptions about their role. Chloe's presentation of the Moone family in seminar 2, demonstrates how the work in the context of Chloe's 'organisation-in-mind' unfolds (Armstrong, 2005). Chloe had internalised a firm belief that her feelings and any sense of anxiety that she might feel associated with the work, were associated with weakness or incompetence (Stanley and Goddard, 2002).

In the foreground of this organisational context, Isobel Moone presented a significant challenge to Chloe and she became caught in Isobel's defence system, so much so that she felt 'bad', 'wrong' and often 'on the other side of my role' (WDG2, Agass, 2002). At the end of seminar 2, Chloe communicated her sense of shame associated with the case that she had omitted from the written text;

'I feel ashamed in some senses of how (*pause*), I suppose I (*pause*) thought about the mother because of how I was perceived by other people. I found it hard to have sympathy...I found the manipulation really tough to take and I felt very defensive about it and I wonder how that came across. Did that contribute to [professionals] belief that I didn't really have a clue what I was doing?' (WDG2, Chloe, 11).

Chloe's sense of herself as being seen as weak and not seen in the positive confident light that is familiar to her causes her anxiety. In Chloe's reflections, she is at times preoccupied with her sense of how she is seen and viewed by other professionals. The sense of shame that Chloe communicates forcefully is taken in by the group. Through the mechanism of projective identification this unmanageable feeling state is taken in by Chloe and then the group. An affective resonance is created in the group recipients whose feelings took on a sameness based on their identification. They and I begin to make the transference connections between this shame and the possible shame of Isobel junior (WDG2, 14-16).

Shame involves a conviction of failure and weakness that can be recognised in Chloe's reflections upon her engagement with the mother in this case. Parker suggests that in a shame culture 'ideas of honour and disgrace, renown and contemptibility, respect and ridicule, dominate' (2012; 95). In making the link with maternal ambivalence, Parker declares that 'the intensity of the presence of shame...determine[s] whether maternal ambivalence remains manageable or becomes unmanageable' (2012; 97). I propose that both mother and daughter in this family were externalising their painful internal shameful states and keeping them at a safe distance projected into Chloe and the professional system. The group did not make this connection with Isobel Moone and Chloe, perhaps this was too difficult given Chloe's sense of competition with this mother and the group's defence of Chloe.

Chloe's shame in the context of her organisation is suppressed and is only revealed in this group. Reinforcing this organisational culture, Bridget expresses her surprise at Chloe's disclosure suggesting social workers; 'don't go there, we don't talk about it' (WDG2, 14). However, Chloe's admission of shame allows for others to identify with it;

'What parts of my work am I ashamed of (*she laughs*)...I can think of lots and I don't know if I want to go there. It's not a nice place' (WDG2, Bridget; 15).

The group remain silent for more than 30 seconds after which Charlie who has been largely silent for most of this seminar says;

'I just realised it, is when people ask me what I do I just say I am based [in the local hospital] I don't tell them what I actually am. It's only now I realised it, I think people perceive social workers as bad people. They take children away. (*Laughs*)...I feel that I am ashamed about what I do' (WDG2, 15).

Charlie's reflection highlights the possible need to get rid of this intense feeling state and project it into the organisation. The feeling of shame associated with both Chloe's work and the task of parenting in Isobel's case, has been defended against through the process of denial at an individual and institutional level. Certain shameful thoughts are pushed out of conscious awareness because they have become too anxiety-provoking (Halton, 1994). When they emerge in the group they come as a surprise to the workers.

Despite her shameful feelings, Chloe did not disclose them in her organisation, even with her description of her supervision as 'excellent'. Bridget is perplexed by this and challenges it;

'...she feels bad, and while she talks about having excellent supervision at the end of it that's a feeling she had, that would make me feel that probably the supervision has been good to a point... (WDG2, 14).

It seems that Chloe like Isobel developed her own defensive strategies which function as a way of showing only certain aspects of herself in the work situation while other hidden parts are protected. Despite her desire to remain detached from her feelings of shame and from Isobel's, it was impossible (Mattinson, 1975; 40), and with psychological distance the feelings were more intense and stayed with Chloe longer;

'...it was how I was feeling about her and acknowledging that openly...I felt ashamed...I am always able to place [other families] behaviour in a context...it doesn't hurt me emotionally, it doesn't penetrate shall we say...this case I felt it got more personal...and I let myself down...(p. 23). 'I have never talked to any other social workers about feeling ashamed of the work I have done...my reputation is important to me, I guard that...and I felt that [this experience] taints it a bit. That people would think less of me, because I am used to being in control of myself and I didn't in this (WDG2, Chloe, 24).

Towards the end of the seminar, I ask Chloe about her supervision and her response to the groups views;

'I thought my supervision was excellent...I brought the case, the very practical stuff the evidence...I didn't bring to supervision, God I am really thinking about this woman in not a great way...It was excellent in that I got from it what I brought to it, I didn't bring the (*pause*) other stuff' (WDG2, Chloe, 25)

'The shame?' (WDG2, Nicola; 25)

'Ya' (*laughs*) (WDG2, Chloe; 25).

Chloe's decision not to bring her sense of shame to her supervision reflected her internalised understanding of what was expected of her in her role. In a qualitative study which sought the views of social workers about the role of emotions within their practice, Ingram found that a number of them felt that their emotional expressions might be interpreted as a well-being issue so they did not bring those aspects of themselves (Ingram, 2015; 908). Gibson suggests that such a climate fosters shame 'where practitioners blame themselves for poor practice, feeling stressed and ultimately feeling like they are not helping service users' (2014; 423).

Through avoidance by Chloe and her team leader acutely distressing feelings have been evaded as if they do not feature as part of the primary task. This influenced Chloe's capacity to register her emotional experiences of her work with the Moone family which simultaneously acted as a helpful defence (Woodhouse and Pengelly, 1991). In the group, Chloe's initial presentation of her written work and her exclusion of her disturbing feelings was mirroring somehow this supervision session and perhaps her relationship with Isobel Moone (Ruch, 2002). Mattinson has called this 'The Reflection Process' (1975), describing the phenomenon where the worker's countertransference is carried over to an adjacent situation and acted out. The group space made explicit an active emotional process at work beneath Chloe's presentation.

This research has shown that if these workers were not in touch with such experiences they became more vulnerable to anxiety. It is precisely at this point when they are not alert to those feelings in themselves that their subsequent decisions about families were questionable, mostly by themselves.

6.4a Silencing

The group demonstrated palpably their organisation-in-mind following the completion of this study. They and I engaged again in early 2016. I presented preliminary findings at two conferences in the UK (February 2016) and in Ireland (March, 2016). In preparation for both events I shared the slides with the group. Overall, they communicated a sense of relief that their emotional experience had been captured along with the complexity of the work. When it came to preparing for the Irish event, members of the group were anxious about whether the research would identify them. Such was their fear and sense of being persecuted if found out we agreed that there would be no pseudonyms used in case someone could make out who they were by drawing similarity between pseudonyms and real names. In addition, some statements about the nature of the organisational culture were toned down or removed altogether. I was struck by their struggle to please me and to keep themselves safe.

These interactions provided very real evidence of an organisational culture in which workers are effectively silenced an experience one of them spoke about during the seminars. Dartington suggests that 'knowledge is power and secret knowledge is all the stronger because it cannot be challenged' (2010; 21). The workers' responses were clinically familiar to me. I have met with children who feel terribly frightened afterwards; they might have said something bad about their parents. They feel terrified sometimes in a paranoid sense of what might happen to them. I was struck by these workers very apparent anxiety at being found out and telling the organisations secrets. Again, the resemblance with a child in an abusive family was difficult to ignore. Despite this, two workers agreed to present at the Southern Ireland conference. Furthermore, Chloe agreed that what she had to say could be used as part of the data for this study (Appendix 14).

The next section will reflect how the provision of this ongoing containing space results in the group moving towards the more painful aspects of their jobs and a realisation of the context in which their work is undertaken.

6.5 In search of dependency

For social workers to have the best chance of containing families and metabolising the anxieties projected into them they need to be in a depressive mode at least some of the time in order to get in touch with the families' feelings (Hingley-Jones and Ruch, 2016, Obholzer, 1994). This requires conditions for dependency and containment. It took time and energy for these workers to test out one another and me and to be freer in this environment to reveal what was happening in their work.

Seminars 5, 6 and 7, are characterised by their attempt to situate themselves in the reality of their work, the pain and suffering and death that they meet in their jobs, and the individual and organisational systems that struggle to tolerate that (Preston-Shoot and Agass, 1990, Parton, 2008). The group move towards a depressed state where they wonder what the work is all about and ask the question 'are we really helping?' The workers share a realisation that the 'human' dimension of the work is being eroded and of their growing sense of themselves as being party to that. They make

positive demands upon the group for their emotions and distress to be contained (Rustin and Bradley, 2008).

During Ciara's presentation of the Rowntree family I become aware of an intensely anxious state that is lodged in me. Through the mechanism of projective identification I have begun to identify with Chloe's intense feeling state. What is communicated is Chloe's acute distress at the death of a parent on her case load. I feel unnerved, like I have no sense of the seminar, I am not the facilitator and I am not sure how to get back on track. Chloe's unconscious communication is received by me and I attempt to understand it and get in touch with it. As the presentation continues, I notice Chloe crying, the group are watching and Ciara continues presenting. While I feel an immediate sense of relief in myself, I now begin wondering what is happening and how I will facilitate the containment of both the content of Ciara's presentation and Chloe's state of mind. Directly following the end of the presentation, the group move immediately to discuss the content of Ciara's presentation and I say the following in my effort to hold onto something that Chloe is trying to communicate;

'...Maybe the easiest thing would be to move straight onto the content...I think the feelings are probably the right place to start' (WDG5, Nicola, P15; 14-20)

There is silence, both Ciara and Chloe are breathing heavily. Then Chloe, having taken back her originally unmanageable feelings of distress, shares with the group her experiences of a parent dying over the Christmas period;

'...I just thought about the mother in that story. I had a parent die before Christmas and I have a number of other parents who are on the edge. And I just feel like, that the burden of all that is just on me at the moment (*she begins to cry*)...the judge looked down at me and said Chloe will you try and sort accommodation for her...I have already gotten her five places' (WDG5, P15; 21-24).

The pressure to engage in compulsive work, having introjected societies and the judge's needs and injunctions not to fail, creates a sense of low morale and anxiety for Chloe and the group. There is silence amongst them, Chloe continues to cry and again we hear about Isobel Moone and Chloe's sense of feeling completely overwhelmed by her state of deprivation and neediness over the Christmas period. The intensity of emotion that Chloe brings is overwhelming initially and I feel tears prick the backs of my eyes. Rustin suggests: 'the pain to which the worker who pauses to watch closely can be exposed to is often startling' (Rustin and Bradley, 2008; 17). I take a drink and a deep breath and begin to register the distress and emotional experience as a form of communication from Chloe. The sense of despair feels like it is too much but I notice myself actively staying with Chloe. There is a connected silence in the group and I begin to sense that the group and I are tolerating Chloe's distress.

Having been on the receiving end of Isobel's unmanageable state of mind Chloe is thrown into a sense of hopelessness. The connections between what is happening for Isobel Moone and what Chloe is experiencing becomes clearer. Isobel's move towards dependence on Chloe and Chloe's move towards dependence on the group, is possibly frightening to them both. The search for dependency across the family and organisational system is palpable.

There is a transformational aspect to Chloe's engagement in the group that I observe. Her use of the group and her move towards increasing dependency on the group and myself, reminds me suddenly of the responsibility I have in this changed relationship. I am comforted by what Dartington says: dependency is a 'necessary element in the management of transitions throughout life, where the individual is temporarily dislocated from the certainties of previous experience and thus more usually reliant on the experiences of others' (2010, 44). At the time, I offer this view to Chloe, aware of the sudden power dynamic between us;

'You have a formula for how you are as a practitioner...Is being part of this process challenging your formula? ...you were worried previously here about what people might think of you if

you were crying...if you weren't the Chloe that we might know that is so brave and so sure' (WDG5, Nicola P16; 10-15).

As the group progresses, Chloe becomes more silent and withdrawn, possibly in defence of her realisation of her vulnerability and dependency upon the group. I make efforts to make this explicit;

'I am thinking about how Chloe is going to manage today, she might think that we all think she is weak or not able...she has probably reached a point in her own development and her own experiences in a group like this' (WDG5, P28; 14-17).

Chloe says immediately 'breaking point' and the group laugh, I respond to this and say '...we won't completely burst into pieces when we feel so overwhelmed...we can come back from it. You will probably be on everyone's mind today [Chloe]...' (WDG5, Nicola, 28). Katy interrupts me to say;

'...Chloe's experience at the moment it's just so overwhelming, it just struck me' (WDG, P28; 26-27).

At this point Chloe is crying. Katy goes on to speak and I am wondering now if she refers to the work or to this group space;

'It can be so upsetting. You just think, god what am I doing here. You don't know if you want to do it anymore' (WDG5, P28; 29-30).

I take the opportunity to say this in light of Chloe's despair and experience in the seminar;

'We might be afraid of getting to this point, where [Chloe] is at ...it can be really frightening. The fear is will I come back from it?' (WDG5, Nicola, P17; 28-30).

As I speak these words, I am thinking about my own fears in this regard and perhaps the need to say this is for the group and for me. The need to consider the intensity of the emotions associated with the work and their impact and the great need to defend against them once again emerges. Chloe's parting comments were;

'I have always loved my job...over the last six months so much has happened. I am just afraid the next time that I won't come back (*crying*). I won't go back to the work with enthusiasm, and if that happens then I will be miserable' (WDG5, Chloe, 29).

Chloe did not make seminar 6. She had a valid reason not to attend but I did wonder upon further analysis of the data, was this reason valuable as well as valid?

6.6 Social defences against anxiety and dependency

As a consequence of the emotional intensity and seriousness of Chloe's experience of the death of a parent, she brought to seminar 5 as outlined above. Chloe relaxed her defences and increased her dependency upon the group and then her organisation.

Long suggests that emotional expression and vulnerability, 'especially viewed negatively as a sign of weakness or aggressiveness, may give rise to organisational defences' (2015; 41). In seminar 8, Chloe communicates what happened when she went in search of dependency in her organisation;

'I left here, and this group that day, I could have literally cried for two days. Drove past the office, just could not do it. I rang my team leader and told her I couldn't come in and I can't do it. I took a week off and then went back and talked about what was going on. We worked a few things out, and even though that was technically the right thing to do in that situation, it's come back to bite me a little...it's viewed as I am crumbling under the stress and weak...I am actually viewed now as if there is something wrong with me, and that was my

worst fear and it's now being realised...I am feeling better now but I don't know if it is because I have distanced myself a lot more now or whatever. But I am never telling them anything again. There is no point. Before I would have thought they would have considered me a solid member of the team, and now they think there is something wrong with me. (*Silence*)' (WDG8, P5; 2-22).

There is an emotional reality which underpins the work which is being denied in this interaction between Chloe and her organisation. This is to do with 'managing vulnerability' in relating to workers and in the relations of workers to parents and children (Dartington, 2010, Hutton et al., 1994). In keeping with the relationship patterns illuminated in the data, Chloe's relationship with her organisation is one where feelings are 'void'. This evokes a sense of anxiety and isolation in Chloe and a potential for omnipotent practice (Collings and Davies, 2008).

I begin to realise that the provision of a work discussion space albeit as a research project to social workers is costly especially when the organisation is not fully involved (Obholzer and Roberts, 1994). I am feeling surprised at myself that I had not fully considered this; I am also feeling desperate in response to what Chloe has experienced.

I maintain a space for the group to respond and they talk about how managers are without support too, how would they know how to give support or recognise the need to foster mature dependency. There is a lengthy period of silence and then I offer something to the group and to myself by way of trying to understand what is happening;

'...we know from being in this group how difficult it is to tolerate being upset and hurt...the [experience] that Chloe is bringing here...It must be hard then to believe in this process ...and to hold onto it when you leave' (WDG8, Nicola P6; 13-26).

'...If we just keep ploughing on and keep all of those feelings that are unconscious. We are not going to be present for children' (WDG8, Bridget, 7).

Katy raises a concern that without conditions for vulnerability or thinking, social workers risk missing a lot and retaining unconscious intense feelings without thought;

'It's very easy to go there. I will work as hard as I can, that's what I was about before this group. But you miss a lot you just plough on, go go go. (WDG8, Katy, 7).

As seminar 8, progresses Chloe's anxiety re-emerges;

'...when [management] are sitting around discussing you...I am thinking how are they going to view me in the future, how is this going to affect my career. They will be thinking God we won't go near her, we won't ask her to do anything she might crumble (*sighing*)' (WDG8, Chloe, P7).

Chloe's crisis provoked a collective shared identity amongst the group, with accompanying thoughts about how they perceived levels of support. Chloe discusses the seductiveness in not thinking and just doing the work and the pain that comes with a particular quality of knowledge about oneself in the work;

'...the perception of me as there is something wrong with me, and then I come here and I think there is nothing wrong with me... It is so wrong that people have to pretend and plough on and be viewed in a particular way...I am cross that I know that. I wish I didn't know that' (WDG8; 29).

Chloe acknowledged the impact of the grief associated with the death of a parent on her capacity to think and practice effectively. However, she was met with a highly defended organisation that took in her anxiety and fed it back to her with a message

that they could not tolerate it. Significantly, she heard that her vulnerable and anxious states in response to the painful nature of the work were unacceptable, reinforcing her and the groups model of their organisation-in-mind. In the absence of containment, Chloe's frightening states must be pushed back inside giving rise to overwhelming anxiety (Agass, 2005) and becoming a 'nameless dread' (Bion 1967; 116).

In response to such feedback from organisations, practitioners are encouraged to deny their own feelings as they struggle to maintain a rejection of the human experience of social work in order to be seen as coping (Morrison, 1990). This can leave practitioners with an internalised sense of themselves as being inadequate rather than questioning the sensitivity of the organisation (Gibson, 2014). More concerning in my view is the workers' susceptibility to being anaesthetised;

'...I was a bit numbed to the kind of work I was doing and it brought all that to the fore. When you are thinking about all this (laughs)...I wouldn't be hugely emotional about stuff...definitely I was entirely numbed I think, and I am not as numbed now' (Fint, Chloe; 1).

I suppose this could be a defence? (Fint, Nicola, 3)

'Ya, ya' (Fint Chloe; 4).

These workers have developed individual sophisticated methods in which to manage the work under particular organisational conditions. These methods or defences have necessarily included a significant moderation in their capacity for emotional tolerance of complexity and associated anxiety that comes with engaging with disturbed families (Cooper and Lousada, 2005).

6.7 Learning through experience – Bridget

In this section of the chapter, I wish to present a partial account of Bridget's experience of the work discussion space. In particular, I hope to illustrate how the containing space served to support Bridget allowing her to express her vulnerability and considerable anxiety about her work and associated defences.

Bridget described her position as a seasoned worker who often took the lead in cases and provided support to peers answering their questions and offering guidance. This space presented a challenge to Bridget to let go of the more comfortable position she held in previous work group situations. I suggest that as the seminars progressed, what was becoming apparent were her vulnerabilities or realisations that her initial view of herself and her own capacity within a group situation could be different to what she had imagined. What transpired was Bridget's use of the group as an individual member when she passed the responsibility of concern for others in the group to the group and to me.

Bridget served a particular function for the group in the beginning. She took up a hopeful position as they despaired about Ann and Jane Rose, and their separation and subsequent distressing contact meetings;

‘...for a five-month old baby there is so much hope and potential...so we might be finding this difficult...I think it is difficult but there is hope, a long term solution that is going to be in the baby's best interests’
(WDG1; Bridget, P19).

Bridget holds onto these more hopeful ideas in a bid to keep the group buoyant, and in an effort to defend against the painful anxiety associated with listening to Katy's presentation and state of mind. Perhaps the group's survival in these initial stages was reliant upon Bridget as an all knowing leader that they could depend on (Bion, 1961). The data suggests that being 'hopeful' and providing this interpretation was serving another possibly defensive function for Bridget in the context of her organisation-in-mind;

‘It's just so hard to go there ...not having the space to process that to think that out. To actually be able to say I am afraid to go there...maybe I am afraid to think about what it's like for that baby...I don't think we get the space to (Pause) acknowledge our fears...(WDG1; Bridget, 22).

She invites the group to consider that it is a very difficult task for her to think about a baby's distress (WDG1). Bridget's pattern of engaging with this space and her reluctance to let go of her knowledge and to move towards 'being' with the experience becomes clearer. I became interested in Bridget talking about being reflective and the need for reflective spaces at a cognitive level and the possible protective function of this (Gould et al., 2001). Talking clearly and comprehensively about reflection was noticeably different from Bridget's engagement in the activity of reflection and being, which involved for her pain and conflict at times (Bion, 1976, WDG3, WDG8).

As the group advances, Bridget's expectancy of the group to meet her demands for dependency increases much to her and the group's surprise. As the seminars progressed, she made a subtle but considerable move towards using the group, leading the way for others in the group to consider similar possibilities in this regard (Katy, WDG7, and WDG8). For example, Chloe's engagement in seminar 5 influences upon Bridget's sense of herself in the work;

'Sometimes I look at the world with rose tinted glasses and I do try to be optimistic and be hopeful and sometimes that's covering up all the other bits it's just too hard to let out (pause) clinging onto the little positives and that's just something that we might not be able to do anymore' (WDG5, Bridget; 27)

In seminar 7, Katy and members of the group are crying. I say to the group: 'I notice that you were visibly upset as [Katy presented]'. There is silence and Bridget says 'that sense of panic, that is what happens when you open the lid and who, who minds you' (WDG7, P19; 25). I take this to be a direct communication of Bridget's emerging anxiety about what happens in a space when you relinquish your internalised, defensive but equally helpful, ways of managing. Bridget and I engage in the following dialogue, which findings suggest, results in a shift in Bridget's thinking;

'I feel disappointed but I don't have the energy to give to anger. Trying to make others change. I don't think any of us can. Despite how much we have tried' (WDG7, Bridget, P25; 16-17)

'I am interested in that feeling from you Bridget, because as the group has progressed, sometimes your modus operandi has returned to being active. I have noticed that when you or the group are feeling hopeless, it's finding a way to push that aside and get active' (WDG7, Nicola; 25).

'I do you are right, I try and change things, I'll try and change something. Learning over the years that I can't change people. I can only help people to be the best that they can be. I don't think I have the energy to give to this, because I can't work then if I am angry at the organisation' (WDG7, Bridget; 25).

This conversation is intense and immediately after Bridget's comment, Ciara talks about a social work colleague who was almost run down by a client. I cannot help but make a connection between how Bridget might be feeling as a result of my comments. In the next seminar, Bridget communicates that our interaction has stayed with her;

'I thought about that a lot...sitting with those feelings, difficult feelings, I'm sorry' (WDG8, P1, 2, 30, 1). (*Bridget becomes visibly upset and is crying*).

Bridget felt able to express her vulnerability. This came as a significant surprise to the group and to Bridget who continues; 'I think the last time was really, really hard. (silence), I don't know what I was going to say' (WDG8, Bridget; 2). I ask what in particular was hard;

'...it's something I had known about myself, but you said it back to me that, how I tend to operate is by doing and being active. And I

know that's true and it's how I cope and it's how I am still here...and even when you said it to me I said something stupid afterwards, even as I was saying it I was thinking to myself, what a load of shite...trying to be optimistic all the time...the experience of getting yourself reflected back to you...this is what we should be getting...not getting feedback is hard' (WDG8, Bridget, 2-3).

Bridget goes on to articulate a sense of her vulnerability in the work, namely her flight into activity and fixing as a way of defending against the painful anxiety associated with working with infants and parents. I say the following to the group;

'This group is getting harder perhaps...the idea of having a group is nice, but it's very hard work to be here it seems' (WDG8, Nicola; 19-21).

Members of the group are nodding. I ask the group what it is like to see Bridget become upset;

'it's a side of [Bridget] you don't often see, to be honest (*laughs*)...it makes me think, you really thought deeply about it because it is unusual to see you get upset, you hold it together most of the time, all of the time (*laughs*)' (WDG8, Katy; 3).

The workers continue to talk about the positions that can be taken up in work groups and in a group like this. There is recognition of the position that Bridget takes up but also the positions that are taken up in response to Bridget's position. This allows Jessica to speak about the position she takes up in work groups and teams of silence as a form of distancing and defence against anxiety.

Bridget thought about her propensity to stay hopeful at all costs and suggested that this was a defence that she needed to hold onto. Bridget's accommodation of her own vulnerability was long and challenging and had a developmental quality that is

supported by the work discussion model (Bradley, 2008). She captures this subtle but important difference in her experience;

‘...Until this group I haven’t had this experience of talking in this way and listening to other people and it gives [me] time to listen and not think about what will I say here, how will I respond here’ (WDG6, Bridget, 22)...‘Part of it is being held. And I think that’s what you have done in a way that [in our reflective group] we haven’t...it’s like you are holding us, you are going to check in...if someone is finding it difficult you are aware...its containment’ (WDG7; Bridget, 9)...I am one of those people, I am thinking I am going to have to answer this back now, and I didn’t have to’ (WDG8, FI Bridget).

In her final interview, Bridget reflects upon a built up defence in her practice;

‘...the bit which probably I already knew but maybe I have a more awareness of now is how important it is to be connected to what’s going on emotionally...How much I can suppress because there isn’t a space to go with it ...watching my son cry and really envying his capacity to just cry and let it all out. And wishing I could be more able to maybe cry sometimes. Because I don’t, sometimes I think that maybe if I started I just wouldn’t be able to stop, or that there is nobody really who will be able to hold me, or contain it (*silence*)...’ (Fint, Bridget; 4)

Bridget’s internalised group model was meaningfully challenged in this space as is demonstrated herein. On the one hand, Bridget wishes to retain a sense of identity and continuity in the work and in herself which means limiting the extent to which the ego is disturbed by the group environment and the feelings they arouse for her (Palmer and Reed, 1971). Nevertheless, she demonstrates her impressive reflective capacity to engage in the task of adapting and with that comes a certain threat of disturbance but also development that she recognises in herself.

6.8 The borderline predicament

These social workers were offered a containing space where they could engage and make emotional connections with their work. However, the space is offered in a working climate that does not accommodate this depth of psychic engagement. Thus, the workers face a psychological predicament, do they emerge from positions of distance from families' experiences to consider them or do they remain in their positions in order to maintain some work order, defences and all, in the climate they describe?

As this project evolved, I began to consider the perceived risks to social workers in attempting to engage in this space and I wish to conceptualise this as a borderline predicament (Cooper and Lousada, 2005). The previous two chapters have demonstrated that these workers have taken up a position to varying degrees within a Borderline organisational system. As a result of a combination of the anxiety associated with the social work task, the organisational climate, the workers own personal experiences, and the absence of a space for containment, workers are occupying positions of relative 'psychic retreat' or borderline mental functioning;

'...characterised by a retreat from engagement with mental pain in favour of a life lived in the emotional shallows' (Cooper and Lousada, 2015; 52).

The degree to which they have 'retreated' from engagement with the emotional complexity of the work, is related to the distance that is created between them and the families they engage with psychologically speaking and to the relative tendency for intense, unprocessed projections and the use of social defence structures.

One of the aims of this space was to widen social work capacity for emotional engagement and reflection and increase capacity for emotional tolerance for conditions such as anxiety and dependency. The work discussion space facilitated a connection between the symptoms families and social workers present with and their source. The space is concerned with the evolution of changes in perception of

worker and parent/other. This space provided time and appropriate conditions for the workers to enhance their theories and extend their competence.

The aptitude for this progress to be sustained however is evidently dependent upon the organisational conditions for containment and dependency, as has been realised herein. It is proposed that if vulnerability or the need for dependency is seen as something to be gotten rid of or denied, the experience 'will go underground, become exacerbated and erupt in less manageable forms' (Hutton et al., 1994; 194). This will and is having serious consequences for families.

6.9 Conclusion

This chapter, together with the previous two chapters, has attempted to demonstrate the realistic impact of the provision of a sustained reflective space for social work practitioners. The findings from these chapters will provide much food for thought in Chapter 7 when I put forward ideas for practice in contemporary social work practice.

Chapter 7: Conclusion

7.0 Introduction

The findings of this thesis will now be presented through the prism of three key concepts, each of which relates to different aspects of the experience and practice of child protection social work.

- **Social anxiety and defences as inextricable from social work**
- **Emotions as part of the work**
- **Mature dependency as a necessary condition for growth in social work**

7.1 Social anxiety and defences as inextricable from social work

Social work is politically positioned between the individual and the state (Parton, 2000), with workers authorised to intervene in the intimate lives of children and families (Child Care Act, 1991). The work is hotly contested with much ambiguity as to what are the expectations of society with regard to social workers. Their task is to support families in finding helpful solutions to difficulties, and, if this doesn't work, to provide safety for children. They must protect children without infringing upon the rights of parents. This intimate work, undertaken within an organisational setting, is anxiety provoking in itself, but is also the site for periodic escalation of public moral anxieties, for example, following the death of a child (Hoggett, 2013, Cooper and Whittaker, 2014). Consequently, when we talk of emotions in social work practice, they must be understood as social and not belonging exclusively to the individual social worker or family. This study found that emotional experience is anchored in social systems of meaning (Hoggett, 2013), often laden with hostility and contradictions.

Social workers carry out a function on behalf of society in their work with children and families, essentially reducing public exposure to chronic abuse and deprivation (Preston-Shoot and Agass, 1990). The majority of society project aspects of parental behaviour that they prefer not to address, into those workers, who for their own psychological reasons, are willing to bear them (ibid, Zagier-Roberts, 1994).

Thus, the child and family agency and the social worker, become the site for powerful social anxieties about immoral behaviour, or child abuse, or parental deficits, which have become less repressed in recent times with our growing sophistication as a society (Ferguson, 2004).

As a result, social workers bear the brunt of the stress associated with this frontline practice. The organisation must be equipped to support social workers in containing their own individual anxieties, as well as containing the anxieties of society and the extra-organisational pressures of the market economy. I have discussed in chapter 2, and demonstrated in chapters 4, 5 and 6, how an organisation and its workers might respond to such pressures and anxieties (Menzies-Lyth, 1988).

7.1a The times we live in

The emergence of new democratic forms in a 'post-welfare state' world is reshaping the landscape of governments and organisations (Powell and Scanlon, 2015, Krantz, 2010, Cooper and Dartington, 2004), and social work practice has been redefined to accommodate such changes at a local and global level (Bourdieu, 1998a, Featherstone and Powell, 2015). Increasing compartmentalisation and delegation of social responsibility to designated organisations is a symptom of a society focused on, and convinced of its ability to eliminate risk and uncertainty in every aspect of life (Beck, 1992). In the context of underfunded services and increasing demand (Buckley and Burns, 2015), conditions emerge in which responsibility for quality and governance is pushed downwards in order to locate accountability for failure outside the sphere of government (Bourdieu, 1998a, Dartington, 2010, Cooper and Dartington, 2004, Tucker, 2015). These developments have contributed to a more objectifying discussion about social work practice including how efficiently the task can be completed without mistakes. Social workers find themselves 'doing' the work on a much more regular basis than 'thinking' about the work or 'being' in the work (Hingley-Jones and Ruch, 2016). These are recognisably contemporary social defences (Krantz, 2010).

This pervading culture results in a dumbing down of explanations for child abuse and neglect and for poor social work practice (Irish Examiner, 2016). For example,

parents are seen as wholly accountable for the abuse or neglect of their children, in the absence of considered discussion of the structural context in which this occurs (Buckley and Burns, 2015, Featherstone et al., 2012, Featherstone and Powell, 2015). In cases where children are found to have been left exposed to abusive parenting for too long simplistic explanations of individual error have been sought with devastating consequences for social workers (Laming, 2003, Baby P, 2009, Powell and Scanlon, 2016). There is a continuous challenge in reconciling the effects of structural conditions on parenting and professional behaviour, and accommodating the relevance of particular characteristics within the individual as contributing to the quality of social life for children and families.

The organisational and socio-political climate is ever-present in the minds of workers in this study interacting with their work and their sense of security in complex ways on a daily basis. This is reinforced by external audits based upon the things that are 'done' rather than what is thought about or 'felt' (HIQA, 2014), creating conditions for the realignment of practice based on what was being measured. The realities of defensive practice occasionally emerged in an overemphasis on documenting practice, and over intervention in families (increasing visits as a defensive response to fear of blame). Defensive practice took on a psychological regulating function in an environment of deep uncertainty (Whittaker and Havard, 2015).

This study found specific organisational defences *inter alia*; the provision of agency staff, external monitoring and inspection, increased systems and protocols, distancing from families, and reduced spaces for thinking and feeling. This supported a preoccupation with reports, paperwork and in behaviour that ignores the emotional reality of practice. These features were visible and resilient, and as a result, their relationship to primary anxiety was more ambiguous (Hirschhorn, 1995). Some fit smoothly and naturally in the workers' mind and manner of working (Chapter, 5, Bourdieu, 1998a), and were sometimes recognised as legitimate and inevitable (Cooper and Lousada, 2005).

In addition to this are the ever present highly publicised deaths of children and public condemnation of workers which are indelibly etched in their minds. The thought of

being involved in a public inquiry, or serious case review, was a central source of anxiety. In this pervasive climate, workers felt isolated, unsupported and anxious about making a mistake.

In this environment, the impact upon workers of the emotional material they work with was especially intense (Menzies-Lyth, 1988). The reluctance to accommodate pain, anxiety and fear in the work creates a situation where social workers are increasingly separated from their managers and families. This has significant meaning for families who are thought about less and less in terms of their 'whole' experience – the environment in which they live, their histories, and the presenting issues. This distancing from the experiences of families and workers is recognised as a form of depersonalisation by Hirschhorn, who suggests that it is recognisably neurotic in its presentation: 'we act out and stay out of touch with reality by discounting the reality of other people and ourselves' (1995; 67). Within this cultural climate, the meaning of work is becoming progressively less clear, and as a result, workers found it increasingly difficult to find reparative opportunities within it, as evidenced in Caroline's interview and in seminars 1, 5, 7 and 8.

7.1b Intimate work

When given an opportunity to bring case material workers brought the same cases repeatedly. The workers had evidently deeply internalised these cases. The psychic systems of parents and workers alike were found to be central to the chosen case. The families held a deep significance for the workers and were closely linked to their sense of themselves in their work and their tendency towards defensive practice – which was at times unconscious.

The workers shared experiences that were raw, emotional, and highly personal, and conveyed the unpalatable nature of being so close to chronic abuse, neglect and deprivation. In the face of the powerful projections and unprocessed emotions of both workers and families and frequent exposure to intense levels of disturbance and hostility, workers were left at times confused about who was doing the neglecting. This was inextricably linked to the meaning attributed to their task by themselves, the families they worked with and other professionals. These intense emotions and their

impact upon the work and the worker was not engaged with prior to this study, rendering workers vulnerable to repeating ways of working and responding to families, and across professional networks (Rustin, 2005).

By participation in work discussion groups, workers came to recognise the inherent ability of a family in crisis to get into the worker. The absence of a robust theoretical model for this process to be made explicit in a way which is conducive to practice improvement became evident. Then, the family invaded not only the worker but the professional network, splitting up professional systems and reducing capacity for coherency (Bacon, 1988). In the absence of any space in which to consider the work, professional networks were not alert to the dangers of reproducing the behaviour of families in the inter-professional network (Rustin, 2005). Furthermore, professional's inability to tolerate emotionally disturbing situations resulted in social work becoming a convenient site for their projections (Woodhouse and Pengelly, 1991). This was particularly evident in Chloe's interaction with the Judge in seminar 5 and Ciara's reflections in seminar 3.

Decision-making was shown to be a significant source of anxiety for the participants of this study. As women and mothers themselves, the task of separating mothers and infants left them feeling deeply guilty, highly anxious, with some identifying with the hatred of families and professionals towards them. These workers operate in a system whose history was one of extremes of intervention (at the hands of the Catholic Church) and non-intervention (following the Kilkenny Incest case; honouring the primacy of the family unit following the constitution) (Ferriter, 2004, 2009). I argue that separating mothers from their infants awakens dormant feelings of societal guilt and shame which get projected into social workers. I further contend that in the context of unprocessed intense emotions, workers are vulnerable to lengthening the exposure of some babies in families to abuse when separation is necessary. The absence of a space in which to acknowledge and confront the effect on practice of such factors is conversely having a detrimental influence on the lives of mothers, fathers, infants and social workers.

7.1c Temporarily painless

Social workers were significantly impacted by their proximity to neglect, abuse and death. This experience was conveyed in nuanced ways and through numerous defences such as projective identification, denial, splitting and psychic retreats (Steiner, 1993). Of significance to this study, was the employment of a type of psychic retreat by workers. Anxieties related to the task of engaging with abuse and deprivation interacted with anxiety associated with making a mistake. In the absence of conditions for mature dependency and containment, intolerable states of mind were produced in the worker, which caused them to retreat psychologically. The outcome of these defences enabled social workers to maintain some distance from the unbearable anxiety and pain experienced in the work. This position was temporarily painless, but offered no real security, and growth and development were forfeited. An explicit example of this is Katy's interaction with Jasmine Hockedy.

7.2 Emotions as part of the work

The workers' capacity to engage with their own emotional experience as well as that of the families they work with, is recognised as central to relationship-based social work (Ruch, 2010). The capacity for empathy, reliability, warmth, knowledge and genuineness are the foundations of practice but they are not omnipresent and require nurturing (Preston-Shoot and Agass, 1990). Systems psychodynamic theory and the methodical reflective practices it underpins (Rustin and Bradley, 2008) provides the most suitable framework in which to consider practicing and researching in this emotionally complex field.

7.2a The work discussion space

This study has found that using case material in a methodical fashion, to understand the worker and the work and the socio-political context in which they 'meet', was sufficient in contributing a complex but realistic view of the experiences of children, parents, workers and managers. Refined engagement with case material offered an opportunity to describe the significant pain and complexity associated with the work.

Work discussion groups have become established in the UK as a source of support for professionals working in a myriad of human service settings (Rustin and Bradley, 2008). In this study, the provision of the space in which workers could pay close attention to a written account of their work, provided vivid insight into the psycho-social aspects of practice (Hingley-Jones and Ruch, 2016). Practitioners and families were reflected upon and the sustained nature of the group allowed workers to move towards a position in which they could account for the significance of the affective dimensions of the encounters they had with parents.

Social workers brought the most serious child protection cases to this study in their presentations at interview and during the Work Discussion Groups. The data demonstrates the extremely nuanced nature of abuse and neglect, highlighting the need for an integrated perspective and not a binary position when making judgements about families and parenting. The cases chosen reflected the complex interaction of social and psychological factors in the life of families. In Isobel Moone's case, her ongoing use of drugs in pregnancy and her chronic neglect of her toddler daughter can be understood in terms of her own childhood experience of sexual and physical abuse. Furthermore, her abandonment of two of her children reflects a complex psychological relationship with parenting, vulnerability and responsibility that is not accommodated by taking a purely social view of her circumstances. Her propensity to expose Isobel Junior to risky situations that resulted in her being sexually abused reflects a deeper psychological dynamic that ought to be accommodated within a wider social understanding. An integrated perspective, which resists polarisation, is required.

A model which pays attention to both the psychological and social factors operating in a given family would enable the worker to operate from a unified, responsive and nuanced standpoint (Hingley-Jones and Ruch, 2016). Social workers informed by a psycho-social perspective and culture have more opportunity to engage in relationship-based practice that draws upon perspectives which raise broader social awareness of the everyday difficulties families face, and those which facilitate intimate case work (Trevithick, 2011, Cooper, 2010, Hingley-Jones and Ruch, 2016).

7.2b Culture

Organisational culture is critical to the success of individual's attempts to explore and master anxiety and manage their defences. The culture embodied by the workers in this study is predominated by reducing risk - reducing emotive, relationship-based work.

It has become clear, in the course of this study, that organisational resistance to creating a space for workers to engage with the feelings precipitated by their work will be a major obstacle. This became apparent when one worker attempted to bring about change in her work practice, and to move closer to the painful reality of families' experiences and her own associated anxieties and feelings of shame. Organisational antipathy to this was manifest in defensive measures - 'interpersonal repressive techniques' (Menzies-Lyth, 1988) - being deployed, with the result that the worker felt exposed and isolated. Other data herein, supports this finding which represents the reality of creating a space in which to think about the painful nature of the work in an organisational setting that struggles to reconcile the rationale aspects of practice with the emotional aspects. The system supports the technical task but blocks the relating (Halton, 2015).

The influence of the organisational culture upon the worker's capacity to embrace the features of containment and dependency created in the provision of a work discussion space was particularly evident. Workers had internalised a mental construct of how the work should be carried out, and this was communicated in their responses to the reflective space and to themselves as they became progressively more aware of the emotional aspects of the work. Crucially, using Bridget and Chloe as an example, the findings showed that ways of 'being' cannot be learned as easily as ways of 'doing', and emerge out of experience, feeling safe and secure and engaging in a mature dependency. The doing aspects are more obvious in practice and more attractive in some respects as they are tangible and in line with goals and tasks and can be managed. Whereas the 'being' aspects are more covert, and can be conceived as being disturbing because dealing with them may not be in line with the pursuit of efficiency.

Emotion in social work has come to be recognised as anathema in the pursuit of certainty and in the management of risk. The idea that, a work discussion group can cause distress and can improve the capacity of workers to report on their levels of uncertainty and vulnerability might not be responded to positively. While Menzies-Lyth's study was helpful and remains helpful to academics, no requests were received to continue the work and resistance to her findings was rapid and dismissed as the fault of poor management (1988, Kraemer, 2015).

7.3 Mature dependency as a necessary condition for growth in social work practice

An individual's sense of themselves, their own security and relatedness to their social environment is underpinned by the strength of their relationship to 'mature' dependency (Dartington, 2010). A psycho-social approach invites us to assess ideas surrounding dependency and consider the values we attach to particular ways of living and how they have emerged. Primitive dependency can lead to pathological and destructive behaviours, such as abdicating responsibility: '[we] put aside our own competencies to deal with a situation and invest all competence in others.' (p. 42). By contrast, 'mature dependency' recognises that 'no man is an island' and: "mature relationships are grounded in the individual's developing capacity for attachment, trust, reliance on others as well as self-reliance" (Dartington, 2010: p.43).

In the context of child protection social work, there are risks in compartmentalising experiences surrounding dependency, with primitive connected with bad, and mature equating to good, and being unwilling to tolerate anything that appears too primitive. For example, dependency in respect to child protection practice does not necessarily arise when one might expect i.e. in work with a baby, or an older person. It often erupts at a time when a young adult is leaving the care system to embark on a life of their own, as was evident in the case of Helen Rowntree. Dependency is also applicable to social workers themselves, who may require the containing and dependable conditions of management when facing a painful situation, as evident in, Jessica, Chloe and Katy's experiences.

This study reveals that conditions for mature dependency are diminishing across the social work system. The dependency needs of social workers and families are experienced as overwhelming and never ending, provoking collective and individual denial. This gives rise to a certain style of practice: 'when people become anxious about their work, about their dependency on others, exacerbated by the increasing uncertainty of the contemporary world...they turn away from the relational and from each other' (Rogers, 2001; 184).

Carr suggests that 'dependence has moved from being assumed to being analysed and finally to being regarded as an undesirable facet of life' (2001; 2). This implies that any shift from dependency to autonomy is desirable. This study has shown that a misunderstanding about the need for mature dependence has led social workers to seek independence in both themselves and in service users. This has manifested at times in distancing from families; a reduction in reflections on emotions and discussions about authority; and a propensity to cast the worker or parent as a rational actor rather than emotional being. Paradoxically, dependency is not absent in social work systems, but it is predominantly primitive in nature and there are no adequate spaces to identify, assess the nature, or harness the potential of such dependence (ibid). This increases anxiety across the system as is evident herein.

7.4 Conclusion and recommendations

There is a steady retreat, in research and practice, from considering the emotionally disturbing experiences encountered in daily practice with children and their parents (Ferguson, 2011, 2016, Noyes unpublished thesis, 2015, Howe, 1996). The drive towards evidence based outcomes, control, and management, are features of 'late modernity' in which risk averse practices permeate (Hingley-Jones and Ruch, 2016). The present-day insurgence of empiricism as the basis for developing practice knowledge can be understood in this context (Stanford, 2010, Webb, 2006).

Individuals have deeply held personal feelings and experiences that social work can trigger. It is tempting to deny this, however, by understanding it and integrating it into practice, work with families becomes more effective. As is palpably evident, this requires stamina and necessitates exposure to and registration of, painful stories belonging to both workers and families. The material presented in the preceding chapters powerfully demonstrates that engagement with the most painful and complex aspects of these workers experiences can shift – both conscious and unconscious - patterned ways of working with families and professionals.

This thesis proposes that the provision of a space in which the complex anxieties and defences emanating from performing the social work task can be understood, will allow organisations and individual social workers to identify, assess, process and manage anxieties and their associated defences. It has identified organisational anxiety itself as a barrier to creating such spaces, and suggests that research and education is required to confront the lamentable conflation of social work with business and risk aversion in 'post welfare state' political climates. As long as society continues to delegate the intrinsically emotional task of social work, it is the responsibility of social work organisations to confront the task with emotional honesty, not only for the benefit of social workers, but for families themselves.

There has been no rigorous attempt in Ireland to study or research the relationships between workers and the families they engage with, and to link this knowledge with effective practice (Trevithick, 2003). Future research into these relationships must accurately reflect the socio-political and historical realities in which the social work task is carried out. It must also address the fact that social work is a female dominated profession and assess the extent to which issues of gender have a bearing on practice and policy. This study hopes to make a small contribution to the field in this regard.

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