Can a reflective space be established in a family assessment centre and what might such a space provide for the staff observing contact? An exploration into the benefits and challenges of this intervention.

Harriet Lane

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ABSTRACT

This study explored the challenges, nature and tasks of contact supervision, through offering a reflective intervention to contact supervisors. The researcher visited a family assessment centre on a weekly basis for a period of four months, offering staff the chance to discuss and process their observations of supervised contact sessions. A review of the literature highlighted that there is a lack of research on the challenges of contact supervision, particularly from the perspective of contact supervisors themselves. Process notes from the reflective consultations were used alongside interviews to gather data. A thematic analysis was used to examine the findings. There were three main themes that emerged; the first highlighted the different understandings of supervised contact; the second studied the effects of trauma noticed in both contact staff and children from distressing contact sessions; the third focused on the reflective intervention itself. The study found that supervised contact is an emotionally challenging job, yet underdeveloped and undervalued. Similarly to other studies, this project found that negative contact can be distressing and damaging for children. Furthermore, the study also tentatively found that if contact supervisors are provided with reflective support, the quality of contact may be improved. The study recommends greater professional development, training and reflective practice for contact supervisors to improve current practice.

DECLARATION

I hereby declare that the contents of this thesis are entirely my own work; other sources of information have been cited throughout. Any work, published or unpublished which I have quoted, or to which I have referred, are referenced in the body of the thesis and cited in full in the reference list. This project has received ethics clearance from UEL and permission to conduct the study has also been given from the Local Authority in which this study took place.

CONTENTS

ACKNOWLEDGEMENTS

I want to thank all the contact supervisors and the manager of the contact centre who agreed to take part in this research.

I am very grateful to both of my research supervisors, Dr Jenifer Wakelyn and Mrs Sheila Miller, for their encouragement, enthusiasm and patience throughout this project.

Lastly, I want to express gratitude and appreciation towards my husband Tom and my parents, for supporting me every step of the way.

1. THESIS STRUCTURE

I will start by briefly summarising what will be discussed in each chapter and explain how the thesis will be structured.

In the **introduction** I will explain my rationale for setting up the reflective consultations in the family assessment centre. I elaborate on my interest in offering this work to contact staff; those who are often expected to provide emotionally demanding support to children and families. I then expand on how I developed the idea for this research after offering group-based infant observation workshops to staff which gave me the idea of offering individual, reflective consultations. When I offered the group workshops I came into contact with staff from a Family Assessment Centre and was astonished by the level of disturbance that the contact supervisors were asked to observe and make sense of. It engendered a lot of respect for these staff and the work they are asked to undertake, as well as making me curious about contact work in general. The staff seemed overwhelmed and appeared to find the opportunity of presenting their work in a group more burdensome and exposing than helpful. It was from this realisation that I felt individual consultations could be more beneficial for them. In the introduction I will explain more about how I set up the individual consultations and some of the initial challenges I encountered. I will also briefly provide more information about the staff and families to give a clearer idea of contact work.

In the **literature review** I will attempt to understand the problem, which is that there has been very little research on the challenges of supervised contact and even less that explores the demanding role that contact supervisors provide. I will refer to literature that highlights this problem, and then expand further on what I see to be missing. This relates to how little there is known about the complexities of supervised contact and the impact on children; what is known about reflective practice and training for contact staff; dynamics in the workplace; the application of psychoanalytic concepts; interventions for at-risk infants and children; and policy and legislation. I will then gather this literature

and summarise how my proposed study will attempt to contribute to understanding more about the challenges of contact work, with the aim of making a contribution to this area.

In the **methodology** I will describe how I collected the data in my intervention by using my process notes after each session, as well as interviews with the staff before and after the intervention took place. I will explain why I chose the qualitative method of thematic analysis and why, after some contemplation, I chose not to use grounded theory. I will explain about the use of semi-structured interviews and why I chose this method to elucidate more information from the staff in a natural way. I will also look at some of the research problems I needed to contemplate as well as ethical considerations.

The **findings** section will be structured with the three main themes and subthemes of:

What happens in contact

- What is contact supervision
- Really getting to know the families
- Value and hierarchy
- Who is contact for
- Discontinuity, disorientation and loss

Trauma

- Abuse, neglect and deprivation
- Symptoms of trauma
- Feeling flooded

The reflective intervention

- Seeing and not seeing
- Sensitivity and detail
- Benefits

In this chapter (findings), I will briefly introduce each theme and then provide extracts from the data to illustrate it and a few comments to provide context and clarity.

In the **discussion** I will reflect upon these themes and add some further thoughts to each one, as well as showing where the themes inter-relate. I will also discuss some thoughts about what the findings reveal regarding the challenges of supervised contact through offering the reflective consultations, linking back to existing literature to elucidate further understanding. Throughout, I will reflect upon my own experience of offering the consultations and the information I gained from this regarding the challenges of supervised contact and the role of a contact supervisor. This section also elaborates on the impact of the reflective intervention on the staff.

In the **conclusion** I will highlight the key findings. Based on these findings, I will make some recommendations for improving practice and policy. Consideration will be given to the limitations of this study. I will then suggest future ideas for research, ending with some final thoughts.

Throughout the thesis, when there is a reference to 'children' or 'child' I am referring to both children and infants. Where I am making a specific point about pre-verbal children I will use the term 'infant'. Throughout, I will refer to the following terms and have listed them below for clarity:

Contact supervisors/contact workers – Support workers who observe and supervise contact sessions between parents and their children

Family assessment centre – Centres that assess parenting capacity and the safety of children who have been, or are at risk of, being removed from their birth families

Infant observation workshops – A fortnightly workshop I ran throughout my child psychotherapy training attended by a number of different professionals, which included contact staff

Reflective consultations – The weekly reflective consultation sessions I offered to staff in the family assessment centre for this research project

Reflective consultant – My role within the family assessment centre

Looked after children- Infants/children who are in the care of the local authority

Extracts from the research data will be included and where there is direct speech this will be shown in italics.

2. INTRODUCTION

An in-depth understanding of early development and infant observation are at the heart of the child psychotherapy training. This alerts one to unspoken, subtle interactions between parents and infants/children, which allows a deeper understanding of the relationships between them. The training develops observational skills and encourages self-awareness in the therapist. I want to explore what contribution this training can make to understanding more about the complex work of supervised contact between children in care and their birth families.

Family assessment centres assess at-risk parents and children who are subject to care proceedings where children have been removed. The employed staff usually consists of social workers and contact supervisors. Contact supervisors observe children and their parents within the centre and their observations contribute towards a decision as to whether or not the children will remain separated from the parents, or whether they can be reunited.

2.1 Rationale for the consultation service

Professional background

As a 21 year old graduate in 2005, I worked for one year as a residential support worker in a therapeutic children's home. This was an extremely difficult but interesting experience which sparked my interest in psychoanalytic thinking. There was a regular monthly visit from a child psychotherapist who consulted with the staff group. The purpose of this was to discuss some of the challenges relating to the children and think reflectively about how best to manage these.

As part of my role as a residential support worker I was required to drive the children to various locations around the country and supervise them having contact with relatives. In hindsight, I feel I was ill-equipped for this complex, supervisory task bearing in mind the limited training I had received. I remember the way that the contact had a profound impact on these highly disturbed

children. In particular I remember driving a twelve year-old girl over 100 miles so that I could supervise contact between her and her heroin-addicted parents. I recall knocking at the door to be confronted with the child's mother who had no teeth. The mother was hostile towards me, perhaps associating me with the social workers that had removed the child from her. The girl and I went into the chaotic home which was filthy and had loud music playing; there was nowhere for me to sit so I lingered in the background whilst the child spent time with her mother watching television. The contact was unsatisfactory and probably disappointing for the child. On the drive home I remember this girl being difficult to manage and shouting in the car making it difficult for me to concentrate. At one point she threatened to open the car door whilst we were driving on the motorway. In hindsight, I can understand that the contact was difficult for these children and this was the likely cause of her challenging behaviour. Furthermore, I can now acknowledge that I was a contact supervisor without really being aware of this, and that I was bombarded with difficult experiences that I could not process.

Whilst working in the residential home I undertook a postgraduate course in Psychotherapy Studies, and chose to write my dissertation about the unconscious processes occurring in the residential children's home. Since then I have developed a particular interest in reflective, psychoanalytic consultation and how this can be applied to a variety of professional settings. A subsequent role working for the charity Kids Company interested me in the often destructive dynamics that permeated the organisation.

As part of my four-year child psychotherapy clinical training I ran fortnightly infant observation workshops for a year, delivered to a variety of staff who work with infants and very young children. This cohort of professionals included children centre staff, contact supervisors and social workers from a family assessment centre, in addition to a trainee clinical psychologist. Each staff member took it in turns to present an observation of a parent and infant and this was discussed and reflected on in the group. There was a mixture of 'typical' families discussed in the workshops as well as at-risk families where children

were being monitored under a child protection plan. The interactions that were recorded were a combination of the worker observing the family as well as intervening in certain situations, particularly with at-risk families where it would be unethical not to intervene. This meant that the workshop was a hybrid of 'infant observation' (Bick, 1964) and 'work discussion' (Rustin & Bradley, 2008). Additionally, the staff were given relevant reading that aimed to deepen their understanding of child development and infant observation.

Through offering this work, I realised that the contact supervisors from the family assessment centre had an extremely challenging task of observing parents interacting with their children; many of these observations were dysfunctional and distressing to witness. I learned that the interactions these staff are asked to witness are often highly disturbing, for example, a parent with mental health problems interacting with his/her baby in an erratic and unpredictable way. I learnt that the challenging encounters can make it difficult to observe due to the painful feelings that are evoked in the staff member. The beginning of the contact work involves refraining from intervening whilst observing how the parents and children relate to one another. I noticed that, often, the tendency in these staff was to intervene and stop the interaction due to it being disturbing to watch, or alternatively they would disengage; an unconscious attempt to protect oneself from the full force of the discomfort. From these workshops I developed respect for contact supervisors who are poorly paid, yet required to deliver some of the most challenging interventions with children and families. This resonated with me due to my earlier previous role as a residential support worker, often working nightshifts and long hours with the most disturbed and violent children I have ever encountered.

I learnt a little about contact through these workshops but was curious to know more. I discovered that there was little clarity regarding how staff could or should intervene during contact. I noticed that a role-modelling approach was often used by the worker, but that this was often not sufficient in helping the parent to make the required changes. I felt that an alternative approach might be needed to affect sustained change, by offering an in-depth reflective space

for the contact staff to process what had happened in the interaction; thus the meaning of the behaviours between parent and child could be better understood at the next contact session. I became increasingly interested in support for at-risk infants and children due to conversations with my supervisor, Jenifer Wakelyn, who had researched the use of therapeutic observation for an infant in foster care (2011). Furthermore, the previous reflective consultation I had experienced in the children's home showed me the value of a reflective, psychoanalytic approach to working with complex families. All this considered, I was curious to know how this approach could be applied to consultation for contact supervisors. This subsequently ignited the idea for this research.

Individual consultations

Through organising the group workshops I became aware that the contact supervisors often found it very difficult to recall their observations. They were left with sparse write-ups that contributed very little understanding of the situation for the child and the interaction with the parent. I felt that the staff were often overwhelmed and lacked the 'mental space' to understand and make sense of what they were observing. I realised that these staff, in particular, seemed to find it overwhelming when others were presenting in the group. It seemed as though they could not bear to hear another worker's painful observation in addition to the many that they themselves were observing throughout the week. It suggested to me that they were not able to fully digest their own observations, let alone those of the other staff members, which only served to further overwhelm them. I noticed that their attendance at the workshops became more erratic as time went on and they seemed increasingly exhausted.

As a result of these group workshops I developed the idea of instigating a regular, individual, reflective consultation space for contact staff from the family assessment centre. I wanted to attempt to understand and articulate with the staff member the experience of the infant or child through studying the staff's own observations and any feelings that had been evoked. I also wanted to offer them a confidential space to 'offload', and offer another mind to help digest

some of their experiences. I would reflect on my own thoughts and feelings that had been stirred up through this process. I felt passionately that this skilled work that the contact supervisors offer should be appreciated and valued.

In addition to this, I was curious to learn more about supervised contact work and the unique challenges it poses. By offering reflective consultation to this specific staff group I was enabled to explore these challenges in a deeper way.

2.2 Clinical context

Family assessment centres

The family assessment centre in this study offers a specialised court assessment, intervention and supervised contact service for families where children are the subject of care proceedings. I have anonymised the borough throughout this thesis to protect confidentiality. This information was sourced from Ofsted (2013). 80% of the families known to the centre have experienced domestic violence; the majority of the referrals concern children under 3 years old; most of the parents have a diagnosed mental health problem (Ofsted, 2013). I will expand later on the socio-economic demographics of this group, when I will introduce some anonymised examples of the families that use the centre.

There are a number of scenarios why supervised contact needs to take place for children and families. The first is that children are in the care of the local authority and are required to maintain contact with parents and relatives in a safe setting that can be monitored. In these circumstances the contact is being assessed to see whether the child may safely be returned to live with their birth family. Another reason for supervised contact is to assess the adequacy of the parenting capacity when a child is living with their birth family. This will aid the decision as to whether the child is considered safe at home or may need to be taken into care. A final scenario is when a child is living with a birth parent but is having supervised contact with another family member, which could pose a risk to the child's welfare and requires careful monitoring.

The staff in the contact centre comprise social workers and contact supervisors who assess and gather information on the suitability of children living with or having contact with their families. This contributes towards a legal process whereby a judge makes a decision about the frequency of contact, or whether a child should be removed or rehabilitated to live with their family.

There are a number of aspects to the role of a contact worker. Staff observe and supervise parents undertaking routines, such as feeding and playing with their baby. The role is supervisory, ensuring the children are cared for safely; supportive, helping the parents to develop their understanding of their children's needs; observational, whereby reports of each session are used to help inform decisions made in court. The social workers and contact supervisors are required to write up detailed and, at times, painful observations whilst keeping the child's emotional experience at the centre of their thinking, as well as remaining in touch with the powerful impact of their decisions. This is an exceptionally difficult task considering the fact that there is no specific training for contact supervisors. To date there are very few standards that contact supervisors must adhere to and the expectations are very different depending on the centre's ethos and level of training. The work has little structure and yet the responsibility of the contact worker and the scale of the task is enormous.

Whilst running the workshops I learned from the contact supervisors that the parents they see are often recommended to attend parenting courses. However, for those parents that significantly maltreat their children, parenting training alone has been shown to have little positive effect (Barth, 2009). In my work as a child psychotherapist in CAMHS I have often noted that parents with mental health difficulties are recommended to attend parenting programmes but show little sustained change. This reinforced my interest to learn more about the challenges of supervised contact, through meeting with contact supervisors regularly. I was interested in researching further about the most 'at-risk' children in society thus exploring the challenges of contact work seemed a good opportunity to do this.

Demographics

I conducted the research in a Family Assessment Centre in London, located near the CAMHS service where I was based for four years. I have taken some statistics from the local authority website (www.gov.uk); Inequalities are significant in this London borough. Data taken from 2011 showed that 26,845 of the children in the borough live in poverty. This represents 46% of all children in the borough and is the highest child poverty rate in the UK. 78% of these children live in families reliant on out-of-work benefits. Unusually, in this borough most children living in poverty live in couple families rather than lone parents. 17% of the population are affected by an illness or disability which prevents them from working. This inner London borough has one of the youngest populations in the country; 25.2% of the resident population are children. From 2011-2026 the population of under 16's is predicted to rise by a rate of 26%. Free school meals entitlement is the highest in the country with 52% of the pupils eligible. 1 in 12 children are homeless. In 2012, 89% of the school population was classified as belonging to an ethnic group other than White British compared to 26% in England overall. 74% of pupils speak English as an additional language. These demographics demonstrate some of the adverse mental health factors which affect the children and families in this assessment centre which can contribute to very complex cases being assessed.

In April 2017 Children's Services in this borough were deemed 'inadequate' by an Ofsted report, highlighting that there are widespread and serious failures in the services provided to children who need help and protection in the borough (Ofsted, 2017). At the time of the inspection this local authority was looking after 333 children. It noted that, 'the decisions to look after them are not timely enough' (p 34). In reference to social care staff it highlighted that supervision was brief and did not demonstrate reflection or any challenge to poor social work practice. Since then this local authority has announced its commitment to improving children's services. I am interested to explore more about the challenges specific to contact work in this borough, understand more about the pressures on staff, and what can be learned about this work more generally. I

will attempt throughout the research to suggest ideas to improve practice and policy.

The Centre

The name of the centre will not be given throughout the thesis, to protect anonymity. The centre itself is situated in a deprived part of inner London, which is multicultural and predominantly non-white British. The centre is situated in quite a grey, concrete area of east London. Once inside, it is a pleasant environment with a number of colourful child friendly rooms where contact can take place. The rooms have kitchen facilities, sofas and toys. The centre is close to Canary Wharf and the contrast of this deprived area against the financial district of London looming tall, is a visible reminder of the inequality in the city.

The facilities of the centre allow for observation, by assigned contact supervisors, of parents undertaking domestic routines that they would otherwise perform at home. The staff offer a debrief after the contact to reflect upon what went well during the contact session so that positive interaction can be strengthened. The service claims to offer value for money, because an alternative would be to commission a residential family centre placement which is more costly. An example of a residential placement such as this was The Cassel Hospital which was decommissioned in 2011 (www.wlmht.nhs.uk).

I have included an example of a family that was referred to the contact centre, to illustrate the kinds of interventions that take place (see appendix 1) with the aim of providing an understanding of why contact centres are needed and the sorts of work that takes place. This has been taken from the Ofsted website highlighting examples of good practice (Ofsted, 2013).

2.3 Setting up the service

The Staff

I have changed all the names and some details of the staff and children to protect their anonymity.

At the time of offering the intervention there were approximately 20 staff at the centre, comprised of contact supervisors, social workers, managers and administrators. They are a well-established staff group, many of whom had been employed at the centre for over two years. There were also some more junior social workers who were newly qualified or on placement. Some of the social workers in this centre are trained in Video Interaction Guidance (VIG) although this was not used in by the contact supervisors who took part in the research. I will explore the various trainings and interventions offered to at-risk families in the literature review.

During the research project I was interested in talking to staff in order to gather information relating to contact work, exploring a number of layers. Firstly I was keen to understand more about contact work as an intervention. I also wanted to learn more about the experience of contact work as a job. I wanted to try and understand more about the experience of children and families undergoing contact, by talking to the staff. Finally, I was interested to gather information by offering the reflective intervention itself, and my experience as a consultant.

Four out of eight of the contact supervisors agreed to take part; Zainab, Nora, Farzana and Tina (names have been changed). All the contact supervisors in this centre were female. All four of them had ethnic heritage that was other than White British. They had experience of working with children in different settings and had been contact supervisors in other places before working at this centre. For confidentiality reasons I have decided not to give more detail about the staff who took part.

The families

In their review of serious case reviews Ofsted (2010) noted that, 'The most common issues relating to children and families were domestic violence, mental ill-health and drug and alcohol misuse' (p 10).

Most of the children that the staff discussed with me were affected by at least two of these issues, known in social work as the 'toxic trio' (Donovan, 2016). There were five different families discussed throughout the consultation sessions. Four of the five families involved infants. I have included a brief summary of some of the families to make it easier for the reader to understand who is being referred to, and to bring to life the different kinds of cases that the contact supervisors observe. Details have been changed to protect confidentiality:

Brianna, 6 weeks old: A infant who was removed due to neglect and significant learning difficulties in both parents which meant they struggled to meet her needs. She had multiple non-accidental injuries. She was in foster care and had contact three times a week with her parents. The assessment was to ascertain whether she could be safely returned to live with her birth parents.

Taquarn, 6 months old: An infant who was removed from his parents due to parental substance misuse, domestic violence and parental mental health difficulties. There were concerns about his safety and the ability of his parents to protect him from harm. In the contact sessions he seemed to retreat from adult contact and slept constantly. He had contact twice a week with his father to assess whether he could have more regular unsupervised contact outside of the centre. He lived with his mother. The assessment also aimed to see whether he was safe to remain living with her.

Samuel, 18 months old: An infant who was removed from his home due to domestic violence, parental mental health difficulties, addiction issues and severe neglect. He appeared to show autistic features and was severely developmentally delayed. Samuel's parents separated after an episode of extreme violence. He had contact three times a week with his mother at the centre. He lived with his father who was providing sub-optimal care and the assessment was to see whether he could remain permanently with his father or live with his mother.

Nazia, 2 years: An infant who was removed from the care of her parents due to multiple unexplained injuries, as well as domestic violence between the parents. She had contact with her mother four to five times a week, to assess whether she would be able to return home.

Riley, 6 years: One of three siblings removed from parents who had mental health and substance misuse difficulties. The children had also witnessed domestic violence between them. Contact took place weekly but the parents did not attend the centre together.

By summarising facts relating to these families I hope to bring to life a typical sample of the families that the staff see in the centre. These children will be referred to later in the thesis and extracts discussing them will be used in the findings. The contact records themselves will not be included, and the individual children are not the main focus of the research. I will now describe more about the process of setting up the intervention.

Initial meetings

I arranged two meetings with staff at the centre to introduce myself, explain the aims of the research and allow the contact supervisors to ask questions. This process will be described in more detail in the methodology section of the thesis. I received a mixed reception when I explained the aims of the research. A few of the staff were interested in participating and welcomed the idea of some support to think and reflect on cases. In contrast, some staff appeared to be hostile towards me and seemed suspicious. One of the main concerns that arose was about confidentiality relating to themselves, in case something personal was triggered in a session that might put them in touch with a trauma from their own histories;

> *"What if stuff comes up about our own pasts?"*
> (Lisa, introductory meeting)

There seemed to be a fear of being exposed and that the sessions with me might uncover something they would rather ignore. I explained in detail what the intervention would entail and how I would protect their anonymity as well as the families they discussed. I also assured them that I would offer emotional support and if needed could direct them to further professional support outside of our sessions. Strikingly, as soon as my first introductory talk ended, the staff ran out of the room leaving me deserted in an unfamiliar building alone. It was 5pm and people were keen to leave, but I experienced confused feelings of being neglected, as if I was to be abandoned with these difficult feelings whilst they fled. I found this initial suspicion of me bordered on hostility, and this dynamic occurred to some extent throughout the intervention.

Conversations with the manager

I arranged to have some initial discussions with the service manager, Kate, to gain knowledge about her view on the challenges of contact work, the complexities of the role, and the training, support and supervision structures currently in place. She acknowledged the extreme emotional toil that is put upon staff who are required to observe these often disturbing interactions. The manager felt that sometimes written observations could be long and detailed but often omitted the important observational material that was needed, for example, there might be a lot of detail about how the parent changed a nappy in practical terms, rather than the quality of eye contact they made with the baby and the style of the interaction. This is consistent with Youell's (2002) argument that observations of very young children in contact sessions often focus on aspects of physical care, rather than the emotional encounter. The manager felt that the parent-child interaction that was difficult to watch was often absent from observations. Kate was supportive of me offering the intervention and encouraged the staff to meet with me.

Evolution of the project

From my initial meetings with the manager to the completion of the project, four years elapsed. The initial idea for the project was to explore whether or not a reflective intervention could be established in the centre, and what the

challenges and benefits might be. However, through discussions with the staff and my research supervisor, the project evolved into focusing on the challenges of supervised contact from the perspective of the contact supervisor. This is an important topic that I wanted to draw attention to, and which allowed an exploration into the challenges of contact supervision more broadly. The advantage of this change in title meant I could understand the perspective of the contact supervisor specifically which, as I will draw attention to later, there is very little literature on.

Rationale for information in this chapter

I have structured this section to explain how I came to offer reflective consultations and what sparked my interest in learning more about the challenges of contact work. Further detail explaining how I set up the service will be shown in the methodology section, but some has been included here to 'set the scene'; I want the reader to hold this particular centre in mind whilst reading the next section. There will now be a review of the literature which will show that contact work is an under-researched area and yet a very important intervention for shaping the future of vulnerable children and their families.

3. LITERATURE REVIEW

There are a number of key areas relating to my research that I have identified from studying the literature. These include:

- Complexities of supervised contact and the impact on children
- Reflective practice and training for contact staff
- Dynamics in the workplace
- Application of psychoanalytic concepts
- Interventions for at-risk infants and children
- Policy and legislation

I will begin by explaining the literature review strategy I took before proceeding to review these areas of interest. I will then conclude the literature review by highlighting the gaps I have found in the literature.

3.1 Literature review strategy

The first stage of the strategy was to establish the resources available to me. These were mainly the online databases that I accessed through logging into Shibboleth through the Tavistock and Portman Library and looking at the databases available via EBSCO. I found PsychINFO to be particularly helpful in my search.

I discussed the literary search with my research supervisors, as well as the manager from the centre, to consider the terminology they used when talking about contact work, such as 'contact' 'supervised contact' 'contact centres' and 'family assessment centres'. I then typed these terms into the database search engine to see which results came up. This took time with some irrelevant results coming up initially. When I added the terms 'reflective practice' alongside 'social work' I noticed that the results were more relevant and generated some interesting literature. I then looked at some of the key research papers such as those by Howes (2014), Easton (1997), Sturge and Glaser (2000) and Kenrick (2009) and observed the key words that were located at the top of their papers.

I then added these to my search. From these key papers I examined the references and selected other key titles.

My research question was an exploration into the challenges of supervised contact, studying what can be learned through offering a reflective space for contact staff. I took the two key ideas and found a number of alternative words that I could search for:

Contact	Reflective Practice
Contact work	Reflective supervision
Supervised contact	Reflective practice
Family assessments	Reflection
Contact centre	Consultation
Assessment centre	Psychodynamic supervision

I then searched using broad and narrow means using AND, NOT, and OR to widen or limit my searches. An example of this was 'contact' AND 'assessment' AND 'social work'. Omitting one of these terms resulted in a broad search that was too general and included results that were irrelevant. After looking at the initial results I scanned through the abstracts and identified those that were relevant to my research. I excluded studies where the emphasis was purely on social work practice or children in care more generally. I then exported the results into Endnote in order to keep track of my references. In addition to this system I created my own method of then further distilling the most relevant papers and organising the results, constructing a grid to help me with this process. In the left hand column I wrote the title of the paper. The second column contained a short summary of the paper. In the third column I gave a rating out of 10 for relevance to my particular study. The fourth and final column was for keywords that emerged from the paper, and later to add themes emerging from my own research that linked with that literature. This helped me draw out the themes from each paper which I could then link to my own findings, to use in the discussion.

In this sense I used some elements of systematic literature reviews by searching rigorously using specific search terms. However, I also spoke to my supervisor who gave recommendations of literature. In addition to this I e-mailed some of the prolific authors directly.

3.2 Introduction to the literature review

On 1st March 2016 there were approximately 77,440 children in the care system in England, with 94,000 children in care in the UK; children in care are 4 times more likely to have a mental health difficulty (Department for Education, 2016). In this study I am keen to explore the current understanding about contact work and this aspect of a child's experience of being 'looked after'. Munby (2016) describes a relentless rise in children being taken into care; an increase that is stretching the family court to breaking point. Crasnow's (2016) thesis highlights that because of the growth of contact supervision, resulting from the increase of children in care, it is urgent that this under-researched area should be studied and understood as a distinctive field of practice.

The first section of the literature review will focus on what is known about supervised contact, mainly highlighting the negative impact it can sometimes have on children. This will also link in some existing ideas about how to improve contact, referring to recommendations that have been highlighted already. After this I will examine the literature on reflective practice and training for those observing contact, focusing mainly on social workers, due to the lack of literature specifically related to contact supervisors. Consideration will then be given to dynamics in the workplace focusing on environments where staff are working with at-risk children. I will then examine some psychoanalytic concepts relevant to contact work. After this there will be a review of the current therapeutic parenting interventions used for at-risk families. Finally I will look at policy and practice implications relating to both contact and reflective supervision for social care staff.

I will discuss each of these topics and then conclude why there is a need for

research into the challenges of supervised contact, including the need to explore the current situation with regards to reflective support and training for staff.

3.3 Complexities of supervised contact and the impact on children

Supervised contact

The Children Act (1989) states that:

> 'Where a child is being looked after by the local authority, the authority shall, unless it is not reasonably practical or consistent with his/her welfare, endeavor to provide contact between the child and her/his parents, any person with parental responsibility or any relative, friend or other person connected with her/him.' (Schedule 2. 15.1)

Supervised contact is face-to-face contact with a parent and their child, which takes place in a specialised assessment centre. Contact needs to be supervised when there are questions of potential harm towards a child, for example, if a child has been removed into care due to neglect and abuse. The purpose of supervised contact is to offer an opportunity for children to maintain contact with their parents and relatives in a safe way. It also plays a role in assessing whether a child is safe to return home. Contact staff are employed to observe the contact and write up the content of what happened in the session. These reports are then used to support a social worker's assessment of a family.

A number of people have written about the benefits and potential disadvantages of contact, sometimes linking in theories on child development and neuroscience. I will summarise some of the key literature on this subject, with a particular emphasis on the challenges, due to this being explored within the research.

Challenges of contact for children

Loxterkamp (2009) writes about contact for adoptive children and refutes the claims that contact is always beneficial for children. He argues that whilst contact is in place to protect and support children, it can often cause

psychological harm. He illustrates these points by writing about three clinical examples where this is the case. He makes the point that many children are not told the full truth about their early years and why they were removed from parents. He argues that it is not essential for children to have relationships with both families and that it is in the best interest of the child to mourn the loss of the birth family and attach properly to the adoptive parents.

Kenrick (2009) has written extensively on the topic of contact, and in 2009 published research on the impact of contact on infants in care. She undertook a retrospective study and interviewed former foster carers, adoptive parents and contact workers. Coram is an organisation that offers support for children who have been adopted. This study was part of the Coram concurrent planning project, where children were placed with potential adoptive carers during care proceedings whilst parenting assessments were being undertaken. The research was also intended to think more widely about the issue of contact for infants in the wider care population. During this assessment period the carers brought the children to Coram for supervised contact sessions with the birth parents. This contact ranged from once to five times a week and could continue for lengthy periods of time, sometimes over a year, whilst a decision was made. Kenrick interviewed 26 concurrent carers in this study, at a point when the children were adopted by them. The majority of the children were aged between 0-3 months. Many of these infants had been born to drug/alcohol misusing parents and had undergone hospitalized detoxification at birth. Many had already experienced multiple separations and discontinuities of care. The aim of the study was to explore whether frequency of contact was perceived by the concurrent carers to have had a long-term impact on the child's development.

Kenrick found that the children did manage to form attachments with their adoptive parents and that the contact arrangement did not appear to have a long-term impact on them. However, the frequent contact was found to be distressing and disruptive for the child. Kenrick highlighted the disruption to the child's daily routine and the negative impact of this. She found that distressed infants would be able to settle after contact with support from the foster carer,

but that the process would soon happen again which would further unsettle the child, leaving them little opportunity to experience settled caregiving.

The concurrent planning model was found to positively mitigate the negative effects of frequent contact. However, Kenrick highlights that the children were brought to and from the contact by consistent carers, whereas typically children are brought by a variety of drivers and foster carers.

Kenrick's study highlights the importance of keeping continuity for the child, and a number of recommendations were produced by Coram to guide the courts. These include ensuring the same dedicated carer brings the child to contact rather than unfamiliar escorts. There was also a suggestion that the same contact worker should be used to supervise all the contacts, and that they should have the authority to intervene to facilitate a more positive contact. In addition to this contact should involve a short travel time for the child, and take place no more than three times a week to avoid disruption to the child.

Kenrick has also highlighted the dilemma for the legal profession engaged in helping to make the best long-term decisions for infants. She questioned how the non-verbal infant can be given equal consideration to the more articulated and verbal expression of the adults concerned. This raises questions as to how to capture the infant's voice in a way that can be used appropriately in court proceedings. I will refer to Kenrick's important contribution again later when looking in more detail at reflective practice for social care staff, where she makes some important recommendations about training.

Kenrick's research is important in stressing the need for prioritising the child, particularly the non-verbal infant, and underlining the negative impact contact can have. Although she makes a brief reference to the need for contact supervisors to be given greater support, this is not the main focus.

Humphreys and Kiraly's (2009) findings were similar to Kenrick's. They also reported concerns in terms of disruption and inconsistency for infants in contact,

particularly those children that were being transported from the carer's home to the contact location. They audited 30 cases of infants under 12 months and considered their contact patterns and the frequency as well as using focus groups and interviews to gather data. The infants they audited were experiencing high frequency contacts of between 4-7 times a week.

Humphreys and Kiraly found there was variable quality of care provided by the parents during contact. There was considerable disruption to the infant's sleeping and feeding routine. Often the infants travelled long journeys to attend contact and there was an unfamiliar succession of escorts and supervisors. There was much concern about multiple caregivers for these infants who showed distress, often dissociative or 'freezing' responses. These kind of psychological responses will be discussed later when I review psychoanalytic concepts and trauma. Humphreys and Kiraly highlighted how the infant often has an attachment with the foster carer and that this is disrupted through frequent contact sessions. The main themes of their research emphasised attachment problems associated with multiple strangers, disrupted routines, unsatisfactory transportation and resulting in distress in the child. They also stressed how there was little appropriate support for parents during the contact visits. In addition to this, Humphreys and Kiraly found that reunification was not related to the high frequency of contact, concluding that it was the quality of the contact that was more important than the frequency. They found that it was often difficult to find arrangements that prioritised the baby's needs. Their study highlights the complexity of supporting the attachment relationships at the early critical period of infancy and how disruptions and frequent contact can hinder this. They emphasise the need for those involved with contact work to have some awareness of infant development.

Humphreys and Kiraly's study also underlined the need for skilled parenting support to enhance the relationship and increase chances of reunification. They gave many examples of the importance of consistency and continuity for the infant and the significance of specialist support to improve the quality of the contact, including for parents to have greater therapeutic and basic parenting

support during their visits with their children. This relates to my research and curiosity into offering the contact staff reflective consultations. This aspect of providing more specialist parenting support will be discussed in the next section.

Glaser (2000) has written about contact and the potential challenges for the developing infant. She explains that infancy is a critical stage in child development and crucial in the development of physical, emotional, social, behavioural and cognitive functioning. Glaser explains that infants subject to care proceedings may have had pre-natal adverse experiences such as drug withdrawal. She states that they are likely to have had sub-optimal care, leading to the formation of an insecure/disorganised attachment style. She clearly explains the infant's emotional needs that need particular attention during these early sensitive periods of development. She states that the infant needs to form a secure attachment, as well as having carers who can 'Mentalise' (Fonagy, 2004); this means they are able to articulate the infant's needs, wishes and feelings. Glaser argues that more emphasis should be placed on reducing stress in the infant during contact, and supporting the carers to provide sensitive, attuned caregiving. She highlights how important it is that parents and professionals remember the crucial importance of early brain development. Glaser suggested that high frequency contact may be detrimental for the infant because of the repeated disruptions and because of the insensitive and inconsistent caregiving they receive. She argues that the frequency of contact should take into account the potential disruption to the child at this crucial time.

Similarly to Glaser, Howes (2014) has written about the impact of contact on a baby's developing brain. She argues that rather than hindering the child's development in the crucial early months by spending hours in contact with a parent, there should be consideration as to whether there should be a limit to contact to enable the baby to form an attachment to their main carer. She states that a more securely attached child will make a smoother transition to permanent care, whether with the birth or adoptive parents. Howes highlights the importance of using research about the impact of trauma and brain function to ensure decisions about contact are not only to meet the needs of parents but

that also consider the short, medium and long-term physical and psychological impact on children. Howes (2014) has written about the need to assess the content of the contact between a child and their family members. Assessing the impact on the child is essential and should consider whether there is a risk of causing further harm to the infant or child. Howes stresses the need to gather information on the positive and negative impact of contact on children to help inform the decision making process. Howes highlights the need to look beyond verbal reports when assessing contact, and emphasises the importance of not seeing things at face value, which could misconstrue the real feelings of a child. Howes stresses the importance of carefully listening to what a child says about contact not just with their words but with their non-verbal responses and actions. She explains that children who are harmed generally find it difficult to answer questions about feelings accurately. I am interested to know, in my reflective consultations, whether I can help the contact staff imagine and verbalise the experience of the child and the impact contact has on these children.

Bullen et al (2015) highlight that contact is under-researched;

> 'The research evidence on contact is weak and provides little guidance on how to manage contact and when it is beneficial or potentially harmful'. (p.1)

Taplin (2005) summarises the advantages and disadvantages of contact between children in care and their birth families. Taplin suggests that circumstances in which contact is beneficial and when it can be harmful should be considered. Taplin states that the purpose of contact is to encourage reunification with the child's birth family and to maintain an attachment to them. Contact also prevents idealisation of the birth family, maintains links and cultural identity, and is designed to enhance the psychological wellbeing of children in care. The way that it is supervised serves a function of assessing the quality of the relationship between the birth family and the child

As well as highlighting these benefits, Taplin draws attention as to why contact may not always be in the best interests of the child. Multiple attachments create

confusion for the child which is harmful for psychological development. The threat of harm to the child or the adoptive/foster parents may undermine and destabilise the placement. Birth parents need to be helped towards closure as a way of dealing with feelings of loss and guilt and contact can hinder this. Taplin argues that, often, the recommendation for contact arises less from the evidence on its benefits than from professional desires to undo the separation between parent and child. Bullen et al (2015) note that there is no common understanding of the concept or purpose of supervised contact.

Schofield and Simmons (2011) reviewed the literature on contact and highlighted a number of areas that should be considered by the court when planning contact. These include considering the purpose of contact, the frequency and length of contact, the appropriateness of the venue where it takes place, consistent travel arrangements, supervision of contact that prioritises the needs of the infant, support for birth relatives and thinking about the crucial role of foster carers to observe the impact of contact on infants. They concluded that the developmental needs of any infant, but in particularly those that are vulnerable, require conditions that are the opposite of those that care proceedings bring about; to clarify, these proceedings can cause uncertainty, risk and anxiety. Schofield and Simmons highlight that local authorities and courts need to minimize the impact of these negative factors on infants by creating consistent, sensitive arrangements for contact with the infant's needs prioritised.

Improving contact for children

Bullen et al (2015) state that professional skills and resources are needed to facilitate contact with complex placements. They have recently designed an enhanced intervention for contact between children and birth parents in Melbourne, with the aim of improving contact. This initiative called the 'kContact intervention model' is a strengths-based approach and involves a form of coaching. The intention is to increase parenting skills and improve parents' ability to relate to their children. They have developed a manual whereby staff can support parents before and after contact visits. This manualised approach

is divided into four sections each 15 minutes long. The intervention is to be delivered by a contact worker who has an existing relationship with the parent. The first stage involves planning, whereby the contact supervisor discusses expectations and concerns prior to the visit, as well as discussing the needs of the children during the visits. The second stage is the pre-visit planning that identifies goals that parents would like to achieve during the visits. This also involves planning activities that would help them achieve these goals. There is also an opportunity to communicate relevant information to parents prior to the contact taking place. The third stage is the supervised contact visit itself, which has no direct input, so is not counted as part of the intervention. The fourth stage is a follow-up which encourages parents to reflect on what worked well, emphasising strengths. This is also an opportunity to validate parents feelings they may have about the visit, such as anger or grief, and discussing ways that things could be managed differently in the future. The final section of this intervention involves a review of the goals and progress towards them, from the perspective of the children, parents, carers and other professionals involved with the family. Bullen et al are measuring children's emotional safety and distress using the Strengths and Difficulties Questionnaire. They are also assessing the quality of the relationships between parents and children using the Child Parent Relationship Scale. They are using a number of other scales to measure the impact of their intervention.

This focus on the importance of improving quality of contact has been raised by other authors; Baynes, (2010) states that supervised contact provides a window of opportunity to learn more about parent-child relationships and to try to improve them. Baynes argues that prolonged supervision of poor quality contact without intervention may be harmful for some children. Providing parenting support during contact can yield useful information about parental capacity at a time when some families may become more open to intervention.

Browne and Moloney (2002) have highlighted the need for therapeutic support during contact visits to facilitate better relationships and to increase the likelihood of reunification. Mcintosh (2006) emphasizes how further trauma can

be caused to the infant if this therapeutic support is not available. This implies that providing support to contact staff is essential to improve the contact visits.

Scott et al (2005) stated that there remains much still unknown about the long-term outcomes of contact, particularly relating to children's experience of contact and the impact on them. Scott et al highlight the great potential for offering therapeutic intervention during supervised contact. They argue that a high level of resource is channeled into supervised contact but little attention has been paid to the therapeutic potential to strengthen the parent-child relationship. They also highlight the need for more guidelines and consistency during contact.

Howes (2014) highlighted how crucial it is for anyone supervising or assessing contact to be very aware of age appropriate attachment behaviours between children and adults. Howes says that a good understanding of the neurobiology of trauma and somatosensory responses is important when observing contact. She emphasises the importance of also observing the child in other settings to see their relationships with other adults in their lives, such as their foster carer or school staff. This gives a more rounded impression of the child and gives context to the child's behaviour within the contact session. Howes states that it is unfair to both the child and parent if a decision is made based on observations in one venue.

In Howes' paper she refers to a clinical example of a parent and child. This parent had gained much knowledge from a parenting program and tried to implement this with her child. She lacked an ability to attune to her child's emotional state and was not able to moderate her own emotional needs to meet his, which led to distressed behaviours in the child. Howes implies that there is a need for a different approach when working with complex children and families, where traditional teaching methods of parenting are insufficient to affect meaningful change. This interests me in terms of exploring more therapeutic interventions in this setting, such as therapeutic observation, which I will discuss later in more depth.

Howes states the importance of noticing positive attachment behaviour between parent and child and whether the parent or child initiates these; it may be that the child is initiating these attachment behaviours rather than the parent, which might be misleading in terms of an unjustified positive assessment being made for the parent. This kind of distinction requires the staff observing the children to be well trained and supported. She feels staff should have good knowledge of intervention strategies to use in both negative and positive interactions between parent and child. Howes explains that it is important to recognise when the purpose of contact is not being achieved. She states that it is important to develop skills in intervening when skills do not match with purpose. Finally, she makes the point that it is important to accurately record information that has been observed in contact. Howes has written much on this subject and it is relevant to my research, particularly highlighting the need for greater training and support for staff who observe at-risk children in complex settings.

In addition to the literature highlighting the importance of capturing the voice of the pre-verbal infant, Fitzgerald and Graham (2011) conducted a small-scale qualitative study in Australia focusing on children's perspectives about their participation in the decision-making processes regarding supervised contact. They interviewed thirteen children between the ages of 4 and 13 years who were having supervised contact with birth families. They found that there is a great need to listen to children about their perspectives on contact and ensure that they are involved in any decisions that are made.

> 'To speak of child-centred and child-inclusive practice suggests we must commit to a deeper consciousness of how we intend to recognise children throughout the decision-making process.' (p.498)

They highlighted that there is a greater need for adults to understand the child's point of view and provide support to capture their feelings in respect to contact. Their study raises questions about the way that family law decision-making takes place and how best to capture children's views.

> '…the study may prompt practitioners to consider how to strengthen

children's capacity to participate in family law decision-making.' (p.499).

In my study it would be interesting to see if there is a way of representing the voice of the baby or child through supporting the contact workers to understand non-verbal behaviour and not taking verbal reporting at 'face value'.

It is notable that contact supervisors themselves have not been studied as an area of research. As Crasnow (2016) highlights, the people who have frequent contact with a child will get to know a child and family more quickly, yet contact supervisors are often disregarded as key people who could bear an influence. Crasnow also draws attention to the process of supervised contact itself rather than outcomes of contact for children. Crasnow's research explored the role of a contact supervisor paying particular emphasis to the contact encounter itself. She states that,

> 'Contact supervision is a period of change and transition for families and there is rich potential for this to be further developed. What blocks development is the degrees of paralysis that characterize supervised contact….There is a need to take more care over those who do the caring, for the benefit of all involved in contact.' (p.66)

3.4 Reflective practice and training for contact staff

Training and professional development

I will now explore literature that exists in relation to reflective practice and training for contact staff. It is noticeable that there is very little research specifically for contact workers, so I will also draw upon some studies and literature in relation to social workers. Historically social workers would supervise contact sessions but due to the rising demand the specific role of 'contact supervisor' has been established without provision for systematic training. This is relatively recent and could therefore explain the absence of literature in this field.

In 2015 a survey by Community Care aimed to capture stress levels in social workers. They found that 97% reported being moderately or very stressed and 80% said that their stress levels were affecting their ability to do their job

(Schraer, 2015). This suggests that more support is needed for social care workers due to the intense emotional demands of the role. In 2011 Community Care published another online article, this time relating to reflective supervision for social work staff (Cooper, 2011). The article quotes Dr Hilary Lawson, a lecturer who teaches Supervision skills at the University of Sussex. Dr Lawson says many frontline managers struggle to give reflective supervision because they are not receiving it themselves. The same article also quotes Andrew Cooper, Professor of Social work at The Tavistock Clinic. Cooper suggests that children's social work will often elicit strong feelings and prompt doubt and self-examination. He suggests that the most effective practitioners are able to stay on top of such emotions and make sense of them, reflecting on the impact of their practice. Furthermore, the article quotes Professor Keith Brown, director of the centre for post-qualifying social work at Bournemouth University. Brown stresses that reflective practice is 'fast becoming a lost skill amongst social workers and supervisors'. He argues that if the vision of a reflective children's workforce is to become a reality it needs to be assessed to a national standard with critical reflection skills evaluated as outcomes.

At the time of submitting my research proposal in 2014 there were no studies specifically on contact supervisors themselves, however, since this time Eva Crasnow has undertaken a psychosocial exploration into the role of a contact supervisor. Crasnow's (2016) thesis states that contact between children and their birth families is mostly supervised by staff other than social workers. There are no statutory requirements other than police checks for being a contact supervisor and local authorities vary in their employment criteria (Farmer 2010). Crasnow's helpful theme aptly describing contact work as 'The Cinderella Service' highlights the way that contact supervisors end up 'doing the dirty work' and yet are seen as lower in value than other roles within social care.

Kenrick's (2009) research on contact discussed earlier, also highlighted that contact supervisors vary greatly in terms of their expertise and training. Kenrick stresses the importance of the staff member having the authority to intervene and help the baby and the birth parents if the baby becomes distressed. She

describes times when the birth parent could not respond to communications by the infant and she would make suggestions and point out what was happening. Kenrick argues that typically in Local Authority contact sessions the contact staff have very little authority to do this. She states that they watch the contact and write a report afterwards but rarely have the power to intervene, and they do not have much support in observing what might be a very painful and difficult experience. Kenrick talks about a reflective group that was run in a north London CAMHS team where contact workers attended. The members undertook a baby observation to help them develop their work as contact staff. This is a similar idea to the infant observation workshops I ran during my clinical training, and which fuelled my interest in this area of research. Kenrick highlights how it would be preferable to have more of this kind of reflective practice for staff but due to budget cuts and limited resources it is hard to extend this helpful intervention. Kenrick's argument, that more could be implemented for supporting contact staff, highlights the need for further research in this area. She states that contact staff often do not have a clear role and have minimal training and that to invest in supporting them in their crucial work would likely produce more positive results for children and families.

Youell (2005) has also written about the importance of reflective practice for social care staff. She highlights that the focus of parent-child assessments in social care has more often focused on the adults being assessed. She argues that it has been hard to also consider the baby's experience of the interaction. Youell emphasises that work discussion groups can improve this and bring the baby's experience to the fore. She stresses that psychoanalytic observational skills provide workers with a perspective on the meaning of children's behaviour, which is potentially very informative and helps them face the painful realities of children's experiences. She also argues that workers need an opportunity to discuss their observations with a supervisor or peer group so that the worker is able to bear 'not knowing' and allow possible meanings to emerge.

Similarly to Youell's paper, Harvey and Henderson (2014) presented a case study of psychoanalytically informed reflective supervision with a social worker.

They highlight how the opportunities for reflection on cases should not be tokenistic and that it is important to recognise that psychoanalytic theory underpins this kind of reflective supervision. Harvey and Henderson describe the benefits of offering a social worker an opportunity to reflect on her cases rather than a more task-orientated approach that might be offered in 'case management'. The reflective supervision they offered aimed to help deepen the worker's practice and the supervision provided consistency and containment in a chaotic organisation. In their case study, Harvey and Henderson highlighted the highly disturbing nature of social work practice. They suggest that psychoanalytic theory is uniquely equipped to understand the primitive complexities of human nature and to support social workers in understanding their emotional responses to the work.

> 'Reflective supervision in individual or group format provides an opportunity to consider case material in detail and depth, including the ways in which we are affected by our clients'. (p.355)

They highlighted that reflective supervision guided by a psychoanalytic framework provides containment that takes into account both conscious and unconscious factors, and that if a social worker is contained they will be more able to offer containment to their clients. This intervention focused on social workers rather than contact staff, and it is worth noting that social workers are likely to have had a more in-depth training to begin with. This makes me curious about the need for contact workers to receive this kind of input, given that they are often observing highly distressing interactions.

Searles (1955) coined the term 'parallel process', considering this to be a reflective process. Searles explained that,

> 'Processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor' (p.135)

Searles explained that supervisees unconsciously project feelings into their supervisor to communicate experiences that need to be understood between

themselves and their client. This is relevant due to offering reflective consultations to staff, whereby I may be subject to a number of experiences that could help inform the experience of the families and staff.

Hindle and Easton (1999) describe how social care workers can often struggle to understand what they have observed. In their paper about the benefits of observational skills in social work, they refer to Easton's 1997 unpublished dissertation which studied the experience of social workers who were required to observe contact. Easton found that social workers often feel overwhelmed, deskilled and could defensively detach themselves from the process of what they were observing. Their joint paper focused on the experience of those supervising contact, to see what could be learned from workers' observations of interactions between the parents and children and from their reflections on the task of observing. Findings were that the staff often disengaged from the emotionality of the task and the observations became a detached and ritualised process:

> 'Involvement in the process of observation may offset a tendency towards detachment or forestall the workers becoming overwhelmed. Such work, however, requires time, effort, on-going support and further training to develop observational skills.' (p.33)

They suggest that more could be done to encourage social workers to develop and use observational skills in the context of their work and that it can form an important part of a supervisory/consultative process for those offering support to these staff. This links to ideas about infant observation and work discussion groups and Kenrick's attempt to establish this with contact supervisors.

There is other important literature that relates to the idea of social care workers 'defensively detaching' (Easton, 1997) from the emotional impact of their work; Durell and Hill (2007) have written about the skill of observing, recording and reporting supervised child contact. They highlight how many of the practitioners who supervise contact have little training and very few have received specific training in making and recording observations and analysing the results of these observations. Durell and Hill attempt to address some of the issues related to

observing, recording and reporting supervised contact such as interpreting the observations, thinking about the impact on the observer of the interaction in contact, thinking about the vocabulary of contact, the use of note making, and recording the child and parent's views. Overall they highlight that observing supervised contact is a complex task that many practitioners are not equipped to undertake. They argue that these issues should be taken into consideration when supervisors are being trained to ensure that supervised contact is more accurate and fairly represented.

Ferguson (2005) has highlighted how there is considerable potential for social workers to suppress emotions from the presentation and recording of their practice. This can lead them to then act in ways that do not use their feelings and emotions, resulting in dangerous practice. Ferguson writes extensively about the psychosocial dynamics at play in the tragic case of Victoria Climbie. Firstly, Ferguson writes about the phenomenon whereby workers are paralysed by fears for their own safety, which results in them distancing themselves from marginalised children. There were serious concerns omitted from the notes of social workers who visited Victoria, and the workers could not account for why this was. Cohen (2001) refers to this phenomenon as a 'fear of violence' which results in:

> 'an active looking away, a sense of a situation so utterly hopeless and incomprehensible that we cannot bear to think about it'. (p194).

Rustin (2006) considers that work discussion groups have an as-yet undeveloped research potential. Much can be learned from work discussion where observers report on observations, which includes aspects of their own working practice (Bradley & Rustin, 2008). Furthermore, Rustin (2012) states;

> 'There is a need for the 'research purposes' of infant observation to become more fully elaborated, and for more explicit research agendas to be mapped out. Although valuable understanding has been achieved from observations undertaken initially for purposes of psychoanalytic education, more may be done where research is the primary aim of an observation at the outset'. (p.19)

In addition to these recommendations about the benefits of reflective groups and infant observation, Hartland-Rowe's (2005) paper highlights some of the challenges for a consultant running this kind of group. Her paper focuses on potential issues that occur when supervising and teaching a work discussion group, such as encouraging the staff to bring an honest account of their work and reactions to the observations rather than what they think is an impressive piece of work in the form of a 'presentation'. This is helpful when thinking about the practicalities of offering reflective supervision to staff in the centre, some of whom may be resistant to a new intervention or feel exposed when talking about their work.

3.5 Dynamics in the workplace

Systemic trauma

Goddard and Stanley (1994) highlighted the need to think about social workers' exposure to this kind of violence and threat in terms of trauma. They use the idea of 'hostage theory' whereby workers feel psychologically captured in the relationship with the threatening parents. Ferguson (2005) highlights how the deep, emotional impact of child protection work on staff affects the ability to protect children, due to workers being preoccupied with their own safety. In the setting of a child contact centre, this might not be as overtly risky as a home visit, but the threat could feel the same, even if the parents are more menacing than directly violent. Ferguson states that the social workers in the Climbie case acted out abusive patterns with one another that mirrored the dynamics of the family. Ferguson highlights that,

> '…there was a complete lack of attention to process and feelings, no space for reflection, for slowing things down'. (P.791)

He emphasizes that the more that workers are nurtured, protected and cared for, the more they will be able to provide effective support for the children they see. Ferguson suggests that the biggest problem with social work is the failure of staff to understand the complexity of service users, and their own relationship towards them. Interestingly he highlights how:

> '…empathy, sensitivity, warmth and Rogerian 'unconditional positive regard' are still consistently defined as what social work should be about. This leaves social workers without a theoretical base to understand this kind of work, particularly for involuntary clients.' (p.792)

He advocates for more openness in these roles and acknowledgement of the conflict in these relationships with families. He argues that the majority of social work is about dealing with the destructive side of humans, and that psychoanalytic theories should be used to understand this kind of relationship-based work. This fits with theories learned from my professional training, whereby it is important to acknowledge negative feelings towards clients, rather than dismissing them which can lead to more unhelpful 'acting out'. Winnicott's (1947) paper entitled Hate in the Countertransference is relevant here; he emphasised that negative feelings towards clients only become problematic when they are repressed and not subject to conscious control. Self-awareness is key in ensuring therapists do not act out the countertransference in a harmful way. This is prevented through regular analysis or supervision. It is interesting to consider training contact supervisors in this invaluable concept to support their work.

Bentovim (1992) a Family Systems Theorist believes that therapeutic treatment has to address, '…each individual involved in the trauma-organised systems as well as the system as a whole' (p.48). Bentovim highlights that it is important to talk about traumatic experiences and that if this does not happen then abusive behaviour can be reenacted. He writes that the essence of trauma-organised systems is that 'they are focused on action, not talking or thinking'. (p.49) In this sense, further thinking and processing could prevent trauma from being reenacted in a dangerous way within the supervised contact centre.

Bloom (2011) applied the idea of trauma-organised systems to organisations that provide services to traumatised individuals and families. They explain that organisations are like 'living systems' that are vulnerable to chronic and repetitive stress. Bloom uses Searle's (1955) concept of 'parallel process' to explain how the trauma and dysfunction can replicate itself throughout the organisation. They explain that chronic and repetitive stress on social services

and similar organisations results in these workplaces displaying problems that mirror those of their clients. Examples of this could be organisations that are crisis-driven or hyper-aroused, having lost the capacity to manage difficult emotions within the institution. This leads to a failure to learn from experience, which they term as an 'organisational learning disability' because knowledge formally gained is subsequently lost. Decision-making becomes reactive so that short-sighted policy decisions are made that compound existing problems. Some symptoms of an organisation where this has happened is characterised by leaders who become more authoritarian and punitive, whilst the workers beneath them become passive aggressive and demonstrate learned helplessness. The entire environment becomes progressively more punitive and unjust.

Wakelyn (2011) describes that when organisations are driven by trauma rather than development, they lose contact with the reality of children's experiences. Her study relates to an observation of an infant in foster care and highlights the importance of providing training to staff and foster carers working with these infants. She argues that this could enhance and encourage emotionally responsive caregiving to these at-risk infants. She suggests that further research is needed in this area to think about how therapeutic observation could be implemented with infants and young children in care. Observation and its therapeutic use will be discussed in more detail later in this chapter.

Consulting in organisations

Obholzer (1994) wrote about those working in the health professions needing to understand and confront the primitive emotional states that underpin these relationships. He highlighted that working in the human services evokes feelings of 'anxiety, pain and confusion' (p.206). He considered how the staff members can sometimes function ineffectively and become chaotic. Obholzer felt that organisations develop defences against difficult emotions that are too threatening or dangerous to acknowledge. This could be from a number of threats from inside the organization, from management, employees and the nature of the work and client group. He felt that the main defence that is

employed is denial, where feelings are pushed out of awareness. He highlighted how organisational consultants can be met with resistance. This is relevant to understanding barriers I encountered whilst setting up the intervention, and will be discussed later in the thesis.

Obholzer states that his favourite definition of consultancy is 'licensed stupidity'. By this he meant that the consultant, as a non-staff member, is in a position to ask naïve questions to people in the workplace from a position of curiosity. It may be that themes emerge in this project that are linked to the larger system around contact supervision. Obholzer uses the analogy of needing to employ an architect whilst refurbishing a building to locate load-bearing walls and so on. He points out that omitting to consult on aspects of organisational dysfunction can bring the house to fall down. He wrote that,

> 'Consultants to institutions can be regarded as having an analogous role to the architect's, predicting which are the load-bearing structures, and helping to identify what sort of emotional loads these structures are carrying.' (p.209)

He felt that,

> 'The consultant who offers a psychodynamic understanding of institutional process also brings a state of mind and a system of values that listens to people, encourages thought and takes anxieties and resistance into account.' (p.209)

Obholzer wrote that there is a need for work-related staff support systems to contain anxiety that arises form the work. This relates to other literature in this chapter that recommends the need for reflective practice and emotional support for staff.

3.6 Application of psychoanalytic concepts

Psychoanalytic theory in the workplace

I will now briefly discuss some psychoanalytic ideas which could be helpful and relevant to working with children and families where there are psychological difficulties. These ideas are also key in thinking about the contact supervisors

and what they are exposed to in their role, as well as the challenges for the children and families. Some of these ideas link to previous literature I have included, particularly those related to unconscious dynamics in organisations.

Freud's (1914) concept of compulsion to repeat is an important theory to consider in this project. The trauma that repeats itself in families undergoing parenting assessments is something that Fraiberg (1975) has drawn attention to, in her paper entitled 'ghosts in the nursery'. Fraiberg discusses Freud's concept of repetition compulsion and how this manifests with families who have experienced abuse. In this respect it is something that is likely to be relevant to the families discussed in the consultations.

Fraiberg (1982) studied a number of traumatised infants aged between three and eighteen months old, who had experienced prolonged periods of helplessness. Fraiberg observed behaviours in these infants which she termed 'pathological defences', as a way of coping with perceived threats. Many of these infants associated their parent with posing a threat to their functioning and were observed to display a number of defensive behaviours to protect themselves. Fraiberg names these defences as 'avoidance', 'freezing', 'fighting', 'transformations of affect' and 'reversal'. This theory is relevant because many of the young children undergoing supervised contact have experienced severe neglect and abuse and display these behaviours. When running the infant observation workshops with the contact supervisors I became aware of how many of these defences were evident in the infants discussed. In particular there were examples of infants avoiding their parents and deliberately moving their eyes away from their parents, freezing responses where infants appeared completely immobilised during contact sessions.

Youell (2005) makes the point that it is important to understand observations of children against a theoretical framework of psychoanalytic theory and child development research. She gives an example of the importance of looking beyond the surface of behaviour, particularly for understanding infants and says, "A quiet, uncomplaining baby is not necessarily a healthy and contented

one" (p.52).

Bion's (1962) theory of thinking is relevant when making sense of the experience of consulting in the centre. The notion of 'container-contained' comes to mind when considering my function as a reflective consultant, to digest fragmented, unbearable experiences brought to me which can be subsequently turned into thoughts. In this respect the reflective consultations offer an apparatus for thinking. The function of my intervention in the contact centre was to offer a receptive mind between myself and the contact supervisor, so that experiences they have in the contact sessions could be metabolised and made sense of. The staff in the centre are on the receiving end of many projections throughout the day, and this needs to be made sense of so that thinking can take place rather than mindless action. The theory of thinking links with ideas by Klein (1946), who introduced the concept of projective identification as a concept that occurs in both normal and abnormal development. Spillius et al (2011) explain:

> 'Projective identification is an unconscious phantasy in which aspects of the self or of an internal object are split off and attributed to an external object. The projected aspects may be felt by the projector to be either good or bad. Projective phantasies may or may not be accompanied by evocative behaviour unconsciously intended to induce the recipient of the projection to feel and act in accordance with the projective phantasy.' (p.126)

The term 'mentalisation' is referred to in work with children and families, stemming from psychoanalytic theory. Fonagy (2004) defines the term mentalisation as the ability to make use and use mental representations of their own and other people's emotional states. Fonagy postulates that inadequate parenting, leading to certain attachment styles, can leave children unable to regulate and interpret their own feelings and those of others. This is relevant to the research project because the contact supervisors are regularly required to attempt to understand the experience of the child in contact and make sense of this in their contact reports.

Klein (1946) captured how the newborn infant is overwhelmed with primitive

experiences which are absorbed and understood by the mother, then returned to the baby in a more digested form. An example might be the feeling of hunger which the baby communicates with crying in a particular way, and the mother reflects back to the baby she understands this is needed and satiates the baby's need to be fed. Klein explained that this process happens prolifically throughout the first months of life. The infant is known to be in what Klein termed the 'paranoid schizoid position', where good and bad are kept separate in the infants mind. It is only through this containment that there is a gradual realisation that the mother is both the frustrating and gratifying object, and the infant reaches the depressive position of development; a more integrated psyche when the infant realizes that it loves and hates the same person. Klein felt that people continue to fluctuate between these two positions throughout life, and when under acute stress can regress back to the paranoid schizoid state. The paranoid schizoid position is an attempt to avoid pain. In the workplace the client group of children and families are often 'projecting' painful experiences, and the staff group are bombarded with these.

Crasnow (2016) describes the paralysis experienced by contact supervisors who function as an emotional receptacle for unprocessed loss during the contact encounter. She describes how the supervisor has to witness and act as the receiver for powerfully affective interactions for families in a stage of painful transition. She also highlights the ambivalence that contact supervisors experience such as seeing the parent's vulnerabilities whilst acknowledging the harmful and abusive behaviours towards their children. Crasnow recommends that contact supervisors are offered greater support structures such as peer support groups, similar to those that were run by Kenrick. These groups offered staff the opportunity to reflect upon their experiences with families in a non-threatening setting that was removed from the formal assessment decision-making process. Crasnow found that supervised contact is a psychosocial site of unresolved loss and as such is an emotionally charged setting for supervisors and families. She recommends that the process of recruiting contact supervisors is given deeper thought, such as developing interview questions that focus on how people manage in emotionally demanding settings. She

points out that loss reverberates throughout the system amongst the children and families as well as social care networks.

Menzies-Lyth (1988) found that staff regress to the paranoid schizoid position at work and use primitive defences of splitting and projection as a way to manage their high levels of anxiety. Menzies-Lyth studied unconscious dynamics in a hospital and found that nurses projected their best parts onto their superiors and the superiors projected their irresponsible parts onto their subordinates. This defence system prevents the individual from feelings that come with the depressive position such as guilt, uncertainty and anxiety.

Staff working in organisations that support clients experiencing trauma experience a barrage of projections from their clients. A natural way of coping with this is to avoid the emotions and use projective identification to rid themselves of the unbearable experience. Menzies-Lyth found that nurses were split off from their feelings and they referred to the patient by their bed number or medical condition such as 'the kidney in bed 14' to avoid close relationships with patients. Menzies-Lyth also found that performing repetitive tasks was another way that the staff managed their anxiety and avoided being affected by the human contact of ill people they helped. Bion's (1970) concept of containment is key when thinking about these concepts where the mother contains the experiences of the baby and returns them in a digestible format. If the anxieties of staff in an organization are left uncontained then this can lead to them operating in the paranoid schizoid position.

Psychoanalytic observation as a clinical tool

Esther Bick (1964) developed the method of infant observation as a clinical tool for training psychotherapists. The idea was to learn more about early mental development, and improve observation skills, due to focusing on what is seen as opposed to what is said. Harris (1987) suggested that this could be used for professionals other than psychotherapists, to enrich their practice, and following this others working with children and adolescents could join infant observation seminars at the Tavistock and enrich their own practice. These seminars

continue to run at the Tavistock and in other institutions, and members are invited to present an account of an infant that they are observing regularly. I took part in these seminars for two years prior to the clinical training. Members are provided with support from the seminar group as well as a supervisor to try to make sense of the infant's experience, using one's own emotional responses as guidance. It is striking to me that contact workers are exposed to many hours observing infants every week, often with disturbing interactions, but do not have this supportive and enriching facility.

Clinical application of infant observation is a growing area of interest, particularly in terms of early intervention for at-risk infants (Rustin, 2009). The use of observation in clinical work with autistic children and their families has also been applied (Alvarez and Reid, 1999). To clarify, I am not proposing that contact staff should be expected to provide this level of intervention for the families they supervise, but suggesting that it would be interesting to see whether investing observation training and reflective practice into their work could result in more detailed, useful observations, as well as a potential by-product of better quality contact. This is something that is beyond the scope of my study; I am more broadly interested in learning about the challenges of contact work through offering a reflective space to staff.

Rustin (2012) has written about infant observation as a method of research and the contribution that it can make to the growth of knowledge in psychoanalysis. Rustin writes about the learning tool of infant observation where,

> '…observers learned to attend to and record the fine detail of infant-mother interactions and also found that their experience of the situation could be an emotionally intense one' (p.14)

Rustin writes about a hybrid method of supervised 'therapeutic observation', being used to work with families and young children in difficulty, suggesting that help can be given through the watchful and containing presence of an observer. Bower (2003) writes about the importance of theories that enable social workers to process their experiences with clients.

Gretton (2006) has written about therapeutic observation of an infant and mother, where the child seemed at risk of developing autistic traits. Her work demonstrates what a sensitive observational intervention can achieve in enabling the mother-infant pair's capacities to relate to one another. Similarly Hollman (2010) writes about the impact of a year-long observation of an 'at risk' mother/infant pair, by examining their experiences of each other. She adopted a more interventionist approach in this work, and over the course of the year the mother and infant's relationship developed in a very positive way, with the pair internalising the observer as a thinking, caring reliable and steady individual who affected their development. The 'containing' experience of being observed became a positive therapeutic experience which in turn enabled an at-risk mother to connect with her baby. This method was discussed by Briggs (1997) who observed five at-risk infants who were developmentally delayed. Briggs adapted the observer role and likened his intervention to 'auxiliary parenting'. He describes this as a form of purposeful activity where, rather than initiate interaction, he responded to the infant in a purposeful way. This made a contribution to the quality of the infant's development. Houzel (1999) has also written about infant observation as a therapeutic intervention in child psychiatry whereby observers are more proactive and could therefore help at-risk families where the quality of the infants care was at risk. Furthermore, Wakelyn (2011) describes the positive impact of a therapeutic observation of an infant in foster care. The aim of this study was to find out about the experience of a young child in care, learn more about reasons for under-detection of emotional difficulties in this age group, and inform training and support for professionals. Wakelyn (2012) highlights that more than half of all children entering care in the UK are infants and children under five, and that the emotional and mental health needs of this population tend to be overlooked. These examples of therapeutic infant observation could be applied to contact work, perhaps in a more diluted form, with the correct supervision

More specifically, Trowell et al (2008) highlight the use of observation in court and assessment work. They state the changes in The Children Act 1989 shifted

the focus from parents as having rights, to them as being responsible for their children. This placed importance on children's rights, and required more sophisticated skills from professionals undertaking assessments of children. Trowell et al explain that it is challenging for professionals who are trying to understand a child's emotional state and their internal world. They stress that observation is a valuable way of sourcing information about this:

> 'Once professionals have developed their observational skills they need to have the time to both observe and then, having written notes directly on their observation, to process the material. This may involve discussion with others, but usually, given a space to reflect the professional is able to draw out the significant issues.' (p.98)

Trowell et al suggest that it is not just behaviour and non- verbal interaction that is observed; it is important for the observer to be receptive to the emotional state of the individuals and the feelings that are bound up with this interaction. The emotional impact on the observer provides information as to what is occurring between parent and child. Trowell et al summarised the outcomes from a questionnaire of social work trainees who undertook an observation as part of their training. The benefits they reported were an increase in professional skills, personal development, more focus on the child and the benefits of observation for assessments. They did identify that they found it hard to find time to do the observation and that it could be distressing at times. Trowell et al concluded that,

> '…observation is a valuable tool to assist those in the caring professions with their painful, difficult and demanding work. It enables practitioners to learn more about their clients and also to clarify how their own background and issues may interfere with their objectivity.' (p.98)

3.7 Interventions for at-risk infants and children

Efficacy of parenting programmes

Contact is an underused area of potential for improving child welfare (Sen 2010, Sen and Broadhurst, 2011). Klevens and Whittaker (2007) found that many child abuse prevention programs that address risk factors have not been sufficiently evaluated and generally have been found to have little effect on child maltreatment or its risk factors. As noted before, there is no mandatory training

for contact supervisors other than some experience working with children in some capacity. Whilst working as a trainee child and adolescent psychotherapist I delivered training to a number of professionals in the local authority on infant mental health, attachment and observational skills. These trainings were often attended by members of the family assessment centre, particularly contact supervisors. These infrequent training events ran alongside the more regular infant observation workshops. Usually educative-style parenting programmes are recommended for at-risk families and I am interested to explore the literature in relation to this. I am particularly interested in this in relation to Crasnow's (2016) study where she discussed the theme of 'parent-as-child', highlighting the fragility and vulnerability in the parents who are being assessed.

Considering further the complex task of parenting interventions for at-risk families, Youell states (2005),

> 'Some parenting skills can be learned, but parenting demands more; it demands a capacity to think about and understand the child's emotional experience and to manage anxiety'. (p.52)

This is an important point and one which resonated with me from what I had learned from the contact supervisors I met through the infant observation workshops. Fraiberg's (1975) approach to working with at risk parents was to offer parents the opportunity to be cared for. She felt that once the parents' own distress was heard they were better able to meet the needs of their children.

Anda et al (2006) found that there is a large amount of evidence that suggests that child abuse results in higher spending in health care and that the cost effectiveness of early intervention for infants is widely accepted. Barth (2009) makes the case for implementing parent training progams to limit the costs on health and social care. Barth recommends more research trials to compare the efficacy of parenting programs that focus on parenting education and those that aim to reduce risk. Lieberman et al (2009) found that Parent-child psychotherapy appears effective in reducing the behavioural problems and

traumatic symptoms of children living with domestic violence. It has also been shown to reduce Post Traumatic Stress Disorder symptoms in the mother and allow the mother to discuss the violence that occurred. It is for this reason that I will now summarise some interventions that are informed by psychoanalytic observation and attachment theory.

Psychoanalytically informed interventions

Video-Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) is an evidence-based video-feedback intervention designed for at-risk children and parents (Juffer et al, 2016). It was developed in Holland with attachment theory underpinning it. The aim is to improve parental sensitivity and strengthen the attachment between parent and child. VIPP-SD is recommended in the NICE guidelines for children with attachment disorders. The practitioner works to increase the observational skills of the caregivers, increase their knowledge about the development of their child, increase empathy from the caregiver to their child, and move towards more sensitive, responsive discipline. This intervention contrasts with more traditional group-based educative parenting programmes, and offers the opportunity for reflective function to develop in the caregiver. It would be interesting to consider whether staff could be supported to train in an intervention such as this, to improve the quality of the contact between parent and child, particularly because behavioural difficulties in children can reduce when there is meaningful contact (Grotevant et al 2013). Alternatively it might be considered beyond the role of a contact worker and expecting too much when they are already overwhelmed with the task of observing the contact.

'Watch Me Play!' is a model that's being developed to promote self-directed, free play for children with the full attention of their carer. Wakelyn (2016) is part of a team currently developing this model. They noticed how this type of play can reduce distress and anxiety in young children. They highlighted the need for an accessible, short-term, affordable intervention that is targeted and evidence-based for vulnerable young children in care. Part of this intervention involves training social care staff in play and observational skills. Similar to this is an

intervention called, 'Watch, Wait and Wonder' which is a child led psychotherapeutic approach that uses infant's spontaneous activity in a free play format to enhance maternal sensitivity and responsiveness in early parent-child relationships (Cohen et al 1999).

I used a handout from the organisation 'First Step' which has some observation guidance for staff (Tavistock and Portman NHS Foundation Trust, 2014). This was provided by my research supervisor and draws on parent-child interaction research. First Step is a,

> 'screening and assessment service commissioned by the London Borough of Haringey to identify the psychological, emotional and mental health needs of children and young people who are in care or entering care' (p.1)

I gave this to staff during my intervention and they found it a helpful tool. It consists of bullet points that highlight signals that the infant might make which can help understand the interaction between parent and infant. An example that is given is:

> 'The child looks or speaks to the adult to share interest, curiosity or pleasure
> The child turns to the adult for reassurance if a stranger enters
> The child seeks comfort from the adult when they are upset or hurt
> The child smiles or responds verbally after the adult speaks or touches them
> The child vocalizes, speaks or moves freely when with the adult'
> (p.1)

These interventions are already used with many at-risk children, but it is notable that there is no literature that highlights the use of an intervention specifically for supervised contact.

<u>Residential parenting assessments</u>

Ongoing work with parents whose children are in care is more developed outside of the United Kingdom. For example, in Denmark there is a concept of 'Samvaer'- being together- which involves higher levels of parental involvement in the contact. This involves more specialist residential care and higher levels of professional qualification which appears to contribute to its success (Boddy,

2013). However, in the UK in recent years there have been financial cuts to this kind of therapeutic intervention. As Crasnow (2016) highlights, supervised contact between children in care and their birth families has seen a sharp increase in recent years as a result of more families entering the care system; this is at the same time as huge cuts in welfare funding.

The Cassel Hospital in Richmond, London was a therapeutic family intervention service which closed in 2011 (www.wlmht.nhs.uk). The intention was to help parents to develop life skills that they could then use in order to safely care for their children. Following treatment they could move back into the larger society as individuals who were able to take responsibility for themselves and their children. In this way the service aimed to break the cycle of generational abuse and neglect. Without treatment, families who could otherwise be safely rehabilitated through the work at The Cassel, would end up costing the tax payers more in services such as fostering, adoption, youth justice and long term mental health provisions.

3.8 Policy and legislation

Practical guidance on contact

I will now summarise some policy and government papers related to both contact and supervision for social care staff.

In 2003, Justice Munby, a judge who is President of the Family Division of the High Court of England and Wales, handed down a judgement with reference to the frequency of contact stating, “Typically, if this is what the parents want, one will be looking to contact most days a week and for lengthy periods” and he concluded that “contact two of three times a week for a couple of hours a time is simply not enough if parents reasonably want more”. Since then, in light of the evidence on the impact of inappropriate contact on infants and babies, he has changed his recommendation. At the Family Justice Council Conference in 2010 Munby stated that it is important to take into account the welfare of the child before considering what is reasonable, ultimately prioritising the needs of babies and young children. Munby argued that the question of interim contact is

often an afterthought in the courtroom. He has now recommended that, in light of recent evidence, judges need to hear about the impact on babies of too much contact so that appropriate contact orders can be made in court proceedings.

In addition to this, in 2015 Judith Masson, Professor of Law at Bristol University, stressed the need to return to the principles of the Children Act (1989) when considering contact, ensuring the welfare and interests of the child are of paramount importance and arguing that any generalized rules on contact do not take this into account. Under the Children and Families Act (2014) the local authority has a duty to allow reasonable contact for looked after children, which differs from the previous duty to promote and encourage contact which was set out in the 1989 Children Act. The local authority now needs to balance the decisions for contact with the need to safeguard and promote the welfare of the child, considering the importance of the relationship and the potential for disruption. Furthermore, Munby argued that care proceedings were taking too long and resulting in harm to children who require certainty, with care and supervision cases taking an average of 56 weeks. In April 2014 Munby implemented a reform of the family justice system that imposed a 26 week time limit for children undergoing care proceedings, with the aim of reducing unnecessary delays.

Baynes (2015) highlights the limited research in this area with most studies focusing on contact post-adoption as opposed to other looked after children. The report states that children who are subject to care proceedings tend to have relatively high levels of contact whilst decisions are made. It highlights that, in the longer term, contact can be positive, negative or mixed for children living away from their birth parents (Ashley 2011, Macaskill 2002). It highlights that it is important to pay attention to how a child is before, during and after contact as well as their verbally expressed views. Some children ask for more contact than they can cope with emotionally (Macaskill, 2002, Sturge and Glaser, 2000).

Reflective practice and training recommendations for contact

The Munro report (2011) was a report written by Professor Eileen Munro which

sets out proposals for social work reform to enable professionals to make the best judgments about how to help vulnerable children and young people. The Munro review argued that skills in forming relationships, using intuitive reasoning and emotions, and using knowledge of theories and empirical research are equally important components in effective social work. Munro highlighted that attending to the emotional aspects of social work is an essential component of supervision and recommended that more reflective supervision is provided in social work.

The Family Justice Review (Ministry of Justice, 2011) states that there is a great need for ensuring the voices of children and young people are heard throughout court proceedings and that specialist support is needed to capture these;

> Section 2.30. 'A very high percentage of children in court proceedings are pre-schoolers. There is a need for skilled professional support in relation to very young children.' Pp. 46
> Section 3.101. 'Social workers will need to develop a strong understanding of child development'. Pp.113

Lord Laming (2003) has termed reflective supervision as the 'cornerstone' of safe practice. The organization 'Research in Practice' responded to strong demand to build the evidence base in the area of reflective supervision and started the Reflective Supervision Change Project in 2014-2015 (Earle et al 2017). The idea behind this was to facilitate critical thinking and analysis of cases, explore how supervisees' own values and experiences influence their practice, and help to build emotional resilience in the demanding work of children's social care. This project provided a number of tools that staff with supervisory responsibilities could implement in supervision. This is in line with Crasnow (2016) who suggested that local authorities develop support systems for their contact services.

'The Developing Child' (National Scientific Council on the Developing Child, 2007) is a document which highlights the negative impact of toxic stress on the infant and the need for at-risk families to have skilled clinicians to support the parents;

> ‘When program resources match the needs of the children and families they are set up to serve, they can be very effective. When services are asked to address needs that are beyond their capacity to meet, they are likely to have little impact and are therefore too expensive, despite their low cost’. (p.11)

The paper links neuroscience research with the importance of early intervention for infants and young children who are at risk.

The National Association of Child Contact Centres (www.naccc.org.uk) has collated data on quarterly returns from contact centres, aiming to capture the number of children and families who are supported by these services. This information is then fed to The Ministry of Justice, Cafcass and media requests. In April 2016 they found that there were 113 centres who offered both supervised and supported intervention. Of these, 16,044 used the centres (Contact Matters, 2016). The NACCC is campaigning for contact centres to be accredited to their organization so that this would be a legal requirement rather than a choice. They want to ensure that contact centres abide by good standards of care.

The NACCC (2011) have published a best practice manual for supervised contact. In this they state the person specification for contact supervisors, which states that no formal qualifications are needed, however a CSE, NVQ or GCSE is desirable. They state that three years working with children and families is an essential pre-experience. In addition to the staff requirements, the guide states that external supervision with a qualified and experienced supervisor is necessary if the nature and complexity of the work demands it.

3.9 Conclusions from the literature

There are a small number of studies examining the impact of contact on young children and infants, specifically highlighting the potential disadvantages of ill-thought out contact on the infant’s development. There is a focus on the disruption that frequent contact causes and how detrimental this can be to infants. The literature suggests that there is a need to capture the voices of

infants and young children to better understand behavior, non-verbal communication and internal world; this is particularly important when making decisions about children having contact or being removed from parents or rehabilitated. Whilst there is some literature on the challenges of supervised contact after adoption, there is a shortage of knowledge about supervised contact for looked after children. Furthermore, there have been a number of recommendations in the literature about providing greater specialist support for staff working with at-risk parent-infants as well as the need to provide more effective support for parents.

Having reviewed the literature it is apparent that although there is some literature on reflective practice and the benefits of offering this kind of supervision in social work, I have found very little that relates specifically to contact work and in particularly contact supervisors. Crasnow's (2016) study is an exception to this and focuses on the experience of the contact encounter itself. Aside from this, there is a noticeable absence of literature on the emotional experience of being a contact supervisor and the complexities of the role. There appears to be little literature that unravels an understanding of the emotional demands of what it is like to perform this work. It would seem that there is no research on the potential impact of reflective supervision for this particular staff group and whether it could have a positive or negative effect on contact staff and their work. Furthermore, there is a lack of literature on the training needs of being a contact worker, but a general acknowledgement that the training and expertise varies greatly amongst contact staff. The literature suggests that further training and supervision would benefit those staff who are involved in regularly observing children undergoing court proceedings, but there appears to be no research exploring this specifically.

The potential damage to infants by having too frequent and poor quality contact is concerning, and the need to offer support to parents and children is great. Investing in supporting those contact staff who see these families frequently could have a positive impact on children. The literature suggests that there is a need for skilled parenting support to improve the quality of contact. There could

be further trauma to already vulnerable infants if this is not provided. There is a suggestion in the literature that traditional parenting courses may not be successful with very complex and disturbing parent-child relationships and that they may require a more therapeutic observational approach. Developing observational skills in the staff could have a positive impact on troubled parent-child relationships.

In terms of government policy, it seems that this has been amended in recent years and has taken into account recommendations with regards to children's developmental needs. Additionally, there are a number of policies stating the need for more reflective practice and training for social workers. These policies have not been specifically targeted at contact staff who offer a different but important role for children in care.

From my current role in CAMHS I am aware of the limited resources available for CAMHS staff to provide supervision to other services such as teachers, social workers and contact staff. Not enough is known about the impact of consultation on supporting contact workers and the positive/negative effects of this on the staff involved.

The current study aims to understand more about the challenges that supervised contact brings, from the perspective of a contact supervisor. This could highlight a greater understanding of contact work and subsequently enhance the quality of these very important interventions for children and families.

4. METHODOLOGY

4.1 Research overview

Qualitative methodology

In this chapter I will explain how I set up the project in the contact centre. I will explain the methods used for collecting the data for this research using my process notes from the reflective consultations alongside the interviews with staff. I will then explain why I chose the research methods I used for analysing the data. Finally I will discuss the research problems I needed to consider.

I will now briefly reiterate the aim of the research, which was to explore what could be learned about the challenges of supervised contact, through offering a reflective space for staff. I deliberately kept this question quite open, to see what could emerge from the intervention and then narrowed down the themes that developed to draw out further understanding. I initially started the project wanting to see whether a reflective intervention could be established in the centre, but I soon realised that the project was naturally evolving towards a more holistic approach to understanding more about the challenges of contact work. I felt that this would be a more interesting and viable direction to go in using an exploratory approach to see what emerged from the data. This also could include any findings about what staff gained from the consultations. It is for this reason that the title of the thesis evolved over time.

One of the main strengths of choosing a qualitative approach for this project is that it helped me explore the meanings the staff gave to their experiences at work. It enables the opportunity for the participant to take the lead in the data collection, offering information that is insightful and rich. For example, allowing staff to choose which child they wanted to discuss with me provided me with information about the sorts of cases they found difficult, and generated more detail than if I had been prescriptive about what they could discuss. Obholzer's (1994) notion of consultancy as 'licensed stupidity' appealed to me, in that the freedom of not-knowing or being a contact supervisor myself, allowed me to ask questions in a naïve and unthreatening way. This reminds me of Bion's (1967)

notion of entering the analytic session 'without memory or desire', allowing the process of the here and now to fully emerge.

In many ways this project has similarities with 'Action Research' (Lewin, 1946); a method for intentional learning from experience in which the researcher intervenes during the research. The idea is to help bring about positive change as well as generating knowledge and theory. Denscombe (2010) writes that the aim of action research is to solve a particular problem and to produce guidelines for best practice. In this research I was interested in understanding challenges by capturing the voice of the contact supervisors, to gain further understanding about this valuable work. In this respect I was not merely an observer in the centre but an active participant in the process, which gave me a better understanding of the problems the staff faced. If I were a contact supervisor myself, and supervised contact sessions, this might have added an extra layer of understanding. On the other hand it could have involved me too much in the process and I would not have had the fortunate position of being an outsider, learning about contact work from a position of 'not knowing'. The written process notes or write ups I undertook after the sessions are the action research notes.

As stated earlier, when I submitted the research proposal I initially intended to focus on the benefits and challenges of offering a reflective intervention to contact staff. However, as the consultations took place, I became increasingly interested in learning about challenges relating to contact work itself, and the role of contact supervisors. This is because I could see that there were parallels in both the experiences of the staff and the children undergoing contact, similar to that of a parallel process (Searles, 1955). Biggerstaff (2012) highlights how in qualitative research such as this, the research question is refined and developed throughout the process, and certainly in this case it became more focused as the intervention progressed. This can be thought of as a 'bottom-up' approach such as is used in Grounded Theory (Charmaz, 1995). Qualitative research offers an exploratory approach to gain a richer understanding of

feelings and emotion in the work. This would not have been possible in a questionnaire format or quantitative approaches.

4.2 Recruitment

I have included information on how I set up the service in the introduction of this thesis, because I wanted to set the scene for the reader and give more information about the clinical context. However, in terms of recruiting the participants, my clinical supervisor from CAMHS knew the manager, Kate, and some of the staff from the contact centre in a professional capacity, and was able to arrange an informal discussion with her to discuss my aims for the project. Kate was positive about the opportunity and immediately agreed to me carrying out the research. In addition to this, I had already met some of the staff through the infant observation workshops that I ran previously, and other trainings that myself and colleagues had delivered in the borough. Furthermore, my supervisor's link to the centre may have facilitated a feeling of trust with the staff. Following this initial enthusiasm from the manager, I set up a question and answer session to the contact team where I could explain more about the research and offer participants the opportunity to ask questions. All the contact supervisors were invited to attend this meeting and were authorised to by the manager. At this point I gave out information sheets and consent forms to each of them and asked if they could go away and consider whether they would like to take part (see appendix 2). Participants were informed that they could withdraw at any point of the research.

Following the introductory question and answer session, the manager decided that one staff member was not allowed to attend due to being employed by an agency. This was despite the fact that she worked a similar number of hours to the permanent staff. This particular staff member had been the most challenging towards me in the initial meeting, asking questions in a slightly hostile tone and seeming suspicious of me. The notion of a staff member being excluded made me uncomfortable, in that it discriminated in this way and could have caused a sense of unfairness in the staff group. In hindsight, I wonder

whether she was excluded due to the potential for her showing the centre in a bad light.

Staff members then e-mailed me to show their interest and I arranged to visit for their initial interviews. Four out of the seven contact supervisors took part in the weekly consultation sessions, and agreed to be interviewed. One of these staff members, Zainab, was previously known to me through the infant observation workshops I had run the year before. Interestingly, she was the staff member that attended every session that was offered. It is possible that this earlier familiarity with me engendered trust that meant she was keener to attend.

Having a small sample of four staff members allowed for a detailed, rich exploration of the data. Zainab attended all of the seventeen available sessions, Farzana and Nora attended ten each, and Tina came to six. They all attended two interviews which are included in this number. All seven of the staff team were made to feel welcome, and were assured that they could participate at any time, informing me of their interest by booking in a session with me. It is worth noting here that one of the seven was an agency member of staff and was told by the manager that she was not allowed to attend the consultations. The team administrator would consult the timetable in the staff office and e-mail me the previous day with the names and times of the contact staff I was to see the following day.

4.3 Data Collection

The data was provided through three means; my own process notes written after the consultations, the semi-structured interviews with the contact supervisors, and discussions with the manager. This 'methodological triangulation' of gathering data using more than one method seems important in understanding the richness of the data and what can be understood from it and is an important way of increasing the credibility and validity of the results (Cohen & Manion, 1986). Triangulation also offered an opportunity to enhance the data due to examining the results from a number of vantage points. I hope that the use of these three forms will strengthen the research findings, adding a

rich and rigorous approach. I will now explain further about each of these sources of data.

Process notes

I visited the centre weekly for just over four months, apart from a two-week break over Christmas. I was there each week for a duration of three hours, between 12-3pm on the same afternoon. I made a document with a table for each week showing the session times, allowing a space next to it for staff to 'book in' their chosen space. This was pinned to the noticeboard in the staff office. These slots were 40 minutes long with a gap of 15 minutes in between. In the question and answer sessions I had asked for staff's feedback regarding the length of time they wanted to meet with me, and the consensus was that 40 minutes felt a manageable amount of time. On arrival at the centre each week I would check with the receptionist who had booked in to see me on that day. She would inform me of the names and times and then direct me to the room I was to use. I would then greet the staff in the office in a warm manner, before heading to the designated room and would wait for the first contact supervisor to arrive. All the consultation sessions and interviews took place in the family assessment centre, in various rooms throughout the building. I would begin each consultation by asking the staff member how they were in themselves allowing them space to talk about anything they liked, before we moved on to focusing on the observations. The contact supervisor would either talk through from memory or read out a written account of a contact session they had observed. This could be any session of their choosing. We then discussed the contact together and I helped the staff member to articulate the infant/child's experience. Where requested I would offer thoughts and reflections linking to child development theory and psychoanalysis, but in an easily-digestible form, without using complicated terms. I mainly encouraged the staff member to reflect upon their own feelings that were evoked throughout, as well as sharing my own emotional responses. At the end of the session the staff member would report to their colleague that their session had finished so that the next participant could come and find me when they were ready. Between each consultation I would make notes about what we discussed, including any strong

feelings that were evoked in me, either about the material or the contact supervisor themselves, as well as outlining the content of the consultation session. These handwritten notes served as a prompt for my fuller process notes which I typed up later on. After the consultation sessions ended I would spend approximately half an hour writing up more extensive reflective notes of the whole experience, from the moment I entered the centre until leaving. These formed two sources of written material which I called, 'Process notes' and 'Reflections'.

Semi-structured interviews

The semi-structured interviews were offered to the entire team of contact supervisors, before and after the course of consultations. Four of the eight contact supervisors chose to take part in the initial interviews. Three of the contact supervisors took part in the follow-up interviews. The first staff interview allowed me to study the staff's different attitudes to their observational contact work and learn more about it from a position of 'licensed stupidity' (Obholzer, 1994). These interviews were audio recorded with a dictaphone, the recordings of which will be deleted once this thesis has been examined. The interviews consisted of eight questions (see appendix 3) but I kept the interview free flowing so that the staff member could direct it in the direction they wanted it to go. Each research subject was interviewed for approximately one hour. It was important that the interviews were given a limited amount of structure in order to ensure that each participant had an equal chance to attend to the same themes as the others involved in the project. The interviews enabled me to build rapport with the contact supervisors, and I aimed to show them that I was curious and respectful towards their work. At this crucial engagement stage I wanted to show that I was alongside the workers and a non-threatening presence. The second interview, that took place after the series of supervision sessions, was again structured in such a way as to gain an understanding of attitudes that staff held towards their observational work and how they felt about the reflective consultation sessions. This interview consisted of ten questions and like the initial interview was intended to create the atmosphere of a free-flowing conversation rather than a formal setup. The interview method was influenced

by Hollway and Jefferson's (2000) work on 'free association' and 'narrative work'. In this approach, the psychoanalytic principle of free association is utilised, which assumes that unconscious connections will be revealed through the links that people make if they are free to structure their own narratives. This is so that the full account is preserved rather than breaking it down into parts. There was an opportunity to debrief after the interview and the participants were free to ask any questions about the interview or the research generally, although none of the staff requested this.

The interviews became an important part of the professional task itself, encouraging fuller reflection and discussion about their work. Interviewing helped the staff trust me and 'open up' by talking about whatever they should choose. This set the precedent that the intervention was about supporting them rather than purely me having an agenda. It set up a separate space where the staff could speak in confidence and I could listen and ask clarifying questions. The interviews were lengthy and provided much more information than I could have anticipated.

Discussions with the manager

I had informal discussions with the manager most weeks that I attended the centre and these formed a key part of the research. I thought it would be interesting to hear the manager's view point on contact supervision as another layer of information to add to the richness of the data. On occasion she would ask me to come into her office and discuss a difficult situation, so although she was not formally included in the consultations this developed into a more informal arrangement. I wrote these discussions up afterwards, and any reflections I had, and used this to add to the data. These are included in the process notes.

4.4 Data Analysis

Thematic Analysis

I spent some time deciding which qualitative method to use to analyse the results, considering Thematic Analysis (Aronson, 1995) and Grounded Theory (Charmaz, 1995) as potential options. Thematic Analysis was chosen over the other methods due to there being less of an interest of developing a theory and more focus on informing service development and understanding what can be learned, evaluated and summarised from the intervention. I was interested in learning about supervised contact and capturing this understanding that could help influence practice. It is also true that I was short of time, so Thematic Analysis seemed easier to use and slightly more accessible than, for example, Grounded Theory or Discourse Analysis, both of which I had some experience of previously. I was also attracted by the simplicity of Thematic Analysis that would allow me to present my results in a clear and accessible way, given that the project was intended primarily for the interest of social care professionals. I was initially concerned that Thematic Analysis might not be rigorous or respected enough to use for a doctoral project. This is why I used the version of Thematic Analysis developed by Braun & Clarke (2014) which provides a robust framework for coding to identify patterns across the data set in relation to the research question. Braun & Clarke highlight how Thematic Analysis is often criticised due to people lacking understanding about the variability and flexibility of the method. Thematic analysis enabled me to extrapolate themes that emerged from the material which would enrich the data and illustrate workers attitudes to their work.

Process of extracting themes

Although I used a more rigorous form of Thematic Analysis (Braun and Clarke 2014), I borrowed from Grounded Theory and used line-by-line coding. The idea was to really familiarise myself with the data and add some rigour to the process of extracting themes. I wanted to add an extra layer of depth to the analysis by doing this and really immerse myself in the material.

I chose to sample process notes selecting two separate days when I had visited the centre and saw the most number of staff in one day, which was three staff per afternoon. This amounted to 6 individual consultation sessions but two days

out of the ten that I offered. I then analysed the themes across all these sessions and used a grid to pick out the themes that occurred line by line. The first column in the grid had the line number, the second had the transcript itself, the third had the code, with the fourth having a potential theme. Once this was completed for all the sessions I mapped out the themes on to a large piece of paper and then saw how they overlapped. Over the course of a number of weeks I managed to condense them into fewer themes. I then considered all the material in more depth looking for these identified themes, including using the material in the interviews and discussions with the manager. I located these themes scattered throughout the material. Therefore, I used extracts from across the whole data set rather than just from the two identified days that I initially sampled.

Psychoanalysis

My research was interested in what could be learned about contact by offering a reflective space for staff, and in this respect psychoanalytic theory was used to elucidate understanding from the material. This allowed for unconscious dynamics and individual experiences to be used as ways of gaining understanding. Psychoanalytic theory was used to attempt to make sense of the material, particularly the concepts of projective identification and enactment.

4.5 Potential research problems

Reflexivity

Due to being both the researcher and practitioner within the research, it was important to address potential problems relating to subjectivity. My attempts to build strong relationships with the participants meant that there was a danger of the research being skewed in a particular direction, therefore lacking transparency and accountability. I aimed to be self-reflective about my own perspective and tried to take into account possible biases that may occur. The issue of reflexivity was considered throughout the intervention and discussed in supervision. I tried to avoid this problem of being skewed, by using detailed, reflective process notes which acted like a reflexive journal which is a method advocated by Robson (2011). My research supervisor offered an alternative

perspective from which the situation could be monitored. I also discussed the work with a separate clinical supervisor to help support a reflective stance in my work and provide an alternative point of view. However, Biggerstaff (2012) points out that the qualitative researcher accepts that they are not 'neutral'. The aim instead is to put oneself in the shoes of the participant and attempt to understand the world from their perspective. In this sense I was there to learn about contact work, through capturing the voices of the staff. Banister et al (2011) suggest that any method is open to bias and that it is important to acknowledge that.

Potential Ethical issues

It was possible that once staff started to think more about the painful feelings that were evoked in them throughout the observations, they might have found it overwhelming and it could have affected them in a potentially negative way. Discussing case material could have unearthed something that needed to be processed or could be upsetting to them. This was highlighted to me in the initial meetings when a staff member raised concerns about issues being evoked from their own childhoods. I informed staff before taking part that, should they need it, I could offer additional 'debriefing' support sessions, and could also signpost them to local counselling services should they prefer.

It was also possible that the effect on me of delivering this kind of intervention in addition to my usual clinical work could become overwhelming and potentially cause me to 'burn-out'. Adequate supervision was needed for me in order that I could offer good quality support to the staff. I met regularly with my two research supervisors who offered support.

Additionally there was the issue of sensitive case material being discussed; although the families themselves were not the main focus of the research from the outset, it was clear that the staff would be discussing highly confidential information and that some of this could be of interest in the research findings. It was therefore stated that if this was to be included in the research itself it would

need to be anonymised. Identifying details have been changed in the material to account for this in both the staff and the families. I have also not included full transcripts from the staff's interviews or their contact reports, to protect anonymity.

Consent

Consent for this proposed research was obtained by the manager of the Family Assessment Centre and from my own service supervisor in the CAMHS team where I work. Individual consent from each professional involved in the work was sought; an information sheet and a consent form was given to each participant prior to the research starting.

Ethical Approval

I needed to consider whether the local authority would agree to me undertaking the research, because the centre is a local authority provision. I contacted the local authority regarding procedures for Ethical Approval and obtained the relevant documentation (this has not been included due to confidentiality reasons). This involved completing an application and risk assessment for their consideration. I emphasised that the families discussed in the supervision were not the main point of interest in this research; instead, the work and experiences of the staff were the main focus. Pseudonyms were used to protect the anonymity of the research participants in the transcribed data. I also submitted an ethics application to UREC. This further elaborated on how I would support staff should they become distressed when discussing observations. It also detailed how I would ensure that the sensitive case material discussed was not identifiable in the research itself. Ethical approval was granted by the council in July 2014 and by UREC in September 2014 (see appendix 4).

Data Security

The data that was used in this research was kept in a locked filing cabinet in my workplace. Any information that was saved on the computer such as audio recordings were under a secure password protected file. The audios of the

recorded interviews and meetings will be erased once the thesis has been examined.

4.6 Conclusion relating to the methods used

In conclusion, the methods were chosen due to developing the project as it went along, rather than testing a specific theory. I also wanted to aim to make recommendations to service improvement and the content of the research was intended for those working in social care. This is why thematic analysis was chosen. Much of the detail about setting up the service was included in the introduction because I wanted to 'set the scene' for the research before writing the literature review.

5. FINDINGS

5.1 Introduction

Structure of the chapter

This chapter will illustrate extracts from the data, grouped under the themes and subthemes that emerged. I will display data that has been gathered from the process notes, conversations with staff and interviews. These extracts relate to contact work on a number of levels; understanding contact work as an intervention, the experience of contact work as a job and the reflective intervention itself. The extracts are not presented in chronological order, due to the research being exploratory and not addressing questions of causality; I was not looking specifically to measure the impact of the reflective intervention, but was interested in understanding more generally what could be learned about the challenges of contact work by employing this method.

There are a number of case examples that were presented throughout the consultation sessions and these families will be referred to in the extracts (see 'Setting up the service' for details of the case studies).

At the end of each theme I will briefly summarise what was found. Further meaning will be extrapolated in the discussion section of this thesis.

Throughout this chapter I will use extracts from the following sources; Process notes (PN) Reflections (R), Interviews (Int1, Int2). Verbatim speech will be shown in italics.

I grouped together the following super-ordinate themes that emerged from the data, each with a series of subthemes:

5.2 What happens in contact

5.2i. What is contact supervision

5.2ii. Really getting to know the families

5.2iii. Value and hierarchy

5.3iv. Who is contact for

5.3v. Discontinuity, disorientation and loss

5.3 Trauma

5.4i. Abuse, neglect and deprivation

5.4ii. Symptoms of trauma

5.4iii. Feeling flooded

5.4 The reflective intervention

5.5i. Seeing and not seeing

5.5ii. Sensitivity and detail

5.5iii. Benefits

5.2 What happens in contact

5.2.i. What is contact supervision

The first subtheme captures the different things that happen in contact and the different aspects of the role of the contact supervisor. It highlighted that there were a lot of differences in understanding the role:

Nora: *"Like a security guard"*
(Int.1)

Zainab: *"This centre is different to most"*
(Int.1)

Tina: *"When I worked for another service, my manager told me to take a newspaper into contact..! (laughs in disbelief) And he told me 'don't write too much.' (laughs) In other words he didn't want too much to read"*
(Int.1)

Farzana: *"To be honest, in my old job it was thought of as sitting and watching"*
(Int.1)

Tina: *"What's lacking? Training definitely. There's only one borough that I know of that offers some for contact supervisors"*
(Int.1)

Nora: *"In my previous job I was told to supervise contact between this father and his kids. I was given very little guidance as to what that was supposed to entail. I ended up following them around a shopping centre all day and going to Macdonalds…like a security guard"*
(Int.1)

Tina: *"In other centres contact workers are on their phone, in comparison to how it goes on here."*
(Int.1)

Tina: *"I didn't have no guidance about what to write"*
(Int.1)

Tina: *"In my previous role they said, 'you've got childcare experience-that's enough'"*
(Int.1)

Farzana*: "Some people think it's just sitting in a room"*
(Int.1)

Farzana: "*There's a lot of misunderstanding about what contact work is-even within the field"*
(Int.1)

Zainab: *"It's about the quality not the quantity, so not only they (parents) but the children have an enjoyable contact"*
(Int.1)

Zainab: *"We're advocates for the child"*
(Int.1)

It became apparent that the contact workers seemed to have different understandings of their role, which were not clearly defined and seemed to change depending on the ethos of different contact centres. They highlighted that generally there is a lack of clarity over what is expected; whether they should be observers writing down everything they witness in a session, a bodyguard protecting the children from potential harm, or a detached professional who is not to pay much attention. This variation in role seemed more in relation to different centres rather than within this centre.

In this centre, the management encouraged staff to observe closely and pay attention to their emotional responses. This ethos seemed to have filtered down through the staff, who acknowledged that contact workers witness family interactions unfold and that this is important to capture:

Zainab: *"My manager's advice has always been to notice how you feel before you go into contact and how you feel after"*
(Int.1)

Nora: *"We're encouraged here to think about what we're feeling"*
(Int.1)

Nora: *"We're lucky here- we have had CAMHS support and other training"*
(Int.2)

Despite the consensus that emotional responses are important to notice during a contact session, there was still some confusion over how much contact staff are expected to intervene during contact sessions and how much they should allow interaction to unfold as much as possible without intervention. This did not

seem clear cut, but the consensus seemed to be to 'sit back' unless child is distressed:

> Zainab: *"Sweat was pouring off the baby (laughs)…. We had to terminate the contact…"*
> (Int.1)

> Zainab: *"I had to intervene"*
> (PN.D)

> Zainab: *"I had to interject and say 'you need to check on her and see if she's o.k.- she was hurt"*
> (PN.J)

> Nora: *"He kept whispering to them- I had to stop the contact"*
> (PN.J)

> Farzana: *"The mother was shouting- I had to bring the contact to a close"*
> (PN.J)

> Nora: *"…the children looked frightened- I said that contact would stop if this continued"*
> (PN.F)

> Nora: *"I had to warn him that I would stop contact if he continued to do this, but then he became racially abusive towards me and I called my manager"*
> (PN.5)

In these situations where children were in great distress, there was a sense of needing to react suddenly by 'terminating contact'. This is left up to the contact worker, and they are often left to make a difficult judgement about whether to intervene or sit back and let the events unfold. However, there was also an

understanding amongst some of the staff that at times it is important to model good parenting throughout the contact and occasionally make explicit suggestions as to what they felt the baby/child needed:

Zainab: *"Like, we do support them (the parents) at times, you know, like role modelling"*
(PN.N)

Zainab: *"We're assessing how they set up the room"*
(Int.1)

Zainab: *"Observing families and supporting them as well"*
(PN.O)

Zainab: *"Parents can take it the wrong way"*
(PN.N)

Zainab: *"I played peekaboo with the baby to model this to the mother"*
(PN.N)

Zainab: *"All anxieties, all fears are being played out"*
(PN.F)

Zainab: *"I guided them on how to heat up the milk"*
(PN.N)

Farzana: *"I suggested to the dad that he (Taquarn) needed picking up…stimulation rather than sleep"*
(PN.J)

HL: I wonder with her about these different approaches in contact
(PN.N)

Farzana: *"I was on the edge of my seat, unsure whether to intervene or whether to let the natural course happen"*
(PN.N)

This kind of more active intervention was usually saved for the reflective discussion at the end of contact between themselves and the parent. The purpose of this was to think with the parent about what went well and what could have been done differently, as well as offering advice for next time. It seemed that in many cases the staff felt that parents would listen to the feedback but then behave in exactly the same way during the next contact:

Zainab: *"It's about getting through to her (the parent) and making her understand what we're saying"*
(PN.N)

Zainab: *"The parents are a bit slow at picking up"*
(Int.1)

Zainab: *"Sometimes she does take on the advice but it's not consistent"*
(PN.N)

Zainab: *"The parents should be getting it by now!"*
(PN.N)

Tina: *"There has been one particular parent. She just didn't even want to hear what I had to say. It got to the point when- we just had to end. At the same time I was aware the children had only just left."*
(Int.1)

Zainab: *"We have contact review meetings, case meetings, reflection time"*
(Int.1)

Zainab: *"Sometimes she gets it"*
(PN.N)

These moments where the contact worker advised the parent were often stressful, with parents either becoming hostile or not seeming to absorb the information. The contact workers felt that it was difficult for the parents. They acknowledged that teaching and role modelling was often not effective and that parents often did not seem to absorb information and demonstrate change:

Zainab: *"You can tell them how to do something but it doesn't sink in….they (the parents) need good parenting themselves. It's like flying a plane; if I was a pilot but had no experience of flying would people think it was a good idea to jump in and have a ride?!"*
Zainab laughs a lot here
(PN.5)

Zainab: *"She's articulate, she's intelligent, but she doesn't seem to take it in"*
(PN.N)

Zainab: *"Yes you can try and educate the parent, send them to parenting classes, but it's up to the parents whether they take the information on board, or it they're able to."*
(PN.F)

Generally, this kind of intervention, whether it was terminating contact, advising parents, or role modelling, seemed unclear and an extremely difficult part of the role. In addition to the role confusion experienced by the staff, I too found my role to be muddled at times, and was unsure about what to offer the staff:

HL: I feel I want to give them more tools
(R.N)

HL: Zainab asked me for literature on damage done to the foetus in utero caused by stress
(PN.N)

HL: Zainab asked me for some more reading and I feel like I'm not giving enough
(R.D)

HL: It's time to finish and I find this difficult, like I need to give something tangible to Farzana instead of thinking with her. I get ready to go and feel exhausted.
(PN.J)

HL: I feel ill-equipped to help the staff today, feeling aware of my status as a trainee
(R.D)

At times it felt that the contact supervisors were seeking a more educative approach from me, and I tried to adapt to this whilst also retaining a more reflective stance. I was not able to make direct recommendations in terms of the management of cases or what I felt would be helpful in a more practical sense. On other occasions I felt a strong pull to be in a counselling type role, a supportive figure whom they could speak to in confidence.

Overall, it seems that there are differences in the understanding of the role of the contact worker, and a lack of clarity in the intervention itself. This seems to depend largely on the particular contact centre and their ethos. This centre values paying attention to feelings that are evoked in the sessions and this idea was more consistent across those staff that took part in the project.

5.2ii. Really getting to know the families

The subtheme of 'getting to know' emerged strongly throughout the material. There was an emphasis on the frequency, intensity and sense of being immersed with the families:

> Zainab: *"As a contact worker…the dynamics play out in front of us. We see so much…we really get to know the families"*
> (Int.1)

> Farzana: *"I supervised that contact for 18 months"*
> (Int.1)

> Zainab: *"You see the family day in day out"*
> (Int.1)

> Farzana: *"We see a family over a journey"*
> (Int.1)

> Zainab: *"I've got a daily contact"*
> (PN.N)

> Farzana: *"It might be 3-4 hours each time, especially if it's a baby"*
> (Int.1)

> Zainab: *"This mum has contact three days a week"*
> (PN.N)

> Farzana: *"We see them so much. They act out naturally what they would do at home"*
> (Int.2)

> Farzana: *"Three, four, five times a week"*

(Int.2)

Farzana: *"Sometimes on a daily basis"*
(Int.2)

Zainab: *"Those parents were having five days a week contact"*
(PN.N)

Nora: *"I've been working with this little girl for 9 months. You do get to know these children"*
(Int.2)

Zainab: *"The parents were having contact five days a week"*
(Int.1)

Zainab: *"You get to know the parents. You become part of all this"*
(Int.2)

The intensive frequency allows the contact staff to be deeply immersed in the relationship dynamics between parents and their children. The contact staff spend many hours with the families, getting to know them well. I learnt that contact workers observe some children for many hours a week, often over extended periods of time. The contact staff themselves also felt that they witnessed more than most social care professionals. The centre manager, Kate, talked with passion about the intensity and skill required to be a contact worker, and her strong feeling that the contact team were uniquely skilled and valuable in the process of assessing families. There was a sense that social workers, partly because of their huge caseloads, would not have the emotional capacities to observe in detail in the way that contact staff do:

Kate: *"The social workers couldn't do what they do…..Social workers don't notice and don't speak to families"*
(PN.F)

Kate: *"Outside social workers often refuse to get involved in contact work cases"*
(PN.F)

Zainab: *"The social workers…they don't see the family that often"*
(PN.J)

Tina: *"The contact workers do the predominant contacts but social workers might do one or two"*
(Int.1)

HL: I am amazed at what the contact workers have to deal with
(R.D)

The view from the staff and management was that contact staff know families on a unique level and are exposed to emotional disturbance in a way that others are not.

In addition to this in-depth 'getting to know' from the contact staff, I felt that my role as an external consultant allowed a unique opportunity to really understand the role of the contact supervisors.

5.2iii. Value and hierarchy

On my first visit to the centre I was struck by the inequality in the area; the centre is located in a very deprived part of east London with many council flats, but with Canary Wharf towering over. This inequality seemed evident amongst the profession of social care too, with contact workers needing fewer qualifications than most childcare workers but spending many hours per week contributing a vital role. As mentioned earlier, I learned that there was no mandatory training for contact workers.

Tina: *"What's lacking? Training definitely. There's only one borough that I know of that offers some for contact supervisors"*
(Int.1)

Value and hierarchy relating to contact work were themes that emerged throughout the data. I will start with extracts relating to my experience as a consultant. At times I felt devalued and superfluous to the needs of the centre:

HL: I arrived at the centre feeling stressed and that my research is a waste of time
(R.J)

HL reflections: Only one person has signed up to meet with me today
(R.J)

My experience as a consultant was similar to that of staff at the centre who, at times, devalued their work, thinking it a waste of time. Value and being devalued was a prominent theme throughout the material. It made me wonder about the experience of the children and families who were observed and whether this projection was reverberating throughout the system.

Farzana: *"Sometimes I wonder what is the point? These parents are never going to have the children, we're having to tell them all the time to do things differently"*
(PN.J)

HL: She told me more about her feelings which make it seem like a waste of time. It makes me wonder about my feeling earlier when I arrived into the centre feeling despondent
(PN.J)

Kate: *"Contact workers are seen as the least important of everything. Their written work is very important but they don't feel it is"*

(PN.F)

Kate: *"Contact workers aren't valued in lots of ways. There's not a belief that contact workers are good and know what they're doing"*
(PN.F)

Zainab: *"Maybe because the social worker gave the parenting advice the family took it more seriously"*
(PN.J)

Farzana: *"I never used to think much of it myself (contact)"*
(Int.2)

Nora: *"No, it's not a valued job. People think you just sit in the room and write. I've heard it from people who should know better; social workers for example"*
(Int.2)

Farzana: *"When I first came into contact I did find it wasn't so valued outside of here, in the social care teams"*
(Int.1)

Farzana: *"They (social workers) don't know what goes into it. They think it's just sitting and watching"*
(Int.2)

Nora: *"They (social workers) don't see things… in the child protection meetings when we give opinions we are dismissed"*
(Int.2)

Zainab: *"Maybe because it's coming from the social worker, y'know, she'll take it more into consideration"*
(PN.O)

Nora: *"Even people in the field don't understand it (contact work)"*
(Int.2)

Nora: *"I may not be a health visitor but I have some idea of what I'm doing"*
(Int.2)

Zainab: *"The parents blamed us as contact workers*!"
HL: *"It sounds like you as contact supervisors have to take that and it's very difficult."*
Zainab: *"It is."*
(PN.N)

Farzana: *"There's still a bit of ignorance. Social workers are reluctant. They think it's not an important part of their assessment"*
(Int.1)

HL: Zainab tells me with frustration that the social worker probably has loads of other cases, and the fact that S is clean and fed means in her eyes he isn't much of a risk- despite the fact that he is being neglected emotionally and is understimulated….I acknowledge her anger toward the social worker.
(PN.J)

It became apparent to me that the contact workers often feel undervalued in their role. This seemed to stem from a general sense of having to do the demanding 'dirty work' of contact but with very little influence over the decisions that were being made about the children.

It struck me that the contact workers were doing an incredibly difficult job and knew these children more than any other professional, yet they felt their input was not as valued as the social workers. The manager of the centre strongly

conveyed her sense of appreciation for the contact team, and I shared this admiration for the staff. Contact work seemed to be perceived as a low skilled job, when it is clear that it is highly specialised. The workers themselves had a quiet confidence in the value and skill involved in the job but felt this was not shared in the wider social care system. The staff were engaged with theoretical ideas on child development and keen to learn more. I offered relevant literature to the staff to develop them further:

> HL: I am left feeling amazed at what the contact workers have to do.
> (R.D)

> HL: Zainab told me she wants to train and develop; She's frustrated at the idea of staying in her current job and not developing. I gave her some reading she's interested in on stress and the impact on the foetus. She was really interested in this and wants to do a presentation on it.
> (PN.J)

> HL: I discussed Fraiberg's ideas on pathological defences in infancy, in relation to Samuel
> (PN.J)

5.2iv. Who is contact for

A theme that emerged frequently throughout the material was the question of who contact serves. The staff often questioned the value of contact and who benefitted from it, particularly when they repeatedly saw harmful interactions between parents and children. It seemed that in many cases the children's interests were at odds with those of the parents. Parents frequently wanted their children to be returned to them, but were sometimes unintentionally abusive in the way that they behaved towards their children.

Some of the contact workers felt that contact was more of a formality, to gain enough evidence that it would not be appropriate for the child to be returned to

their birth parents. Meanwhile, staff showed concern that the children were getting older and the instability was having a detrimental affect on their development. Often the staff felt that not only were babies not benefitting from the contact meetings but that their emotional development was hampered as a result. Parents often found it difficult to attune to their babies needs and would use the baby to serve their own emotional needs. Some examples of this dilemma about whom contact benefits are shown below:

> Zainab: *"Sometimes I think, is it for the benefit of the parents or the child?"*
> (PN.N)

> Farzana: *"The time of the contact visits for Taquarn have all been changed to accommodate dad's tiredness and need for medication"*
> (PN.N)

> Zainab: *"Contact was changed in the afternoon due to mum's medication"*
> (PN.N)

> Zainab: *"This baby travels for two hours each way"*
> (PN.J)

> Zainab: *"Why is she (the mother) having more regular contact when she can't manage one hour?"*
> (PN.J)

> Farzana: *"The time of contact was changed to suit the mother's needs"*
> (PN.J)

> Zainab: *"Whose contact is it? Is it my contact? Ha ha the baby was in my arms!"*
> (Int.1)

Zainab: *"The parents are requesting more contact- three times a week. The foster carer feels this is too disruptive for Brianna.'* We wonder together, who is contact for?
(PN.F)

Zainab: *"It should be the parent waiting for the child, not the other way around"*
(Int.1)

Zainab*: "Is it benefitting Brianna to be ferried about in a car for two hours each way, to attend a one hour contact with parents who everyone knows will not be allowed to keep her?"*
(PN.F)

HL: Kate asked me to check an e-mail for her because she was feeling angry and hopeless. She was tearful and emotionally charged, feeling angry about an infant that is having contact which is harmful.
(R.F)

Zainab: *"The baby was distressed and the carer has identified that his routine is being disrupted coming to these appointments"*
(PN.J)

HL: Zainab questioned the value of contact
(PN.J)

HL: At one point in the contact Taquarn woke up, and Farzana noticed that this was not what the baby needed at that point- he needed stimulation. However, the father wanted to go to sleep.
(PN.J)

Zainab: *"They want to see the parent in a parent's role. She was like a child herself"*
(Int.1)

These examples demonstrate the fundamental split between the parents' wish for contact and the baby's need for a stable and nurturing environment. The staff often felt torn between valuing parents' right to have a chance to prove themselves, against seeing the negative impact of the disruption on the baby. Staff also felt that the frequent visits seemed to give false hope to parents where there was unlikely to be a positive assessment.

Another issue regarding the purpose of contact and potential disruption was the lengthy decision-making processes within the courts. Staff sometimes felt that this protracted ordeal of long periods of contact seemed to be for the benefit of social workers who were overwhelmed and needed more evidence before recommending a decision. It often seemed that this lengthy process was unhelpful for both parents and child, who both needed an answer as to what would happen:

Nora: *"It's been painful to observe a baby in contact 5 times a week for 18 months…the outcome wasn't positive…I mean, who was it for? Not the baby. It was harmful for the baby and took too long….the baby had to wait all this time to be adopted"*
(Int.1)

Farzana: *"You want it (prolonged contact) to be over with for their (the children's) sake"*
(PN.F)

Farzana: *"We're still waiting for a decision whilst contact carries on"*
(PN.F)

Farzana: *"The children get really upset. They've got no idea what's happening and neither do I"*
(Int.2)

Furthermore, it became clear that the interaction between parent and child during contact was often for the benefit of the observer, rather than genuine interaction between the parent and child. This seemed to provide an artificial experience rather than a true picture of the interaction. This is perhaps inevitable in an artificial setting such as a contact centre. Staff felt that this became more complicated when parents would repeat back advice they had been given, or copy something the contact worker had done, to show they were capable of parenting the children when it did not feel authentic. In many cases staff felt that this behaviour was more 'for show' and that the parents struggled to intrinsically respond to their child's physical and emotional needs:

Zainab: *"The parents kept commenting on what they were doing during contact such as saying, 'I'm kissing you now Brianna' and 'I'm changing your nappy now' and looking at me."* I suggest, *"so it felt like it was for your benefit...a show?"* Zainab exclaims, *"Yes- a performance!"*
(PN.F)

Tina: *"The little girl looked over at me and then started to cry, but it looked forced. She was checking I was watching… it was for my benefit."*
(PN.D)

Zainab: *"It should happen in the community…out shopping and things like that so you see the true picture"*
(Int.1)

Zainab: *"You don't get a true picture of the parenting assessment. You get it in different environments"*
(Int.1)

Tina: *"They're doing what they're supposed to be doing, but to me it seems a bit of an act"*
(PN.N)

Tina: *"I try to make it as natural as possible and limit my note-taking"*
(Int.1)

Zainab: *"Parenting is about the whole environment, you have to capture everything"*
(Int.1)

There was a sense that the staff often felt contact was futile, particularly when they felt the child was very unlikely to be returned to their birth parent. This led to the staff frequently asking 'what's the purpose' of contact:

Zainab: *"I sometimes think…what's the point in this? They're not going to have the baby"*
(PN.J)

Nora: *"Everyone knows it won't be a positive assessment"*
(PN.D)

Tina: *"Going through the motions"*
(PN.D)

Interestingly, some of the staff initially seemed suspicious of me and these were the ones who did not take part. There was a question about my presence in the centre and who/what it was for:

HL: She spoke to me in the office and made me feel as though she would be purely doing me a favour if they were to meet me rather than there might be some benefit for her too
(R.D)

HL: There was a distinct hostility towards me at the introductory meeting (R.O)

5.2.v. Discontinuity, disorientation and loss

One prominent subtheme about contact and contact work that emerged relating to the intervention of contact work was that of disruptions, in the form of discontinuity, disorientation and loss. This seemed to reverberate throughout the experiences of the children, the staff and myself as the supervisor. I will start by illustrating examples of this in relation to my own experience.

On arrival at the centre every week I was bombarded with multiple changes in relation to where I was based. I was frequently disorientated, unsettled and could not predict where I was going to be. Throughout the weeks I had a number of these unpredictable encounters with various staff. It felt like I was fighting for space. I later realised that the office that was allocated to me used to house a manager who was very popular with the staff, and who had left under difficult circumstances; people were angry that she left. This experience of 'feeling thrown' happened all the way through the intervention, and I will start by showing extracts to illustrate this:

HL: I feel unwelcome on arrival and am told that people are 'at lunch'. The staff also ask me to change the time of my visits and I feel thrown. I wonder, is this like being asked to suddenly cover contact?
(R.N)

HL: In my preliminary visits I consulted the staff on which day and time would suit them. They came up with a consensus of a time and so I was quite thrown today when they inferred that this was now an inconvenient arrangement and asked if it could be changed.
(R.D)

When setting up the intervention I asked the centre if I could have a room to meet with the staff that would be consistent from week to week. Whilst this was agreed upon then, in reality I was put into a number of different rooms and was left feeling disorientated. During the many visits, I was accommodated in seven different rooms:

> HL: On arrival today I was met with someone very hostile and aggressive towards me who is in the room I have booked. She refused to leave. This made me feel unwelcome, displaced and homeless. I had to go to reception and wait for them to find another room.
> (R.N)

> HL: Tina tells me she's too busy to meet with me today, and says she's been talking with Farzana and they'd prefer to meet in a group. I am thrown by this because my research is precisely about the benefits of meeting individually having offered group support in the past. I wonder if they feel exposed individually and feel safer somehow in a group.
> (R.D)

> HL: I arrive and there is someone in the room I have booked. I have to ask her to leave and it makes me uncomfortable like I'm 'chucking them out'. She is hostile to me but reluctantly leaves. I feel unwelcome, uncomfortable and rejected.
> (R.D)

> HL: I arrive and there is no room for me. There is a frantic atmosphere as I am sent to different, unsuitable rooms and places where contact is taking place. I don't know my way around and am quite thrown and also angry that the space hasn't been protected.
> (R.D)

> HL: I am in a completely new room today and it is quite disorientating. Is this the experience of the children? The workers? I realise how anchored

I feel to having the same room each week and how not having this leads to a sense of discontinuity.
(R.F)

HL: Zainab told me about the previous manager and the sudden way in which she left and how they're struggling to adjust
(PN.J)

Whilst talking to the contact supervisors in the consultation sessions, I learnt that these experiences of change and unpredictability seemed to be happening with the children attending the centre:

Zainab: *"The baby* (Brianna) *feels lots of different hands"*
(PN.F)

Zainab: *"Poor little Nazia was disorientated today as the Christmas tree is here and blocking the room we usually use"*
(PN.D)

Zainab: *"The parents weren't consistent, they weren't turning up for contact"*
(PN.N)

Zainab: *"He needs to be on solids. But his mum isn't consistent"*
(PN.N)

Tina: *"Here we try and keep continuity with the same contact worker, but it doesn't always happen"*
(Int.1)

Zainab: *"Very sporadic eye contact"*
(Int.1)

Zainab: *"Mum at times did do it but it wasn't consistent"*
(PN.N)

Farzana: *"Father's contact was very inconsistent"*
(PN.N)

Farzana: *"They're still awaiting a decision"*
(Int.2)

Farzana: *"It's difficult. You don't know what's going on"*
(Int.2)

The issue of disorientation was prominent and seemed to be an experience that reverberated throughout the system, compounded by the decisions made by others in the network. This particularly linked with endings being very sudden and the centre seemed to be a place where losses were felt:

Zainab: *"you'll never guess what- contact with Samuel has suddenly stopped! The social worker ordered this and didn't let me know. I've been seeing him three times a week since August- I can't believe it!"* I acknowledge that if Zainab feels like this then Samuel probably is affected too. I comment that perhaps something has been re-enacted; he has experienced so many sudden endings such as being removed into police protection- it sounds like this has happened again.
(PN.J)

Farzana: *"Unfortunately it ended in an abrupt way. His mum has gone back to (her country of origin) and it wasn't planned"*
(PN.N)

Nora: *"How do you end something like this? I don't think we are very good at endings here. We sometimes just have a goodbye contact.*

People are worried a lot; how the parents will react, how we will manage, everything is lost in anxiety and we just want it to be over with"
(Int.2)

Tina: *"It was quite a difficult ending"*
(PN.N)

Farzana: *"Sometimes someone leaves prematurely"*
(Int.1)

The contact workers themselves were also subject to much change, discontinuity and loss:

Kate: *"The team have had 5 managers in 4 years- lots of different people supervising them…they're blasé about people leaving now."* I acknowledge to Kate that I'm leaving today and that no one wants to see me.
(PN.F)

HL: I heard from Kate about the large staff turnover in the centre. I also learned that 3 out of 7 staff had been on sickness procedures over the past year.
(PN.D)

Zainab: *"The management said we can combine contact reports, then they said they can't, it's inconsistent"*
(Int.1)

Through the reflective intervention I acknowledged my own feelings of sadness and my response to the material being presented, which in turn seemed to allow the contact work staff to be more in touch with their own painful feelings in response to loss:

HL: I acknowledge with Zainab how dehumanising and upsetting this is… I say how difficult it is when it feels someone else has the power to decide the outcome of this boy who she now knows so closely. She nods sadly and says, *"and with Nazia. I never got to say goodbye. I miss her. It's hurtful!"*
(PN.J)

Nora: *"A decision has been made- she will be adopted. I believe this to be the right decision. But I also thought, what's going to happen to you little girl? I just hope for the best for her"*
(Int.2)

5.3 Trauma

There are many aspects of the contact work that are disturbing and traumatic. The contact supervisors are regularly exposed to disturbing and upsetting situations. I found three subthemes within this section.

5.3i. Abuse, neglect and deprivation

The children that were being observed in the contact sessions had all experienced significant abuse and/or neglect:

Zainab: *"She* (Nazia) *came into care with fractures; we don't know how it happened"*
(PN.N)

Zainab: *"He's very under-stimulated"*
(PN.N)

Zainab: *"Mum's got mental health issues, she was sectioned. He's living with father but he's not providing great care"*
(Int.1)

Farzana: *"The baby was neglected"*
(PN.J)

Farzana: *"Looking at the recent referrals, every single one had DV in it"*
(Int.1)

Zainab: *"Multiple unexplained injuries"*
(PN.J)

Nora: *"The children were frightened"*
(PN.J)

Zainab: *"Samuel's mum had mental health problems and wouldn't feed him because of her psychotic thoughts"*
(PN.N)

Farzana: *"She wanted the children to parent her- she wanted the child to put the food on the table"*
(PN.F)

Farzana: *"You could see the abuse being played out again and again in the contact"*
(Int.2)

Zainab: *"The big one was sitting there…mum shouted 'why are you sitting on the floor!'"*
(PN.N)

Zainab: *"She (mother) slammed the plate and said, 'what else do you need!' to the child* (Nazia)"
(PN.N)

Zainab: *"Severe domestic violence"*
(PN.N)

Tina: *"The mum started shouting at the child and was quite threatening. The little girl threw a ball and it hit mum in the eye. Mum flew off the handle and said, 'if you do that again you'll see what happens to you'."*
(PN.N)

Zainab: *"The mother was psychotic, hearing voices and thinking they were coming from the TV"*
(PN.N)

Farzana: *"The parents are drug users"*
(PN.J)

Nora: *"His mother has mental health problems and he lives with his dad in a bedsit"*
(PN.J)

Zainab: *"She'd had children removed before"*
(PN.F)

Nora: *"Both parents have mental health difficulties"*
(PN.D)

Farzana: *"He's clearly traumatised. Whether the level of trauma and anxiety can be reduced, through the quality of the contact.."*
(PN.N)

As well as the children having experienced abuse, the contact staff also seemed to be regularly abused in their role, as well being required to witness abuse and neglect occurring in the sessions:

Nora: *"After one session, I came out and burst into tears. The managers said it's because he (the father) was verbally abusive, but it wasn't that… it was like I was witnessing abuse, and I could feel the desperation of Riley…."*
(PN.D)

Kate: *"The staff are constantly abused"*
(PN.F)

Farzana: *"She (the mother) kicked off, she was swearing and all the rest of it"*
(Int.1)

Nora: *"I can still picture his face. Why would this case stay with me like this? Make me burst into tears?"* I say, *"there seems to be a level of cruelty with Riley's father that you witnessed- it sounds like you experienced what Riley felt, a paralysed sense of holding it together, but being utterly controlled by this man."* Nora says, *"Yes… he was so controlling!"* I say, *"It sounds like you were abused too."* I talk and think with Nora about vicarious traumatisation, to help her make sense of this difficult experience.
(PN.D)

Tina: *"The mum shouted at me saying, 'have you got children? What do you know about it!'"*
(Int.1)

HL: *"Did you feel a bit threatened by mum?"* Tina: *"Yes I did. I felt threatened. She was shouting"*
(PN.N)

Zainab: *"Yeah…we're witnessing it (the trauma)"*
(PN.F)

Zainab: *"Mum was very directive and intrusive. She'd introduce another toy before he's even looked at that one"*
(PN.N)

Contact supervisors talked about witnessing distressing situations that they had little control over. They often spoke about situations where they were made to witness cruelty. They described specific incidents where they felt they had little influence or say over a situation, such as a parent behaving in a threatening and unpredictable way, and them feeling powerless and helpless to stop it. Despite writing their observations and contributing to the thinking around a case, contact workers described feeling helpless when they witnessed difficult but subtle situations and then learned that the child was going to be placed back with their family. They felt that they were exposed to a large amount of interaction between parents and their children, but that their voices as contact supervisors were often not heard. Much like the babies that they observed daily, it felt like having eyes to see but no voices to speak with.

The theme of being deprived emerged from the material and seemed to be important in understanding contact work. The children that the staff observed were very needy and living below the poverty line, as well as having experienced physical and emotional neglect. Samuel was small in weight and not eating any solids, despite being 18 months old. He was not able to walk due to being carried everywhere by his parents. This instilled panic in his parent who became fixated on his not eating. In turn this became a preoccupation of the staff observing him. It seemed to me that Samuel was failing to thrive.

Zainab: *"He can walk but she won't let him…the parents are hindering his development"*
(PN.N)

Zainab: *"He's being understimulated"*
(PN.N)

Zainab: *"He doesn't talk, he's not eating, he's not thriving"*
(PN.N)

Zainab: *"He's so quiet. Completely quiet. Really blank and unresponsive. It's so strange!"*
(Int.1)

Zainab: *"He stares into space and looks rigid and so blank"*
(PN.D)

Although generally staff were not negative about the way the centre was run, there were times that they vented their frustration about senior management, who they felt left them to cope alone without enough support. It reminded me of the parallel with the children being angry towards neglectful parents:

HL: Zainab talks about how the managers leave her feeling unsupported and unprotected. She particularly struggles with cover and write ups telling me, *"We have to do it all ourselves."*
(PN.F)

Zainab: *"Even when you go on holiday, you have to cover your own contacts. That should be the manager's role"*
(Int.1)

When offering my consultation sessions, there were many times that the staff seemed hungry for emotional support. This was evident in the times when I was at the centre and some of the staff stayed a lot longer than the designated time of 40 minutes. This sometimes led to feelings of unfairness in the other staff who felt they weren't getting enough time with me:

HL: Nora seems a bit defensive and upset that she'd been 'left off the list' and hadn't known about me coming. She tells me she felt left out. She

says she is keen to meet with me and appreciates the opportunity to think together.
(PN.D)

HL: Zainab is put out that Tina's session has run over
(PN.J)

This overwhelming fight for mental space was reflected in my own state of mind; I was aware that on certain days I was seeing the staff without gaps in between sessions and would neglect my own basic needs:

HL: I realise that I haven't had any lunch; not even a sip of water throughout the day. I wonder if I am starving myself- feeling like I need to give every ounce of my energy to them and masochistically depriving myself- perhaps because I am surrounded by such feelings of deprivation
(PN.D)

5.3ii. **Symptoms of Trauma**

I will start with the extracts depicting the children's trauma symptoms, before moving on to those seen in the staff. Contact supervisors talked about noticing the children's behaviour as a communication of distress and trauma. Furthermore, in the material they discussed with me, I could see that some of the children were displaying behavioural signs that indicated they had been traumatised:

Zainab: *"Some children soil, some children urinate- this is what we have to feed back to social workers"*
(Int.1)

Zainab: *"I noticed that when there was a noise outside the room, Samuel startled and froze. He seemed terrified, like the domestic violence was happening again"*

(PN.N)

Nora: *"He stared into space and wasn't present in the room"*
(PN.D)

Zainab: *"The baby looked at me as if to say, 'rescue me!'"*
(October 2014)

Farzana: *"the children repeat it again and again"*
(PN.J)

Zainab talks about Samuel rocking backwards and forwards and asks me if I think he's autistic. I say that this rocking could also be an attempt to self-soothe
(PN.N)

The staff talked about being alert with their adrenaline pumping whilst in certain contact sessions, which seemed to mirror the experience of the children and infants who were observed. The children and the distressing situations the contact supervisors had to witness left a big impact on them:

Nora: *"I still think about Riley. I wonder where he's living, what's happened to him, I know he'll be having contact with that father…but what can you do?"*
(PN.D)

Nora tells me, *"I prepare myself before contact with this family and become a lot more vigilant…as if I'm about to go and see a teacher and be told off, that sort of feeling."* I acknowledge that I can understand her need to brace herself for a bombardment from these parents
(PN.F)

Nora: *"I'm not sure why I still feel so affected by that contact… it was 3 years ago"*
(PN.D)

Nora: *"I can still remember the look on that little boys face"*
(PN.J)

As a consultant I also felt as though I needed to prepare myself each week and had a level of vigilance before arriving at the centre. The atmosphere frequently felt tense and I noticed I was often alert:

HL: There are some parents at the entrance of the centre who are staring at me in an intimidating way and I brace myself a bit
(PN.D)

HL: I noticed that there was a palpable tense atmosphere in the centre
(R.J)

HL: I feel I need to prepare myself before I go into the centre today
(PN.F)

HL: There is a fox in the centre which everyone talked about excitedly. There is a fireman who is carrying it out. Lisa says, *"this is the most amount of drama we've had for a while- since that parent was sectioned"*
(PN.F)

There were also signs that physical needs such as eating and sleeping in the children and staff were sometimes affected due to the experiences they had:

Tina: *"I suppose I know I'm stressed when my sleep and eating patterns are affected"*
(PN.N)

Farzana: *"Taquarn sleeps and sleeps, he shouldn't be sleeping as much as he does."*
(PN.J)

Zainab: *"Samuel refuses to eat and doesn't make any sounds"*
(PN.N)

Farzana: *"(Taquarn's) Dad sleeps so much- he's heavily medicated"*
(PN.J)

5.3iii. Feeling Flooded

Another theme that emerged from the material was that of being overwhelmed and flooded with distress, unprotected and bombarded. I will begin with extracts from the children that were being observed:

Zainab: *"She (the mother) was picking up lots of toys, jangling them in his face, it was too much! He was so overstimulated and looking away"*
(PN.N)

Farzana: *"He sleeps all the time…the dad sleeps in contact too. I struggle to stay awake"*
(PN.J)

Nora: *"He wouldn't stop ranting at Riley, and then whispering conspiracy theories in his ear about me"*
(PN.D)

Zainab: *"He's so blank, his expression… he doesn't make a sound"*
(PN.N)

I felt disturbed by the detailed nature of the observations that were brought by the contact workers. I tried to pay attention to my own responses that were evoked:

> HL: I feel overwhelmed listening to the material
> (PN.N)

> HL: I get ready to go and feel exhausted. I haven't stopped between seeing people to fully process what I'm hearing
> (R.J)

I thought with the contact staff about the unbearable feelings of the children and families that were constantly thrust upon them, leaving them also overwhelmed and traumatised. In addition to the observations of families, sometimes staff would discuss personal issues. This seemed to show how overwhelmed they were feeling and how the job overloaded them with indigestible experiences. Additionally it seemed that the staff were recipients of a 'flooding' of projections a lot of the time which provided useful information about the child's experience:

> HL: I wonder with Nora whether she's soaking up some of these toxic projections rather than stopping them, and that potentially this could be stopping the children from receiving the full brunt of it. I suggest that the contact workers are doing such an important job but they are also quite unprotected from the bombardment of negativity coming their way. Nora says, *"It's like I was abused too."*
> (PN.D)

> HL: Farzana tells me with horror about her family member who was attacked when out shopping yesterday. It makes the world seem unpredictable. We talk more about this and how she often leaves work paranoid and with the thought *"I just think everyone has mental health problems or is violent".* We think about the feelings that families might leave her with.

(PN.F)

Kate: *"I had a thai massage yesterday and I thought, 'why am I putting myself through more pain?'"*
(PN.F)

Staff appeared overwhelmed with the large numbers of reports to write which felt relentless:

Zainab: *"I've got ten contacts to write up"*
(PN.D)

Farzana: *"I don't have enough time to write it up"*
(PN.D)

Farzana: *"The biggest problem is the lack of time"*
(Int.1)

Zainab: *"I was just asked to cover contact. I haven't had time to do my write ups"*
(PN.N)

Zainab: *"These reports, they're going to court. The Barrister would have a field day"*
(Int.1)

5.4 The Reflective consultation

The final main theme that emerged was in relation to the reflective intervention itself and the impact of these on the staff. The intervention helped develop the ability to notice, in the sense of 'Seeing and not seeing', and the 'Sensitivity and detail' that came from the staff. It also helped the staff become more in tune with their own feelings, allowing them to observe and make sense of situations with

sensitivity and detail. The more direct feedback about the 'Benefits' of the intervention will be highlighted.

5.4i. Seeing and not seeing

Contact workers sometimes talked about 'seeing and not seeing' qualities in the parents and children, and sometimes had different opinions to one another. I often met with different staff who described the same child but had different ideas about what they saw. My input aimed to help the contact supervisor understand their own ideas about what they saw and clarify what they felt:

> HL: Farzana looks a bit annoyed as she tells me that her colleague, 'X' covered this particular contact last week… X had said to Farzana that she felt heavy and depressed afterwards, and that she (X) was shocked between the lack of responsiveness between the dad and baby. Farzana starts to defend the father saying that he's improved in subtle ways and is trying to give the baby more eye contact.
> (PN.J)

> Farzana: *"If he (Taquarn's father) doesn't change his facial expression, tone of voice etc., is that really a problem? Is that a big enough problem that he shouldn't be allowed to parent the baby?"*
> HL: *"You don't seem to think so"*
> Farzana: *"No, I really don't think so"*
> *I wonder here whether she's also communicating to me that I make too much out of these types of interactions and 'read into it' too much.*
> Farzana: *He's (the father) really trying*
> I feel that Farzana seems quite identified with this father.
> (PN.J)

> Kate: *"Sometimes, the contact workers are so desperate for the child to go back with their parent they will ignore vital things."*
> (PN.F)

Kate: *"They couldn't bear to see it"*
(PN.F)

Kate: "*In a recent case, the parents went back on drugs. The workers wanted the baby to go back to the parents so much that when the baby was crying uncontrollably they said, 'it's not the parents- it's the baby'. People don't want to hear babies crying."*
(PN.F)

Kate: *"How do people not notice things?! Look– scissors and bleach left lying around.."* (she clutches the bleach). *"What you're prepared to confront and deal with you notice"*
(PN.F)

This 'not seeing' in the staff seemed to happen in response to intense, painful feelings evoked in the contact supervisor. The issue of noticing was often prominent in the contact sessions in different ways, for example, whether parents could notice hazards in the contact room, such as the milk being too hot, or whether they could attune to their infants subtle cues. The inability to see and notice difficulty and danger was also apparent in some of the interactions between parents and children:

Zainab: *"…there was loads of food stuffed into Samuel's mouth and he started gagging. Another parent told Samuel's mum that she needed to take it all out of his mouth quickly- he could have choked. Samuel's mum was unaware and did not seem to notice this sort of thing"*
(PN.J)

Another interesting element of contact work that I learned through offering the consultations, is the idea of scrutiny and judgement; a more persecutory aspect of 'seeing'. As noted earlier in 'setting up the service', I encountered suspicion from staff. I understood this as a fear of being judged or exposed in some way:

HL: A couple of the staff asked if I could see people in a group rather than individually. The very nature of contact work feels about scrutiny; being watched/judged. Do the contact workers feel scrutinised by me?
(R.N)

I wondered if this mirrored the experience of the families who are being scrutinised in how well they can care and interact with their children. Interestingly staff were reluctant to bring written notes to the sessions with me: and only did so on very few occasions:

HL: Nora has brought a written copy of her notes, but only one for herself. I sense that she's reluctant for me to have a copy too. Exposing perhaps.
(PN.J)

HL: Tina isn't keen for me to see her notes
(PN.D)

Farzana: *"They (the consultations) weren't interrogative like I thought it would be"*
(Int.2)

5.4ii. Sensitivity and detail

During the course of the consultation sessions it became apparent that having a reflective space enabled staff to notice subtle details about the children they observed. I aimed to help staff become much more in touch with their feelings and would ask clarifying questions to help identify these. With the containment of someone noticing them and their observations, processing the material alongside them, they noticed small details of the babies and parents, which although subtle, gathered valuable understanding. I encouraged the supervisors to think about their own feelings, and I tried to help make sense of them

together. I tried to help the staff 'mentalise' (Fonagy, 2004) and imagine what the child was thinking and feeling:

Zainab: *"…and you feel the pain- you feel the pain!"*
(PN.F)

Zainab: *"I felt left out"*
(PN.N)

HL: *"It sounds like you as contact supervisors have to take that and it's very difficult."*
Zainab: *"It is."*
(Int.1)

HL: I acknowledge her (Zainab's) anger toward the social worker
(PN.J)

Nora: *"It's been painful to observe a baby in contact 5 times a week"*
(PN.D)

Zainab: *"I miss her. It's hurtful!"*
(PN.J)

HL: *"I'm thinking if I was you, how difficult that is, that you can't always trust the parents"*
Tina: *"It is difficult"*
(Int.1)

HL: *"I wonder, what do you think he (Samuel) was thinking?"*
(PN.N)

Zainab: *"I felt suffocated. How do you think the child (Samuel) is feeling? I just want to go out the room and get fresh air"*

(PN.N)

Nora: *"I could feel the desperation of Riley…."*
(PN.D)

HL: *"It sounds like you experienced what Riley felt, a paralysed sense of holding it together"*
(PN.D)

Nora: *"I'm not sure why I still feel so affected by that contact"*
(PN.D)

Farzana: *"That's how I know I'm stressed out, when I'm not in the room, not present"*
(Int.1)

HL: I feel overwhelmed listening to the material
(PN.N)

HL: We think about the feelings that families might leave her with.
(PN.F)

HL: Zainab is describing an observation that left her feeling 'unnerved'.
(PN.N)

Farzana: *"felt heavy and depressed afterwards"*
(PN.J)

Zainab: "It's sad… it is…"
HL: *"It sounds painful…"*
Zainab: "It is, (sighs)"
(Int.1)

HL: *"What does it feel like to observe that?"*
(PN.N)

In addition to supporting the staff to pay attention to their feelings, I used my own countertransference as a guide to help make sense of the contact workers experience and the material they discussed. There were times when the contact workers projected into me their own disorganised and chaotic experiences, and then seemed to leave feeling more contained. This style of self-scrutiny gives an example of a more reflective approach to consultation, and examining feelings evoked in oneself, rather than more typical case management that is generally offered for contact staff:

HL: Nora arrived 15 minutes late for our meeting and talks about being delayed because there was a baby that needed feeding. She talks with frustration about her timetable being all over the place. I said that it gives me a good flavour of what it's like for her too as *"now my timetable is all messed up!"* She laughs about this and seems pleased.
(PN.D)

HL: I feel like I'm not giving enough
(R.D)

HL: I feel ill-equipped
(R.D)

HL: I get ready to go and feel exhausted.
(PN.J)

HL: I arrive at the centre feeling stressed
(R.J)

HL: I feel unwelcome on arrival
(R.J)

HL: …so I was quite thrown today…
(R.D)

HL: This made me feel unwelcome, displaced and homeless. I had to go to reception and wait for them to find another room.
(R.D)

HL: I feel unwelcome, uncomfortable and rejected.
(R.D)

HL: …it is quite disorientating
(R.F)

HL: Do the contact workers feel scrutinised by me?
(R.N)

I found that these countertransference responses could help me empathise with the experience of the contact staff and try to understand more about the challenges of the work.

The joint process of examining sessions together with the staff member helped them to observe small details. When I encouraged the staff to re-live the contact session with me, subtle but important observations could be captured and contextualised. The staff often saw families very frequently, and with the consultation sessions were able to reflect on the small details and subtle developments that could otherwise be overlooked:

Zainab: *"Children communicate through the behaviour but babies it's different, harder…the eye contact, the cry"*
(Int.2)

Zainab: *"This child's smile seems like a defensive smile"*

(PN.F)

Farzana: *"I noticed that in contact she will go to meet his needs but then stop herself"*
(PN.N)

Nora reads me an extract from her written observation: *"At one point Samuel walked around and pushed a wooden trolley, something he hasn't done before, and he makes two sounds of 'hey' and 'boo' after he does this."*
(PN.J)

Zainab: *"He sucked on a piece of apple for 20 minutes when he should be eating solids by now"*
(PN.N)

Zainab: *"Every time the mother waved the toy loudly he turned his head away"*
(PN.N)

Farzana: *"The baby sleeps more and more but I feel he needs stimulation. His dad shushed him off to sleep and started rocking him"*
(PN.J)

Zainab: *"After the peekaboo game he made some vocalisations for the first time"*
(PN.D)

Zainab: *"Every contact he knows exactly where his bottle is"*
(PN.J)

Farzana: *"The dad doesn't change his voice or facial expression"*
(PN.J)

Farzana: *"I notice now that the baby (8 months) has a quivering lip whenever he sees the mother. It leaves me uncomfortable."*
HL: *"what do you think triggers for the baby when his mum enters the room?"*
(PN.N)

Zainab: *"I know that sounds strange but it was like the baby would switch on the tears and be screaming and distressed, but he seemed to enjoy making the mother suffer."*
I discuss with Zainab her feelings that the baby is manipulatively and deliberately doing something to the parents
(PN.N)

One aspect of my role was supporting staff to convey useful but complex information in reports. Sometimes, when reading the contact worker's written observation, lots of valuable information was not included and it, in fact, portrayed a misleading situation. This seemed to be because staff sometimes did not fully understand what they were observing, and then struggled to articulate this into a report that would need to be objective and suitable as evidence. Through discussing interactions in detail and reading the written contact reports, it seemed to enable additions and edits to be made and written in a way that conveyed difficult but vital observations:

HL: I don't think Tina's written report conveys her true feelings about the contact. I ask, *"do the children look over at you when they cry?"* Tina agrees emphatically and says *'actually yes…it's like they're checking that I'm watching, they're very aware that I'm watching and it's like a performance…'*
(PN.D)

HL: I suggest to Tina that we can think together about how to express some of these feelings about the contact in a way that is clear but is also

within the remit of her work. She agrees with this and says that actually, on reflection, she is worried that this doesn't come across at all….Tina thanks me and says she's 'got a lot out of coming to see me'.
(PN.D)

I suggest to Zainab, *"perhaps you could write, 'it was uncomfortable to watch the feed' so that you can convey more about the interaction between Samuel and his mum"*
(PN.D)

HL: *"Could you write more about the nature of the cry- was it very high pitched?"*
(PN.J)

5.4iii. Benefits

Through offering the consultations one theme that emerged was the benefit of having this kind of reflective space, and the various advantages for the contact staff and their work with families. There was some more direct feedback from staff about the positive impact of the consultations.

I was able to think with staff about using the consultations as an opportunity to think about how the quality of the contact sessions could be improved, and this seemed to be something they were keen to explore. Staff spoke about wanting to alleviate distress for the infants and children they were observing.

Zainab: *"In other contacts babies have cried for 2 hours and I've had to stop the contact, but not with this family."* I reflect that perhaps her intervention has had a positive impact, improving the quality of contact for both child and parents? She thinks about this and agrees that it would be a lot worse without intervention.
(PN.F)

In my meetings I suggested that they could use their own experiences of the parent to communicate something helpful about how the child might be feeling. Together we attempted to make sense of what was happening during the contact. Zainab found it unbearable to watch the interactions between Samuel and his mum and yet her thoughtful reflections and skilful observations, which she shared at the end of the contact session, seemed to me a little late. I again suggested that an attempt to comment on her thoughts and feelings during the contact itself might elicit more change from the mother. This approach also felt more joining with the parent, so they felt there was another adult alongside them noticing their baby, which in turn seemed to make them notice and attune more to their infant.

> HL: I suggested that Zainab could give a voice to Samuel in front of his mum, highlighting what he might need from her, to encourage her ability to mentalise
> (PN.N)

> Zainab: *"Samuel was looking away and avoiding eye contact and looking at me as if to say 'help me!'"*
> (PN.N)

> HL: Farzana talks about this father being blank and expressionless. I ask Farzana about the reflection time at the end of the contact- when the father says that he felt happy or sad etc., whether she could show her surprise at this and say this was news to her- express that she finds it difficult to know what he (the dad) feels, so perhaps the baby does too?
> (PN.F)

> Zainab: *"It's about the quality of the contact"*
> (PN.N)

Staff seemed to enjoy the 'togetherness' of the consultations, and the opportunity to think with someone else looking at things on a more reflective basis, particularly when linking it to child development theory:

> Farzana: *"Sometimes somebody else can validate what you've seen I guess"*
> (Int.2)

> Zainab: *"I enjoy the unpicking, the breaking down"*
> (Int.2)

> Zainab: *"Reflection helps. CAMHS intervention helps"*
> (Int.2)

> Farzana: *"Sometimes I have to go back and refresh my knowledge on child development. That's helpful, I'd like to do more of this, to know what's normal at what age"*
> (Int.2)

> Farzana: *"I find it difficult observing things and need help linking it with theory"*
> (Int.1)

> Nora: *"Now I feel pretty confident that I have more or less the right idea"*
> (Int.2)

> Zainab: *"If you have a fresh pair of eyes, it's helpful"*
> (Int.2)

Another benefit to the staff of offering an external consultant who can offer confidential sessions seemed to be the emotional support they received personally to manage such challenging work:

Nora: *"Nobody pays much attention of what is going on for us. We are actively participating in the session. And I think it would be really helpful if we could have this kind of supervision. You know, what happens when these children leave and how it leaves us feeling?"*
(Int.2)

Nora: *"I've been surprised* (by the supervision) *I didn't expect what happened to happen. What I realised is it was very therapeutic for myself, for meeting my own needs, going through, 'how do I feel about this? What's going on for me? Why do I have these feelings?' These are things that don't usually happen and that was the bit I enjoyed the most"*
(Int.2)

HL: *"What helps you with your work?"*
Nora: *"the opportunities I've had here, like talking to you."*
(Int.2)

Zainab: *"Thank you. It's been a real support"*
(Int.2)

Nora: *"I could have done with going through it with someone like you!"*
(PN.D)

Nora: *"Usually it seems there's much more attention to physical safety, if a child will be abducted, rather than managing people's feelings, who feels what"*
(Int.2)

HL: *Is there anything you notice particularly when you're quite stressed at work?*
(Int.1)

Nora: *"This* (the consultations) *is probably the most helpful thing"*

(Int.2)

Tina: *"I was able to offload, it was helpful. It was good to have that opportunity to reflect, rather than go home and take that home with me. I was still thinking about it when I went home… it was a Friday as well! (laughs)"*
(Int.1)

Tina: *"It's really helpful to be able to come out of a contact and talk to someone"*
(Int.1)

Contact staff valued the opportunity to have a reflective space whereby staff could sit and think through the emotional content of an observation with someone in a non-judgemental way. They seemed to find the experience of this containing and supportive, allowing them to face observations knowing that they would have the opportunity later on to discuss them.

The lack of training for contact supervisors was made clear to me. The intervention seemed to offer a professional development opportunity for the staff who could learn more about child development and psychoanalytic ideas, developing their skills as practitioners:

Zainab: *"I want to develop. I'm interested in the Fraiberg ideas you discussed with me last week. It's like Samuel- he cries when people laugh."* We think more together about this.
(PN.D)

Farzana: *"There isn't any training across the borough"*
(Int.1)

HL: This led on to a wider discussion about autistic-like traits and the other case of Samuel who shows a lot of repetitive and self-soothing behaviour and was deeply traumatised.
(PN.F)

Nora: *"Sometimes it feels a little bit claustrophobic working here. We don't feel part of the bigger Children's Social Care. I really like it when people come and bring new ideas."*
(Int.2)

Zainab: *"These 1-1 sessions- I enjoy it- the unpicking of behaviours, why children behave in a certain way"*
(Int.2)

Zainab: *"certain repetitive behaviours, the blank expression, what might develop in the future."*
(Int.2)

There was a wealth of data from meeting with the contact supervisors which seemed multi-layered, echoing across the children, staff and myself as a consultant. In the next chapter I will discuss each theme and how they inter-relate, as well as considering some ideas for policy and practice.

6. DISCUSSION

This chapter will offer some consideration on each of the themes and how they interrelate. I will also offer further reflections upon my experience of carrying out the intervention and interlace this into the discussion to elucidate further understanding of the findings. These discussions will be linked with the literature discussed earlier in the thesis. The final concluding chapter will recommend improvements to practice and policy. It will also highlight the limitations of this study and make suggestions for further research.

In this chapter I will discuss the findings in the same order that the themes were presented in the previous chapter, although many of the themes overlap. I will structure the discussion sections with the main themes and subheadings, using quotes from the data to emphasise points made. The intention of doing this is to re-familiarise the reader with the findings and break the points down into smaller, understandable sections so the ideas do not get lost.

6.1 What happens in contact

The consultations provided me with a wealth of information regarding what happens in contact work. This first theme highlighted just how complex this is, and highlighted some of the challenges both for the children experiencing contact, as well as the workers who supervise it. This captured my interest when meeting with the staff, and was one of the reasons that I wanted to change the title to better capture the challenges of contact work.

6.1.i What is contact supervision

"Like a security guard"

It is striking how there are different understandings about the role of a contact worker, and a common notion that this varies between contact centres. The lack of clarity about the role of a contact supervisor was evident throughout the data. This role confusion makes it difficult for contact supervisors to know when to

intervene in sessions and how much authority they have to do so. They are required to observe difficult interactions, 'sit back' and observe, but they also need to terminate contact when it is felt to be harmful to a child. Furthermore, whilst the workers that took part in this project were clear that they would like to improve the quality of the contact where possible, they told me that this is not the approach in other centres where they had worked. This was particularly highlighted by comments of previous experiences of being told to *"read the newspaper"* or act as *"a bodyguard"*, following families around shopping centres. There were examples from previous experience where workers remembered being told "not to write too much". These findings are similar to those of Bullen et al (2015) who found that there is little common understanding of the purpose of supervised contact amongst those working in the field. This also links with the lack of understanding of the role, particularly from social workers, who the contact supervisors felt devalued the importance of their work and had limited knowledge of what it really entailed. This aspect of role confusion overlaps with the theme 'Value and hierarchy' and will be discussed in greater detail later.

Interestingly, the role confusion that contact supervisors face mirrored my own experience; I was a researcher in the contact centre but not an employee. Sometimes the workers sought my advice in regards to a family they were supervising in contact and how they should intervene in a practical sense. This put me in a difficult position and I tried to maintain a more reflective stance rather than being pushed into action, and overstepping the boundaries of my role. I sometimes felt I needed to give something 'concrete' to the workers, or 'do' something as if my listening ear and reflections were not enough. I found this tension to be confusing at times; I was not a line manager and could not make decisions about the children being discussed. This was particularly challenging when I listened to observations of Samuel who appeared to be re-traumatised in the contact sessions and was showing signs of autistic-like defences. It was challenging to sit with this role of consultant and at times I did make more active suggestions to the worker. Generally I attempted to stick to the boundaries of my role and offer a space to listen and help the worker reflect

upon their own thoughts and feelings, enabling them to use this to inform understanding about the family. Overall, this difficulty of knowing when to act seemed to be something that the workers regularly experience when faced with challenging contact sessions.

"…unsure whether to intervene"

The tension of deciding when to terminate contact and intervene was highlighted by the workers, and similarly, the remit of being able to intervene therapeutically in sessions was also unclear. The remit of improving the quality of the contact is a difficult task for the contact worker, because they have no formal training on how to intervene in a therapeutic way. This particular group were often intuitively intervening in contact. This is because they could see what the child needed from the parent, and they felt it was obvious enough to intervene and make suggestions. It seemed a hard line to tread to know whether the workers were overstepping the boundaries of their role by offering reflective input throughout contact or whether it was necessary to improve the quality. The most common practice in this centre was to feedback thoughts and reflections to the parent at the end of the contact. However, many parents did not stay for the reflective comments due to being highly aroused and sensitive to judgement and criticism. Furthermore, the workers often commented that the parents did not seem to change sufficiently after hearing the advice and that this style of educating was not very effective. Nevertheless, the workers felt it was valuable to give the parents feedback at the end of the session in this structured way, in the hope that contact might improve.

Kenrick's (2009) study suggested that contact workers should have the authority to intervene to facilitate a more positive contact, although they require greater support and training to do this. In addition, Scott et al (2005) have noted that there has been a high level of resource put into supervised contact but little consideration about the therapeutic potential to strengthen the parent-child relationship. It seems that if contact supervisors were better trained and supported then they would have more capacity to intervene during contact

sessions to mitigate negative interactions. This is illustrated by Zainab's point about parents being ill-equipped; analogous to *"flying a plane without having any experience of flying"*. In my CAMHS role I often notice that parents are sent on to many different educational parenting courses but seem unable to retain these ideas and implement them with their children. This fits with the point made by Howes (2014) that educative approaches to parenting are less effective with complex, at-risk families, and that parents need more specialist support to attune to the emotional needs of their children if any meaningful change is to occur. Indeed, there is little evidence that educative approaches work (Barth, 2009). The case example of 'Samuel' referred to throughout is an example that highlights the potential for a more intensive, therapeutic approach to supporting the parent-child relationship, offering something similar to 'auxillary parenting' (Briggs 1997). This case example shows how some parents are unable to utilise a more educative approach to improving their parenting skills. It could be possible to use a more reflective, therapeutic approach with these parents, using a therapeutic observational approach described by other authors (Hollman, 2010; Gretton, 2006; Briggs, 1997; Wakelyn, 2011; Rustin; 2012). This would aim to provide a containing experience to the parent and could allow children such as Samuel to have a better quality contact due to his mother being supported to connect with him. This relates to Fraiberg's (1975) approach of helping the parents to feel understood so that they could better understand their children. On the other hand, this study highlights how overwhelming the task of contact work is, and to expect contact supervisors to provide this intervention is arguably unrealistic and unfair. I wonder whether instead the aim could be to improve the quality of the contact, limiting the negative effects, rather than to therapeutically intervene.

"It's about getting through to her"

I experienced this aspect of role confusion in relation to how to support the workers appropriately within a reflective role, and how much to educate and teach about child development and infant observation in a more direct way. I noticed that the workers often asked for therapeutic tools and literature that they

could use for their sessions; they would ask me for literature, or some kind of tool, that would assist them in their role. I felt under pressure to provide something tangible and educative, rather than purely listening and thinking with them about cases. This mirrored the contact worker's uncertainty in how and when to therapeutically intervene or educate during contact sessions. In this sense it felt like the workers wanted me to be their trainer and teacher, to impart some child psychotherapy knowledge on to them. Furthermore, my countertransference experience of occasionally feeling 'ill-equipped' and aware of my trainee status seems informative as to how contact supervisors themselves feel ill-prepared and under-trained for this complex work. In this respect the experience of being a consultant gave me a valuable insight into contact work through the projections I experienced in the reflective intervention.

"To think about what we're feeling"

Another aspect of contact work that was highlighted as inconsistent and confusing is how to make sense of one's own feelings whilst observing contact. In this centre there was a common understanding of the importance of paying attention to feelings. This seemed largely due to the influence of the manager, Kate, who had attended training on infant observation at the Tavistock Centre. The workers who met with me seemed to have a natural ability to intuitively reflect on their own responses, and an interest in acknowledging the feelings that the families leave them with. This was without necessarily being aware of Klein's (1946) concept of projective identification. Whilst acknowledging feelings is a positive quality that the centre encourages, it requires a lot of emotional support for workers and the intervention raised the question of whether they receive enough of this. The examples of detachment that the workers described happening in other centres such as reading the newspaper during contact, could be a defensive protection against feeling emotional pain. This is an understandable form of trying to protect oneself from unbearable projections, with a lack of emotional support. Easton's (1997) point about social workers 'defensively detaching' from the process of observing is relevant here and applies to contact work.

"Parents take it the wrong way"

Contact is a highly emotive time for parents and this study showed that they were often not receptive to advice from the contact supervisors. I am doubtful whether offering reflective feedback at the end of a contact session, after saying goodbye to their child, is a beneficial time to be offering advice. In order to be receptive to feedback one needs to be in a more rational state of mind rather than a heightened state of anxiety. It is questionable how much useful advice and reflection parents would be able to take in whilst in a highly-aroused state of mind. Bullen et al's (2015) manualised model of parent coaching in contact involves a reflective element, but this takes place at a later stage. During this reflective 'follow-up' there is an opportunity to acknowledge the parent's own feelings of anger, grief and loss and it is likely that they will be in a more receptive state of mind to receive feedback.

6.1.ii Really getting to know the families

"Sometimes on a daily basis"

I learned that many children have high frequency contact, sometimes on a daily basis, for many hours at a time. The workers felt that this frequency was often not in the child's best interest, and could be disruptive and distressing for them. This finding is consistent with previous literature (Kenrick, 2009; Glaser, 2000; Bullen et al, 2015; Humphreys and Kiraly, 2009). Despite research showing that higher frequency contact is not related to the likelihood of reunification occurring (Humphreys and Kiraly, 2009) frequent contact occurs regularly in this contact centre, particularly with infants. This aspect of disruption, and frequent contact, overlaps with the theme of 'discontinuity, disorientation and loss' which will be discussed later.

“You become part of all this”

One notable aspect of high frequency contact is that workers are immersed with the families they see. They observe subtleties and small changes that might be missed with less frequent visits by other professionals. I was struck by the large amount of time the contact workers spent with families, supervising frequent contact of two or three times a week, which often lasted for two or more hours each time. As a result they seemed to become attached to the families and there was a sense of genuine warmth and care that they demonstrated towards the children. Likewise, in my capacity as a consultant regularly meeting with the workers, I felt warmly towards them and had a countertransference response of wanting to provide emotional care. The opportunity of meeting with them so regularly enabled me to get to know them in a similar but more diluted way to how they get to know the families.

“I miss her, it’s hurtful!”

One challenge, for the workers, through becoming so attached to the families in this way is that often there is a sudden decision that a child should stop attending the contact centre. The abrupt endings are usually due to a decision made in court and are out of the contact worker’s control. These sudden endings leave the contact supervisor bereft and unable to have a planned ending. Of course, this must impact on the child too, particularly if they are used to seeing the contact supervisor. It is likely that they have a history of abrupt endings as a result of coming into care. This aspect of high frequency contact interrelates with the theme of discontinuity, change and loss, which will be discussed later.

Another difficulty with the intensity of supervised contact is the amount of time the contact supervisors are exposed to distressing interactions. This is coupled with the inability to influence decisions, which usually lie in the hands of social workers and court. This results in a flooding effect whereby they know the families very well, can see the impact of unhelpful contact on the children, but

are powerless to affect change. This links with both of the subthemes, 'Feeling flooded' and 'Value and hierarchy' that will be discussed later.

The study showed that this intense work requires a more rigorous level of emotional support to contact workers than is generally offered. The fact that these workers get to know the families in this intense way implies that they are exposed to disturbance on a level that other professionals are not, and therefore require reflective consultations and emotional support to cope with this. It is unsurprising to me that their sickness levels were very high amongst the contact supervisors; this aspect of contact relates to the subtheme 'Feeling flooded'.

"We see so much"

Another finding, connected to being immersed with the families, is the ability to see a true picture of the parent-child relationship. Contact workers became 'part of the picture' for these children due to the high frequency of contact that they observed. They felt that this often enabled children and parents to act in a way that was more natural and authentic meaning the contact workers then saw things as they really were. Interestingly, this idea was contradicted later when workers commented that community contacts would provide a less artificial contact, and this will be discussed later on under the subtheme 'Who is contact for'.

Another aspect of this subtheme of 'Really getting to know the families' was the consensus amongst the contact workers and manager that contact supervisors see more than social workers. Contact workers felt that they understood the families in a unique way, due to having the high amount of contact with them. This made them uniquely skilled and valuable in contributing to the assessment of families. The manager, Kate, felt that the workers that I was meeting with had more capacity to observe the difficult interactions than social workers who she feels "don't notice and don't speak to families". This links with the subtheme of 'Value and hierarchy', with the idea that contact workers are uniquely skilled and important, yet as Kate said, are seen as "the least important of everything".

"Sometimes on a daily basis"

Bayne's (2010) suggestion that supervised contact provides a window of opportunity to improve parent-child relationships is relevant to this study. This is particularly due to the families being seen so frequently, receiving many hours per week of intervention from a contact supervisor. This reminds me of the intensive psychotherapy cases that we were required to undertake during training, when a child would be seen for therapy three times a week. This intensity enables change to happen at a deeper level. I wonder whether, as Baynes (2010) posits, contact supervision offers families a real opportunity for change, particularly recognising that almost half of children in care have mental health problems (House of Commons Education Committee, 2016). Nevertheless, the findings of this study show that contact work is overwhelming, in part, due to the frequency. It is therefore unrealistic to expect contact supervisors to deliver interventions that are of the intensity and specialism that, for example, a child psychotherapist could offer. However, with specialist support contact workers could be helped to improve contact, as well as capturing the voice of the child and pre-verbal infant (Kenrick, 2009; Howes, 2014).

"What's lacking? Training definitely"

The high frequency of contact can be distressing and disruptive to infants, and as previously stated does not lead to higher rates of reunification (Humphreys and Kiraly 2009). Moreover, Osmond and Tilbury (2012) emphasise that it is the training and emotional support that is required, for all those providing supervised contact, that may lead to higher quality contact and more chance of reunification. This study also indicated that training is required for the contact supervisors. This relates to Bower's (2003) point about the importance of theories that enable social workers to process their experiences with clients. In the final chapter more consideration will be given to recommendations for improving practice with regards to training.

6.1.iii Value and hierarchy

"When we give opinions we are dismissed"

As just discussed, contact workers supervise large amounts of painful and complex interaction between children and their parents. However, it is notable from the findings that there is no specialist training for contact work and only a basic requirement of some experience working with children. This lack of training seems to give the profession a lower status in the social care strata. In this study, contact supervisors were aware of the low status and yet also recognised the value of their work. The centre manager's thoughts about contact workers 'seeing more', illustrated how the workers are required to do a challenging, skilled job but often have little say over the families they see. The contact workers reported to me that they felt undervalued in their role from 'outside' the centre, particularly due to feeling dismissed by social workers or other professionals in the system. Contact supervisors felt that social workers were valued and listened to more than themselves and that, within social care, contact work is seen as a low skilled job. This idea of powerlessness in the contact supervisor role links to the theme of 'Trauma', where there is often an associated experience of powerlessness. This also relates to Bentovim's (1992) literature on those at the bottom of the hierarchy experiencing the most pain, but feeling powerless.

"The least important of everything"

This sense of powerlessness seemed important in highlighting the voiceless babies and young children that were seen in the centre. The example of Samuel, the infant who was displaying autistic traits and who was developmentally delayed, appears to be a particularly relevant example. This links to Kenrick's (2009) research which highlighted the need to capture the voice of infants in court proceedings; the infants being the most vulnerable and powerless in the hierarchy. Fraiberg's (1982) theories on pathological defences in infants who had experienced prolonged helplessness is relevant to Samuel

who is an example of a baby who was silent, but not necessarily contented and healthy; an important distinction when observing young children (Youell, 2005).

Another aspect of powerlessness, relating to feeling devalued, was when challenging parents demanded that the manager was present in the contact sessions. This undermined the contact worker's authority. One can speculate that this could be a projection of the parents' own feelings of powerlessness in the social care system where they are undermined by not being allowed to look after their own children.

Power imbalance seemed key, with the workers appearing to feel powerless to affect change in the system or to have influence over decisions. The contact workers felt that their role was less influential than social workers. Furthermore it struck me that the dynamic of contact, by its very nature, implied an imbalance of power, with the workers being in charge and observing the parents. Moreover, with the aggression from some parents towards the workers, it seemed that some parents would attempt to exert their power through violence and intimidation. Trauma, relating to abuse and neglect, automatically involves power imbalances with children and pre-verbal infants who are particularly powerless and helpless (Fraiberg, 1982).

"Contact workers aren't valued"

This ricochet of projection, in relation to Value and hierarchy in the system, was something I, too, experienced as a reflective consultant. I noticed that in my intervention I sometimes felt devalued by the workers. In my countertransference I often felt that what I was offering was a waste of time. This seemed to mirror the experience of some of the contact workers who felt their work was wasteful and pointless, particularly when it was unlikely that there would be a positive parenting assessment. This parallel process (Searles, 1955) seemed important and the projection I experienced, of being devalued, was likely to be an unconscious communication from the contact supervisors.

Furthermore, this could also be the experience of the children and families who feel they have failed, lack worth and have little value in society.

My experience as a reflective consultant was therefore informative in understanding the low self-worth that workers and families experience. This seemed important to reflect upon in my own supervision, so that I could then offer thoughts to the workers themselves about their experiences of being receptacles for powerful projections. This overlap between 'Value and hierarchy' and 'Trauma' will be discussed later.

"They think it's just sitting and watching"

Some contact supervisors spoke about wanting to train and develop themselves and that they felt frustrated and stuck at the bottom of the hierarchy. This, however, was not the case for all the workers and some believed that they had already received opportunities to develop their skills. They often asked me for literature to read and were keen to learn more. It is striking to me that there is a perception that contact work is of little value, when it is clearly such a difficult and highly skilled job. I admired the contact workers who were faced with very disturbing situations on a daily basis; I felt that even with an in-depth clinical training this would be difficult to tolerate. Contact workers are required to have some experience working with children, but other than that there is no required training. This seems to me to keep the profession low down in the hierarchy and contributes to the feeling that it is significantly lower in value than social work.

6.1.iv Who is contact for

"this is too disruptive"

The theme of who contact benefits emerged strongly in the material. The workers questioned who benefitted from it, particularly when they witnessed harmful interactions between parents and children. The findings showed that there are many situations where contact is not beneficial for children, and does

not put the child's needs first, as advised in The Children Act (1989). This finding was consistent with Loxterkamp's (2009) literature suggesting that contact can be psychologically harmful for children and have a detrimental impact. Kenrick (2009) and Glaser (2000) also emphasised the harm negative contact can cause to the developing infant, particularly at this crucial early time of brain development. This is consistent with Howes (2014) research about trauma and the impact on brain function. It is worth noting here that it is possible that the contact workers brought the most challenging and disturbing observations to be discussed with me, and there may well be other situations where contact is beneficial. However, given the findings from my study, it clearly can also be distressing and harmful for children. I was informed of many examples when contact had been arranged for the parents' convenience, disregarding the child's needs as a priority. This correlates with Youell's (2005) suggestion that assessments often focus on the adults rather than the children whose needs are hard to consider.

"The baby was distressed"

The contact supervisors talked about the children travelling on long journeys to arrive at the contact centre and they highlighted the negative impact this disruption has on their development. This links to the work of Kenrick (2009) who emphasised that travel time and other disruptions is harmful to the baby. The children discussed in my consultations were frequently travelling to the centre as considered in the theme 'Really getting to know the families'. They often had different escorts bringing them, something that Kenrick (2009) has highlighted as a problem for children undergoing contact. The workers spoke about the distress this caused the children and their concerns about babies travelling for hours in taxis. This links with the theme of 'Discontinuity, disorientation and loss', which I will discuss later. In this study, it was observed that the high frequency contact appeared more beneficial for the parents rather than the child.

“it was for my benefit”

It also seemed as though the quality of the contact sessions themselves was not always benefiting the infant/child. There were many contacts described where the baby seemed distressed and the interaction between parent and child seemed to be a performance for the benefit of the contact supervisor, to give a particular impression. Sometimes parents were seen to repeat advice they had been given in reflective feedback sessions, but this did not reflect the way they interacted with their child. This meant that at face value the contact would look good, but the workers felt the interaction lacked authenticity. In these circumstances it was felt that contact is an artificial set up which did not reflect a true picture. Some workers felt that it would be better to provide contact in community settings such as out shopping, which would give a more accurate picture of contact. This aspect of seeing beneath the surface links to the subtheme ‘Seeing and not seeing’ which will be discussed later.

“Going through the motions”

The question of whom the lengthy contact sessions benefit is linked to the social workers and their need for evidence. It often felt like a paperwork exercise. It was felt that this provides parents with false hope, which is then detrimental to them. Contact workers talked about the whole decision-making process taking a long time and this leaving children in ‘limbo’, unable to have permanency, which is essential for their emotional development. The 26 week reform introduced by Munby in 2014 was implemented around the time that I visited the contact centre, so many of the children discussed had been undergoing supervised contact for considerably longer than this time-frame. In reality there still seems to be some difficulty in ensuring that these children are fast-tracked, whilst balancing that with gathering evidence for court.

"doing me a favour"

The theme of who benefits from contact was projected into me from the workers. When introducing the project I received some hostility from some of the workers who were initially suspicious of me. They seemed wary and unsure about taking part, feeling as though they might be used for my benefit and that they would be doing me a favour by meeting me. This seems a key projection that is reverberated throughout the contact centre, regarding who really benefits from supervised contact. In this respect, offering the reflective intervention gave me some insight into this dynamic.

6.1.vi Discontinuity, disorientation and loss

"very inconsistent"

The theme of 'Discontinuity, disorientation and loss' links with the previous subtheme of 'Who is contact for'. The children's experience was often disrupted due to the decision for frequent contact. Kenrick (2009) and Glaser (2000) have both written about the need for the developing infant to form a secure attachment, particularly in the crucial early years of life. Glaser points out that the infants and children undergoing contact have frequently endured sub-optimal pre-natal experiences and therefore need consistent attachment figures. Furthermore, Schofield and Simmons (2011) suggested that care proceedings result in anxiety and uncertainty; the opposite conditions to those needed by these children.

The findings in my study were similar to other papers that have highlighted frequent contact to be disruptive and distressing for the child, at a crucial time in their development (Kenrick, 2009, Taplin 2005). In this research the contact supervisors felt that the infants were disadvantaged through the frequent contact. Just as Kenrick highlighted that long travel times to the contact centre were not in the developmental interests of the infants, these contact workers noticed this problem. This was particularly evident in the case of 6 week old

Brianna who experienced long car journeys with different escorts and as Zainab so aptly explained, “the baby feels many different hands”. This highlights the discontinuity and disorientation that infants might experience whilst having contact with their parent. Kenrick’s research about infants who had been born to drug/alcohol misusing parents was relevant and congruent with the infants in this sample who had, as is often the way with these children, experienced multiple separations and discontinuities of care. The children spoken about in this study were also reportedly hard to settle after contact and only just managed to recover by the time the next contact session was due. Kenrick’s research was focused on contact for those children when plans for adoption were in place. In contrast, my own research concerns at-risk infants and children when there is a possibility of reunification with their parents. The contact supervisors in this centre agreed with Kenrick’s recommendation that the same escort should bring the child to the contact session each week. The contact workers had identified the detrimental effect of inconsistency and upheaval on the infants. However, in reality the contact was sometimes shared between staff members due to the high frequency and logistical challenges.

Humphrey’s and Kiraly’s (2009) research was similar to Kenrick’s and resonated with the findings. They noticed infants, having high frequency contact with multiple caregivers, showed ‘freezing responses’. This was illustrated by observations of Samuel, who would often stare into space blankly, and also by Taquarn who needed to sleep excessively and appeared dissociative. This behaviour links to the theme ‘Symptoms of trauma’; it seems that these infants were traumatised not only by their previous experiences but also by the repeated fragmented episodes that they were exposed to whilst waiting for permanency. This relates to Mcintosh’s (2006) point about children being re-traumatised during contact visits. Humphreys and Kiraly’s finding that high frequency contact did not correlate with a higher chance of reunification, was also felt to be true by the workers in this centre. Humphrey’s and Kiraly’s emphasis that these children require stability and consistency in this critical period of early development, is perhaps best illustrated by the case study of Samuel who appeared to be developing an autistic developmental pattern but

continued to attend high-frequency contact. In the discussions about Taquarn I was reminded of Youell's (2005) important points regarding uncomplaining, quiet babies not necessarily being healthy and contented. She stated, 'The idea that a baby who sleeps a lot and rarely cries might equally give cause for concern is a difficult one to grasp' (p.52). This was something that was discussed in the consultations and unpicked with the contact supervisors.

"I feel thrown"

It was interesting that this experience of disorientation and discontinuity was also experienced by me as a consultant. It seems as though this is a powerful projection that reverberates throughout the centre, between the families and the staff. It seemed important that I was to be given the experience of multiple rooms each week, which in the countertransference left me confused and unsettled. Nora's projection of disrupting my timetable was particularly powerful, whereby she came late to meet with me and appeared gratified when my structured organisation and plan for the day was thrown into chaos. It is also notable that there had been a high turnover of managers over the past three years and the current manager acknowledged that now the workers are used to these disruptions and detach themselves. This, in turn, seems to mirror the experience of the children and families who are used to multiple changes of social workers and carers.

Menzies-Lyth (1988) points out that workers use primitive defences of splitting and projection to manage their anxiety; this appeared to be happening in the contact centre due to the high levels of uncertainty that the families and workers were faced with. When experiencing a particular projection from a contact supervisor, I found that by acknowledging it in a light-hearted way, the workers appeared relieved and felt that their experience was understood. This seemed particularly relevant when Nora complained of her timetable being disrupted. I voiced that my timetable was also disrupted and that I recognised this as a challenge that Nora herself was often facing. I found that if I could scrutinise my own countertransference I could then verbalise this which, in turn, helped the

workers make sense of their own experiences. In this way, the reflective consultation used Bion's (1970) theory of containment to understand the bombardment of projections that the staff often faced.

"Someone leaves prematurely"

This experience of multiple changes seems to link with a problem concerning endings, and perhaps a denial of loss, in the wider system. The workers offer intense levels of supervised contact and when this is suddenly brought to an end, due to court decisions, it can be highly distressing for them. This experience is challenging for the contact workers who are then left wondering about the welfare of the children they had been seeing. There is no proper ending to manage this loss. Ultimately this is also likely to be a negative experience for the children involved, who have often experienced sudden, unpredictable transitions and ruptures in relationships. Nora talked about this unanticipated end to contact being a common issue in the centre. Additionally this happened in reality with Nazia and Samuel, both of whom immediately stopped attending the centre following a sudden decision made in court. This finding is similar to Crasnow's (2016) research that suggested contact centres are places of unprocessed loss.

The contact supervisors expressed outrage that these immediate endings occurred. This suggested that they were experiencing feelings of loss, rather than being detached and desensitised from the families that they were seeing. It is possible that the reflective intervention offered a space to process these emotions, enabling the workers to be more in touch with feelings, rather than disconnected from the impact. This links with the theme 'Benefits' which will address some of the helpful impact the reflective consultations were found to have had on the workers. In addition to the sudden endings of contact sessions, I learned that there had been a large number of managers in a short space of time and that the previous manager had left suddenly. This pattern of sudden rupture therefore seemed to be mirrored in the workforce as well as in the individual families.

On arrival at the centre, on my final day, I found the contact supervisors to be reluctant to meet with me. The manager suggested that this might be an example of the workers having become desensitised to many staff changes. Perhaps this echoed the overwhelming losses that are faced at the centre with parents experiencing the loss of the child, children feeling the loss of their parents, workers absorbing the loss of their managers and so on. It was a powerful experience. I was reminded of my initial introductory visit to the centre when the workers left so abruptly following the conclusion of the meeting. This left me to find my own way out of an unfamiliar building. The feelings of anxiety and abandonment are, perhaps, similar to those experienced, at times, by children and families in this centre.

Throughout the intervention I used my own countertransference feelings as a guide and voiced my feelings of loss and sadness to the workers in relation to the material they were discussing. The aim of this was to help them be in touch, to a manageable degree, with their own sense of loss, so that we could process it together.

"I don't think we are very good at endings here"

Similarly to Kenrick (2009) and Glaser (2000) who recommended continuity with regards to contact, I, too, think that from these findings it is clear that the children in this study did not benefit from multiple disruptions. High frequency of contact appears to leave vulnerable children unsettled and disorientated. In the final chapter consideration will be given to improving practice that relates to practical aspects of contact work.

This study showed that endings can be abrupt and unplanned. This was felt by the contact supervisors to be a jarring experience for the child; never seeing their contact worker again in a sudden way, rather than a more therapeutic ending. These ruptures are also upsetting for the contact supervisors who invest a lot of themselves in the children and families they observe. I would suggest

that the parents also, who are familiar with the workers, are impacted upon by an abrupt end. In addition, the sudden end seems to only further devalue the role of the contact worker, implying that they have little impact, which links to the previous theme of 'Value and hierarchy'.

6.2 Trauma

This theme illustrates findings, which relate to trauma, on a number of levels, but particularly highlights the disturbing interactions that the contact workers are exposed to. The theme also illustrates the level of trauma that the children and infants have experienced prior to them requiring supervised contact.

6.2.i Abuse, neglect and deprivation

"every single one had DV in it"

The research highlighted just how extreme the abuse and neglect has been for the children that require supervised contact. All three aspects of the 'toxic trio' of substance misuse, domestic violence and mental health difficulties were present in the families that were discussed in this study. This brings to mind Glaser's (2000) point about infants who have already had suboptimal experiences before coming to the contact centre. All the children discussed in the consultations had experienced significant abuse and neglect and require reparative, consistent care-giving. Instead, many of these children were having contact in the centre on a frequent basis, with contact that, in some cases, continued the neglect and abuse.

The aspect of being emotionally neglected links to the children and families who were often living in poverty, as well as being emotionally deprived. Samuel seemed to be starving emotionally, was very under-stimulated in his environment and was not eating. The social worker involved in his case saw him less frequently and, much to the despair of the contact supervisor, recommended that he could remain living with his father. I am not drawing

attention to this to shame the social worker, but rather they themselves are likely to be overwhelmed and desensitised to the needs of the children, particularly in this deprived part of London where the thresholds for child protection are particularly high. This example of being desensitised and detached from the work links with Easton's (1997) paper. Furthermore, the idea of being under-stimulated and under-developed seems to resonate with the contact workers who were keen for more training and professional development. This links with the theme 'Value and hierarchy' which highlighted that the contact supervisors have limited mandatory training and are not as developed as social workers.

"the staff are constantly abused"

The workers themselves seemed to be abused regularly, particularly by aggressive, emotionally-dysregulated parents. At times they were on the receiving end of racist comments and were often on 'high alert' prior to the contact sessions. This hypervigilance they described seems to be something that reverberates throughout the whole system. The descriptions of Samuel startling whenever there was a noise outside the room seems important here, but is a subtle response that would be hard to detect in a non-verbal infant. This connects with the subtheme 'Symptoms of trauma' below where there will be more discussion of the ways that children and staff might display signs of distress.

"I was witnessing abuse"

In addition to direct abuse, the contact workers were subjected to witnessing disturbing interactions on a regular basis for many hours at a time. I was alarmed by the level of disturbance described to me by the contact supervisors. They reported observing regular episodes of distressing interaction between parent and child that appeared to be 'playing out' historical abuse. Freud's (1914) theory of compulsion to repeat seemed key in making sense of this, in that trauma that has not been processed needs to be repeated.

In terms of my experience as a consultant, there was an occasion when a senior staff member was using the room I had booked and was very hostile towards me. This bordered on an abusive reaction on their part and was something that came as a surprise to me. It is worth considering this in terms of an enactment of what happens in the centre when the contact workers are often on the receiving end of abuse from parents. It is hard to imagine how the contact supervisors continue to manage when they are 'constantly abused' as the centre manager explained to me.

"hostility towards me"

One complicated aspect of hostility being re-enacted in the system was during my introductory visit. When I went into the centre initially, to discuss setting up the consultations, the manager told me that there was one contact supervisor who was from an agency, and although she was present as much as the permanent workers, the manager felt she should not take part. At the time I felt uncomfortable about this decision, thinking that excluded workers might feel resentful and feel the included contact supervisors were privileged. However, it also made me recognise the constraints of staffing levels and therefore the resource could only be allowed for a small number of workers. This links to the feeling of deprivation which permeated the centre. I used this information to understand more about the challenges of contact work.

Another aspect of deprivation echoing in the system is dissatisfaction amongst staff regarding the policy of contact supervisors having to find cover for their own contacts when they went on holiday. This was a stressful and difficult task which the workers felt the management should be responsible for. This experience of being 'left to get on with it' seemed to mirror some of the feelings of neglect and deprivation that the children had experienced. These are all examples of trauma being enacted in the system (Bentovim 1992) where managers become punitive and authoritarian, leaving the workers to feel increasingly helpless (Bloom, 2011).

In the initial meetings with the manager she made it clear to me that the member of staff who was employed by an agency was not permitted to meet with me. This set up an awkward dynamic whereby I felt that the majority of workers were allowed to take part but some were effectively discriminated against. I understood that the manager wanted to prioritise and invest in the permanent workers group but I also wonder what I might have learned through meeting with the excluded worker. Agency workers are likely to be employed across a number of centres, which could all have a different ethos and approach to the work. At the time I decided not to challenge the manager but instead reflected upon this with my supervisor to understand further meaning of the dynamics in the centre. In hindsight I would have liked to have challenged the decision. It is important that managers in contact centres are provided with reflective consultation to prevent trauma being re-enacted within the staff group. It is unlikely that the managers will be able to provide enough support to the staff if they are feeling deprived themselves.

"not even a sip of water"

The experience of deprivation and neglect was powerfully projected into me. On reflection, after several consultations, it occurred to me that I was neglecting my own needs. For example, I often drank very little water and ate no lunch due to time constraints. I discussed this in supervision and we thought about this as a projection of the experience of the contact supervisors who were emotionally depleted and overwhelmed. The workers seemed hungry for emotional support and would frequently stay longer than their allocated slot of 40 minutes. I was left feeling that I could not offer enough to the workers and that they needed more time and space to think about the impact of the work on themselves. The overwhelming fight for mental space was tangible, and seemed to reflect the experience of the workers who had consecutive contact sessions with little time to process or write up.

"left off the list"

My role as a reflective consultant offered a space to these workers who felt very depleted and overwhelmed. They were offered an opportunity to feel looked after themselves, which then allowed them to attend to the emotional disturbance in the families more easily. The powerful projections that I experienced informed me of the emotional deprivation of the families and workers. Through this it could be deemed important that contact supervisors are offered a space to talk about their work, either on an individual or group basis.

6.2.ii Symptoms of trauma

"He stared into space"

The findings showed that many of the children observed in the centre exhibit signs of trauma. The children that the contact workers observe are mostly babies and infants, and therefore do not have the ability to communicate their feelings verbally. This requires the workers to understand more about the non-verbal behaviour the children display in the sessions. The contact supervisors seemed to enjoy this aspect of the consultations, trying to unpick what the children's behaviour might be expressing. Such consultations are well-suited to child psychotherapists who spend two years, prior to their four-year clinical training, observing an infant and young child. These observational skills provide understanding of the internal world of the infant, which in turn can provide a way of giving a voice to these children who are otherwise powerless in the decision making process. This relates to Kenrick's (2009) research that highlighted the need to represent the non-verbal infant during parenting assessments and contact.

"looking away"

Taking into account these non-verbal infants, Samuel's concerning behaviours were considered throughout the consultations. I discussed Fraiberg's (1982)

theories of pathological defences, which the contact workers reported to find helpful. Samuel displayed these defences; for example, he would avoid his mother's eye contact and look around the room, turning his head whenever she tried to meet his gaze. He was also observed to look frozen, rigid and stare into space with a blank expression. On one occasion Zainab reported Samuel crying uncontrollably in the presence of his mother and then suddenly stopping when the escort arrived, as if he had switched the tears off in what she felt was a manipulative way. Zainab told me she found this unnerving. We thought about Fraiberg's (1982) theory could help us understand this:

> 'It seems reasonable to assume that the screaming babies I am describing are experiencing distress of such magnitude that pain reaches intolerable limits. Sometimes, in fact, the parents have reported to us that the baby's wailing and screaming abruptly stop after an interval which, in their view, suggests that the baby is "faking." He is not, of course. The behaviour suggests that, at intolerable limits, there is a cut-off mechanism which functions to obliterate the experience of intolerable pain.' (p.5)

Discussing the observation in this way helped Zainab to consider how the behaviour related to the survival mechanism of 'fight-flight'. This grounded her observation in theory and made sense of it.

"startled and froze"

The workers highlighted that a lot of the infants soil themselves, startle and freeze. Hyper-vigilance was particularly noticeable, and the workers observed children startling at sounds near the contact room. Samuel, in particular, exhibited repetitive behaviour resembling that of autism, but this was perhaps an attempt to self-soothe. The contact workers described witnessing contact sessions with Samuel and his parents which appeared unhelpful and overwhelming for him. I tried to help the workers think about the ways that they could intervene and support the contact to improve it, such as giving Samuel a voice to help his mother mentalise (Fonagy, 2004) and provide what he needed. Howes (2014) raises the important point about the impact of trauma and brain function when making decisions about contact, and this seems particularly

pertinent for the children discussed in this research. The case example of Samuel, who appears to be traumatised and potentially developing autistic defences in response to trauma, seems relevant and poignant. These findings link to Mcintosh's (2006) suggestion that the infant can be further traumatised in contact sessions if therapeutic support is not provided. This seems evident for all the children discussed in my study, who at various times, exhibited symptoms of great distress when contact had been of poor quality. This only serves to repeat previous negative experiences that they had endured whilst living in the care of their parents.

"I can still remember"

In addition to symptoms of trauma in the children, the workers also talked about their vivid memories of contact that they had witnessed years earlier. These memories were particularly related to times when they had felt threatened by a parent, or when they had witnessed something particularly distressing such as a child being emotionally abused. There is a vivid example in the findings from Nora. She described feeling paralysed in the contact session when she had felt threatened by the parent. These findings relate to Goddard and Stanley's (1994) paper that highlights how social workers can be exposed to violence and threat. They feel psychologically captured in the relationship with the threatening parents. Nora is a reflective member of staff who was able to discuss the complex feelings she had, but this might not be the case for many contact supervisors who are regularly in this situation. Ferguson's (2005) research highlights that the deep, emotional impact of child protection work on social care staff sometimes affects their ability to protect children, due to them being preoccupied with their own safety. When Nora talked about her feeling of paralysis, whilst observing a particular family, it highlighted how scared she was of the parent but yet how unavoidable this is for contact workers who, unlike social workers, see families for multiple hours at a time and are required to pay attention to the detail.

"a lot more vigilant"

In addition to 'flashbacks' and memories from years prior, it is striking that the contact supervisors seemed to be regularly on high alert. On one of my visits there was a high level of excitement and drama in the centre when there was a trapped fox that needed to be removed by a fireman. The sense of emergency was palpable. It was interesting that one of the workers commented on this being the most excitement they had experienced since a parent was sectioned whilst in reception. The light-hearted tone of this comment seemed quite 'defensively detached' in the way that Easton (1997) describes, perhaps as a way to protect themselves from the emotional pain of witnessing someone being sectioned. The workers talked about their own adrenaline pumping during certain contact sessions and were clearly impacted upon by the children and families they saw.

"I brace myself a bit"

In terms of my own countertransference I felt more alert when at the centre as though I needed to prepare myself. I did not find it a comfortable place to be and felt that there was a level of unpredictability. Perhaps this was due to the fact that I was placed in several different rooms. This aspect of trauma links to the sub theme of 'Disorientation, discontinuity and loss' that I discussed earlier. This could be related to the multiple experiences that the infant was subject to, of different escorts and caregivers, which is not a containing and healthy environment for an already traumatised child.

6.2.iii Feeling flooded

"bombardment of negativity"

The workers appeared to be bombarded with distress and saturated, in terms of their workload, with multiple write-ups to complete. This experience of being overwhelmed seemed to seep into the contact worker's personal lives, and they talked about situations outside of work that were overwhelming. I tried to offer

some time in the reflective consultation for the workers to talk about anything that was bothering them relating to the work. Also, whilst I did not ask about personal difficulties I found that they would sometimes volunteer these. The example of Farzana feeling paranoid that everyone in the world seems unpredictable and violent seems to show how much of this experience had been projected into her through her work at the centre. The emotional support that I provided in the consultations overlaps with the theme of 'Benefits' to be discussed in more detail later.

"overstimulated and looking away"

The workers seemed to be soaking up the projections from the children and parents they saw. Samuel appeared to be particularly overwhelmed but in a state of being shut down as a way to protect himself from the over-stimulating interactions with his mother which the contact workers felt were like a bombardment. The example of Samuel gagging due to too much food being forced into his mouth seems metaphorical for this kind of emotional interaction where he quite literally could not digest what was being fed to him.

I tried to consider, with the workers, the distressing observations that were so troubling and muddled. In this sense, the consultation offered a space to process the experiences rather than leaving the contact supervisor with a bombardment of undigested projections. Just as the contact workers were soaking up projections from the family, I, too, was in turn absorbing projections from the contact workers. I experienced this in a number of ways such as when they were late arriving for my sessions. This example of the consultation absorbing projections from workers links with the theme of 'benefits' which will be discussed later. Harvey and Henderson (2014) describe offering psychoanalytic reflective supervision to social workers. They highlight that this kind of supervision provides containment that takes into account both conscious and unconscious facts, and emphasise that if the staff member is more contained then they will be more able to offer containment to their clients. The flooding of projections the contact workers experience highlights the essential

need for this kind of containment; an intervention that is different to a more practical and solution-focused supervision style.

"I haven't stopped"

My own experience was that of feeling overwhelmed and exhausted after visiting the workers at the centre. There was also the experience of not being able to stop and think, when the contact workers would sometimes tell me they were too busy to see me. I realised that I echoed this, not allowing myself to have even five minutes between consultations. This was something I discussed with my clinical supervisor who helped me understand what this might tell me about contact work and the relentless bombardment that the staff face.

Overall it was striking to observe how often the contact workers were subjected to a bombardment of distressing, overwhelming projections from the families they supervised, often on a daily basis. My experience as a consultant provided useful information that could be digested and then discussed with the workers.

"We think about the feelings"

The reflective intervention contained some of the flooding and bombardment that the workers experienced, so that it could be processed and understood. The staff valued having a safe space to discuss the impact of their work with an external person, including the opportunity to share their distressing observations. This appeared to motivate them to write up their contact records more thoroughly. This aspect of the consultations will be discussed further under the theme of 'Benefits' which will examine the findings about the helpfulness of the reflective consultations.

6.3 The Reflective consultations

The aim of the study was to learn about the challenges of supervised contact by providing reflective consultations. Interestingly, the findings highlighted a

number of themes that demonstrated the impact of this kind of reflection on the contact supervisors. From my meetings with the staff I developed respect for the important but challenging role that they are required to undertake, and the slight change in the research title aimed to reflect this.

6.3.i Seeing and not seeing

"the staff blamed the baby"

It emerged that the contact supervisors sometimes shared the same families but understood what they saw in different ways. Sometimes one worker might identify with a parent and feel that other contact staff were too critical, and on other occasions another worker would feel the intense distress that the baby might be experiencing. The intervention provided a space to scrutinise these different experiences to understand what is happening in contact. This links with the theme of 'Really getting to know the families' whereby the contact workers often see subtle nuances in the relationship that a social worker might miss. As a reflective consultant I was able to contain and make sense of opposing points of view between the workers and consider these, with them, when different workers identified contrasting aspects of the families. Being external, and not directly observing the family myself, ensured that I was able to be objective in unpicking and speculating on some of the behaviours and interaction that was described.

An example of this difference of opinion was when Farzana and Nora observed the same child but interpreted the same situation very differently. Nora felt that she saw a lack of responsiveness in Taquarn's parent which was unhelpful for Taquarn and needed highlighting. However, Farzana considered this to be an exaggeration and felt that this judgement was too critical of the father. This links to Easton's (1997) paper highlighting how workers can often become overwhelmed and detached, and that there is a need for ongoing support, training and a development of observational skills.

"What you're prepared to confront and deal with you notice"

There was an element of 'not seeing' which was observed when the parents interacted with their children. The contact supervisors reported that many of the parents struggled to see what their children needed, such as the example of Samuel choking on too much food. Another example was when his mother bombarded him with stimuli whilst he looked away being clearly overwhelmed. However, with the workers there was also an element of not seeing. The manager's outrage that bleach and scissors had been left lying around within easy reach of families seems symbolic of the toxicity and danger that the children have been exposed to, but which is not always seen by the professionals around them. This relates to Obholzer's (1994) theory that the main defence used in organisations is denial, whereby difficult feelings and realisations are pushed out of awareness. The manager illustrated this clearly when she suggested that sometimes the worker might identify with the parent and blame the baby for being distressed. This is consistent with Youell's (2005) point regarding social care assessments which often attend to the adults involved, but have difficult considering the baby's experience of interactions.

It was alarming to me that the contact supervisors reported that social workers were frequently returning children to situations that were dangerous and unhealthy for them. This was despite the contact supervisors concern that they could see the damage this might cause. Contrastingly, the contact supervisors sometimes appeared blinded and 'cut off' to the impact of emotional neglect and deprivation, as previously discussed in the example of Farzana and Taquarn's father being unresponsive. Ferguson's (2005) points in relation to the Victoria Climbie case seem relevant here. In the tragic case of Victoria, there were serious concerns that had not been recorded. Ferguson notes that Victoria's social workers were not able to explain why this information had been omitted. Ferguson refers to Cohen's (2001) theory of an 'active looking away' which happened due to the hopelessness of the case, as well the workers own concerns about their safety.

"like a performance"

Another element of the subtheme relating to seeing, is that of looking beneath the surface and understanding what is being seen. This was highlighted by Hindle and Easton (1999). Howes' (2014) point about needing to look beyond verbal reporting, when assessing contact, seems particularly important for this at-risk client group, particularly considering the fact that most of them are pre-verbal infants. Her point about not taking things at face value is also important, listening not only to what is said but also non-verbal responses and actions. This is essential and yet the temptation in social care often seems to be to ask the child how they feel about being returned to their parent, which provides misleading information if taken at surface level. The idea of seeing beneath was a strong aspect of this theme; it sometimes felt to the contact supervisors that what they witnessed was not genuine interaction. This was either a performance by the children for the benefit of the observer, or a demonstration by the parent where they tried to prove to the contact supervisor that they were doing a good job, often repeating back advice they had heard. On these occasions the parent repeated advice but in a shallow, unintegrated way, such as the *"look Brianna, I'm putting your nappy on"* comment, or the children that Tina observed who bad-mouthed their father whilst in the presence of their mother in a staged way for the benefit of the observer, whilst placating their mother.

"scrutiny; being watched/judged"

Another part of this subtheme of 'seeing' seemed to be highlighting an element of persecutory scrutiny and judgement; an unpleasant aspect of being 'seen'. This appeared to be linked to exposure in some way and was interesting on a number of levels. Firstly, the workers were initially suspicious of me, when I was setting up the research, and were concerned that something might be seen that they would rather have kept hidden. In the transference it seemed as though to them I was a person who was purely out for my own personal gain, rather than offering them support. Furthermore, the workers were reluctant to share their

written observations with me, which was perhaps for fear of exposing themselves personally in some way. This has been highlighted by Hartland-Rowe (2005) who emphasised the need for those in work discussion groups to bring an honest account of their work. This anticipated experience of judgement and interrogation appeared to be mirrored in the families who were being watched and assessed whilst at the centre.

"difficult observing things"

The workers felt that the reflective consultations helped them 'see' the interactions, by offering external thoughts, ideas and prompts to support them to clarify their thinking. The workers are required to witness a lot of disturbance and see interactions that contribute to the decision-making process. The forum of reflective consultations helped these contact supervisors observe more. They appreciated having a supportive person who could think through the difficult observations and it prevented them from becoming blinded from painful and sometimes dangerous interactions.

6.3.ii Sensitivity and detail

"the unpicking, the breaking down"

The contact workers who chose to take part were particularly sensitive and thoughtful in their approach. They appeared to have been influenced by the centre manager's ethos, and her infant observation background was reflected in her managerial style and the centre values. It was interesting to me that the psychoanalytic concepts seemed so intuitive to the contact supervisors, who spoke about noticing their own feelings and what they were left with after contact. These concepts of countertransference and projective identification were not formally taught to the staff but the concepts had been discussed by the manager. In the consultations it was helpful to link these experiences to existing theory, and as Harvey and Henderson (2014) highlighted, psychoanalytic theory is uniquely equipped to support social care workers to understand the complex

emotional responses to their work. Despite their natural ability for picking up on subtleties, I found that in my sessions I could offer space to further develop this, giving time to think about the eye contact, quality of interaction between parent and child, and intricacies that was not always possible in the day to day running of the service. This enabled the workers to observe subtle details in the babies and children they observed. When given the opportunity to ponder over these they appeared to be able to remember more. I wondered whether perhaps the reflective space gave them strength and purpose to observe closely, knowing that they had a supportive framework to discuss this.

Zainab described how she had enjoyed the consultations for the 'unpicking' and detail that went on between us. I noticed that she was increasingly sensitive to the detail of the session. This ability to see the session in a magnified way seemed to be enhanced through discussing the observation with myself as an 'outside' person. The idea of being sensitised links to Easton's (1997) point about being defensively detached from the process of social work due to being overwhelmed with the emotional difficulties. This aspect of 'Sensitivity and detail' links with the previous subtheme of 'Seeing and not seeing'.

"the eye contact, the cry"

An important aspect relating to this level of sensitivity and detail is the ability to observe qualities in the pre-verbal infant. Kenrick's (2009) study highlighted the dilemma for the legal profession engaged in helping make the best long-term decisions for infants. She stressed the need for the non-verbal infant to be given equal consideration to the verbally expressed wishes of the adults. Kenrick's important point about this raises questions as to how to capture the infant's voice appropriately, particularly in a way that can be evidenced in court. The use of the First Step infant observation guidance was gratefully received by the workers who found it provided some structure to their write ups. The opportunity to reflect with the staff member on the non-verbal communications of the infants and children seemed to capture detail that would otherwise be omitted from the reports, and would then not give a true picture of the interaction.

"the nature of the cry"

The study highlighted that further consideration should be given as to how to improve the quality of the contact records. This finding was consistent with Durell and Hill (2007) who emphasised that contact supervisors often have very little training in how to record observations and analyse results. It was rare for the contact supervisor to bring a written record, and when they did I found that the write ups varied in quality and sometimes did not accurately reflect the verbal account the workers had given. Contact workers were inundated with paperwork and seemed to be constantly writing up sessions that they had observed. The content of these observations seemed to vary between workers, for example, some of the contact reports seemed to focus on the practical interventions that took place during contact such as how often the parent changed the baby's nappy, or how they heated the bottle of milk. The staff who took part in the study did pay attention to the more emotional and relational aspects of the interaction, such as how the parent made eye contact during a feed, and how they managed the children's distress when they were reunited after a long gap. Through a consultation session it was possible to reflect in a more open way about the feelings evoked, the expression on the face of the parent or child, and the quality of the interaction. This could then be digested into a format which was then able to be written up in a more representative way, using the First Step guidance as an additional reference point.

6.3.iii Benefits

"now I feel pretty confident"

The findings showed how important the role of a contact supervisor is and how beneficial their input can be for these troubled families. In contrast to the idea that contact workers sit in a room without offering much input, it was clear to me that these workers do much more than this and that without their intervention the child would suffer. In this respect, the consultations gave value to the contact supervisors. Workers benefitted from the togetherness and

'containment' of another person who could offer a 'fresh pair of eyes'. This concept of Bion's (1962) theory of thinking, is an important gain of offering reflective consultations for staff. Emotional experiences of the contact supervisor were transformed into thoughts through the presence of another mind functioning as a container. My presence as a reflective consultant provided an opportunity to metabolise and digest the experiences of the contact supervisor, to make sense of these and transform them into articulated interpretations that could be used to enhance understanding.

"a good flavour of what it's like"

Throughout the intervention the workers unconsciously projected into me their overwhelming experiences that needed to be understood. These varied throughout the staff group who took part, but there was a general sense of chaos and disorientation that I felt from meeting with them all. My job as a reflective consultant was to absorb these experiences and make sense of them for the staff. Part of this process was to enable the contact workers to understand some of the unspoken emotional experiences of the families they observed. This underlined to me just how significant the impact on the contact supervisors was when they were exposed to projections from the families.

The contact supervisors were initially suspicious about my intervention, and only half of the workers group opted to participate. I will discuss this limitation of the study in the final chapter. Perhaps the workers suspected that the benefit of these sessions would be for me but not them. This seems to mirror some of the experiences of the work in the centre, and therefore relates to the theme 'Who is contact for' which looks at who the supervised contact benefits. As discussed earlier, the workers seemed particularly cautious about showing me any written write-ups, as if the scrutiny they feel in court would be replicated. This paranoid-schizoid state of mind seemed to dissipate with those workers that did continue to meet with me and they became comfortable and appeared to find it a more supportive and helpful intervention. This initial caution, however, made me wonder about the experience of the families who are observed and who feel

suspicious of the interventions from social care. This mistrust seems to reverberate in the system, with social workers and contact workers being suspicious of the legal representatives and wondering whose interests they hold. In this respect, the intervention offered an opportunity to learn more about the experiences not only of the staff, but to speculate about those experiences of the families under scrutiny.

"the quality of the contact"

Another benefit provided by the consultations was the consideration of how to improve contact. One approach that I tried with the workers was suggesting that they comment 'as and when' the interaction was happening, whether it be positive or negative. An example of this was with Samuel, when I suggested to Zainab that she give him a voice and try to speak out to what he needed, to promote some mentalising (Fonagy, 2004) capacity in his mother. Zainab intuitively seemed to know what Samuel needed and could see that his mother's overstimulation caused him to shut down further and avoid eye contact, but commenting on this at the end of the session did not seem to change how his mother interacted with him on subsequent visits. It was for this reason that I helped develop Zainab's confidence in intervening throughout the session itself.

The contact supervisors spoke about enjoying the opportunity to think about the level of detail they observed and improving the quality of the contact for both parent and child. This is a different intervention to just the important practical tasks such as changing a nappy, but rather supporting the parent in thinking about the child's emotional needs. Fonagy's (2004) concept of mentalisation is relevant here; this 'mind-mindedness' was supported by me reflecting with the workers about what was happening between parent and child, which enabled them to be more sensitive to this when it was taking place, live, in the session. These tentative findings are consistent with other studies suggesting that greater emotional support, centering on enhancing communication, may lead to higher quality contact (Osmond and Tilbury, 2012).

Humphreys and Kiraly's (2009) recommendation that greater therapeutic parenting support is needed for parents during contact with their children, is also something that emerged from the findings. As Zainab identified with her analogy of flying a plane without any experience, the workers felt that the parents often showed limited, if any, change at the next contact session. Howes' (2014) clinical paper highlights the same problem, whereby a parenting program was not sufficient to affect change between an at-risk parent and infant, stressing the need for a different approach. The need for improving the quality of the contact was noted by all the workers who met with me. This highlights the large discrepancy between how little training contact supervisors have, and the specialist intervention that they are required to deliver. It raises the question of whether some training in infant observation and therapeutic observation could be delivered to workers, along with ongoing reflective practice. Reflective consultations help workers with, as Zainab described, 'the unpicking, the breaking down' which elicited more detail from the observations. In the reflective consultations I was able to deconstruct the session and think with the contact supervisor about ways of intervening during the contact, such as suggesting to Taquarn's dad that he needed stimulation rather than being shushed off to sleep, or thinking with Zainab about how to convey to Samuel's mum that he was overwhelmed by the number of toys she was waving in front of him. Similarly to Humphreys and Kiralys' (2009) recommendation of greater support, Taplin (2005) recommended that professional skills and resources are needed to facilitate contact with complex placements, to support higher quality contact. This is in stark contrast to Tina's previous experience of contact in another centre where she had been told to take a newspaper into the session.

"I want to develop"

The study showed that there is a gap in terms of the contact supervisors role and the training and professional development they receive. The workers were hungry for learning and enjoyed reading literature that was relevant to their work. This keenness to develop seemed in contrast to Samuel whose development seemed very stuck. The staff valued the opportunity to link their

observations to theory. Theories by Fraiberg (1982) were particularly relevant and straightforward to understand.

"I was able to offload, it was helpful"

I became aware of the frequent turnover of managers at the centre and this raises the question of how well supported they are. In addition, the contact supervisors had high levels of sickness. Some of them had experienced formal HR procedures because of this. They all spoke of my consultations being supportive and beneficial to them through having an opportunity to reflect on cases and receive emotional support themselves. Offering this level of support and care could help the workers offer support to the families they see. This links with points made by Ferguson (2005) and Crasnow (2016) who have highlighted the need for social care workers to be supported, nurtured and cared for in order to provide more effective support for the families they see.

The workers expressed their gratitude for the intervention I offered and felt supported emotionally. They all talked about how helpful it was to discuss their own thoughts and feelings and that this was one of the most useful aspects of taking part in the research. They acknowledged that they are an integral part of these family sessions. It also seemed that, because I was an outsider, they were helped to open up and feel confident to express these feelings. Zainab's uncomfortable experience of feeling that the baby was manipulative perhaps illustrates this well; she may not have had the courage to disclose this to a manager or in a group setting with other workers. Discussing these difficult thoughts and feelings with myself as an external consultant seemed to give more confidence to the contact supervisors.

"hope for the best"

The contact supervisors often expressed futility at the outcome of the parenting assessment, particularly where it was clear that children were unlikely to be returned to their parents. Some felt that providing more contact would give more

hope to a parent who was unlikely to have a positive assessment, and it was a painful process to endure witnessing the sessions knowing this was the likely outcome. This futility seemed to mirror some of the children and infants who attended the centre, many of whom had been waiting for a long time for a permanent arrangement to be agreed. Some of the infants seemed listless and hopeless, as if they had given up on life. Samuel would often turn away from opportunities to connect and would not eat.

Part of my role seemed to be that of keeping the hope alive for the contact worker, who could, in turn, retain more optimism when meeting with families. Rather than, from the contact supervisors point of view, the contact sessions achieving little, the contact supervisor might feel more motivation when facilitating the contact session. This might then result in better quality contact.

6.4 Further thoughts

This chapter has discussed the research findings and highlighted a number of challenges relating to supervised contact, from the perspective of contact workers. There were a number of complex issues that arose highlighting, in particular, the disruption and trauma that children face and how contact is perceived, by contact supervisors, to be harmful to some of these children. Alongside this, the study underlines the need for skilled professional support and training for those supervising contact which could help improve the quality and limit some of the disadvantages it poses to these children. This will be discussed more in the final chapter with recommendations for practice. The study found that offering a reflective space for staff was valuable for them and can develop their skills. This is likely to result in better quality contact. In this study it was not possible to measure this kind of support in a more systematic way, but the qualitative feedback gained a good insight into the needs of children undergoing supervised contact, as well as the staff. The opportunity to be a consultant with a background training in psychoanalytic theory and child development theory meant that I was able to understand the challenges of this work through experiencing projections from the staff. This role functions as a

supportive opportunity for contact supervisors to help them cope with highly disturbing interaction that they are exposed to, as well as making sense of their work. The final chapter will summarise the key findings and offer some recommendations for future practice and policy. It will also consider the limitations of the study, as well as suggestions for future research, before ending with some final thoughts.

7. CONCLUSIONS

This chapter will summarise the key findings and incorporate suggestions for improving practice and policy. I will then evaluate the limitations of my study and make recommendations, with ideas for future research that would increase the knowledge in this field. The thesis will end with some final thoughts about my role as a consultant, the professional context, some reflections about this experience and what I have learned.

7.1 Key findings and recommendations

1) Main key finding: The role of offering contact supervision is challenging yet underdeveloped and undervalued

Contact work is challenging

Contact supervision is a multi-layered task that is highly complex. Contact supervisors are frequently bombarded with indigestible experiences, often for extended periods of time. The role of the contact supervisor is to observe distressing and dysfunctional interactions, make sense of them and document them in a contact report suitable for use in court. This is in contrast to the sometimes misunderstood suggestion that their role is to be a passive presence. From speaking to the staff that took part in this project, it is clear that their role is more complex and demanding, with many incidences where they need to perceptively intervene to enhance or terminate the contact session.

Munro's (2011) recommendation, that more reflective practice should be offered in social care, is very relevant. I suggest that the opportunity for reflective practice should extend to contact supervisors because they clearly have such a key, but often undervalued role. Furthermore, Lord Laming's (2003) report highlighted that reflective practice is the cornerstone for safe practice in social work. Currently it is not mandatory for contact centres to provide this opportunity for contact supervisors.

I found that it was possible to set up reflective consultations, despite the fact that it was not embraced by everyone. It could be that my previous experience of offering infant observation workshops engendered trust in some of the staff and encouraged some to participate. I am not confident that, without this previous connection, I would have successfully gained the trust of the staff. As I have already highlighted, the intervention was not acceptable to everyone and the opportunity to reflect and process difficult feelings was not welcomed by some.

Recommendation: reflective practice for contact supervisors

The findings suggest that reflective practice should be offered to contact supervisors, to complement work discussion/infant observation training (this will be discussed below). Reflective support enables contact supervisors to be provided with the opportunity to understand rather than detach from observations. Reflective practice should ideally be provided externally so that workers can talk in confidence about the difficult aspects of the work in a safe, non-judgemental space.

Furthermore, providing adequate emotional support structures for contact supervisors may avoid their health being negatively affected. Being exposed to difficult interactions in a highly emotive environment, without robust support structures, is likely to add to the staff's risk of 'burn out' and could lead to a rise in sickness rates. This may increase staff turnover, which leads to discontinuity for the families.

Recommendation: some practical considerations

In addition to the emotional support provided by reflective consultations, there are some important practical considerations to take into account to help contact supervisors feel more supported. One suggestion is for the management team to offer support with covering contacts, rather than asking the contact supervisor to do this alone. This is a stressful aspect of the role; there being high sickness rates which then leads to contact sessions needing to be covered by other staff who are already overwhelmed by their own workload. In addition to receiving

help in organising cover, it is important for contact supervisors to be given more time to write up contact reports, particularly considering how vital these are in the decision-making process. In this sense, contact workers need to feel they are being 'parented' by the management team; if they feel they are being neglected then it is likely they will be less emotionally-equipped to provide support for the families they see.

Contact work is underdeveloped

This research highlights that there is no current infrastructure for the training of contact supervisors, yet the role they are required to carry out is highly specialised and involves great responsibility. It is concerning to acknowledge the limited level of training that contact workers receive, in light of the fact that it is a difficult, sensitive and skilled role that contributes to life-changing decisions involving vulnerable children. In addition to this, there is no formal and consistent guidance on observing or recording contact sessions, which varies between centres.

Recommendation: mandatory training

The Munro report (2011) highlights the need for social workers to have a good understanding of child development, but this level of training is not currently seen as essential for contact supervisors. I advocate that policy is drawn up, particularly for contact supervisors, focusing on essential training, reflective practice and professional development. The National Association of Child Contact Centres have published a best practice manual for contact supervisors (NACCC, 2011), but I would recommend that these guidelines are amended, incorporating the need for more specialised mandatory training in the induction process, as well as ongoing professional development.

This compulsory training should focus on ordinary child development, attachment, signs of trauma and non-verbal communication. This is similar to Glaser's (2000) recommendation that parents and professionals understand early brain development and the impact of disruption on early child

development. This curiosity was expressed by the contact supervisors, particularly Zainab, who regularly spoke about her interest in prenatal stress and cortisol and the effects on babies' brains. It would be helpful to expand on this idea and incorporate it into the teaching and consultation package for those observing contact. A deeper understanding of what is being observed could contribute to the decision-making process, ensuring that the outcome is in the best interest of the child. These recommendations are similar to those from Howes (2014) who recommended that anyone supervising or assessing contact should be aware of age appropriate attachment behaviours, as well as having knowledge about the neurobiology of trauma. Howes (2014) also highlighted the need to listen to nonverbal responses and actions in children and parents, which requires a lot of skill.

In summary, training could be a valuable addition, delivered to contact workers and rolled out across contact centres.

Recommendation: work discussion and infant observation workshops

Contact supervisors should be offered workshops that incorporate a hybrid of infant observation and work discussion (Rustin, 2012). This would offer staff a psychoanalytic conceptual framework to make sense of ongoing, troubling families that they observe. This fits with Trowell's (2008) recommendation that observational skills, combined with a reflective space, are a valuable tool for undertaking court assessments. Infant observation provides a useful benchmark for the workers when they observe these at-risk infants and children. It was evident that Farzana noticed the lack of responsiveness in Taquarn's father but felt that this was acceptable; she seemed desensitised to this being a problem for his development. Perhaps by offering the opportunity of observing a typically developing infant this might prevent such detachment from happening. These workshops could be delivered when a contact supervisor first starts work and could be offered on a fortnightly or monthly basis. This could be linked to career progression, with those contact supervisors that attend regularly being formally acknowledged within the service.

Recommendation: guidance on written reports

There should be greater training for contact supervisors on how to record their observations accurately. This is consistent with Durell and Hill (2007) who found that contact supervisors have very little training on how to record and analyse what they observe. Furthermore, Scott et al (2005) have argued that there is a need for more guidelines and consistency during contact.

There is a need to provide better quality and more consistent guidance about contact that takes into account the emotional encounter and how to best capture that. Structured observational guidance could be used as a mandatory measure for contact supervisors when writing up contact records.

If guidance on healthy parent-child interaction was incorporated as an accompaniment for every observational write up it could provide a wealth of information about the child's experience of contact, and whether the interaction between parent and child is improving. A small booklet could be compiled containing the guidance which could be supplied to every contact centre, and this could be enforced as part of the National Association of Child Contact Centres as a requirement of good practice for contact supervisors. Workers spoke about the reflective consultations being helpful in that they could consider minute details in infant and children that could then be captured for the written observations. The use of guidance, alongside reflective consultations, could enable workers to be sensitised in a profession in which current conditions appear to increase the likelihood of becoming desensitised and detached.

Perhaps it could be considered a lot to ask of contact supervisors to not only observe and remember the contact session, but also to have the clarity of mind to adequately convey, on paper, what they have witnessed. This is a crucial requirement, because it is likely to be used in court, and may have a significant effect on the outcome for the child. Contact supervisors are frequently in an overwhelmed state of mind having witnessed disturbing and highly distressing interactions, often for hours at a time. This links to the previous recommendation of reflective practice.

Contact work is undervalued

Contact workers feel undervalued in the system, the least important of everything, and the bottom of the hierarchy, yet they provide an essential role. Furthermore, contact workers feel there is a misunderstanding of what the role involves and that there is confusion about this within the social care system. It is notable that there is no professional body or professional identity for contact supervisors.

Recommendation: educate the professional network and invest in staff

In addition to training specifically for contact supervisors, it would appear important to educate other professionals in the network regarding the complex and vital role that a contact supervisor performs, and the skill that is required to do this job effectively. This could be incorporated further into social work training, as well as papers and articles being published within social work journals.

Furthermore, it would be beneficial for there to be career progression structures within the contact work role so that there is a notion of continued professional development. This is likely to retain good quality staff and mitigate some of the risks of contact supervisors feeling devalued.

As alluded to earlier, the infant observation and work discussion workshops mentioned above could be part of a professional development framework whereby contact centres invest in their staff and offer career progression and training.

Moreover, not having a professional body to belong to makes one feel unimportant. It would be helpful for there to be an associative body for contact supervisors. This would mean that they would feel to be part of a collective amongst contact centres in general rather than being out on their own with no common practice.

2) Additional finding: Contact supervisors reported that contact often does not benefit children and can be distressing

Negative contact causes trauma and disruption

This finding is consistent with others who have highlighted the negative impact contact can have on children (Kenrick (2009), Glaser (2000), Loxterkamp (2009), Taplin (2005), Humphreys and Kiraly (2009). Through talking to the contact supervisors, I learnt that supervised contact often prioritises the needs of parents and social workers over children. Where contact is not in the best interests of the child, it causes symptoms of trauma and distress as well as disruption and sudden endings for the child.

There was some evidence of the children discussed showing signs of trauma and distress in contact sessions. High frequency contact sometimes causes distress for children and can be damaging and disruptive, echoing points already made (Kenrick, 2009; Humphreys and Kiraly, 2009; Loxterkamp, 2009).

Many children undergo prolonged supervised contact with frequent sessions. This can sometimes be daily and for many hours at a time, with children travelling long distances to attend contact. Children are often waiting for extended periods for permanency to be agreed, although when I consulted in the centre the 26 week time limit had recently been introduced by Munby (2014). Whilst the 26 week time limit is an improvement on no timescales at all, this is still a considerable amount of time for those infants where reunification is unlikely.

I learned that contact can abruptly end in an unplanned way. The staff felt this was unhelpful for the children they saw who were used to attending contact. This links to Crasnow's (2016) finding that contact centres are locations for unprocessed loss.

Contact arrangements were sometimes harmful and not beneficial to the child. The needs of the parents were prioritised over the child and the contact

supervisors felt that often the contact appeared to benefit the parents significantly more than the child.

Recommendations: implement measures to improve contact for children

It is important to educate professionals about negative contact and the impact this can have on children. Glaser's (2000) point about the need for reducing stress in the infant during contact seems particularly important and links to the recommendations regarding the improvement of the contact.

It would be beneficial to consider limiting high-frequency contact and using the foster carer to bring the child to ensure consistency, as was seen to be beneficial in Kenrick's (2009) study.

When supervised contact is going to end it is important to plan this carefully. Not only would this benefit the children, but it could avoid the effects of these sudden ruptures being traumatic for the contact supervisors who invest a lot of themselves in the children and families they observe. I would suggest that the parents, who are familiar with the workers, are also impacted upon by an abrupt end.

Once a decision is made in court regarding the ending of the contact, it would be helpful to have at least one final session to ensure this sudden rupture can be avoided. It would also be helpful for contact supervisors to be able to discuss, in a reflective way, how they feel about the impact of the ending. Some may feel relieved but some may be sad and anxious; either way it is helpful to process the experience of loss.

Schofield and Simmons (2011) highlighted the need for courts to prioritise the needs of the infant during decision-making about contact, as well considering the purpose. This fits with my own recommendations for practice and policy. It seems essential to keep the child at the centre of decisions about contact, and to continue evidencing the impact of negative contact on the infant/child. It is important that there is further training for judges and senior members of social

care on non-verbal communications of distress and particularly how this is observed in babies.

3) Additional finding: Contact supervisors reported that reflective support enhanced their work

Reflective support and understanding leads to better quality contact

This is a tentative finding that emerged and is not the main outcome of this project. However, through consulting with the contact supervisors it is clear that there were some signs that quality improves when there is a greater understanding of what is observed. Through discussing the interaction that they witnessed it was possible to amend the write-ups to more accurately reflect the complexity of the contact session, and in this sense write ups can improve with this support.

Recommendation: Improve the quality of contact through reflective practice, training and professional development

This recommendation links to those already discussed. The study raises questions as to whether educative parent training/advice is effective with complex families. Furthermore, it could be questioned whether it is worthwhile contact supervisors offering feedback to the parents immediately after contact sessions; does this make enough of a difference? As highlighted by others, supervised contact offers a window of opportunity to learn more about parent-child relationships and provide a means of improving them (Baynes 2010; Scott et al 2005). These findings and recommendations are similar to those from Humphreys and Kiraly's (2009) research which highlighted the need for more skilled parenting support, and specialist support to improve the quality of the interaction. This is similar to Browne and Moloney's (2002) argument highlighting the need for therapeutic support during contact visits.

As discussed earlier, it is important to understand these observations and mitigate the harm, through improving the quality. This can be done by discussing the sessions with an external consultant who can help the contact

supervisors to make sense of what they are witnessing. Infant observation and work discussion workshops may help to improve the quality of the contact.

In addition, clearer guidance should be provided regarding interventions that might be necessary to mitigate the effects of negative contact. Perhaps this is too much to ask of contact supervisors to be able to intervene, without adequate emotional and professional support, and I would recommend that they receive regular consultation with a child psychotherapist to develop these skills.

The level of disturbance that contact workers are witnessing sometimes for several hours on end would be indigestible and overwhelming for anyone, least of all workers who have not received a formal clinical training. However, with a more regulated, intensive, reflective supervision the workers could be supported to notice and make sense of what they are observing, which could enable them to make suggestions when they next see the family. This is consistent with Howe's (2014) recommendation that it is important to develop capabilities in this area, when skills do not match with purpose.

This seems particularly relevant given that contact sessions are often highly emotive occasions, and yet parents are expected to listen to reflective feedback, absorb it, and demonstrate change at the next session. In reality it seemed as though many of the parents refused to stay for the reflective feedback due to being in such an aroused state of mind.

Overall, these alterations to practice could help improve the quality of the contact for at-risk children.

Contact offers a possibility for therapeutic change

Where there is a need for more specialist therapeutic support with very complex families, I would suggest that this support should be provided within the contact centres themselves by child psychotherapists. The contact supervisor could be supported by a child psychotherapist in understanding what they are observing and in this way the quality of the contact could be enhanced. Contact offers an excellent opportunity for therapeutic change, however, the contact supervisor requires the necessary training in order to understand and interpret the

interactions between parent and child that are taking place. With sufficient information and understanding the contact supervisor should be able to recognise complex cases that would benefit from a child psychotherapist being involved in supporting the family.

Recommendation: more skilled therapeutic parenting support in contact centres

I recommend that contact centres employ a child psychotherapist who could consult and join contact supervisors during challenging contact sessions.

Bullen et al's (2015) intervention of kContact in Australia is designed to improve the quality of the contact and could be a helpful, structured way of supporting the workers observing contact. I wonder whether this kind of intervention could be developed in the UK, perhaps with more of a focus on reflective support for workers using a psychoanalytic infant observation framework. This could involve using the emotions and experiences of the contact workers, which might provide useful information to elucidate understanding. I also wonder whether this intervention could suggest more active 'here and now' suggestions from the contact supervisors towards the parents, which would take place during the contact rather than only in the reflective feedback sessions at the end. This is because the contact supervisors spoke of parents not changing sufficiently from session to session, and being unable to absorb the advice they were given. It would be interesting to research whether, if this intervention guidance were introduced, research could evaluate the effectiveness in both reunification rates and quality of contact.

A more structured therapeutic tool could be tried to improve the relationship between parent and child, such as Video Interaction Guidance (VIG) or Video Interaction to Promote Positive Parenting and Sensitive Discipline VIPP-SD. This would ideally be undertaken by two staff members, so one person could observe while the other could be delivering the intervention.

It is worth noting that towards the end of my intervention the family assessment centre employed two child psychotherapists to work in the service. This had never happened before in this particular centre. Had I more time, I would have

been interested to see the impact of this intervention and whether the presence of the child psychotherapists provided a needed resource for the workers and families. The research by Lieberman et al (2009) highlights that parent-child psychotherapy is beneficial for at-risk parents and children. It would be interesting to see whether this model of employing child psychotherapists within contact centres could provide benefits to the staff, as well as direct intervention for particularly complex families.

7.2 Limitations of the research

The centre is not necessarily representative

There are a number of limitations of my research to consider. The first is that this was a particularly thoughtful centre, and the manager had previously trained in infant observation at The Tavistock. The centre had also received some previous CAMHS support in the way of training. For this reason it might not be representative of contact centres more generally. It would be interesting, in future research, for a consultant to be based in more than one contact centre to understand some of the differences between them and whether they are all as thoughtful and reflective as this service. Since completing my research I have contacted other local authority contact centres hoping for statistics about the number of children undergoing supervised contact, as well as asking to talk more informally about contact work. I did this in the hope that I would gather some information about other centres and how they operate, and to understand the support structures and training available for staff. I also contacted the National Association of Child Contact Centres to find out this information. Unfortunately I have not had any responses to my enquiries and have therefore been unable to gather statistics on this.

Higher levels of deprivation and trauma

In addition to concerns about this centre being representative in terms of the thoughtful team, I am also concerned that the children they presented to me might not be typical of contact centres nationally. This inner London borough is extremely deprived, the demographics of which I explained in the introduction. It is hard to know whether the challenges identified in this study could be generalised to other areas in the country. The staff discussed the most challenging cases to discuss, and I am unsure whether this offers a skewed picture of supervised contact and that generally there might be other children discussed who are not as traumatised or negatively affected by it. From the outset my study focused on the challenges of contact rather than thinking about the potential benefits and in this respect it presents a one-sided view.

More distressing observations discussed

It is possible that staff chose to bring the most difficult and disturbing observations to the consultations, hence not providing me with an accurate picture of contact work more generally. As mentioned previously, this study focuses on the challenges of contact work and does not address the benefits that it can provide.

Only half the staff agreed to participate

It is interesting that only half of the workers in the team chose to meet with me. This seems to highlight the ambivalence that the workers hold with on one hand the wish to develop, understand and think about the difficult experiences, and on the other hand to emotionally detach themselves. A lot of the workers have experienced humiliating interactions with social care who have undermined their observations and perhaps unintentionally minimised their role. It could be that the workers who did not take part worried that meeting with me could be a humiliating, exposing experience that could show how little they know. This was

not my intention because I wanted to highlight the value and potential of contact work, as well as the unique skill required to perform the job sensitively.

In many ways the self-selection process of the study, with workers 'opting in' means that those that took part may well have had more of an interest in reflective practice and paying attention to feelings. Those that did not take part may not have had this same interest and therefore the research does not necessarily accurately reflect the whole centre.

I am curious about why the other half of the staff group chose not to take part. Perhaps the demanding role and lack of time meant that they could not agree to meet with me. However, I also wonder whether they need to defend themselves against the intensity of what they are observing. I tried to gather some feedback about this by offering to interview all the workers, regardless of whether they took part or not, but I only had responses from the workers that opted to take part. I also e-mailed an online version of the interview questions to those that did not take part in case they did not want to meet in person, but I did not have any responses. It would have been interesting to find out more about this and their reasons for not joining in, perhaps by indirectly finding information out through the manager.

Overall, the small sample size of four contact workers taking part limits the generalizability of the findings beyond the experience of those interviewed.

7.3 Future research

I have highlighted some limitations of my study and will now suggest some ideas for future research, which could aim to capture unanswered questions in relation to supervised contact work.

One important aspect of this study was that contact supervisors risked being exposed by taking part. It seemed as though the staff were being asked to bring yet another write up to me, whilst I sat back and 'judged' them, similar to the barristers in court. This concern was highlighted in the initial meetings, as well

as throughout the findings. It could be important for a consultant to embed themselves more in a centre like this, perhaps exposing themselves in the process, offering their own observations and feelings about distressing contact sessions.

It would be interesting to undertake a small qualitative study focusing on intensive intervention in contact and the impact of this on the quality of the contact. This would require close consultation/supervision from a child psychotherapist to support the contact supervisor. The quality of the contact could be measured using outcome measures in addition to verbal reporting from the contact supervisor.

It could be enlightening to carry out a quantitative study on staff sickness rates amongst contact supervisors. Future research could examine this phenomenon further and possibly investigate a number of centres to see if this is particularly high for contact work. A further strand of this would be to see whether, after offering more emotional support for staff, sickness rates might decrease.

It could be worth exploring whether the role of the contact supervisor serves as a containing function for the families undergoing contact, in a similar way that an infant observation does. Future studies could identify whether contact supervisors offer a sense of safety to the child.

Future studies could develop a more manualised, reflective practice intervention run by child psychotherapists and measure the impact of this using video. This manualised approach could be similar to the intervention of KContact (Bullen et al, 2015) but differ by not being purely strengths-based. It would be important to use an outcome scale that is designed for pre-verbal children, based on observational material.

Finally, as a child psychotherapist myself, I would find it enlightening to offer a systematic approach of following a child's journey from the first supervised contact to the last, and capturing this in the form of a single case study. This could focus on the interaction between parent and child and whether it improves with therapeutic observation, as suggested by Wakelyn (2011) in her research observing an infant in foster care.

7.4 Final thoughts

My role in the centre as a consultant enabled me to understand more about supervised contact through the experience of meeting with staff. This active role of consulting contrasted with my status as an outsider, curious about contact work. This was similar to Obholzer's (1994) description of an architect, exploring the emotional load that the contact centre carries, through meeting with the contact supervisors. I found the experience challenging but also enriching, and I have noticed how it has improved my professional practice, particularly in regards to working with other professionals in the network. I regularly work with children who undergo contact and am sensitive to the challenges that this can sometimes bring. I am also more aware of the bombardment of disturbing projections that social care workers face and how these are sometimes enacted in the system.

I am concerned that this research might imply that I think contact workers are not doing an adequate job, but this is not my intention. On the contrary, I think that the work that they are expected to undertake is distressing and potentially overwhelming and they require support for this. I am not suggesting that contact workers should write about every detail in the observed contact, or that they should be able to make therapeutic interpretations in their sessions. Instead I wonder whether, with specialist support, they could be helped to make sense of what they are observing and be an advocate for the child, particularly the non-verbal infant. This could be helpful in two ways; firstly there would be more accurate documentation of the experience of the child so that this can be taken into account in the decision-making processes. Secondly, their intervention could help to improve the quality of the contact by supporting the parent to attune to their child's needs. This could then have a positive impact on these vulnerable children's development and emotional wellbeing.

The experience of carrying out this research leads me to conclude that there should be a radical overhaul of how contact supervisors are viewed within social care. They require greater levels of training and professional development than

that which is currently offered. More children than ever are in the care system and therefore require supervised contact (Munby, 2016). Therapeutic communities and other residential assessment centres are in decline due to them being considered expensive (www.wlmht.nhs.uk 2011). Services that are expected to meet needs that are beyond their capacity can result in being ineffective and more costly, despite having initially been considered a low cost intervention (National Scientific Council on the Developing Child, 2007). This links to the fact that contact supervisors are low paid, undertrained and undervalued yet are required to support the most at-risk and complex families. The question remains as to how to support these families who require intensive amounts of support. The example of The Cassel Hospital being decommissioned (www.wlmht.nhs.uk 2011) is perhaps a sign of public services being cut, which has a negative impact on the most vulnerable in society. Higher levels of professional qualification and intensive support for at risk parents and children has been shown to be effective (Boddy, 2013). The impact of early intervention for infants affected by child abuse and the cost benefits are well known (Anda et al, 2006). In my work as a child psychotherapist in CAMHS, over the past six years, I have noticed that the thresholds in social care seem increasingly high. In my current role I have observed that children are often having contact with relatives and, when this is not managed well, this can have a negative impact on their behaviour and wellbeing.

Though in many cases there are benefits of offering supervised contact, this study focuses on the challenges of it. I chose to concentrate on the more difficult aspects of it due to my unforgettable experience of supervising contact in the residential children's home all those years ago, which I described in the introduction to my thesis. I know the emotional impact it had on the children and also myself. It is interesting to reflect upon this experience and contrast it to my development now, 12 years on, as a qualified child psychotherapist. What strikes me is that, as a support worker, I was confronted with some of the most disturbed children I have ever met, yet I had limited understanding of theory to make sense of the challenging behaviour I was confronted with. Furthermore, I

was bombarded with distressing emotional experiences and was not able to adequately make sense of these, which may have made the job more bearable at the time. In contrast, the psychoanalytic training I have since undertaken has equipped me to understand and process disturbing experiences, drawing from a theoretical framework, which sustains me in my work as a therapist in the NHS. Furthermore, as Bower (2005) highlights, psychoanalytic theories of child development do not only offer explanation for negative outcomes, they suggest a rationale for positive outcomes where there has been little hope. I have certainly experienced this reward in my work as a child psychotherapist. I am grateful to the consultant child psychotherapist in the children's home, who ignited my interest and passion for this work.

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APPENDIX 1 - Example of the work the contact centre provides (Taken from Ofsted, 2013)

'Family SA were referred to the Centre after the eldest child, R, made a disclosure at school that the father had seriously assaulted the mother. A joint investigation was undertaken by LBTH Children's Social Care and the Metropolitan Police. The assault was so severe that the father had caused damage to the interior walls in the house by hitting the mother against them. The mother sustained injuries and eventually sought medical attention prompted by the social workers. The mother was initially reluctant to separate from her husband. However, she began to understand the repercussions of not doing so and following this intervention, sought a Non-Molestation Order against him.

The children were initially placed under police protection, and then remained in local authority foster care for six months when they returned home under supervision orders. During this period, the court directed that a risk assessment was to be completed in relation to the father; to establish his suitability for contact with the children and to determine the level of risk that he posed. In addition, contact was to be supervised for the mother and intervention work undertaken to establish her ability, alongside the wider family network, to protect the family's children.

This work was referred to the Centre; the Positive Change Programme Coordinator undertook the risk assessment in relation to the father, working alongside a social worker from the Centre's Assessment Team who was undertaking an intervention with the mother and the children, assisted by CAMHS. This included regular case management and planning meetings to coordinate the intervention and risk assessment processes.

The completed risk assessment identified the father as high risk in relation to his children and wife, due to his lack of insight and consistent blaming of his violence on R as a way to get back at him. The recommendations as a result of assessment were that the father did not have contact with the children until a period of preparation work was completed with CAMHS, alongside attendance at IDAPA (Integrated Domestic Abuse Programme Accelerated) and then the Caring Dads programme.

The mother was offered supported contact which included advice on her practical parenting skills. The contact supervisor discussed with her different strategies to use in order to manage her children's behaviours, particularly regarding her younger children as she struggled with setting appropriate boundaries. The Centre used role modelling, and the mother was able to observe the effectiveness of using established parenting techniques and the positive change they made to her children's behaviour when implemented.

At the regular coordination meetings, the contact supervisor and the PCP Coordinator developed plans to raise the mother's awareness of domestic violence; specifically in relation to her minimisation of it, the loyalty conflict experienced by her children, the blaming of R by the father, and the impact all of this would have on her children. The plan enabled the mother to think sensitively about her children's experiences and therefore be more aware of her responses to her children's needs while in contact.

Over the six months that the family attended the Centre, she made many observable improvements to managing the care of her children and meeting their basic needs. She also showed improved insight into domestic violence and was able to acknowledge the emotional impact it had on her children and the decision was therefore taken for all four children to return home to their mother's care under supervision orders.'

APPENDIX 2 - Information sheets and consent forms

Information sheet for participants

Title of Project: "Can a reflective space be established in a family assessment centre and what might such a space provide for the staff observing contact? An exploration into the benefits and challenges of this intervention."

Why am I doing this project?

I am interested in using infant observation as a tool to understand complex interactions between parents and their children. I am particularly interested in how non-verbal interaction can tell us about the quality of a relationship, for example, between parents and infants. I believe that reflective supervision is essential in work involving at-risk children, in particular in supporting staff to consider how their own thoughts and feelings which may help to understand what might be happening between parents and child. This is an area that has never been formally researched and I hope that this study will explore the impact and value of reflective practice.

Contact Details

- Principal Investigator: Harriet Edmond (E-mail address, 0207 *******)
- Director of Studies: Jenifer Wakelyn (E-mail address)
- Advisor: Dr ********** (E-mail address)
- If you have any concerns about the research please contact: ResearchEthics@UEL.ac.uk

What will be required of you?

- To participate in two interviews with me at *********, which will be audio recorded and transcribed by me (a maximum of one hour each).
- To observe a parent-child interaction up to six times and to bring a typewritten, anonymized write up to each of the meetings with me so that we discuss the material and talk about the observed interactions. This would be for one hour each time.

- In total the maximum time required of you including observing the child, writing up the observation, and meeting with me will be approximately 20 hours.
- Participation is voluntary; you are free to withdraw any time and withdraw any unprocessed data with no consequences.

Will there be any risks involved?

Exploring observations of children who are in stressful or traumatic situations can be distressing for staff. I hope to provide a supportive, reflective space which would offer containment for any distress caused and to think with you about how best to support children in these circumstances.

Confidentiality

Due to the small sample of size of six people taking part there is a risk that anonymity for staff is harder to preserve, however, every effort will be made to ensure that details are changed and staff and families are unidentifiable. Process notes will be kept in a locked cabinet and any electronic data will be password protected.

Other information

- UEL and The Tavistock and Portman NHS Trust are the sponsors of the research.
- The research has received formal ethical approval from UREC.
- Data collected will be in accordance with the university's data policy.

Please do not hesitate to contact me if you have any further questions.

Yours Sincerely,

Harriet Edmond
Child and Adolescent Psychotherapist in Training
Harriet.Edmond@**********.nhs.uk
Tel: 0207 *** ****

Informed Consent Form for participants

Title of Project: Can a reflective space be established in a family assessment centre and what might such a space provide for the staff observing contact? An exploration into the benefits and challenges of this intervention.

Name of clinician: Harriet Edmond

1. I confirm that I have read and understand that you intend to use the written recordings on our supervision work in your thesis as explained in your information sheet dated 14/08/14. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my agreement is voluntary and that I am free to withdraw it at any time without giving a reason.
3. I agree to your using the process notes I make for your thesis and have read the information sheet thoroughly, understanding what the research will entail.
4. Direct quotations will be used in this research. By agreeing to take part I am willing for this to happen.
5. This research may be published in the future and by agreeing to participate I am willing for this to happen.

Signature: _____

Printed Name: _____

APPENDIX 3 - Interview questions

Harriet Edmond – Research Project

Interview questions for semi-structured interview

(Interviews will be recorded)

Interview 1

- Tell me about the sort of work you undertake at the centre.
- What are the challenges of the work you do?
- What sort of observations do you currently undertake?
- Can you describe a case you're currently working with that you're finding challenging?
- Can you tell me anything you've observed about interaction between the parent/child in that family? How did it make you feel?
- How did you feel after you finished that observation?
- How do you think you would know if you were feeling under stress related to your work; do you have any particular signs that you notice?
- What do you find helps you with your work?

Interview 2

- Tell me why you chose to take part in this study
- Can you describe a case you're currently working with that you're finding challenging
- What do you find helps you with your work?
- Do you think there is anything that could improve contact for children?
- Do you think there is anything that can support the role of a contact supervisor?

APPENDIX 4 - Ethical Approval confirmation from UREC (second page omitted to protect confidentiality of the local authoriry)

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES
uel.ac.uk/qa
Quality Assurance and Enhancement

6 October 2014

Dear Harriet,

Project Title:	**Can a Reflective Space be established in a family assessment centre and what might such a space provide for the staff observing contact? An exploration into the benefit and challenges of this intervention.**
Researcher(s):	**Harriet Edmond**
Principal Investigator:	**Jenifer Wakelyn**
Reference Number:	**UREC_1415_14**

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 17th September 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
Contact centres	Jenifer Wakelyn

Approved Documents

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

Document	*Version*	*Date*
UREC Application Form	2.0	6 October 2014

Docklands Campus, University Way, London E16 2RD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853
Email: r.carter@uel.ac.uk