

**Trainee and Newly Qualified Social Workers' Experiences of Parental Trauma
in Child Protection Work**

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Abstract

Background: The issue of 'recurrent care' illustrated the number of parents repeatedly in contact with child protection services and court proceedings. From this, the incidence of psychological trauma amongst parents has become apparent. Research on parental experiences' of child protection presents a mixed picture, with studies documenting the difficulties of integrating trauma informed principles into the work. This study was interested in trainee and newly qualified social workers' experiences of parental trauma to develop a better understanding of the tension.

Aims: The study had two related aims. Firstly, to explore trainee and newly qualified Social Workers' experience of parental trauma in child protection work. Secondly, to make recommendations for developing trauma informed practice when working with traumatised parents

Method: 12 trainee and newly qualified social workers were recruited and interviewed. Data were transcribed and analysed in line with thematic analysis, using NVivo 12 software.

Results: Five main themes. The themes documented how parents expressed their complex trauma histories, a pressurised system with onerous administrative tasks and high caseloads for individual workers. Establishing relationships with parents was a challenging task, exacerbated by stereotypes and the processes involved in child protection procedures. Despite these obstacles, trauma informed care was

evident with a number of factors correlating with comprehensive integration of principles.

Conclusions: To provide a trauma informed service in the context of child protection work, change needs to occur at government and service level. This includes sustained investment in child protection services to alleviate some of the systemic pressures, a political will and strategy that takes into account the complexity of child protection work and the influence wider policy has on strengthening communities. At the service level, a move towards a family service approach is advised, alongside measures to help clinicians cope with the complexity and emotional strain of the work.

Table of Contents

1. Introduction	8
1.1. The Relevance of Parental Trauma to Child Protection	8
1.2. Categories of Psychological Trauma	10
1.2.1. PTSD	10
1.2.2. ACES	12
1.2.3. New Diagnosis: Complex and Developmental Trauma	12
1.3. Social Work Practice and Context	16
1.3.1. The Process of Child Protection Work	16
1.3.2. The Context of Contemporary Social Work	17
1.3.3. Trauma Informed Social Work Practice	23
1.3.4. The Practice of Working with Traumatised Parents.	24
2. Systematic Literature Review	28
2.1. Overview	28
2.2. Design	28
2.3. Method	28
2.3.1. Search Terms	28
2.3.2. Search Strategy and Procedure	28
2.3.3. Screening and Selection.	29
2.3.4. Quality Appraisal	30
2.3.5. Synthesis	30
2.3.6. Reflexivity	31
2.4. Results	32
2.4.1. Search Results	32
2.4.2. Quality Appraisal	32
2.4.3. Analysis and Synthesis	36
2.5. Discussion	42
2.6. Strengths and Limitations	44

2.7. Problem Statement.....	46
2.8. Aims	47
3. Method.....	48
3.1. Philosophical Framework.....	48
3.1.1. <i>Ontology and Epistemology</i>	48
3.1.2. <i>Methodology</i>	50
3.2. Qualitative Methods.....	51
3.2.1. <i>Thematic Analysis</i>	52
3.2.2. <i>Grounded Theory</i>	53
3.2.3. <i>Interpretative Phenomenological Analysis</i>	54
3.3. Self-Reflexive Statement.....	55
3.4. Design	58
3.5. Research Procedure.....	59
3.6. Measures.....	60
3.6.1. <i>Measures</i>	60
3.7. Method of Analysis.....	61
3.8. Participants.....	63
3.8.1. <i>Inclusion Criteria</i>	64
3.8.2. <i>Exclusion Criteria</i>	64
3.9 Ethical Issues	64
3.9.1. <i>Informed Consent</i>	65
3.9.2. <i>Right to Withdraw</i>	65
3.9.3. <i>Debriefing</i>	66
3.9.4. <i>Risk Management</i>	66
3.10. Dissemination Plan	67
4. Results	70

4.1. Introduction	70
4.2. Demographics.....	70
4.3. Themes	72
4.3.1. Theme 1: Complex Trauma Presentations in Parents.....	74
4.3.2. Theme 2: The features of the system	83
4.3.3. Theme 3: Social Workers' Adaptions to Function in the System	90
4.3.4. Theme 4: Establishing and Maintaining Working Relationships with Parents	94
4.3.5. Theme 5: Trauma Informed Care	103
5. Discussion	118
5.1. Chapter Summary	118
5.2. Complex Trauma Presentations in Parents	118
5.3. The Features of the System	121
5.4. Social Workers' Adaptations to Function in the System.....	124
5.5. Establishing and Maintaining Working Relationships with Parents	127
5.6. Trauma Informed Care.....	130
5.7. Implications of the study	135
5.7.1. Implications for Distal Power.....	136
5.7.2. Implications for Proximal Power.....	141
5.8. Strengths and Limitations of the Study	145
5.8.1. Strengths.....	145
5.8.2. Limitations	146
5.9. Further Research	147
5.10. Reflections and Learning.....	148
5.11. Conclusions	151
References.....	154

Appendixes..... 187

1. Introduction

1.1. The Relevance of Parental Trauma to Child Protection

There were around 65,000 women who appeared in care proceedings between 2007/8 and 2015/16. This equates to around 9,000 a year, with 1 in 4 birth mothers appearing as respondents in care proceedings reappearing in a subsequent set of proceedings within 7 years (Broadhurst et al., 2015).

For decades, the needs of parents- along with the broader issues of recurrent care proceedings- was not a priority of psychology research. Mothers would typically fall into a chasm between children's social care and adult mental health, reappearing on services' radar when pregnant again (Cox et al., 2020). In 2012, Professor Pamela Cox, as part of an evaluation of one of the trailblazing services, described it as a "problem without a name" (Cox, 2012, p.542).

From the early 2010s, driven by a growing awareness and concern about the scale of the problem, new services were commissioned. The initiatives aimed to interrupt the "revolving door" of parents (Cox et al., 2020, p.88). Distinct in their commissioning, services shared a common emphasis on flexible modes of engagement and relationship based practice shaped through iterative interactions between practitioners and parents (Cox et al., 2020). Mason & Wilkinson (2021), in their mapping paper for research in practice, categorised service provision under three models: Family Drug and Alcohol Courts (FDAC), Pause practices, and locally developed services.

Alongside the development of services, research output on the subject increased focusing on a number of different issues. A special issue in the journal *Societies-Protecting Children, Empowering Birth Parents: New Approaches in Family Justice* contained seven papers on a range of topics (McPherson et al., 2020; Boddy & Wheeler, 2020; Philip et al., 2020; Shaw, 2020).

The special issue also included a paper by Mason et al. (2020). Developing insights from a national study of mothers in recurrent care proceedings (Broadhurst et al., 2017), they revisited birth mothers' first accounts and found that "without exception, all 72 women in the sample described multiple adversities that, for most, could be traced back to their childhoods" (Mason et al., 2020, p.93). The authors hypothesised that a key perpetuating mechanism of recurrence is non-engagement with services. Rather than interpreting non- engagement as 'resistance', they argued that mothers' behaviour is an understandable consequence of complex trauma histories.

In America, studies documented that the high incidence of trauma amongst parents is not limited to 'recurrent care', but applicable to all parents that have children in the child protection system (Blakey & Glaude, 2021). Chemtob et al. (2011) reported 90% of mothers who become involved with child protection have histories of interpersonal trauma. In particular, 60 % experienced physical abuse as children; 34% reported sexual abuse as children by non-family members; 21% experienced incest as children; 34% reported being reported other traumatic experiences in childhood, such as neglect, abandonment or entering foster care. Almost 74% of mothers entering child protective services have experienced three or

more traumatic events, characterized as C-PTSD (Chemtob et al., 2011; Greeson et al., 2011).

For clinicians working exclusively with the trauma, intervention is not a straightforward process. For social workers, who have to navigate a much broader set of demands, therapeutic social work with traumatised parents is challenging. In particular, it can become “partialised” (Sudbery, 2002, p.150) in response to competing demands, and defined in reference to a singular perspective- an idea that will be amplified later in the text.

1.2. Categories of Psychological Trauma

1.2.1. PTSD

The study of psychological trauma has an oscillating history. Judith Herman, in her seminal *Trauma and Recovery*, described it as “episodic amnesia” (Herman, 1992, p. 2). Periods of curiosity and investigation alternating with periods of oblivion. When posttraumatic stress disorder (PTSD) was included in the diagnostic manual, the American Psychiatric Association claimed that traumatic experiences were “outside the range of normal human experience” (American Psychiatric Association, 1980, p.236). To study psychological trauma is to come face to face with human vulnerability in the natural world, and with the capacity for evil in human nature. The conflict between the need to deny horrible events and proclaim them is the “central dialectic of psychological trauma” (Herman, 1990, p.1). This tension is apparent even in the earliest psychological texts. Freud, in the *Aetiology of Hysteria*, hypothesised premature sexual experience drove each case of hysteria encountered. Within the year, he had privately repudiated the traumatic theory of the origins of hysteria

“increasingly troubled by the radical social implications of his hypothesis” (Herman, 1992, p.14).

There is a growing understanding of trauma, and an acknowledgment of its frequency. However, society still has a tendency to discredit victims or render them invisible; the systematic study of psychological trauma often depends on the support of a political movement. In the 1970's, the speak outs of the women's liberation movement brought to public awareness the widespread crimes of violence against women. The first public speak out on rape was organised by the New York Radical Feminists in 1971. Beginning in the mid 1970's, the American Women's movement also generated an explosion of research on the previously ignored subject of sexual assault. An epidemiological survey conducted by Diana Russell on experiences of domestic violence and sexual exploitation found some horrifying statistics: 25% of women had experienced sexual violence and 33% had been abused in childhood (Russell, 1984).

At a similar time, the New York Psychoanalysts Chaim Shatan and Robert J Clifton were aiding a group of Vietnam veterans in lobbying the APA to create a new diagnosis. The DSM-III first included PTSD as a diagnosis in 1987 in recognition of the psychological consequences of war (Gersons & Carlier, 1992). The diagnosis has three core elements: (1) re-experiencing the traumatic event(s) in the present (2) avoidance of these intrusions (3) an excessive sense of current threat (ICD 11). At the time, the creation of a new disorder category attributing psychic disorders to external causes was a major paradigm shift.

1.2.2. ACES

If research during the 1980's provided a diagnostic framework and greater understanding of discrete issues, Felitti et al.'s (1998) research on adverse childhood experiences (ACES) moved the gaze beyond a specific trauma and population awareness. The size of the sample and the nature of the population documented the extent of trauma in typical American populations, and therefore illustrated a much broader and deeper phenomenon within society.

Their study reported that 67% of the population had at least one category of ACE and 12.6 % of the population had four or more categories of ACEs. There was also a dose response relationship between ACEs and health outcomes. Individuals with four or more ACEs were twice as likely to develop heart disease and cancer; they were four times more likely to experience depression, twelve times more likely to commit suicide and thirty three times as likely to have been diagnosed with learning and behavioural problems. In a UK context, studies have reported that just under 50 % of the population report one ACE (Bellis et al., 2014) and 1 in 7 have experienced four or more ACEs with similar correlations to health outcomes (Bellis et al., 2016). The ACEs paradigm has been criticised for failing to recognise the social, economic and structural causes of trauma (Walsh, 2020), but it has increased awareness and contributed to the development of a trauma informed perspective.

1.2.3. *New Diagnosis: Complex and Developmental Trauma*

Despite developments in our understanding of trauma and childhood adversity, the dissatisfaction with the existing diagnostic paradigm led to calls for the development of a new diagnosis. PTSD was not an accurate fit for the chronically

traumatised as it had been derived mainly from survivors of circumscribed traumatic events (Herman, 1992). In a similar vein, Terr (1991) introduced the idea of trauma types. Type 1 traumas were single, well-defined, more public traumas like accidents, natural disasters and wartime experiences. They produced symptoms consistent with PTSD and responded well to exposure, and EMDR models in treatment. Type 2 traumas were a series of related, sequential traumas (neglect, maltreatment, and sexual abuse) often committed in secret, and over long periods by people close to the victim. For this kind of relational trauma, the phase-based approach of safety, processing and connection was more appropriate.

In 1992, Judith Herman in *Trauma and Recovery* proposed a new diagnosis. The initial proposal included a history of subjection to totalitarian control over a prolonged period, with alterations in six domains (Appendix 1). The current definition retains the main elements of the original formulation, but has omitted some of the domains and streamlined the definition. According to ICD -11, complex PTSD (C-PTSD) may develop following exposure to an event or a series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic abuse). C-PTSD includes the diagnostic requirements for PTSD described above, with alterations in three additional domains.

Table 1. Domains of Impairment in ICD definition.

Domain	Description
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Affect Regulation	Difficulty with emotional self-regulation; Difficulty labelling and expressing feelings; Problems knowing and describing internal states; Difficulty communicating wishes and needs.
Beliefs about oneself	beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event
Relationships	Difficulties in sustaining relationship, and in feeling close to others

C-PTSD is the result of chronic and compound exposures to forms of interpersonal abuse, and is likely to be associated with childhood adversity as maltreatment during childhood is difficult to escape. Lifetime prevalence for C-PTSD was 3.3% with women twice as likely to meet the criteria as men and 75.6% in a treatment seeking outpatient sample (Stubley, 2020). The vast majority of perpetrators of childhood maltreatment are children's own parents (Van der Kolk, 2005). Cumulative childhood interpersonal violence was a stronger predictor for C-PTSD than PTSD (Stubley, 2020). The relationship between C-PTSD and the disturbances in self-organisation are seemingly causal. However, discrete mechanisms cannot explain domain impairments.

Bessel Van Der Kolk (2005) has also attempted to refine diagnostic categories. The proposal of Developmental Trauma Disorder (DTD) was also in response to the

lacunas of a single trauma diagnosis. In particular, critics argued that it did not capture the difficulties of chronically traumatised children. These children tend to exhibit a pattern of successive disorders, i.e. regulatory disorders during infancy, attachment disorders at toddler age, conduct disorders at school age, and emotional disorders during adolescence. As chronically traumatised children move into adulthood, personality disorders are common with substance abuse and self-harm common (Schmid et al, 2013).

The DTD proposal included similar symptom clusters to C-PTSD. The first of these was symptoms of emotional dysregulation, with studies (Pollak & Sinha, 2002) reporting distinct differences between traumatised and non-traumatised children in the recognition and regulation of emotion. Secondly, conduct and attention regulation impairments; the study of Romanian orphans demonstrating that cognitive development (including executive function) will be impaired without appropriate stimulation during the sensitive phase of development. Finally, difficulties with self-esteem regulation and in managing social connections. This is a consequence of multiple, interacting factors including disorganised attachment style in traumatised children (Hipwell et al., 2000), altered perception of social situations (Dodge & Schwartz, 1997), and feelings of self-reproach, guilt and shame (Copeland et al., 2007).

The arguments in favour of including the DTD in the diagnostic framework included that it would provide a specific diagnosis for traumatised children, explain co-morbidities, enhance research, facilitate treatment protocols and enable greater access to services (Schmid et al., 2013). Despite this, the diagnosis was not

included in the most recent DSM. Critics of the proposal pointed out that assumed mono-causality conflicted with the bio-psycho-social model of mental disorders, and that DTD may weaken the power of existing frameworks because they exclude any theory about the aetiology of disorders (Schmid et al., 2013).

1.3. Social Work Practice and Context

1.3.1. The Process of Child Protection Work

The central piece of legislation for child protection work in the United Kingdom is the 1989 Children Act. In particular, Section 17 of Children Act places a general duty on all local authorities to “safeguard and promote the welfare of children within their area who are in need” (Children Act, 1989). A child in need is a child in the local authority that needs additional support in order to meet their potential. Furthermore, Section 47 of the Children Act requires the local authority to investigate the child’s circumstances where they have “reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm” and to “take any action to safeguard or promote the child’s welfare” (Children Act, 1989).

To ensure that this duty is satisfied, LA’s initiate a set of processes and procedures following a referral (Appendixes 2, 3, 4). The research literature presents a mixed picture of parental experiences of child protection procedures. On the subject of case conferences, McGee & Westcott (1996) found that parents’ experiences of case conferences were mostly positive. However, Corby et al. (1996) reported that parents often felt objectified by the process.

If a section 47 enquiry concludes with a recommendation for a child protection plan, the plan will be put into action and then reviewed at a further conference. A

social worker will be appointed as a care co-ordinator to oversee the process. Bilson (2002) noted that families' perspective of social services related strongly to their relationship with social workers. When the risks to the child have been assessed as having been eliminated, then the conference will decide to close the Child Protection Plan. If risks to the child are not reduced to an appropriate level, then the Local Authority can apply for a care order to have the child removed from parents.

1.3.2. The Context of Contemporary Social Work

1.3.2.1 Broad Political Context: Austerity. Social policy under the Tony Blair's Labour Government (1997-2010) was a time of distinctive family policy development and investment more generally. Over three administrations, the government broadened the focus of intervention from child protection to safeguarding through the green paper Every Child Matters (HM Government, 2004), and introduced a range of initiatives to help buttress parents. This included the roll out of the national Sure Start programme, and the development of children's centres (Bunting et al., 2018). However, after the Global Financial Crisis of 2007/8, this level of investment slowed.

The international and domestic response to the collapse of the Lehman Brothers was a bail out. The Labour government pledged £500 billion- 1/3rd of the UK's economic output. As well as bailing out the banks, the Brown administration followed standard Keynesian economics by attempting to stimulate demand in the economy. These measures included a reduction in VAT and increased capital spending (Cummins, 2018). It was not enough to stop what Michael Roberts has called the 'long depression' (Roberts, 2016): an 18-month period described as by the

International Monetary Foundation as the most severe economic and financial meltdown since The Great Depression of the 1930's.

Although economic competence is a significant metric in any election (Kosmidis & Xezonakis, 2010), it was particularly important during the 2010 election. The cause of the crisis, according to the Conservatives, was not inherent flaws in the global banking system, but the Labour Government's profligacy. David Cameron, during the campaign, spoke about the deep dark clouds over the economy and the "days of easy money" being over with "no option but to weed out spending that is not essential" (Cameron, 2009).

The election results suggest that their arguments were at least a qualified success: the Conservatives got 10,726,614 votes (36.1%) while Labour got 8,609,527 votes (29%). The Conservative campaign successfully put forward the message that the crisis in the public finances was the result of the previous administration's failure to control public spending (Cummins, 2018). The Coalition assumed the responsibility of government, and instigated a politics of austerity.

As noted by the Treasury, The Coalition Government did inherit a challenging fiscal position. Britain's deficit was the largest in its peacetime history – the state borrowed one pound for every four it spent. The UK was spending £43 billion on debt interest, which is more than it was spending on schools in England (HM Treasury, 2010).

The Coalition imposed cuts upon the welfare budget, the police force, libraries, Legal Aid, the Citizens Advice Bureau and Local Authorities (Crawford & Phillips,

2012). Local authorities fund social care, and they generate their income from three sources. In 2019/20, they received 23% of their funding from government grants, 50% from council tax and the remaining 27% from business rates. Since 2010, the amount of money Local authorities are able to spend has fallen by 16%, and this has included a 37% reduction in government grants from 2009/10 to 2019/20 (King's Fund, 2020).

Economically deprived councils have often experienced greater cuts. A recent study found that social care spending from 2010 to 2015 in affluent councils has increased by 8% whilst it has fallen by 14% in areas of economic deprivation (Hastings et al., 2015). Liverpool, for example, remains one of the poorest cities in Britain (Department for Communities and Local Government 2015) with the latest child poverty rates indicating 32.1% of children in the city live in poverty (the majority in working households). Yet the city has experienced exceptional reductions in central government funding. By 2017, Liverpool City Council will have had to make £329 million in savings which represents a 58% cut in funding in real terms since 2010 (Brindle, 2015).

Alongside the cuts, an ideological argument was being forwarded. The government, harkening back to the Thatcher-Reagan critique of the welfare state (Sandel, 2021), claimed that the welfare system cultivated irresponsibility (Cameron, 2011). David Cameron's riposte to the collective loss of responsibility was 'The Big Society'. This was the vision of a culture with a strong ethos of self-sufficiency where individuals did not turn to the "government for answers to the problems they face...but instead feel powerful enough to help themselves and their own

communities" (Cameron, 2010). Though presented as a kind of radical new vision of society, Cameron's Big Society was redolent of traditional conservative values about free market economics, a small state and an emphasis on personal responsibility.

Michael Sandel, in *The Tyranny of Merit*, has also noted that onerous notions of personal responsibility have historically accompanied attempts to limit the scope of the welfare state and shift risks from governments and companies to the individual (Sandel, 2021, p.63). While the notion of the 'empowered patient' is ostensibly respectful of client agency (Larner, 2000), it justifies the reduction of government spending and implicates individuals, families and communities in the regulation of distress (Teghtsoonian, 2009). Davies (2022) labels this as the depoliticising of distress. However, the location of blame within individuals and diminishing the extent to which poverty or structural oppression may be complicit in distress is, arguably, a very political move.

Writing in 2013, Mark Blyth, Professor of International Economics, predicted that the ideas of Austerity would cause "tremendous damage" (Blyth, 2015, p.x). In some senses, the extent of the damage has been difficult to quantify. In a piece of research conducted by the University of York, Professor Karl Claxton noted that the freezing and contraction of public services has been associated with tens of thousands more deaths than would have been observed had pre austerity expenditure growth been sustained (Gregory, 2021). Again, the mechanisms behind this correlation are complex but austerity has certainly driven a range of factors (poverty, mental health conditions, job insecurity, addictions) implicated in distress. This has resulted in a situation of spiking demand and decreasing supply that

exhausts existing staff and further deepens an already vicious cycle. The context of contemporary service delivery- and therefore of this study- is post austerity, but the impact of that politics still endures.

1.3.2.2. Narrower Practice Context: Peter Connelly. In conjunction with the broader political context, social care had its own idiosyncratic context. The introduction of austerity resulted in cuts with the aforementioned 14% reduction in expenditure per child on Children and Young People's services from 2010-2015 (Bywaters et al., 2017). In addition to this, the deaths of Victoria Climbié in 2000 and Peter Connelly in 2007 were discrete tragedies that also had a profound impact on the contemporary social care context.

Prior to the trial of the defendants, media coverage of the story had been limited. Post-conviction, there was a significant increase in the reportage. 2,832 pieces appeared in UK newspapers from November 2008 until November 2009- an average of 8 stories a day (Jones, 2014). The Sun, in particular, focused on the story. Although they did devote reporting to the actual defendants, they also focused heavily on Peter's Social workers, and the Director of Children's Services, Sharon Shoesmith, portraying them in an unremittingly negative light. They ran a petition calling for the sacking of social workers involved in the case- signed by 850,000 people.

The nature of the "scapegoating" (Jones, 2014, p. 80) is illustrated by the Serious Case Reviews commissioned after Peter's death. The first serious case review, which took 14 months to complete, was 135 pages; it had four recommendations for the Family Welfare Association , one general recommendation

for the NHS, nine for the Great Ormond Hospital trust, 13 for Haringey's Council children and young people's services, two for schools, seven for Haringey Council's legal services and three for the Met Police. The second serious case review- commissioned after the completion of the trial and the ensuing media coverage- completed in 2 months and three weeks, had no recommendations for the FWA, Haringey's legal services, NHS organisations or the Met Police (Jones, 2014).

The nature of the tabloid media coverage- that focused and vilified the social work profession- had a profound impact on public perception, the political response, the social work profession itself and, by extension, the protection of children. Lord Laming's 2009 review, talked about the "appetite in the media to portray social workers in ways that are undermining" and that "public vilification has a negative effect on staff and serious implications for effectiveness, status and morale of children's workforce" (Laming, 2009, p.44). The Social work task force echoed these sentiments, describing the anger of social workers at being "singled out for blame in the aftermath of a child's death" and the "unremittingly negative" public image with "damaging consequences for recruitment and morale" (Force, S.W.T,2009, p. 48).

Hoggett (2013) labelled the coverage as a 'public panic'. The government, projecting their organisational anxiety into social workers, responded by blaming social workers and imposing tighter regulations. Reactions "guided by the illusion" that complex family systems could be subject to enough control that the "the possibility of failure could be entirely removed" (Armstrong, 2018, p.56). Child protection is difficult and distressing work. Following the construction of the 'Baby P

story and the government response, it has become even “more difficult and anxiety inducing” (Jones, 2014, p.275).

1.3.3. Trauma Informed Social Work Practice

Alongside a growing awareness of the psychiatry's capacity for iatrogenic harm and the voices of survivor groups, the ACEs research has been identified as one of the three key drivers behind the development of Trauma Informed Approaches (Sweeney & Taggart, 2018). Beginning with Harris and Falot's (2001) text *Using Trauma Theory to Design Service Systems*, a growing recognition around the ubiquity of trauma resulted in a movement towards service design that was sensitive to the needs of trauma survivors (Asmussen et al., 2022). There are various definitions of Trauma Informed Care (TIC), but Sweeney & Taggart define it as an “organisational change process focused on preventing (re) traumatisation within services” (p.385). While the movement towards TIC may have initiated in mental health services, the principles were soon adopted in a range of front line services (Asmussen et al., 2022).

A number of papers have been written about TIC from a specific social work perspective. Knight (2015) and Levenson (2017) both identify the following as key indicators of trauma informed social work: recognising the high incidence of trauma; viewing a client's problems in the context of past victimisation; recognising negative behaviours as previously useful coping strategies; creating a safe environment; emphasising client strengths; avoiding the repetition of abusive dynamics in the helping relationships. Levenson (2017) observes that TIC prescribes a set of principles (safety, trust, choice, collaboration, empowerment) that are “consistently

interwoven and applied throughout the intake, assessment, engagement, treatment and termination phases of social work services" (p.3). The infusion of said principles into practice reduces the possibility of a (re)traumatising and provides "an opportunity to create a corrective experience" for service users (p.3).

1.3.4. The Practice of Working with Traumatized Parents.

1.3.4.1 Engaging Parents. For traumatized parents, relationships with social workers can be challenging with disengagement common (Ferguson, 2009). This should be a shared responsibility between parents and services, but responsibility for disengagement is generally located in parents (Mason et al., 2020). In one of the American studies, a clinician observes, "there are issues that Tonia [a service user] doesn't want to explore, particularly related to child abuse and family issues. She shows no indication that she's serious about getting better" (Blakey & Glaude, 2021, p.222).

Parental engagement makes a significant contribution to decisions regarding coercive action and legal interventions (Mason et al., 2020), and statements to the family courts in care proceedings illustrate this (Platt, 2012). The language used to justify these decisions may shift (resistance, hostility, difficult to engage) but they share a common notion of parents unwilling to work collaboratively with services (Mason et al., 2020). This type of narrative forms an important part of the rationale for coercive action and the removal of children (Broadhurst et al., 2017).

Critics have questioned this process, arguing that explanation for 'resistance' lies in the women's own developmental histories (Mason et al., 2020). Problems engaging with services is normal given previous experience of relationships, as is

difficulties in changing unhelpful behaviours that are often long standing methods of coping (Broadhurst et al., 2017). Westphal (2007) uses the concept of pragmatic coping to point out that certain behaviour (hostility, lack of cooperation, lack of motivation, resistance) that might be considered maladaptive under normal circumstances are adaptive following exposure to traumatic events.

'Epistemic trust' (Fonagy & Allison, 2014) is a potential explanatory mechanism in engagement difficulties (Mason et al., 2020). Orne et al. (2019) define this as the "ability to appraise incoming information from the social world as accurate, reliable, personally relevant, and allowing for the information to be incorporated into existing knowledge domains" (p.2). Epistemic trust fails to develop in the context of childhood mistreatment. Distrust and vigilance remain necessary for survival but also lead to limitations in social learning and a rigidity in holding onto beliefs around others. In addition, the social contract of abiding by the rules is broken by transgression or neglect by adults and leads to the rubric of survival becoming dominant over social acceptability. Vickie, a traumatised mother, says "we all try not to, but all of us are liable to just snap and cuss somebody out in a minute because, like, we're already going through a lot" (Blakey & Glaude, 2021, p.221).

1.3.4.2. Working Effectively With Traumatized Parents. The professional skills set required to promote engagement in child protection is broad, ranging from core professional skills (providing information, responding quickly) to more advanced skills like developing shared goals and working collaboratively. In addition to this, specialised communication skills (empathetic understanding, advanced listening, congruence) are essential. To work effectively with traumatised parents,

professionals must be “equipped with the skills to work with deep rooted feelings of distrust and defensiveness” (Mason et al., 2020, p.93).

Researchers have argued that the focus should be on helping women find alternative ways of managing difficult emotions and resolving past trauma (Broadhurst et al., 2017). Services need to ensure that workers are given adequate time and space because dealing with entrenched and complex difficulties take time. Research focusing on working with families where there are safeguarding concerns often fails to capture what happens in the interaction between social worker and families (Ferguson, 2009). The importance of filling this gap is evidenced by child death reviews, which invariably show that workers had difficult relationships with parents (Ferguson, 2016).

The existing studies have presented a mixed picture of parental experiences of child protection (Smithson & Gibson, 2017; Dale, 2004). In Dale's study (2004), 28% of parents rated the child protection services as 'very helpful' while 22% rated them as 'harmful'. Positive relationships with social workers were characterised by responsiveness, good listening skills and keeping parents informed in a timely manner. Parents needed to feel more than a statistic (Smithson, & Gibson, 2017).

In contrast, the depiction of social workers in some studies has been quite negative. Mothers have described their experience as “traumatizing, humiliating, nerve wracking, daunting [and] frightening” (Buckley et al., 2011, p.104). In the Mason et al. study (2020), service users described being retraumatized by social care specifically through victim blaming, 'power over' relationships and painful recollection of historical trauma. More generally, the data in that study suggested an

absence of trauma informed principles (safety, collaboration, non-judgment) in social care practices. Across studies, there is a repeated refrain of inhumane treatment of service users. A participant in the Mason et al. (2020) study described feeling “like a bit of shit on the bottom of their [social worker’s] shoe” (p.93), while a mother in a different study lamented that she “didn’t even feel like a human” (Taggart et al., 2018, p.8).

Studies of children’s services have highlighted the many challenges for social workers in the UK system. Issues range from the complex and contested nature of the information they work with (Regehr et al., 2010) to the absence of institutional support (Berrick et al., 2016). McCafferty et al.’s (2021) observation on the numerous- often-competing- narratives that practitioners have to satisfy is particularly relevant to the engagement of traumatised parents. Parton (2011) argues that these grating demands have emerged from the contemporary emphasis on child centred services and the disaggregation of family life.

2. Systematic Literature Review

2.1. Overview

There has not been a systematic review into social workers' experiences and views of working with child protection cases. The aim of this review is to address that gap and synthesise qualitative studies, which explore social workers' experiences of working in child protection.

2.2. Design

The review used a qualitative design to explore Social Workers' experiences. Qualitative research is associated with exploring descriptive data (Denzin & Lincoln, 2011). To ensure methodological rigour, the review followed PRISMA guidelines (Moher et al., 2009).

2.3. Method

2.3.1. Search Terms

The PEO framework was used to create search terms by establishing the population, exposure, outcomes. In order to incorporate all literature that could relate to the search question, search terms were clustered and truncated using the Boolean operator "OR" (Appendix 5). No limiters or comparison terms were necessary.

2.3.2. Search Strategy and Procedure

The CINAHL, Medline and Psych Info databases were searched, with additional searches carried out on Google Scholar. Search terms were as follows: ("social worker*" or "social work practitioner*") and (experience* or perception* or attitude* view*) and ("child protection" or "child welfare") and ("qualitative research"

or “qualitative study” or “qualitative methods” or interview or qualitative). Searches were carried out on 5th September 2022, with an additional search on 8th September 2022.

2.3.3. Screening and Selection.

Screening and selection were conducted in a stepped process according to PRISMA guidelines (Appendix 6). Using tools within the database, results were initially filtered by excluding: studies published before 2000; articles not published in peer reviewed academic journals; articles that were not in English; and articles that were duplicates. The filtering then continued in stages: screening by title, then abstracts, and concluding with full text only. In addition, a separate search was carried out using Google Scholar, and the references of the finalised articles were hand searched for any additionally relevant articles (Armstrong et al., 2005).

The inclusion criteria for the screening process required that articles were primary research into the qualitative experiences of social workers in child protection cases. The rationale for having a broad scope review was theoretical. In particular, it was thought that it would provide a useful background for the ensuing study, and contain data pertinent to the macro lens of the study. The decision to include international studies, and studies with participants at different stages of their career was motivated by pragmatism. There were not enough studies to synthesise experiences of UK social workers, or to synthesise studies of newly qualified and trainee social workers.

The exclusion criteria for this screening process omitted articles that were not primary research, such as unpublished theses. Articles were excluded that focused

on very particular aspects of experiences (e.g. childhood memory) because the data was frequently irrelevant to the research question. Quantitative and mixed methods research were also excluded as the focus of this research was on qualitative experience.

2.3.4. Quality Appraisal

Following completion of the screening and selection process, the CASP tool for qualitative research assessed the quality of included studies. For each study, ten separate criteria were scored from 1-3. This was cumulated to give an overall score out of 30 indicate the overall quality (Cesario et al., 2002). Studies that received a total score between 22.5-30 were given a grade of “++”; studies that received a total score between 15-22.4 were given a grade of “+”; studies that received a total score <15 were give a grade “-“(Appendix 7). However, all studies were included in the review since there is no consensus on when a study should be excluded because of its quality (Walsh & Downe, 2006).

2.3.5. Synthesis

Metaethnography (Noblit & Hare, 1988) was used to synthesise findings of qualitative studies that explored social workers' experience of child protection work. Metaethnography is an interpretive approach used to develop theories of human behaviour or experience by combining qualitative studies. The aim is to produce new insights by going beyond the narrative or thematic review of a research study (Gilmour, 2019). Metaethnography consists of seven phases: specific research question, identifying relevant studies, reading of articles, determining how the studies are related, translating studies into one another, synthesising the translation, and

expressing the synthesis. Data extraction (Phase 3) involved identifying key characteristics of included studies (participants and gender and ethnic mix of participants,) and inputting them into a template (Appendix 8). In addition, first order data (quotations) and second order data (author interpretations) were extracted for each study (Appendix 9) (Noblit & Hare, 1988). Studies were related to each other (Phase 4) by identifying shared second order data (Appendix 10). Translation (Phase 5) of the included studies was (a) reciprocal by identifying shared themes and (b) refutational by highlighting tensions and contradictions in the data. This enabled findings to be synthesised (Phase 6) into a third order interpretation of the data that went beyond description of individual studies.

2.3.6. Reflexivity

This synthesis is focused on researching the qualitative experiences of social workers in child protection cases. It is being conducted by a Trainee Clinical Psychologist with no personal experience of being involved in child protection proceedings but some work experience of involvement with children and parents that are 'in the system.' In addition, the researcher's previous assignments included analysing interviews from parents involved in recurrent care proceedings and these interviews expressed a very critical view of social services, and social workers. These experiences may inform the way that the data is analysed and the results should be considered in that context. However, there has been frequent liaison with supervisors and a concerted attempt to understand the context for social work practice through reading.

2.4. Results

2.4.1. Search Results

In total, 1, 023 results were generated by database searches. One hundred and fifty five records were removed before screening because of duplication. Following screening, 812 were excluded. Fifty six were assessed for eligibility and eight articles met the criteria for inclusion and exclusion. Of the studies, one focused on particular aspects of child protection (neglect) and one focused on social workers' experiences with a specific client groups (affluent parents). However, they reported experiences that were relevant to the research question and so were included.

2.4.2. Quality Appraisal

Appraisal scores for the articles ranged between 16 and 27 (Appendix 7). The highest scoring domains were statement of aims, appropriateness of methodology and research design. The lowest scoring domains were data analysis and reflexivity. Although all eight studies described a process of analysis, none of the studies referred to a clear data audit trail. Similarly, a number of the studies had no reflexive section and this is important since it discloses the extent of possibly researcher bias (Watt, 2007). Gibson (2017) was an exception with the researcher stating that his presence affected situations and his interpretations drove interview questions and analysis of data; in light of that, the study had an ontological commitment that the "resulting theory" was "interpretive, contingent, and tentative" (p.1190). In the studies that did describe a sampling strategy, purposive sampling was reported, which is generally appropriate for qualitative research (Gentles et al., 2015). All studies reported using at least one of focus groups or interviews for data collection, with one study (Gibson, 2017) also utilising a case study approach. Seven of the eight studies

gave details of the sample with most including details of sample gender ratio, range of experiences and ethnicity of the sample. Thematic analysis was the most popular method of data analysis, though two studies (Gibson, 2017; Kettle, 2018) employed grounded theory and other studies (DeLong et al., 2016; Lohvansuu & Emond, 2020; Sudland, 2019) did not specify. In some of the studies, there was evidence of triangulation to verify analysis with researchers collectively discussing and agreeing on themes (DeLong-Hamilton et al., 2016; Bernard & Greenwood, 2019; Radey & Schelbe). Although the studies were limited in a number of areas (reflexivity, theoretical underpinnings of study, data trails), they were appropriate to synthesise and analyse. In all of the studies, direct quotations from participants were included and this gave some indication of primary data. Collectively, they give some insight into the experiences of social workers in child protection cases, and therefore are a valuable context for the study.

Table 2. Overview of Studies.

Author (Year)	Country	Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
Jansen, A.(2018)	Norway	12	7/8 female	Unknown	23-48	SSI	TA	Complexity of life as a professional, casework characterised by multiplicity, uncertainty, divergence and emotionally tough.
Sudland, C. (2019)	Norway	24	23/24 female	Unknown	Unknown	SSI	GT	Difficulties communicating with parents, emotional strain of the work and organizational limitations.
Gibson, M. (2017)	United Kingdom	19	18/19 Female	18/19 White	24-63	SSI	GT	Administration as a priority, impact on social workers' job satisfaction.
Lohvansuu, J. & Emond, R. (2020)	United Kingdom and Finland	8	All female	Not reported	Not reported	SSI	TA	Excessive workload, mistrust from service users, absence of 'early help' services, strain of the job.
Kettle, M, (2018)	United Kingdom	22	Not reported	Not Reported	Not reported	SSI	GT	Multiagency work, Social worker as 'persecutor', hostility and difficulty engaging parents, trauma informed care, power, difficulty of the job.
Bernard,C. (2019)	United Kingdom	30	Not reported	Not Reported	Not Reported	SSI	TA	Complexity in casework, uncertainty in decision making, hostility from parents, difficulties engaging parents.

Author (Year)	Country	Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
Radey, M. & Schelbe, L. (2017)	United States	38	21/38 Female	28/39 White	21-59	SSI	TA	Unprepared for work, multiplicity in cases, excessive workload, feelings uncontained, hopelessness.
DeLong-Hamilton, T et al. (2016)	United States	20	19/20 Female	Not reported	Not reported	Focus Group	GT	Complexity of Cases, importance of administration, uncertainty around decision making, ambivalence towards parents.

2.4.3. Analysis and Synthesis

A metaethnography synthesis was conducted across the articles and four analytical themes were interpreted beyond the data. These were: *'the system does not make things easier'*, *'complex and opaque casework'*, *'social workers' emotional reactions'*, and *'conflicted relationships with parents'*. Although not totally congruent, there was significant overlap between the findings of the synthesis and the research study which are detailed subsequently.

2.4.3.1. The System does not make things easier. This theme relates to the idea that features of the system made the task of supporting families more difficult. Firstly, staff reported that expectations on social workers were unrealistic. At least half of the articles highlighted the impact of workload on providing genuine support. Social workers "talked about their work conditions and how general work pressure limited their capacity to help families" (Sudland, 2018, p.5). These caseloads were higher than "anticipated" and often led to workers feeling "overwhelmed" (Radey & Shelbe, 2017, p.79). Experienced social workers were unable to support newly qualified professionals and this catalysed its own series of problems. Social workers described field days when "when they did not shadow workers because their mentors lacked the time to explain everything to a new hire" (Radey & Shelbe, 2017, p.79). This situation often led to high turnover of staff, and this amplified negative feelings within teams. In one of the studies, "five of six workers in [social worker's] unit, including her supervisor, quit in her first week" (Radey & Shelbe, 2017, p.81).

In conjunction with workload, staff had insufficient time to complete their work. At least three of the studies (Jansen, 2018; Gibson, 2017; Lohvansuu & Emond,

2020) identified insufficient time as being a problematic feature of the system.

“Participants viewed the social worker as the key resource with limitations resulting from increased workload and inadequate staffing. They described having significantly less time to devote to working with families than they had previously” (Lohvansuu & Emond, 2020, p.579). Failure to complete the work in the allotted time would lead to “criticism and potential discipline” (Gibson, 2017, p.1170).

Secondly, the priorities of the system were centred on the completion of administrative tasks, and not on directly supporting families. In one study, workers estimated that they spent 70-90% of their time completing administrative tasks (Gibson, 2017). Generally, studies attributed this service focus to the management. There was “significant oversight of the administration of social work and very little oversight of direct work with clients” (Gibson, 2017, p.1190). Other studies suggested, “workers realigned their goals placing protocol completion and bureaucracy compliance before the more abstract goal of child safety” (Radey & Schelbe, 2017, p. 84) in order to cope with stressful work environments. Generally, there was a sense of “Social worker[s] prioritizing the administrative component of the work at the expense of the relational component” (Gibson, 2017, p.1191). However, this did not lead to job satisfaction but entrenched feelings of hopelessness and disillusionment.

Thirdly, there was a stark contrast between training and the realities of the job. Many of the workers “mentioned that they did not learn enough during training” (Radey & Schelbe, 2017, p.78). Education had furnished them with a degree of knowledge but this was insufficient to “understand and handle the variety of

challenges they faced.” (Jansen, 2018, p.1536). Again, practical realities influenced workers' feelings with references to the impossibility of the role, and the feelings of overwhelm that it engendered (Radey & Schelbe, 2017).

2.4.3.2. Complex and Opaque Casework. This theme relates to the idea that the casework was complex and multifaceted, with frequent uncertainty around the correct course of action. Firstly, a number of the studies described the complexity of casework. The title of the Jansen (2017) study was “it’s so complex” and a theme in another study was “a dirty house is not just a dirty house” (Rabey & Schelbe, 2017). Across the services, workers emphasised the importance of looking beyond the surface in child protection work. Jansen (2018) described “narratives speaking of complexity in several different ways” (p.1529). The complexity of the work was amplified because of the “value laden scenarios that confronted workers on a daily basis” (DeLong-Hamilton, 2016, p.29) triggering different reactions in different workers that needed to be worked through. Especially for newer workers, complicated cases left them feeling ill equipped to handle the work (Rabey & Schelbe, 2017).

Secondly, the inherent complexity often resulted in uncertainty around decision-making. Participants in Bernard study (2019) used the phrase “adding to the complexity” (Bernard, 2019, p.3) conjuring an image of layers of complexity. In another study, caseworkers also “expressed concerns about how difficult it was to know what to do and that in some cases the help they offered could actually turn out making things worse” (Jansen, 2018, p.1532). The work “fostered uncertainty” (Sudland, 2018. p.2), and the fragmented nature of the work exacerbated this with

firefighting and multiplicity key refrains across the studies. The workers in Jansen (2018) reported, "carrying out many different tasks a day" (p.1530) with a "multiplicity of tasks" performed in "several different ways" (p.1529).

2.4.3.3. Social Workers' emotional reactions. This theme relates to the idea that the job evoked a range of emotional reactions in the social workers with a preponderance of negative emotional responses. "Although five social workers experienced their work as exciting in the beginning, three of them pointed to having a feeling of pessimism and low motivation after a short period of time" (Sudland, 2018, p.5). Across studies, there was a sense that social workers were a repository for others' emotions (parents and other professionals) that were difficult to tolerate. Kettle (2018) described "workers" being left "with the feeling that what is being passed is anxiety and responsibility for the situation" (p.223).

Social workers, particularly those newly qualified (Kettle, 2018), felt that responsibility and this created an emotional strain. "A pattern that emerged very strongly for participants was that they did not feel suitably equipped when they qualified, and therefore, needed to work on both developing the authority and coping with the emotional impact of the job" (Kettle, 2018, p.227). The feelings of responsibility weighed so heavily on the workers, partly because of a sense that they were also relatively powerless to use that responsibility to effect change for families. There was a "growing realisation of the limits" of their power and "a self-doubt that came from not feeling able to influence the situation...but also...of not being able to walk away, of still feeling responsible" (Kettle, 2018, p.227).

Consequently, the work seemed to provoke feelings of hopelessness and disillusionment amongst the staff. Gibson (2017) described the social workers' sense of disillusionment with the profession because they felt unable to make a difference to the lives of people they came into the profession for" (p.1192). Social workers talked about feeling out of their depth (Schelbe & Radey, 2017) and the work being an uphill struggle (Kettle, 2018). In one study, this hopelessness manifested itself in the raft of staff looking to leave the profession with "workers" questioning "the job's long term viability" (Radey & Schelbe, 2017, p.84).

2.4.3.4. *Conflicted relationships with parents.* This theme relates to the idea that relationships between social workers and parents, from both perspectives, had elements of trauma informed care, and re-traumatising practice. Workers expressed both "compassion and frustration when reflecting on interventions with parents" (DeLong-Hamilton, 2016, p.26). Unsurprisingly, there was evidence of anger and hostility from parents. Participants described encounters as "tense" with interactions turning "into a shouting match driven by the parents' hatred" (Sudland, 2018, p.4). There was a "range of different manifestations of hostility, from threats, shouting, swearing and harassment by frequent phone calls" (Kettle, 2018, p.224). This ambivalence was attributed to other agencies positioning social worker as the "the persecutor" (Kettle, 2018, p.223). In contrast, there were also parents "seeking help and cooperative as a consequence...working to achieve a working relationship" (Kettle, 2018, p.225).

Social workers also exhibited a range of attitudes and behaviours, ranging from the trauma informed to the potentially re-traumatising. "Social workers struggled

to create...a therapeutic space through empathy by supporting, clarifying, containing and moving in a therapeutic manner with the parents (Sudland, 2018, p.4). Power was “a significant concern for participants” (Kettle, 2018, p.226). Social workers did impose their power onto parents. In one study, “social workers tried to manage the parents’ lack of response to CPS interventions by making threats” (Sudland, 2018, p.5). There was an acknowledgment that power imbalances influenced “effective engagement” (Lohvansuu & Emond, 2020, p.580). In addition, other re-traumatising behaviours included a lack of choices given to parents (Sudland, 2018) and a more general absence of a trauma lens. “Participants argued that service users’ negative preconceptions and mistrust undermined their ability to engage effectively with families avoiding social work engagement” (Lohvansuu, 2020, p.579).

However, there were also descriptions of trauma informed care amongst the social workers. Workers identified the “importance of developing trust and rapport” and some services being “really good at building relationships” (DeLong-Hamilton, 2016, p.29). There was evidence of honesty and transparency in dealing with parents. “One of the best pieces of advice that I was given was about being as honest and upfront with families ...from the outset” (Kettle, 2018, p.225).

Collaborative ways of working were also emphasised by some professionals. A participant described “being on their level” and not “telling them exactly what they should do... we can kind of work through things together and find out what works best for them” (DeLong-Hamilton, 2016, p.30). In addition, there was also evidence of trauma informed thinking by some front line social workers. “Social worker Eric, who had a family therapy background, stated that parents engaged in conflict could have

a record of past problems, which was necessary to take into account when working with parents engaging in conflict" (Sudland,2018, p.4).

2.5. Discussion

The introduction of this thesis argued that, in contrast to the official narrative, the politics of Austerity was not solely about *reducing the deficit* in the name of *fiscal responsibility* [My emphasis] but also a political project about recasting the size and role of the state. The impact of reduced public spending occurs in a domino effect, which begins with the state limiting the capacity of people to seek help from government-funded services. For example, the imposition of "higher eligibility criteria" is a "polite way of saying that basic services that people require for a decent existence" are "no longer available and that they will have to get by, somehow, without that support" (Ferguson & Lavallette, 2013, p.96). In conjunction with this, the state reduces funding for services that have previously provided support, and thus provided a buffer between families and crisis focused government services. From 2010-2015, there was a 38.3% reduction in areas of provision like family support and early years centres (Webb & Bywater, 2018). This means that social workers find it more difficult to identify sources of social support for families, and left feeling isolated with casework.

The workload of the social workers referenced by so many of the studies is a consequence of increased demand, catalysed by this process. From 2010-2016, Murphy (2021) reports a number of statistics that all points to an upsurge in demand: 34% increase in child protection referrals; 47% increase in the number of local children categorised as 'in need'; 67% increase in children subject to a child

protection plan; and a 41% increase in the number of childcare proceedings.

Investment in crisis services did not kept pace with increased demand. The result is a workforce that has to manage unsustainable and arguably dangerous caseloads.

From 2010-2016, the average number of cases allocated to a social worker went from 22 to 34 (Murphy, 2021). This 30% increase is especially concerning considering that the Laming review recommended that those working in child protection should have no more than 13 cases allocated to them.

Further, the strain of the workload was exacerbated by the increasingly onerous and time-consuming burden of paperwork. In contrast to the face-to-face work with families that triggered their interest in social work, many of the participants reported days saturated with bureaucracy and administrative tasks. This finding has been replicated in other studies. A social worker in Murphy's (2021) study observed, "for the majority of the working day, I'm dealing with paperwork" and "considering that I'm a child protection social worker, I don't spend much time visiting children (Murphy, 2021, p. 7). In one highly publicised case, involving the death of a child at the hands of his carers in the UK, qualified children and families' social workers were spending up to 80% of their day completing computerised assessments rather than engaged in direct work with their clients (Pithouse et al., 2009).

Though there were examples of trauma informed care in the studies, the data generally conveyed a sense of friction between social workers and parents. In a sense, considering the nature of the role, this is unsurprising (Mason et al., 2020). To form relationships between parents seeking to retain custody and professionals involved in their potential removal is, as one participant put it, an uphill struggle. The

contemporary context of the role did not facilitate positive relationships.

Relationships that were therapeutic were characterised by features- collaboration, care, time- that are difficult to establish with overworked social workers with little time to devote to families. Having said that, friction was not only the result of systematic pressures. The data suggested some workers might be re-traumatising parents by making threats, engaging in power over relationships, or not conceptualising behaviour as a by-product of post-traumatic stress (Levenson, 2014).

Considering the negativity of the themes, feelings of lassitude and hopelessness from the social workers in these studies are unsurprising. The work took a significant emotional toll on the participants. This observation reiterates findings from other studies like Russ et al. (2009) that identified four conditions of adversity that are common in child protection work: work stress, burnout, trauma and vicarious traumatisation. McFadden et al. (2014) also reported that child protection workers are "particularly vulnerable" to burnout because of poor working conditions, excessive paperwork, long working hours and ineffective bureaucratic structures (p.3). Given the diminishing resources and increased scrutiny, child protection services arguably become 'trauma organised systems' whereby chronic stress "robs an organisation of basic interpersonal safety and trust and thereby robs an organisation of health" (Bloom, 2010, p.139).

2.6. Strengths and Limitations

This review synthesised the qualitative experiences of social workers in child protection cases using the PRISMA guidelines as a framework to ensure rigour. It

included contemporary research that focused on social workers' experiences to give an account from this perspective. As a result, the review illustrates a number of themes that develop our understanding of social workers' experiences by introducing new ideas and reiterating findings from existing research. Despite the limitations of an international review of relatively few studies discussed below, there appears to be some commonality of themes despite differences of population and provision. This was useful in developing interview questions for the forthcoming study. The review highlighted the questionable quality of some of the existing research and, importantly, the existing gaps in the literature.

In terms of limitations, the review included studies from the UK, Europe and North America. Some commentators have argued that international research and research collaboration is important to "facilitate global understanding of the context of international neo liberal economic doctrine" (Spolander et al., 2014, p.302.). However, attempts to draw out themes from studies where there are significant differences across systems is more problematic. The Scandinavian and British systems may have a shared foundation of welfare state liberalism, but there are still significant differences between the reality of social work in England and Finland (Munro & Manful, 2010). For example, Nordic countries generally invest significantly more per person in Health and Social Care (Hastings, 2023), and this enables a family service approach rather than a child protection approach that characterise the UK and US systems. The inclusion of such varied national contexts is likely to have resulted in shallower themes since there would have been less congruence between the data sets.

In addition, the review included social workers at different stages of their career with some studies focused on newly qualified social workers while others had a range of experiences. Considering the research question, a review that focused exclusively on newly qualified social workers' experience of child protection cases may have been preferable, but the paucity of studies prevented this. Finally, a single individual with no triangulation carried out the review, and this increases the potential for bias, especially in qualitative research. The study was somewhat fortified by the involvement of and discussion with supervisors, who have relevant experience in the field.

2.7. Problem Statement

Since the 1980's, there has been an incremental development in our understanding of trauma and its prevalence. The epidemic of sexual violence and the return of soldiers from Vietnam catalysed the creation of a new diagnostic paradigm that located the cause of pathology in external events. Following that, the work of Judith Herman furthered our understanding of trauma by formulating a new diagnosis that captured the experiences of the chronically traumatised. Studies focused on the rates of C-PTSD in the normal population have identified an incidence rate of 3.3%. For parents involved as respondents in child protection proceedings, prevalence in studies is sometimes close to 100%. The impact of C-PTSD is multifarious, affecting brain architecture, chemistry, affect regulation, self-concept and capacity to form relationships. In order to work with survivors of C-PTSD, social workers must be given time and support, and possess advanced skills to work effectively. The existing literature has not addressed this question directly; data from related studies shows evidence of trauma informed care, and practice that

may be re-traumatising. The aim of this study is to address the question directly, document the existing knowledge and practice base, and propose recommendations based on the identified themes.

2.8. Aims

The present study will address the following aims:

- To explore trainee and newly qualified Social Workers' experience of parental trauma in child protection work.
- To make recommendations for developing trauma informed practice when working with traumatised parents.

3. Method

3.1. Philosophical Framework

3.1.1. Ontology and Epistemology

The ontological question concerns the form and nature of reality and, therefore what can be known about it. For Ormston et al. (2014), ontology concerns “whether or not there is a social reality that exists independently from human conceptions and interpretations” (p.4). Epistemology is an aspect of philosophy concerned with the theory of knowledge. It seeks to answer the question, ‘How, and what, can we know?’ (Willig, 2001, p.2). There is a relationship between ontology and epistemology, with the epistemological position “constrained” by the ontological position of the research project (Guba & Lincoln, 1994, p.112).

There is a spectrum of philosophical paradigms positioned between two extremes: positivism and constructivism. Realism, an ontological position of positivism, assumes that an apprehendable reality exists, and that research can isolate the “the true state of affairs” (Guba & Lincoln, 1994, p. 109). The realist position has been criticised because of its failure to distinguish between the natural and social world, shallow perspectives on causation, and the way it limits reality to what can be known empirically (Archer et al., 1998). In conjunction with this ontology, the epistemological position of Positivism is the objectivist position that asserts that the researcher is capable of studying the object without influencing it and that findings are ‘true’. Criticism of positivistic epistemology centres on its failure to address the myriad ways in which researchers’ influence research.

In contrast to positivism, there is the constructivist philosophical position. Relativism (or irrealism) is an ontological position of constructivism, claiming that

realities are apprehendable in the form of “multiple, intangible mental constructions...local and specific in nature” and not “more or less true in any absolute sense” (Guba & Lincoln, 1994, p.111). Although contested by some relativists, Burr (2015) argues that relativism (especially extreme forms) can undercut political efforts to challenge oppressive practices since it is impossible to demonstrate the truth of one version of events. The epistemological position of constructivism is the subjectivist position; this argues that the researcher and the object of research are intimately connected and that findings are ‘created’ as the investigation proceeds.

The basic assumption of Critical Realism (CR) is the existence of a real world independent of our knowledge of it (Bhaskar et al., 1998). Although the real world may be imperfectly apprehended and socially mediated, CR argues that some theories approximate reality better than others do and that there are rational ways to assess knowledge claims (Bygstad & Munkvold, 2011). However, it also recognises that observations are theory dependent, and thus combines a realist ontology with a subjectivist epistemology (Maxwell, 2015). In some senses, it attempts to marry the hard science of positivism and the emphasis on language, experience and discourse of social constructionism.

This study is interested in exploring the experiences of trainee and newly qualified social workers. This population should have a more focused remit of direct work with families, unlike more experienced social workers that may also have managerial responsibilities. The focus on exploration means the study is not aiming to isolate singular findings that are ‘true’; it recognises that experiences are likely to be mediated by many different factors, including the questions asked by the

researcher; in this sense, it is aligned with a constructionist philosophy. However, developing a better understanding of experience in order to make recommendations that improve practice for traumatised parents (and therefore children) is also an objective of the research. For this reason, the research is aligned with a critical realist ontology and epistemology because there is an aspiration to go beyond stories, and into transformation. A relativist position would limit the ability to influence policy. Furthermore, as the research draws on neuropsychology there is an alignment with an embodied account of trauma. Although oversimplified accounts of the brain carry risk, the disregard of such studies also has the potential to minimise the impact of trauma.

3.1.2. Methodology

A positivistic philosophical paradigm has dominated mainstream psychology since its inception. Wilhelm Wundt's experimental studies are often presented as the founding moment of psychology, and a key text for the new discipline, *The History of Experimental Psychology*, was "deliberately and explicitly positivistic" with a vision of the incremental accumulation of findings that could be seen as "facts" within a complete system of knowledge (Parker, 2007, p.18).

Quantitative methodology is congruent with positivism, and has thus been similarly influential within the discipline. Danziger (1985), in analogy to Kant's categorical imperative, described it as the methodological imperative. As a methodology, it focuses on counting volumes, occurrences, or size of associations between entities (Gelo et al., 2008); arguing that there is an objective reality of psychological and social phenomena, and objective methods of investigation enable

discovery of such phenomena. There is an investigation of relationships between phenomena and this allows for prediction and hypothesis testing, with the aim of articulating universal truths (Madill et al., 2000).

The socio-political movements of 1960's and their questioning of received views and power structure stimulated a 'turn to language' (Wertz, 2014) and an interest in qualitative modes of enquiry. Qualitative research, in contrast to quantitative, focuses on the meaning and quality of an experience from the perspective of a small number of participants. There is an attempt by the researcher to provide "thick" descriptive accounts (Geertz, 1973). Predictably, there are divergent foundational paradigm and meta-theoretical assumptions of qualitative research, with a greater emphasis on the social and psychological construction of reality.

A study that is interested in a small group of participants' understanding of a phenomenon is congruent with a qualitative methodology. There is a paucity of research on the topic, and individual practice will vary with a range of oscillating factors affecting participants' understanding and management of parental trauma. The richness of thick descriptive accounts can enhance understanding of the links between policy, competing demands and practice (Ponterotto, 2006). Elaborated accounts of 'real life' practice better captures in detail the processes that help or hinder work with parents that have experienced trauma.

3.2. Qualitative Methods

There are a number of different qualitative methods, but Thematic analysis (TA) was identified as offering the best fit with the researcher's epistemological position of

critical realism and the aims of the study. In the section below, the rationale for this is given and alternative approaches are reviewed.

3.2.1. Thematic Analysis

The history of TA dates back into the early 20th century with the term used by a diverse range of disciplines including musicologists, sociologists, anthropologists and psychoanalysts (Braun and Clarke, 2022). Though the term was widely used, it was not a unitary concept with the only commonality being an emphasis on 'analysis'. Helen Joffe (2012) proposed that contemporary understanding of TA developed from content analysis, with Braun and Clarke offering qualified agreement to this hypothesis (Braun and Clarke, 2022).

There are now over 20 different versions of TA identified (Braun and Clarke, 2022). Braun and Clarke recently defined it as "a method of qualitative analysis, widely used across health and social sciences, for exploring, interpreting and reporting relevant patterns of meaning across a dataset" (Braun and Clarke, 2022, p.224). As the method has grown in use, idiosyncratic approaches to TA have proliferated with a "common name" but not "a single method" (Braun and Clarke, 2022, p.226). Response to this diversity has not been to enforce strict adherence to procedures, but to encourage a "knowing" practice of TA, where researchers own their own personal and theoretical perspectives, are deliberate in their decision making and reflexive in their practice of TA (Braun & Clarke, 2023).

Though definitions belie the "complexity, contestations and contradictory renderings" (Braun and Clarke, 2022, p.224) of TA, the flexibility of the approach continues to be perceived as a major benefit of the approach. However, the flexibility

has also been criticised as enabling a lack of rigour (Braun and Clarke, 2006).

Researchers using TA should be explicit about philosophical positions (ontology and epistemology) and their position on a number of variables e.g. theme definition, semantic or latent themes, deductive or inductive analysis (Braun and Clarke, 2006).

In particular, TA is congruent with the current study because it is a nascent area of research; the generation of themes will help develop an understanding of what hinders and facilitates trauma informed practice in social work, and the processes involved. From here, policy recommendation is a possibility as has occurred in other areas of social science (Efimoff, 2022). This type of approach has been effectively used in different studies focused on social work practice (Abrams et al., 2022) and with other professional groups seeking to establish consistent trauma informed practice (Truesdale et al., 2019). TA is also compatible with the range of epistemological positions (including critical realism) and been recommended for use with interviews, and in healthcare settings (Braun and Clarke, 2013).

3.2.2. Grounded Theory

The creators of Grounded theory (GT), Glaser and Strauss, defined the method as the “discovery of theory from data- systematically obtained and analysed in social research” (Glaser and Strauss, 1967, p.1). The key point here is that “theory produced is grounded in the data” (Urquhart, 2022, p.4). Theory is derived inductively through an iterative, concurrent process of data collection, coding, conceptualizing and theorizing; this occurs alongside constant comparison to emerging concepts until there is data saturation, where original categories or concepts are not being discovered. The properties of, and relationships among,

constructs are specified in the form of a substantive theory about the social behaviour under investigation (Fassinger, 2005).

However, key features of GT render it unsuitable for this study. Firstly, this method of data analysis is best suited to “conceptual thinking and theory building” (Khan, 2014, p.224). The aim of this study is around developing an understanding of experience, and making recommendations for practice rather than substantive theory building. Secondly, the researcher has to set aside theoretical ideas in order to let the substantive theory emerge. This requirement feels impossible since the researcher has already conducted a secondary data analysis on a related topic, and is approaching the topic from a political and psychological position and related theories.

3.2.3. Interpretative Phenomenological Analysis

The primary goal of IPA is to examine how individuals make sense of their key life experiences (Tindall et al., 2009). In order to do this, it draws on the philosophical tenets of phenomenology, ideography and hermeneutics (Murphy & Perera-Delcourt, 2014). IPA has two complimentary commitments. First, ‘giving voice’ is about producing a psychologically informed description that captures the feelings of the research participants. The second, ‘making sense’, is an interpretive analysis which locates the original description in relation to broader social, cultural and theoretical context (Larkin et al., 2006). This is the double hermeneutic: the subject makes meaning of their world, and then the researcher attempts to decode and decipher that meaning.

Like GT, particular features of IPA render it unsuitable for the study. The phenomenology foundation of IPA means it is suited to certain topics and participants. Tuffour (2017) emphasises the importance of collecting “rich and exhaustive data from participants” (p.4). While an emphasis on the subjective idiomatic experience is potentially useful for studies of people with trauma, it would generate less about observed practice and hence be less effective in informing policy.

3.3. Self-Reflexive Statement

Reflexivity is a critical feature of qualitative research. The term refers to a detailed and sensitive type of self-awareness. The “taking account” of the researcher’s particular experience and personality on the investigation (Hobson, 2004, p. 364). Berger (2015) defines it as a process of “continual internal dialogue and critical self-evaluation of a researcher’s positionality” combined with an awareness that this position could influence the process and outcome of research (p.2). It sits within a constructionist paradigm, recognising the impact of the researcher on the topic and setting of study, questions asked, and interpretation of data; therefore, it is inconstant with positivist ideas of knowledge production being independent of the researcher, and of ‘objective’ knowledge. The integration of strategies to maintain reflexivity aims to increase the accuracy and credibility of finding, and many of the strategies were not appropriate for this project because of practical constraints e.g. peer review, repeated interviews with participants, members checking. In light of this, the study has used individual strategies: a self-reflexive statement, and a reflexive journal (Smith, 1999).

I was born in 1987 in Surrey, an affluent area just outside of London. My father was a Doctor and my Mother was a midwife; they are both retired. I am the youngest of four children, and all my siblings are female; two of them work in the NHS, while one is a defence solicitor. Generally, my childhood was happy, but I did experience health issues from a young age. I began having seizures at the end of primary school, and there was a protracted period of investigation until I diagnosed with a heart condition. The experience was formative. There was certainly a change in my 'way of being'. I become more introspective afterwards, and lost a sense that the world was benign. In some senses, this was my own trauma response. Reflecting on it now, the experience has given me a personal understanding of how certain experiences endure and then shape the person that you become- an idea that is at the heart of contemporary trauma discourse.

In my family, there was not much talk about feelings. My parents were both stoic, and I internalised this way of being. I do not subscribe to the idea that the repression of one's feelings is always a pathology. Like all interpersonal styles, there are consequences. Sometimes, these are useful and sometimes they can become key factors in the perpetuation of broader problems around mood or establishing relationships. Slowly, I have become more aware of the importance of affect, and the relational. This connects with my interest in the topic because complex trauma is always a relational phenomenon.

Within the family, personal responsibility was emphasised and this sat alongside a left leaning set of political beliefs. In light of that liberalism, there was a commitment to public service. There was an expectation that we would be professionals of a certain status, and that we would 'give back' to the community. My

father, in particular, used to emphasise that his position was not a result of superior ability; he reiterated that others were often more intelligent, but lacked opportunity. There was an important message here around context: people often experienced challenge or struggle because of systemic factors rather than character.

At university, I studied Law and found that it cultivated a certain kind of logic and rigour, but was uninspiring. Having enrolled onto the Teach First program, I decided that a career in clinical psychology might offer a combination of intellectual stimulation and ethical work.

From the outset, the medical model did not fit with my sense of mental health difficulties. Exposure to more contextualist ideas- like the Power Threat Meaning Framework and Complex-Trauma- were more congruent with my sense of the world, and experience. A diagnostic system that locates difficulties exclusively within an individual's physiology, behaviour or cognition seemed to lack explanatory power. Since then, my critical position has strengthened alongside a suspicion of individualistic accounts of distress. The doctorate has developed my understanding of the relationships between political ideology, government policy, NHS guidelines and client care.

Alongside this growing critical perspective, there has been another shift in my dominant psychological lens. The first two years, both in teaching and placement, emphasised second and third wave CBT models. The use of said models seemed helpful for particular issues, like phobias or social anxiety. However, they felt insufficient for many of the individuals typically seen in a community mental health team- many of whom had chronic trauma histories. Such reflections or

dissatisfactions were important in my choice of specialist placement, which has been in a psychoanalytically informed trauma service. For the past year, I have been relatively immersed in the principles and concepts of psychoanalytic thinking. In particular, Freudian ideas around defences and Kleinian object relations theory have been influential in the analysis. Furthermore, the introduction of Menzies Lyth's psychoanalytic work on organisational defences felt especially congruent with much of the data on the system, and strengthen the psychoanalytic strain of the analysis.

Before I started training, I had very little interaction with social workers, and it is hard to identify any beliefs, assumption and biases towards the profession. Their depiction in the media was generally negative, mentioned mainly in cases of children's death, often through parental neglect. I remember discussing this with my father, and his perspective that things like social class heavily influenced social workers. Since training, I have co-facilitated a group with a social worker on self-harm. I really enjoyed the experience and found her to be very attuned to the parents, and able to build excellent relationship. I found social workers to be more direct and straightforward than most psychologists, and this had its advantages and disadvantages. Sometimes, the directness facilitated a more transparent approach. However, formulation was not given as much emphasis and this could lead to a more reductive understanding of a person's challenges.

3.4. Design

The researcher conducted a semi-structured interview with trainee and newly qualified social workers' focusing on their understanding and management of parental trauma in child protection cases. The interview explored incidence of

parental trauma, the manifestations of complex trauma in client's behaviour and relationships, barriers to effective work, and factors that enabled more productive working relationships. The data was analysed using the qualitative method of thematic analysis. As stated, TA was selected because of the congruence between method and epistemological position of the project and the topic area being under researched.

3.5. Research Procedure

To advertise and recruit, the researcher used a number of different strategies. Firstly, the researcher attended a social work lecture at the local university and presented details of the study during a lecture; the researcher displayed their contact details, and interested participants were asked to contact. Secondly, the researcher joined relevant groups on social media and advertised the study there; again, contact details were displayed and interested parties were asked to contact with researcher for a participant information sheet (Appendix 11). Thirdly, there was some 'word of mouth' recruitment; this involved the researcher, or others aware of the study, describing the project and interested parties contacting the researcher.

When individuals expressed an interest in participating, they were sent various word documents: a participant information sheet and a consent form (Appendix 12). The information sheet included details of the study, confidentiality, right to withdraw, and contact details of researchers involved in the study. Individuals who were prepared to participate opted in by returning the consent form, a suitable time agreed with the participant, and a video link sent via email (See Appendix 13 for a flow diagram of the recruitment process). Other professionals, like social workers on

placement, were contacted to advertise the study to any suitable participants. However, this did not result in any further recruitment.

The researcher conducted the semi-structured interviews with participants via video conferencing at a pre-arranged time. Participants were trainee or newly qualified social workers who had worked in child protection, and felt they had some experience of the topic. The focus of the interview was participants' understanding and management of parental trauma in these cases. An encrypted recording device recorded the interviews, and audio files were transferred to the University of Essex secure drive on a password protected and encrypted device. The researcher transcribed interviews, and identifiable information was removed from transcripts.

3.6. Measures

3.6.1. Measures

The lead supervisor, in conjunction with supervisors, designed the interview transcript (Appendix 14). The researcher constructed the first draft of the interview questions by integrating themes from the literature review, features of C-PTSD that make relationships challenging and consulting papers on traumatised parents in child protection. Following review with supervisors, other questions were included e.g. when positive working relationships were create between social worker and parents, what enabled that to occur?

The interview began with an introductory section revisiting the rationale and aim of the study, confidentiality and informed consent. Following that, the researcher asked some questions around demographics (age, ethnicity, sex) and details regarding their training and occupation (current role, years of experience, type of

training program, year that experiences were drawn from) in order to contextualise the data. The main interview begun with a broad introductory question and developed from there. The interview script was a guide rather than prescriptive, and the interview explored the ideas being discussed rather sticking rigidly to an agenda. After the last question, there was a debrief that included interviewees experience of the interview, reiteration of key points from information sheet, and expression of gratitude for their time.

Following completion of the interviews, they were typed by hand, and then NVivo software used to code the data. This was downloaded from the University of Essex Software Hub.

3.7. Method of Analysis

Braun and Clarke's (2006, 2022) six-stage process guides the analysis. The process is not linear, and they label it as "progressive but recursive" (Braun and Clarke, 2022, p.36).

Phase 1: Familiarising yourself with the data set. This phase involves three practices. *Firstly*, the researcher becomes deeply and intimately involved with the data set through a process of 'immersion'. In practical terms, this involves the reading, and re-reading of the data. Secondly, the researcher begins critically engaging with the information as data, rather than simply information. The researcher becomes active and reads the data in a way that integrates closeness and familiarity (immersion) and distance (critical engagement). Thirdly, the researcher makes notes on analytic insights and ideas, related to both the item and the data set as a whole.

Phase 2: Coding. A code is the smallest unit of analysis. They should capture specific and particular meanings within the dataset relevant to the research question. From them, themes will subsequently develop. The process of coding also has a process. Firstly, coding is systematic; this develops insight into the data, and ensures rigour. Secondly, coding should be organic, evolving and subjective; this furthers insight but also enables the researcher to notice similarity as well as difference. The aim is to generate many different codes that differentiate between meanings. Coding can occur at a range of levels; in this reflexive TA, coding moved from the semantic to the latent, and was primarily inductive.

Phase 3: Generating Initial themes. The generation of themes involves stepping back from the fine-grained details of the data (Braun and Clarke, 2022). The aim of a theme is to identify broader patterns of meaning. Each theme has a central organising concept (Braun, Clarke and Rance, 2014) with multiple facets. The process of generating initial themes includes engaging with codes to explore areas where some similarity of meaning; codes are clustered together into potential themes and considered in relation to the research question.

Phase 4: Developing and reviewing themes. The reviewing of themes offers an opportunity to extend and check on themes developed through a process of re-engagement with the entire dataset. The aim of the phase is to review viability of the initial clustering, and ascertain if there is scope for better pattern development.

Phase 5. Refining, defining and naming themes. This phase involves further development around themes and more precise work refining analysis. There is also work around mapping the structure and flow of analysis. For each theme, a definition

should clarify and illustrate the content of the theme including the central organising concept and any subthemes (Braun and Clarke, 2022). In addition, there should also be a check on the quoted data segments to ensure there is no misrepresentation. Theme names should aim to be informative, concise and catchy (Braun and Clarke, 2022), capturing the thrust of the analysis in relation to that topic within the dataset.

Phase 6: Writing up. The purpose of the writing up is to tell an “overall story” with themes developed in their own right, and in relation to other themes (Braun and Clarke, 2022, p. 128). The researcher is seeking to provide the reader with examples of what you claim the data evidences, and the meaning of those patterns. In addition, the analysis should be articulated in relation to the research questions and the existing research on the topic. The write up should include an introduction to the analysis, and a combination of data extracts and analytic narrative, with Braun and Clarke recommending a 50/50 split (2022), while noting that others recommend a slightly different ratio. Analysis will include the interpretation of latent and semantic themes, since the data might express particular ideologies (Braun & Clarke, 2006) that will have implications for policy recommendations.

3.8. Participants

The guidelines on determining sample size for thematic analysis do not coalesce around a single figure, with researchers recommending from six (Smith & Eatough, 2007) to twenty. Some researchers have offered statistical models to determine sample size (Fugard and Potts, 2015), but this has been criticised as an imposition of quantitative principles of research (Hammersley, 2015). The concept of data saturation- often seen as the gold standard of sample sizes- is also “deeply

problematic" (Braun and Clarke, 2022, p.28). Braun and Clarke (2022) have instead argued that information power- that invites the researcher to reflect on the information richness of their data, and its congruence with the aims and objectives of the study- is a more useful concept in determining sample size.

3.8.1. Inclusion Criteria

Participants were trainee, or newly qualified social workers that had experience of child protection work, and some interaction with parents as part of the work. This decision was partly pragmatic- it was thought that recruitment would be quicker- but there was also a hypothesis that the focused remit of trainee and newly qualified practitioners might generate understandings that are more specific to the topic. Participants who expressed an interest were emailed the participant information, and returned a consent form if they were willing to be interviewed. All of the participants were English speaking, as this was the only language spoken by the interviewer.

3.8.2. Exclusion Criteria

Experienced social workers were excluded from the study because it was felt this would generate different types of data. In addition, trainee or newly qualified social workers who only had experience in adult social care were also excluded.

3.9 Ethical Issues

The University of Essex via Erams granted ethical approval for the study (Appendix 15). The lead researcher completed an application on Erams- the online Ethics Review and Application Management System. The Primary Supervisor reviewed this, and sent it on to the departmental Ethics Officer for approval. After the

initial application, the lead researcher submitted an amendment to the recruiting strategy, and the amendment followed the same process described above.

The official standards of the Health Care Professionals Council standards (HCPC, 2016) and The British Psychological Society Code of Human Research Ethics (BPS, 2014) were adhered to throughout.

3.9.1. Informed Consent

A Participant Information Form (PIF) and Consent Form were emailed to participants if they expressed interest in the study. The former described background, and details of the study, highlighted risks and right to withdraw (Appendix 11). To opt in, participants emailed the researcher with a signed consent form (Appendix 12). In addition, verbal consent was also gained at the start of the interview.

3.9.2. Right to Withdraw

Participants were informed of their right to withdraw and process for withdrawal in the participant information sheet. The document also stated that the researcher reserved the right to use anonymised data in the analysis, however there were no withdrawals at any stage during the study.

3.9.1. Anonymity and Confidentiality

The PIF detailed the principles of anonymity and confidentiality, and this was reiterated before the interview began. Anonymity and Confidentiality were maintained throughout the project, and different measures implemented in order to minimise risk of data breach, in accordance with General Data Protection Regulation

(GDPR) (Information Commissioners Office, 2018). In line with the University's Research Data Management policy, the PIF stated that the research data could be kept for 10 years and then destroyed. In addition, it was stated that the report might be written up for publication in academic journals, but that participants would not be identifiable. Interviewees were made aware that they could request a copy of the results once the project had been completed.

3.9.3. Debriefing

A debrief was conducted following the completion of each interview. The lead researcher thanked participants for their time, asked how they found the interview, and reiterated the process (time for the completion of the project).

3.9.4. Risk Management

3.9.1.1. Psychological Distress for Interviewees. In the proposal for the topic, it was acknowledged that participants might feel a degree of distress in talking about their experiences of parental trauma in child protection cases. In addition, some research suggests that there is a higher incidence of trauma and ACE's in certain caring professions like social work (Branson, 2019). In order to manage this risk, it was decided that there were no questions included about participants' own (potential) trauma. It was recognised that some reference to past trauma may emerge but if so the participant determined it. The PIF iterated that participants should only discuss experiences they felt comfortable talking about, and this was reiterated verbally prior to the interview beginning. In addition, participants were provided with numbers of relevant organisations to contact if they felt distressed. The

interviewer also monitored distress during the interview, but it did not appear to provoke any distress for participants.

3.9.1.2. Psychological Distress for Interviewer. It was also a possibility that the interviews provoke distress in the interviewer. The subject matter was difficult at times, and prompted much reflection but the researcher was able to manage this using existing coping mechanism. These included self-care strategies, and drawing on the personal tutor and supervisors when necessary.

3.10. Dissemination Plan

3.10.1. Objectives. The objectives of the dissemination would be to raise awareness of trainee and newly qualified social workers' experience of parental trauma. In addition, there would be some recommendations for facilitate trauma informed care and highlighting the systemic issues that make good practice more challenging.

3.10.2. Audience. There are a number of potential audiences for the research. Firstly, trainee or newly qualified social workers may find that the themes resonate with their own experience, and use the findings to argue for the 'trauma lens' to become standard practice when working with parents. Secondly, experienced social workers may be interested in knowledge and practice gaps to inform supervision and professional development. Thirdly, clinical commissioners may be interested in findings around the systemic features of practice, which make trauma informed care difficult to implement. Effective interventions are characterised by features that are, sometimes, in conflict with contemporary healthcare provision. This is important to highlight so there is no dilution of existing provision, and to point out that practice

improvements would require significant changes in existing patterns of work e.g. reduced caseloads for social workers in order to implement TIC.

3.10.3. Timeline. The recent has seen an increase in social adversity, and this is likely to continue for the near future. Jeremy Hunt, Chancellor of the Exchequer, has decided to tackle debt by reverting to austerity style politics pledging £28bn in public spending cuts. Although Health and Education have been protected, the rising cost of living is pushing more people into poverty. Individuals and families on the lower rungs of the socioeconomic ladder are likely to suffer the most, and for the longest period. Reduced investment in the state will disproportionately influence people in poverty and, by extension, parents with a diagnosis of complex trauma.

In light of this, the aim is to submit for publication. Research that illustrates the impact of austerity type policies should be published as quickly as possible. The aim is to submit the thesis for July 2023. From July to October, the researcher would be focusing on cutting the paper to journal length. Once the Viva has been completed, the researcher would be aiming to submit the paper for journal publication as soon as possible. Dissemination would be aided by presenting the findings at social care conferences like Social Care Forum, and The Integrating Health and Social Care Conference.

3.10.4. Resources. Members of the teaching staff within the department of Health and Social Care at the University of Essex have a professional interest in the field, and relationships with seminal contributors. For example, Francis Blumenfeld, and Susan Cox have all published journal articles in the recurrent care field. Danny Taggart has published a number of paper on Complex Trauma and Trauma Informed

Care. It would be useful to liaise with other academics, especially those with a social work background, like Clare Mason, to discuss the findings, and to plan dissemination. If there were any expenses from attending or presenting at conferences, then Proficio funds could be used.

4. Results

4.1. Introduction

The following chapter will summarise the results of the study. Demographic characteristics of the sample (including age, gender, and ethnicity, route into social work, year and current position) are documented. Following that, the five themes and seventeen subthemes are presented. The themes address newly qualified and trainee social workers' experiences of parental trauma in child protection work.

Firstly, a theme focused on complex trauma presentations in the parents. Secondly, a theme on features of the system. Thirdly, the adaptations that social workers make to function in the system. Fourthly, a theme focused on establishing and maintaining relationships. Finally, a theme on Trauma informed practice.

4.2. Demographics

In total, 12 Trainee and Newly Qualified Social workers were recruited into the study. Participant demographic are described in Table 3.

Table 3. Participant Demographics.

Pseudonym	Age	Gender	Ethnicity	Route	Current Year	Current Position
Saul	33	Male	White British	Step up to Social Work (SSW)	Assessed and Supported Year in Employment (ASYE)	Mental Health Social Worker
Elizabeth	28	Female	White British	SSW	ASYE	N/A
Nadia	25	Female	White British	MA	ASYE	Frontline team
Annie	24	Female	British Asian	Frontline	ASYE	Family support and protection
Barney	38	Female	Black British	MA	Final year placement	Non-Statutory placement
Kristina	36	Female	White British	SSW	Final year placement	Assessment team
John	29	Male	White British	Frontline	ASYE	Safeguarding Adolescence Team
Ray	23	Female	Black British	MA	Final Year Placement	Non-statutory placement
David	32	Male	White British	MA	ASYE	Child Protection
April	39	Female	White British	MA	ASYE	Child Protection
Sasha	22	Female	Black British	BA	ASYE	Child Protection
Marty	28	Female	White British	MA	ASYE	Child protection and Assessment

The sample was unevenly distributed in terms of sex, with three male and six female participants. Age ranged from 22-39; the mean age was 30. The sample had a range of ethnicities represented, but the majority sample was White British. The training route of the participants varied (Appendix 16) with seven going through a more traditional BA or MA program, while the other five doing intensive, funded entry routes like Frontline or Step Up to Social Work. Eight of the participants were in their Assessed and Supported Year in Employment (ASYE) year, while three were still students, doing their final year placements. A single participant was writing their dissertation having just completed her ASYE. Eight of the participants were in some type of frontline child protection role during the interview, two were in a non-statutory placement, and one was in a Mental Health Team. The average length of interviews was 59 minutes. The shortest lasted 50 minutes, and the longest interview was 67 minutes. All of the interviews were conducted via zoom.

4.3. Themes

In summary, five main themes and sixteen sub themes were identified from the data set (Table 4).

Table 4. Main Themes and Sub-Themes.

Main Themes	Sub Themes
Complex Trauma Presentations in Parents	<i>Trauma is varied, but Multigenerational</i> <i>Emotional Regulation in Parents</i> <i>Beliefs about the self</i> <i>Being an Attuned Parent</i>
The Features of the System	<i>A dearth of resources</i> <i>Exacerbating the problem: the admin burden</i> <i>Priority of the system is risk management</i>
Social Workers Adaptations to function in the system Establishing and Maintaining Relationships with parents	<i>Individualising the child</i> <i>Prioritizing tasks, not people</i> <i>Stereotypes of Social Workers</i> <i>Experience of the Care System</i> <i>The Push and Pull of the Dyad</i> <i>Parallel processes: the inherently re-traumatising nature of child protection plan</i>
Trauma Informed Care	<i>The Trauma Lens</i> <i>Building Relationships with Parents by Integrating Principles of Trauma Informed Care</i> <i>Lived Experience of Trauma</i>
	<i>The Importance of the Team</i>

4.3.1. Theme 1: Complex Trauma Presentations in Parents

In order to triangulate the participants and my own understanding of trauma, I began the interviews by giving a synopsis of the research to date, including the literature that identified the high levels of trauma amongst parents. I would give a brief definition of the two diagnostic categories (PTSD & C-PTSD), along with common features of the respective diagnoses. Following that, I would clarify participants' understanding, and then ask for examples of parental trauma in child protection cases.

The participants conveyed that the trauma experienced by parents took multiple forms and was intergenerational. Trauma had an impact on parents' ability to regulate emotions, and their self-beliefs. Parents' had difficulties across relational life, and this included their ability to be attuned with their children.

4.3.1.1. The trauma experienced by parents is varied but often

multigenerational. Across the data, interviewees highlighted that many of the parents involved in child protection had a history of trauma.

“ we've not had a session on trauma which is quite interesting considering...if not all the people that we've come across, then most have had some level of trauma in some form of their lives” (p 4, Kristina).

“Yeah, I mean there's loads...there's loads [of trauma in parents] even if we don't necessarily know about it. I think it's...in social work it's something that you have to keep at the back of your mind...so I suppose even if it's not visible to you as a social worker it's something that you still they still have to keep in mind, and I think especially when it comes to child protection....” (p 3, Nadia).

The words “loads, lots, all” conveys a sense of amplitude, and gives an indication of the scale of trauma amongst the parents. Nadia highlights the possibility of trauma and the importance of holding it in mind, even if undisclosed. The forms of trauma varied with a spectrum of trauma ranging from developmental abuse, sexual abuse and domestic abuse in current relationships.

“Mum, as a child, she also got raped and sexually assaulted. She lost her mum at 13, and her dad sort of just left her” (p 4, Annie)

The nature of the trauma may have varied, but there was a common theme around trauma spanning generations.

“But you know, I got one mum who has four girls, four teenage girls, and the family are in poverty. You know this mum has described to me really like horrific abuse from her dad and her mum. And, you know, like experiences of abandonment, and then, taking advantage of her... that has then spilled over into her relationships as an adult...And the girls dad, you know, raped her, beat her up, sexually abused the children” (p 5, John)

“I would say that most of the time, there is going to be trauma...and usually it's systemic, it's generational...it is a history of trauma on trauma, so the hope is that, at a certain point, you can try and intervene at a point where you can stop, you know, intervene early enough so that the next generation doesn't have to... isn't forced to succumb to all of this as there progenitors have so..” (p 3, April)

The quotes give voice to the idea that trauma has a vertical impact on families, cutting through multiple generations. John documents how a mother experienced abuse from her caregivers, and then her partner abused her children; the quote does not touch on the impact of the mother's parenting on the children, which John highlighted at other points in the interview. April highlights a similar process, with the phrase ‘trauma on trauma’ capturing this sense that trauma piles on top of particular families. The hope, according to April, is that services can help break the cycle but this is difficult when systemic factors exacerbate the impact on families. The

awareness that trauma is an intergenerational process cultivates understanding of the parents, and empathy for their difficulties. However, it may also create an internal conflict within the practitioners because of the friction between the complexity of the work and certain social work discourses.

4.3.1.2. Emotional Regulation in Parents. Participants identified that parents found it very challenging to maintain a sense of emotional equilibrium. There were global difficulties with regulating emotions, especially during affectively charged situations.

“Well, it's 2 parents that are split up, and I think they both kind of experienced domestic violence... So when I speak to them, they can understand, and they show insight, and they can say 'Yeah, that's not good'. I guess, particularly the father,... in the moment, in the heated argument with the young person or the child.... They don't seem to be able to put that into practice or put what we've talked about, or strategies that we've kind of discussed around just walking away if they can't handle their emotions, or you know the impact that that's going to have on their relationship with their child longer term... in a conversation they can they can understand that, and they can take that board. And then, a couple of days later, in there, in the heat of the moment, they struggle to sort of put that into play” (p 3, David)

“I was quite worried about building relationship with mum...whether I could build a relationship with her, because at the ICPC she just she was shouting, swearing, obviously just very irate and frustrated about her son being on a child protection plan being very rude towards the previous social worker for the way that they had written the assessment...” (p 8, Elizabeth)

Unlike some of the parents described, the couple that David is describing have the capacity for reflection and insight into their behaviour. Retrospectively, they can conceptualise the implications of their affective expressions on the relationships with their children. However, despite that knowledge, maintaining regulation and implementing skills can be challenging. This results in behaviour that damages existing relationships with their children. Within the account, it is noticeable that the

participant locates responsibility in the parent, illustrated by the use of 'they.' This indicates something about their internalisation of dominant notions of 'parental responsibility' and is not integrated with the awareness shown elsewhere of the parents' trauma. This may indicate a tension between the evidence seeking responsibilities of a social worker and the difficulties of marrying this with a therapeutic approach. Elizabeth's quote illustrates that this type of behaviour also impacts on wider professional networks, though the possibility of losing a child is likely to cause any parents, regardless of trauma history, to become dysregulated. However, similar to the previous quote, this kind of contextualist lens is absent from the reflections.

"She [The mother] goes up to her room, she ignores it if they are playing up...If they're doing something... or if the house is a mess or if no one's listening to her, she'll just either blow up, or she'll hide away which we've been through, and they they're all you know very much responses of what she used to do as a child like her bedroom was her safe space, and she would always retreat to there so like now, as an adult, things are getting a bit much even if she's got, you know, a 12 year old, a 14 year old, or whatever that require their mum's attention still, you know they are going into adolescence still they require nurturing and she'll retreat from that." (p 9, John)

In John's quote, the description of the mother 'blowing up' touches on the tendency to become hyper aroused, but the repetition of 'retreat' speaks to parents also becoming hypo aroused. This significantly impairs the ability of parents to be a containing figure for the child and, in turn, generates a lot of anxiety in the social worker about the mother's capacity to parent. Interestingly, John does view the Mum's behaviour from a longitudinal perspective but there remains a felt sense that she should be doing better.

However, there were also some examples of parents that were better able to regulate emotions, or developed that capacity with some support.

“What they would be call her mothering levels or baby levels we're all like super high...There was no concerns from her mothering abilities or capacity on the ward at all.” (p 10, Saul)

“she's [the mother] lived with the child and she's almost had no choice but to kind of adjust her behaviour which she has been able to do to a good extent.” (p 4, David)

Although it is not specified, there must be a good capacity to emotionally regulate if the 'mothering levels' are good. David's quote suggests that parents have the ability to develop these skills if given guidance and time to implement them. In many ways, this mirrors the experiences of the participants. Their capacity to regulate within the role varied but could be aided with supervision, a supportive team and adequate time to complete their work.

4.3.1.3. Beliefs about the Self. Interviewees identified the impact of trauma and ACE's on parents' beliefs about the self. Unsurprisingly, the experience of trauma tended to catalyse a negative perception of self. This is illustrated by the low self-esteem observed in the parents.

“I would say 95% of my parents that I work with have experienced childhood trauma, or they've experienced trauma sort of later in their adult life... and it's caused them to either have some form of mental health need, or they don't feel confident with themselves and so forth” (p 6, April)

“And she would admit saying, like...okay, she yeah...she was given love to children, but she wouldn't love herself, so she'll go in, you know, interact with men and all that kind of stuff, all that kind of stuff...” (p 6, Sasha)

April notes the frequency of trauma in the parents. In addition, she observes the way that relational trauma is then expressed in an individual's sense of self. Sasha

develops the same idea, pointing out the negative self-concept of the parents and the drive to enhance self-worth through relationship with others. In contrast to the more explicit descriptions above, the high levels of domestic violence within current relationship is a more implicit expression of negative self-concept.

“So I just find it really interesting that... this is a lady that has had had a significant amount of domestic abuse in her life, but still is prepared to have a relationship with this man [who has a history of violence]....I just find that quite interesting in, especially, I suppose, in relation to trauma, because she has experienced a lot of trauma. She has been here and done this before, you know, and she's been in...her children have been placed on child protection plans because of the choices that she has made in the past in relation to partners and sort of putting their needs maybe first over the children.” (p 8, Kristina)

“So the mum, entering into relationships with men and these men replicating, you know, almost that abuse again, and perpetuating it... (p 9, John)”

Kristina finds it difficult to rationalise Mum's behaviour. This puzzlement is reflected in the repetition around the behaviour being 'interesting.' The participant is aware that there is a psychological complexity to the mother's relationship choices, but cannot formulate it comprehensively. Again, there is a sense that the difficulties are understood from an individualistic perspective. In particular, the idea that the children are on CP plans because of the mother's choices. There is, of course, some truth in that statement but it also misses something important about the systematic transmission of trauma and the social conditions that help or hinder repair. It may also reflect a tendency towards superficial and overt accounts of human behaviour within social work discourses and contemporary clinical psychology. Interpretative models (like psychoanalytic) are increasingly ostracised in contemporary health and social care because they cannot be evidenced through the objectivist/positivist paradigm. John, in contrast, points out that adult relationship replicate patterns that

are familiar from childhood, even if they are unhealthy, because they are congruent with the traumatised parent's experience. Trauma survivors often make meaning of their treatment by ascribing it to their own defectiveness, and thus relationships that reiterate that sense are accepted.

4.3.1.4. Being an attuned parent. The experience of trauma had an impact on the parent's ability to relate to others on multiple levels. In particular, parents found it difficult to understand another person's experience.

"Well, one family that I worked with there was a lot of domestic abuse going on in the relationship, and this was happening in front of the children, and sometimes the children were involved in sort of the incidences...you know the abuse that was occurring, and the... I remember the father, and he seems genuine in not... he felt like... because it wasn't happening to them...or maybe the children are just witnessing this it wouldn't affect them....Why would it... like it's... it's fine... it's not a problem. Why we make it an issue, you know?" (p 8, Barney)

The parent, according to Barney, believes that only physical experience leaves a psychological imprint, and there is no issue with the child witnessing the violence. There is a flavour of incredulity in recounting the interaction, and this becomes more explicit later in the interview.

"But the father he's grown up in a very violent sort of place... a very violent upbringing...sort of household...we spoke to him about it, and he seemed genuinely open to sort of, you know, seeking therapy like additional help and support services for his self when he started....when we, when we was having conversations about things that have affected you in your childhood, how they go on to affect you in later life, and how that in turn is impacting you know the household, your children...Your behaviours.... how you're relating to others and that was the... I don't know....maybe there was a naïveté, or maybe cynicism on my part, because I thought 'in 2022... can it be... can it be that somebody wouldn't have even the slightest understanding...or recognise how certain behaviours might be impacting himself...And then those around him or their self and those around them. (p 9, Barney)"

The repetition of violence may be indicative of the extent of trauma in the parent's history. Barney recognises that the parent is willing to engage, but also observes a very limited understanding of himself and the potential impact of his behaviour on his children. Interestingly, the difficulty in mentalizing described by Barney is paralleled in her own description. In the same way that the parent finds it difficult to mentalise the child's experience, Barney also finds it challenging to mentalise the traumatised parent at this point. In addition to impairments in some of the foundational aspects of relational life, parents also demonstrated other impairments that interrupted the bond between parent and child.

"What she [The mother] projects a lot ... if one of her kids has done something at school she'll take that as her going through it, and she'll project that as, as you know, 'look what I have to do deal with? You know, look at what's happening to me.... my kids know what i've been through'.... and there's like that disconnect between being there for your child and listening... to telling them that what they're doing is affecting you... there's a clear pattern with I think some of the parents that I work with....just this dissonance really between understanding what their child is going through (p, 10, John)

John describes a mother who is unable to separate and consider the child's mind separately. The extract conveys an impression that the boundary between the mother and the child has become diffuse or collapsed, and the mother experiences events as if they are happening to her. For John, there is a sense of role reversal, with the children expected to contain the mother's experience, and this creates a sense of anxiety and frustration for the practitioner. There seems to be a latent expectation that the mother should be able to regulate herself and maintain boundaries within the relationship. The frequent descriptions of neglect across the interviews were also indicative of the parents' impaired capacity to mentalise, and empathise with their children.

"like the home, it was really bad, like to the point where... like a lot of faeces around... wee on the sheets, and no food... so when services, social services were first involved there was a lot of denying, there was a lot of lot of... It's just been busy...oh, there's 8 children, what do you expect? Just basically, she was making a lot of excuses, basically but without realizing the effect it has on the children like... being made up when they go to school, and nobody wants to sit next to them, and XYZ. (p 4, Sasha)"

In a previous quote, Sasha had described mother's own experience of, absence, neglect and enforced self-sufficiency. Now, these conditions are replicated for her own children. The participant locates responsibility firmly in the mother illustrated by the use of 'denying' and 'excuses.' In addition to the interpersonal difficulties, parents had impoverished support networks, with isolation of the parents a reoccurring theme.

"And her talking to me about that... she hadn't really had anyone for a very long time. She didn't really have any parental... parents left... and she didn't have any friends, she didn't really have anyone to talk to" (p 7, John)

The isolation of the parents reiterates the impact of trauma on the parents' relational skills, but also exacerbates their difficulties with parenting as they have little respite or guidance. Despite the general isolation of the parents, some interviewees did highlight parents that were more connected.

"I would kind of explore her like the genogram with her but also kind of did like Econ maps to get an idea of her relationships with friends and family...and she did have quite a lot of friends, and you know I would suggest, you know, maybe we could hold like a meeting with your friends and see how you know they can support you know but she was very kind of like didn't want that...wanted it to be very separate." (p 12, Elizabeth)

Elizabeth observes that some parents have potential support networks but this mother is reluctant to draw on them. At this moment of her account, there is not much curiosity about the relationship between this withdrawal and her trauma. Shame, for example, which is common to survivors of trauma, may be driving her

withdrawal from existing social supports. Despite the majority of the parents demonstrating challenges with attunement, some parents were able to connect with their children in spite of their traumas.

“With the Mum, she has, I think, it's emotional and unstable personality disorder as well... So she she's on medication for that and she's aware of it, and she's quite open about it. But I guess some she's more sort of up and down... So if I catch her on a sort of a bad day, it'll be like, 'well, you know she deserves it... And then, on a good day, it might be 'yeah I know I know this is really wrong, and i'm trying' and to be fair the mum has actually been able to change her behaviour.” (p13, David)

“This mum has shown so much insight into... previous experiences, but in relation to relationships, not her early childhood.... I found that bringing up the trauma that she experienced as a child, it is relevant, however, she's now a parent, and her recognizing that she is a parent has now allowed her to see that impact that it could have on our children” (p 14, Melissa).

David's quote also illustrates that connection with children is not fixed. Parents' capacity to reflect, mentalise and empathise may fluctuate, as does their attunement. However, the use of the personality disorder label says something about the responsibility for trauma being located in an individual's pathology. The second quote touches on the importance of insight and introspection for the parents, and that this can sometimes enable parents to interrupt multigenerational cycles of trauma.

4.3.2. Theme 2: The features of the system

If building relationships with parents was challenging, features of the system made it even more difficult. This included high caseloads and little time to focus on working with families; a state of affairs exacerbated by the extensive administrative burden. Participants described that, in contrast to their expectations, the focus of the system was on risk management, and this reality was incongruent with participant's

values. The systemic, material conditions prevented relational work that may have been more effective for the parents and gratifying for the practitioners. Defences, which seemed to emerge in response to the system, were often not conducive to trauma informed care.

4.3.2.1. A dearth of resources: high on caseloads, low on time. Without exception, every single interviewee made a comment about the features of the system that made the task of working with traumatised parents more difficult. Fewer participants took a bird's eye view of the problems, and considered the genesis of those issues.

"I think that there has to come a point where you can only ask people to do so much, and then it really has to come with the system and what resources you put into the system has to start changing... the more I see systematically... and you know the system and how social care is managed right now, in this country, is a product of limited resource, both personal and financial... I mean there just isn't enough money to really address any of these things outside of fighting fires... and that's what is going to happen... it's just going to keep happening because there just isn't enough...there just isn't... there is just too great a need... and insufficient capacity to address that need" (p 12, April)

April was older than the majority of the interviewees, and had worked in other countries with more investment in public services. There is a macro perspective evident, and she directs her critique to the distal factors that influence client care. The metaphor of 'fighting fires' is one that reappeared more than once, and conveyed a sense of social workers having to work frantically to avert disaster, but never having the opportunity to make meaningful and sustainable change in the lives of the parents that they worked with. Though few of the interviewees articulated a more political perspective, the majority highlighted caseloads.

"I've got some friends who have like a ridiculous caseload of like 30...I'm just... that is so unsafe yeah... The system needs to change. I think I mean, if everyone had a reduced case load, I think it just allow more meaningful work" (p 2, Elizabeth)

"We're always gonna have a high case load... Safeguarding is... there's so... we've got really high case loads. I don't know how else to put it..." (p 4, Marty)

Elizabeth highlights the relationship between the state of the system and the type and quality of intervention provided to parents. As noted, this type of bird's eye perspective is unusual. Marty's quote is representative of the majority, also highlighting the high caseload but is seemingly more resigned.

The caseloads were not necessarily universal though, with some participants reporting a reduced caseload being a trainee or in their ASYE.

"I feel like it's not affecting me yet [high caseloads], just because I'm still at the beginning of this of ASYE, so I haven't got such a high caseload load but looking at the people around me, you know, it is a massive thing, and it does affect, I think, how much time you have to build relationships with families, because, you know if I have quite a low caseload then I can go in and spend 2 hours on my initial visit and explain everything" (p 2, Nadia)

"I mean, I'm pretty lucky, I'm a student so I do have the capacity to reflect. I have reflective time in my week, and obviously I have supervision where I am able to reflect but I do see the social workers, especially in the team that I am in, the assessment, sort of front line teams, they don't...I don't think they have a lot of time for reflection if I'm honest...and I would say that is due to caseload pressures" (p 4, Kristina)

For both of these interviewees, they feel protected from high caseloads. There is also an awareness that more experienced colleagues do not have the same time or opportunity to reflect on their work and the implications this has on meaningful work with families. Regrettably, this hypothetical worry for some participants was a reality for others.

"You just don't have time. To really be trauma informed, and you're talking about this in terms of parents as well, you have to be patient...there is a patience... there is a time taking... there is an empathy, there is a seeking to understand, all of those things...and we tell parents this... your capacity to do any one of those things is greatly diminished when you're under pressure, when you're under stress..." (p 8, April)

April captures the friction between social workers with high caseloads, who are low on time, and their capacity to build relationships and implement trauma informed principles into their work. It raises a question about whether the trainee and newly qualified social workers were able to be trauma informed only because of their protected time and space.

"I: Do you feel like you do have time to build relationships with the parents?"

A: in my student, yeah, I definitely did...I had lots more time. I think, now, as I'm in my second year post-qualifying, I think that that's one of the biggest struggles in social work is that we don't have enough time... You know...we'll have about 16 to 20 children so for example... and we have some cases we have to see them twice a week or 3 times a week, because of the significance of concerns we just don't have the time to do like meaningful work with all the families that we support..." (p 10, Annie)

Annie observes that meaningful relational work with families and supporting 16-20 families are mutually exclusive. In order to survive, she must make a choice. Interestingly, though many of the interviewees identified this dilemma, only a single participant rejected the demands of the system and focused on the relational work with the family. The system exacted so much pressure and evoked so much anxiety that interviewees felt constrained and utilised various social and interpersonal defences in order to manage.

4.3.2.2. Exacerbating the problem: the administrative burden. High caseloads affected the capacity of participants to spend time building relationships with families, and the administrative burden exacerbated this problem.

"Now there were people who had cases of almost 30... And then you know, then, have you have to write out literally everything... so you know every phone call and every text message that you get... every visit, even if it's like a 10 min one just to drop something off.... You have to put everything on the system." (p 2, Nadia)

"And yet sometimes you're there like I've got so many bits of paper to do... paperwork to do... so many referrals, case notes, you know, court report whatever that needs to be done imminently." (p 8, John)

The tone of the extract is breathless and this captures the felt sense of running from visit to visit. Similarly, the listing also conveys something of the onerous nature of having to fill in forms on the system after every interaction. The last sentence seems to recognise that there is an absurdity to the requirements, but it does not articulate a perspective on the function of administration in the collective system. In John's quote, the urgency of the administrative tasks is evident. This means that relational work tends to get side lined, and creates feelings of exhaustion and burnout within the practitioners. There was one participant, David, that articulated a qualified rejection of the administrative demands. This enabled him to prioritise relational work and indicates one method of functioning within the constraints of the system, though with potentially significant costs.

"i've just finished my ASYE...but I've already been thinking about whether this is the right career for me, just because social work is very draining....I felt very burnt out you know... it's not the working with the families, but it's just the admin that has driven me crazy." (p 4, Annie)

The madness metaphor emphasises the strain of the admin on the emotional health of the practitioner. The system, in attempting to assuage the anxiety generated by media depiction of child protection work, insists on social workers documenting their work; this creates burnout in the profession, leaves many contemplating their future, exacerbating the impact of existing recruitment issues,

and making it more difficult to engage parents and safeguard children. Having said that, interviewees' accounts suggested some felt it was possible to manage the administrative burden.

"I guess I've been able to manage it okay, and I mean I'm quite comfortable with paperwork. My initial degree was in journalism, so I guess maybe I'm a bit lucky, I'm quite comfortable with writing and and sort of that kind of thing." (p 8, David)

The administrative burden had an impact on time, but also on the emotional capacity of practitioners.

"I've definitely felt burnout many, many times.... It makes it harder to you know empathize with parents, or give them that... it makes it harder to remain curious, for example, or like, do that relationship building, because when we're burnout, we don't have the emotional capacity to also work with... do this relationship based practice that we should be doing really... So I think, yeah, just makes it more difficult all the admin that we have to stay on top of. (pp 8, Annie).

This extract illustrates the significance of the administrative burden for traumatised parents. As a client group, building a relationship is the foundation for all other work. Relationships take time, reflexivity, and patience. There is a parallel process in operation where a system that is rationed and depleted, then depletes the internal resources of even newly qualified social workers. Energy is focused primarily on administration and risk, with little emotional capacity to build relationships.

4.3.2.3. The priority of the system is risk management. There needs to be a hierarchy of priorities in a system with insufficient capacity to address need. The interviewees suggested that the managing risk is the priority in child protection work.

"It's about safeguarding the children... There are priorities....but then there are a pecking order of priorities isn't it? What's the more important thing, and it isn't fair...it isn't fair..." (p 4, Barney)

The emphasis on risk should be a priority, but not the exclusive priority. Barney identifies the idea of a hierarchy and recognises that this can result in inequitable outcomes, particularly for the parents.

“in social work I have noticed in local authorities statutory... they are quite risk averse...so they are focused on risk management”. (p 9, Ray)

“They've got so much pressure on them in terms of risk because of I mean, if you think of any new story involving social workers in the last few years... that's what's going to come up... things were missed etc. And that that is something they absolutely should be mindful of. But that, in this case, my point view was that it was.... yeah leading to an overly punitive approach to someone [the traumatised parent], and without taking into I mean a biological social understanding of what was happening with her...” (p 4, Saul)

Ray identifies the defensive approach to risk that characterises local authority practice. Importantly, Saul describes the anxiety that saturates the system that has been driven and maintained through media coverage of serious case reviews and this catalyses punitive attitudes towards parents. Kristina, describing the case of a mother with a history of social services involvement, documents how defensive approaches to risk can result in harsh judgments of parents.

“it was really interesting because my practice educator who actually made the decision that it met child protection thresholds actually changed her mind during the child protection conference and changed it to a child in need plan rather than a child protection plan. And she was the only professional that said that, everyone else said child protection, and she said ‘I'm going to backtrack, I think this could meet a child in need threshold... and the reason for that is that she deserves a chance to prove that she can do these things and, at the moment, these are all kind of unknowns and we don't have any reason to believe... these are speculative judgements to put this baby on a child protection plan’ but it was overridden by the chair because the majority had said child protection.” (p 12, Kristina)

The extract shows how ‘risk aversion’ can operate to penalise parents. While the professional that initiated the conferences changes their mind, the majority vote to keep the child on a plan. The opprobrium directed at social services in the

aftermath of serious case reviews may explain the defensive approaches to risk in the decision making process. In describing the situation, Kristina recognises the unfairness of the decision but also intellectualises the episode; in part, this could be another interpersonal defence, with the emotional splitting enabling practitioners to perform their role without becoming disabled by the consequences of their decisions on parents.

4.3.3. Theme 3: Social Workers' Adaptions to Function in the System

4.3.3.1. Individualizing the child. A number of the participants talked about coming into the profession in order to help families, but the reality of the job was different to the hopes and expectations. For some practitioners, they atomised the child as a solution to this.

"...with our job... the child's best interest is paramount... we understand that you know there's trauma and stuff, but you know if there's significant concerns for the children..." (p 10, Annie)

"I think it feels like an impossibility [balancing the needs of the child and the trauma of the parent] because...the priority is the children...Obviously you want to make the situation as whole as possible. You want to work from a holistic perspective. However, the priority is to safeguard the children." (p 8, Barney)"

In both quotes, the parent and the child are siloed rather than individual entities within an interconnected system. Barney professes a commitment to a different framework but describes it as an impossibility within the current reality.

Consequently, the trauma of the parent can become an irrelevance.

"You know that there is a certain level you can accept [of potential harm to children]...and then it's...you're...putting your child in serious risk of harm, and it's not acceptable, no matter how traumatised you were as a child." (p 10, John)

At this point in the account, John imposes a psychic red line. This may function as an intrapsychic defence that obscures the reality of the parents' developmental trauma histories. To recognise this may evoke feelings of guilt and make the job even more challenging or intolerable. Other social workers were able to see the child in a more integrated manner and recognise the intimate connection between the safety of the child and the emotional wellbeing of the parent.

"If you're not looking at the parents and what they understand and what their emotional dynamics are, you are really not serving the child... the only time that you get to talk about the parents' experience, the mum particularly, her experience, is when you have child protection issues, when, you know, you have a child protection report to write, then you get to talk about 'well, you know, Mum has gone through some really bad stuff, and that is going to limit your ability to put in a meaningful interventions'....as opposed to saying, you know early on, 'given the parents' trauma, well.... how does that effect...' right at the beginning, not when they've got to child protection stage, but how is that likely to impact what you've asked them to do." (p 11, April)

April emphasises the importance of the parents' trauma histories in generating a plan to safeguard the child. The common approach amongst the participants was to dichotomise the parent and the child, and this is understandable considering the resource issues highlighted and the lack of specialist training. However, maintaining trauma informed practice within the existing system is connected to an individual resistance to the 'child protection' approach, instead drawing on the principles of a 'family service' approach.

4.3.3.2. Prioritising tasks not people. Interviewees recognised the difficulty of providing a comprehensive service and became very task focused consequently.

"in terms of your parents that have you know experienced Trauma and stuff....It's very hard to keep that in mind, because all we just don't have the capacity in terms of time to do that... do these genograms to talk about their childhood...Sometimes it just becomes a process that we have to finish this

visit in time of otherwise, you know, we'll get in trouble by a manager for example." (p 5, Annie)

"because I don't think they get necessarily the time to really reflect on what's happening.... They're kind of just busy right, this has got to be done, that's got to be done.... I've got to see this child, you know it's not... do they really talk about like the trauma... Do they really kind of think about that? Or is it just you know this is... this is where we are, and this is what we're dealing with, and this is what we need to do to protect the children, and safeguard the children." (p 9, Kristina)

The balancing of the relational and the procedural feels impossible for Annie, and she feels pressurised to complete the procedural aspects as a priority.

Reflecting and thinking about the families are not prioritised and this captures a broader movement towards documentation at the expense of activities that are hard to quantify. If this is a social defence motivated by anxiety, managers that fully absorb that anxiety and then project it onto the social workers exacerbate the impact. A task-focused approach enables the social workers to get the work done, but there were also observations about the impact that this had on softer skills that are critical for working with traumatised parents.

"Well, on frontline, you're trying to close a case as quickly as possible, I mean, you really don't want to be as curious as you need to be... practicing good social work and wanting to find out 'what is actually happening to this family'... I mean I've had some cases, over this past years, ...reports from people who are working in a similar capacity to myself and... you know... there are some big things that practitioners hadn't really pursued, but pursuing that would have meant asking difficult, challenging questions... and that's probably going to bring up all sorts of other issues... trauma... parents' trauma." (p 12, April)

"To be honest, when I first started as a student for example, hearing about sexual abuse, domestic abuse, it was very difficult for me... like sexual abuse in particular... I just... I found it really difficult. I found myself coming home and thinking about these children, these parents who were going through really really difficult stuff. But I think the thing about social work is the more you... Well, for me, anyway... the more I've sort of progressed in my career I've also found myself becoming numb to some of these things. When I was a student, and I would hear about physical abuse in a family, and I would have come home thought about it... if that happened in one my caseloads now... I wouldn't

... it's become really normal... and that's what I've been reflecting on recently and I thought actually that's not a good sign and I shouldn't becoming numb to these sorts of things.... These are really significant things and it's, I think, social work... It makes you numb to it...in in a way" (p 6, Annie)

April names the absence of curiosity in her colleagues. The prospect of a disclosure- that will lead to more paper work- results in colleagues avoiding the types of question that may elicit a disclosure. Annie reflects on her own emotional numbing. The work does require a degree of separation, but not an absence of feeling and sympathy. The social worker, in defending herself from the distress engendered by the parents' trauma, cuts herself off. She could be seen to align, in this moment, with the perpetrator that also failed to attend to the humanity of their victim. Perhaps these features explain a burgeoning sense of moral injury amongst some of the participants, with a felt sense of incongruence between their values and the reality of the job.

" there's been a couple of things that have happened recently... in all honesty that have been made like...(sighs)... Is the way I've gone about this right? Or you know what is...What is social worker anyway?...What is this role? And how i'm going about... is it the right way? am I contributing to people.... like the benefit of people and empowering people? Or am I splitting families? (p 12, John)

"...my hope in then qualifying... I'm going to say certain things, and then act according to those things, and there's just such... hypocrisy... there's such a disconnect there... it's getting more and more to the point where... I don't know how people, with that cognitive dissonance, continue to practice, and I think that's what I'm seeing... if I'm already thinking and seeing these things and I've just started, then, oh my god." (p 14, April)

John's sequence of questioning conveys a real sense of uncertainty about his own role. April describes the gap between one's values, and the reality of practice. There is an internal chasm, and this leads her to question whether she can continue in this role.

"I've accepted a permanent position at my local authority, and I'm still here. Don't plan on going anywhere." (p 2, Marty)

Marty shows us that the existential angst was not consistent across the interviews, but a significant majority expressed a strong ambivalence about a long-term career in social work.

"Even though I've finished my ASYE but I doubt I'd want to stay in social work forever in its current state. It's not sustainable." (p 11, David)

"but for me personally, I don't know if I'll stay long term... I've definitely said that I'll give it 5 years and see how I feel, because it's a lot...like even now, that I've only been working in my job for 2 months now, heading into 3.... I am questioning like is it really for me?" (p 13, Sasha)

For the traumatised parent, consistency is essential and the transience of social work teams is extremely detrimental to effective provision. The interviews also suggested that high turnover of staff was another factor in the low morale within teams, and further contributed to the hopelessness felt by many of the staff.

4.3.4. Theme 4: Establishing and Maintaining Working Relationships with Parents

For the participants, establishing and maintaining relationships with parents was challenging. The stereotypes of social workers and parents' experience of the care system resulted amplified existing issues around trust. Processes within non-voluntary child protection plans parents were inherently disempowering and potentially retraumatised parents. This resulted in a push pull dynamic that, often, made relationships even more challenging.

4.3.4.1. Stereotypes of social workers. Interviewees talked about the challenges in establishing and maintaining working relationships with traumatised

parents. Parents' difficulties with regulating emotion, identity and mentalizing were also factors in these relationships.

"if there is neglect happening, you need to explain exactly why because you need to be very clear as to what we feel, you know, needs to change. Well, that makes you the bad guy particularly to these people that feel like they've been dragged through shit their whole life, and you are just another arm of someone that is trying to belittle them and bring them down...and no matter how like empathetic you go in, like you still have to say those things and those things scream louder, sometimes more so than like the work around understanding their context, or like trying to empower them, or providing them with, you know, seeking out grants or other charities that can help out... all that support that you put in place and you'll write a couple of things on a report, and you're a 'fucking bastard and you don't know what you're talking about right'...(p 8, John)

John documents the importance of clarity, and this may give an indication around some of the difficulties of parents in understanding the needs of their children. He is characterised as the "bad guy" and this speaks to the tendency of parents to adopt a paranoid-schizoid position. John recognises that parents often feel attacked, and this can provoke extreme behavioural responses. Splitting and projection are common defences in survivors of developmental trauma. The challenge for the practitioner is whether they can tolerate being the 'bad object'. In a previous extract, John is able to maintain a depressive position but the emotional tone of this extract is one of exhaustion and hopelessness.

As demonstrated above, parental responses traversed familial and professional relationships. However, there were features of the parent-social worker dyad that made it difficult to form relationships, with parents' assumptions of the social workers a foundation of many of the difficulties.

"they've [the parents] been a bit, you know less willing to work with me, because of the title that I have as a social worker and then maybe a lot of

negative stigma also on our role comes into that as well....They just don't see us well... they feel like we can't help them... (p 4, Annie)

"there's a feeling that social workers are there to kind of catch you out and to spy on you, find out what you're doing wrong and put you in trouble for it...alongside, you know the fear of taking your children away is what most people kind of think about social workers... (p 9, David)

Annie's quote highlights that the title, social worker, carries some stigma and parents have little faith in their capacity to provide any effective support. There is a sense of this being internalised by the practitioner who seems almost demoralised. In David's quote, social workers are not benign or neutral, but actively seeking to find fault with parents. The phrases "catch you out" and "spy on you" evoke an impression of secrecy, and captures something of the paranoia engendered by the presence of a social worker.

"the White British families... media portrayals of social workers... you're going to take my kids, I'm a bad parent... all of those come up really quick... and it's like 'no, I'm not trying to take your kids, no, I don't think you're a bad parent, i just want to come in and ask some questions... and see what's happening' ... (p 10, April).

The idea of social workers "taking your children" was a phrase that reoccurred multiple times across the data set. April identifies the impact of the media in generating these impressions. In addition, she documents how stereotypes trigger self-criticism, and this often leads to 'defensiveness' in the parents that escalate concerns for the children. The spectre of the social worker provokes fear but, as alluded to above, it also triggers a lot of shame in the parents.

"...a lot of them [parents] say that they felt like there was a lot of victim blaming, there was a lot of 'Oh you did not protect your children. It was your role to protect your children and clearly you didn't do that.' (p 8, Nadia)

"especially with the stigma of children's services, nobody wants to do know that you've got children's services involved....and it's like when you go for

visit... I always make sure I'm not wearing my badge, especially if I'm doing family time or contact service in the community. I will never wear my badge, because I'm not saying that's a lot of shame, and embarrassment, I just don't want them to feel embarrassed, I don't want them to feel that everyone is staring at them... like I don't want them to feel that way... (p 10, Sascha)

Nadia observed that parents often feel blamed for failing their children. She distances herself from victim blaming practice, but earlier quotes suggest that responsibility is often located exclusively within the parents. Though Sasha states that social service involvement is not shameful, the perspectives of the families are different. The removal of the badge may be an attempt to shield the family from the scrutiny, but it could also symbolise her discomfort in representing her maligned profession.

As touched on above, certain demographics seemed to be less prone to stereotyping social workers.

"[Non-white British Families] appreciate that someone is coming in to try and offer some support because that's not been part of their experience up to this point necessarily or someone is coming in to ask questions, and being pretty genuine in wanting to know what is happening... that's likely 'refreshing...' (p 3, April)

Families that have recently emigrated may yet to have internalised the stereotypes, and are therefore more willing to see the offer of help at face value, rather than as a Trojan horse to remove their children.

4.3.4.2. Experience of the social care system. Stereotypes associated with the social worker role made establishing relationships with parents difficult. In addition, many of the parents had experienced care themselves as children.

"So in terms of Mum...she did say that she had grown up in, social care herself...so she kind of had, like a negative oversight of social care understandably...." (p 4, Sasha)

As noted by Sasha's quote, the experiences of social care tended to be negative.

"it's more so...how people perceive you... so like the weight of the words, 'social worker' the shame attached to that... the fear of, you know, what it looks like, and also just the general hostility that people build up within themselves, when they think a social work has come into my home....I mean this is not everyone, but for like particularly, with very traumatized parents, who maybe, when they were younger, had experience of social workers that didn't listen to them as a child, and they just broke their family up, but didn't really explain things properly...you carry all of that weight coming into that first conversation " (p 14, John)

"she was a child, so she had her own experiences of being in care...then had experiences of her children being removed, and she now had another child that was being assessed and like that, you know, that was massive for her, and that massively impacted how we worked together." (p 9, Nadia)

Nadia reiterates the cycle of interaction with the care system, initially as a child and then as a parent. It also touches on the importance of childhood experiences in the perception of social workers as an adult. John's words touch on the complexity and multiplicity of feelings that a social worker evokes for a parent that has also been in the care system. From his perspective, the lack of agency that children in the system feel creates a prejudice against social workers. If the parents have experienced social workers as destructive in the past, it is understandable that they are sceptical and distrustful in the present. Interestingly, John repeats the idea of weight in the extract, and there is a sense he is experiencing the role as weighty, tiring and exhausting. The relationship between experiences of the care system, distrust in social workers and then demoralised social workers is apparent in the extract. Having said that, this perception was not uniform across the interviews with some interviewees noting a different perspective of care experience.

"Mum... because she had had growing up social work intervention...She knew the support that's available and that is not all bad and doom and gloom..." (p 4, Barney)

4.3.4.3. Parallel processes: the inherently re-traumatising nature of child protection plans .The difficulties in forming a relationship between social worker and parent cannot be explained by a single process. The seeds of that difficulty are sown before the first meeting, and then a complex push and pull dynamic often ensues with responses from workers and parents generating greater and greater polarity. To conclude, it is worth documenting the experience of a child protection plan, implemented by social workers, can traumatise and then re-traumatise parents, and thus make a fractious relationship even more difficult to maintain.

“But that first initial Child Protection Conference is such a scary situation for parents, that's why we've got advocates. That's why we've got the child protection chair.... There are professionals, we have police there...we have child protection doctors there, we have social work there's... usually around 8 to 10 professionals in that meeting, and then you've got parents that are sitting with all these professionals that think that the children need to be under a child protection plan. It's really scary...and then you're being told that you're potentially, emotionally abusing, or physically abusing your child. (p 4, Marty)

In many ways, the social worker's description of the process is trauma informed. Marty recognises how scared the parent may be feeling, and there are measures to address that. This process is important because parents' trauma histories will often impair the capacity to mentalise. Especially in emotive situations, professionals should be attuned to the mental states of traumatised parents because they may find their own mentalizing capacity impaired. In spite of that, the extract conveys the situation being one of services versus parents and the 'we' versus 'you' language captures that dichotomy.

“I think my reflection on the word 'child protection' is its oppressive... that the child needs to be protected. So you, hearing that as a parent, you're thinking, 'oh, my God!' This children services, social services, the social... thinks that we're not protecting our children enough, so they need protection...that's a lot of feedback that I've had from parents. So at first they're like, why, why are we here?” (p 5, Marty)

The placing of their child on a plan is described as being a discrete trauma for many of the parents. This is followed by a process that continues to remove control from parents, and thus may recreate feelings consistent with their experiences of trauma.

“So that means it's stepped up to 10 working day visits. There are core group meetings. The child is not necessarily allowed to leave the country or go to another borough without notification... there's a lot of things that are put onto a child protection plan. Also, there's a priority call from police as well that's placed on the household, and of course there's a child protection chair, and there's these reviews that have to happen. But, all in all, I would say is quite intense. The plans are very intense. (p 9, Marty)

There is a strong sense of outside control in this extract. Parents are watched, scrutinised and generally disempowered.

“all of a sudden you're under such a like a section 47 is so such a tight section.... There was so many, you know, rights and legislation that the family are now under and that the local authority has of the family” (pp 8, Barney)

“And I she would always ask at every contact... oh 'do you think I'll get my children back, or do you think I can increase the next contact or kind of take them out in the community'...I can never give her a straight answer because it's like...I don't want to say... I don't want to be honest to kind of hurt her, because as much as she wants to, even if the stuff is small, just to increase like the family time in a contact centre....it wasn't gonna happen... it wasn't gonna happen... but I'd always be like, oh, 'I don't know, you're going to have to ask the social worker' because I don't wanna upset her during this time.” (p 8, Sasha)

The emotional impact of the plans on the parents are captured in these extracts. The description of the S.47 as 'tight' captures something about the level of intrusion that parents experience, almost as if the families have no room to breathe. In the second extract, there is an air of desperation about parent's requests and this touches on the traumatic experience, for many of the parents, of being away from their children. Sasha states that she is attempting to protect the mother, but the lack

of transparency may replicate other traumatic relationships. The oscillation may also capture the ambivalence of working in a system that provides clarity in situations of risk, but also creates a sense of being 'caught up' by the process just like parents that have limited agency.

4.3.4.4. The Push and Pull of the Worker Parent Dyad .The previous sub themes seemed to result in a dynamic whereby the parents would generally reject forms of social work intervention.

“ it's very rare [families that are open to support], and it's refreshing...in the cases I had...2 families... willing to work but one, because it was a housing issue, and the other the family was just really open, open to the support, and really wanted the support. But that's so rare, It was so rare” (p 10, Barney)

The family that is willing to work with the social worker is anomalous, emphasised by the interviewees' repetition of “rare”. The other family is open to support as long as it is practical, and this is something that others pointed out.

“there are certain goals... practical ones I think sometimes that you can make the families like... you know there needs to be a sheet on your child's bed... that sort of basic thing could generally be agreed upon. But when it comes to things like communicating with your teenager that can be a little bit more difficult, because, like I mean particularly this Mum, for instance, she feels like she's being attacked all the time” (p 8, John)

John observes that practical goals are more straightforward, but goals that require more introspection are triggering for parents. The social worker points out that traumatised parents feel attacked constantly. It may be that requirements imposed on parents trigger similar feelings because they are experienced as another example of not being good enough. Interviewees noted that families under a voluntary section would generally reject any offer of support, emphasising the sense that social care intervention is not experienced as supportive.

"They had been categorized as a child in need, and the family were fully aware that child in need is voluntary...And so from that point... the main issue was that they wanted the case to be closed..." (p 5, Barney)

Generally, families that were under a S.47 did not accept the validity of the intervention. Once families recognised that social services involvement was inescapable, parents employed various strategies to avoid meaningful engagement with the professionals.

"not picking up the phone or arranging a time to call, but then saying they're busy you knowyeah saying... yeah, you can come around and see me on this day but then, when I go, they'd gone out or lots of things like that, just avoiding kind of meeting and talking in detail, I guess." (p 12, David)

"for example if there's more serious concerns around child protection....for example, and we need to...we want to work with them....you know there'll be a lack of engagement, for example, they won't answer calls... or you know they've consented to house with home visits, but it's unannounced for example...So they won't open the door and they'll say you know it's unannounced... but you know under child protection... we are meant to do child protection as well...So it just makes it more difficult to work together because of their distrust, like you said, of social workers" (p 11, Annie)

Collectively, the extracts demonstrate that parents will 'disengage' through avoidance. The responsibility for disengagement seems to be located in the parents, and this reiterates an individualised perception of problems. In Annie's quote, the unanswered calls and visits are examples of 'non engagement'. This perspective increases concern for the children, and the likelihood of care proceedings. In addition to the avoidance, social workers described parents actively deceiving the professional network.

[on the topic of a child's attendance] "Mum would kind of often contradict herself. Sometimes she would say, 'he's not feeling' 'Well, I've got to give him the benefit of the doubt' and then other times she would say, 'and you know, he's smart he's articulate, he can speak it's not a bad thing he's not in school, and he can read' (p 13, Elizabeth)

“She [Mum] is explaining to us that she's no longer pursuing this relationship with this man in prison...but we know differently, because we have intel... and information from the prison that is showing us different” (p 14, Kristina)

Again, there was a tendency was for social workers to understand the behaviour from a partial lens, rather than interpreting the behaviour in the context of the parents' histories. It seemed difficult for social workers to marry a relational approach with their evidence gathering responsibilities and this resulted in an antagonistic- rather than collaborative- dynamic.

4.3.5. Theme 5: Trauma Informed Care

Working with traumatised parents posed a number of challenges. These emanated from the idiosyncrasies of the client group, and from the social care system. Despite those challenges, participants described trauma informed practice across the interviews. This was characterised by the use of a 'trauma lens' in understanding the parents and relationships that integrated trauma informed principles.

4.3.5.1. The Use of a Trauma Lens .Trauma informed practice rested on a different paradigm. Participants considered what had happened to parents, rather than identifying deficiencies in their character or behaviour.

“Yeah, that term is flung around a lot... being 'resistant' or 'non-engaging'...the language is quite stigmatizing as well... like oh, they're not engaging, they're resistant, they're hard to reach... it doesn't sit right with me...because it's like 'why' did you ever ask 'why'...or we just stigmatizing people because these are the high risk, hard to engage families, are we not even going to question 'why...' (p 4, Ray)

Language, according to Ray, is often careless and this captured by the use of verb 'flung.' There is a frustration with the uncritical acceptance of an individualised

account of distress. In contrast, the trauma lens is sensitive and there is a curiosity in latent meaning. Repetition of the word 'why' in the extract illustrates that the participant is looking beyond the surface to explain the behaviour of the traumatised parent.

"It's very hard for her [the mother] to let go of Dad [an abusive partner] and his family, even though there is all these concerns... it is very difficult for her to just let go because that's all she's ever known since the age of 16, (p 4, Annie)

Here, Annie recognises that the isolation and disconnection inherent to trauma means that survivors will find it more difficult to relinquish existing relationships, even if they are toxic. Annie is conceptualising the behaviour from a relational and contextual lens. She is able to interpret behaviour as a strategy (that may have been previously successful) designed to meet particular needs that were unmet because of the trauma. In doing this, the individual is not pathologised or blamed.

"I've encountered... a lot of parents... they've got all the all the diagnosis under the sun you know, and I do... I do sometimes question, I mean, I understand that obviously there needs to be some kind of medical term for certain things. But I think that when you label a parent with this mental illness, it can take away from the fact that it's just a maladaptive coping... like mechanism of what happened to you when you were a kid right... (p 2, John)

"She's been a care leaver. She's experienced so much in her life. Her parents had abused her, and her siblings had been abused as well, and she had sought attention outside of household because she didn't have that at home. So, therefore, the 3 previous children... yes, she had neglected them, because that's what she experienced as a child. Yes, she had had relationships, which resulted in domestic abuse because that's what she was familiar with." (p 4, Marty)

John iterates the idea that the function of traumatised parents' behaviour is generally to meet a need. There is a qualified rejection of diagnosis, recognising that it can pathologise behaviour. Marty, in the second extract, positions the mother's behaviour in the context of her trauma, and thus makes it explicable.

“What are the things that that prompt mental ill health you know? There’s poverty is a big one, trauma in childhood, which is exacerbated by poverty is a really big one....having the best block of therapy alone is great, but only just as part of the problem if you're living in scary environment.” (p 7, Saul)

The non-pathologising stance is supported by an awareness of systemic factors that contribute significantly to individual distress. In addition, the use of a trauma lens integrates a recognition of the capacity for services and professionals to cause iatrogenic harm.

“And then we couldn't indirectly go to someone and say 'Okay, we know this, this, this, can you tell us why?' Because that is... that can trigger her... that can trigger a lot.” (p 9, Marty)

“ when people hear about social services and people hear about children’s social workers they have a lot of negative connotations... potentially bad memories, if they've had involvements before... and, if I come in, I wouldn't want to then potentially re-traumatize those parents or those children, if they've already gone through a child protection processes, or if they had had, like previous children removed...having another social worker come in could potentially be really difficult and very traumatic for them if they had already experienced...quite, you know, quite a lot trauma to do with like social services involvement.” (p 10, Nadia)

Collectively, the two extracts demonstrate that services are not inherently benign, and have the potential to re-traumatize individuals through process or individual actions. This acknowledgement rejects an individualised notion of distress, recognising the role that systems can have in traumatising and re-traumatising. In the second extract, there is an acknowledgement of the traumatic nature of having one’s child removed and that the decision can be located in the social work role. Trauma is a fragmented and disintegrated experience and services can often replicate that dynamic. Nadia, however, thinks about the parent in a more connected fashion. She observes that an awareness of the parents’ story will reduce the likelihood of inadvertently re-traumatising. In doing this, she offers something that is

very different to the traumatic experience.

4.3.5.2. Building Relationships with Parents by Integrating Trauma

Informed Principles. For some social workers, the integration of trauma informed practice seemed more comprehensive. Social workers that demonstrated consistent trauma informed care recognised that progress was contingent on developing a good quality relationship with the parent.

“And I think there's been times where I've felt like i'm not really making a difference. And I haven't really got time to do the work I'd like to... You know that is a thing, you know, social work wide... people come in with a certain thing, and then and then that quickly changes with the rest of the pressures. But, I guess, the focus for me... i've always seen and framed social work, as like everything coming from that relationship, and I don't know maybe i've got background in sort of residential care work with young people and teenagers.... But maybe that's emphasized the importance of that relationship and I've seen the benefits of...if that relationship is good, you know everything else will usually follow you know, or at least everything it won't necessarily will follow things won't always work out....but if it's gonna go well, it's gonna come from that relationship first and foremost, and that's how I've always kind of framed social work. (p 4, David)

David highlights the potential of the system to interrupt relationship-based practice. However, his perspective is that a strong relationship grounds effective practice and should be the priority. This perspective was formed in a previous role, and speaks to the value of experience in working with traumatised parents. In addition, it highlights a potential issue with fast track training providers, like Frontline, that generally attract a particular type of graduate. In a separate quote, he described maintaining this focus at the expense of administrative tasks, despite this creating some potential friction with his managers. There is an implication here that trauma informed practice is dependent on practitioners being able to manage the anxiety evoked by the role, and the system. In this instance, this is an intrapsychic process.

In order to build effective relationship, social workers demonstrated many examples of core therapeutic skills.

“So being basically, just being at their level, and understanding them, you know, in a more human way instead of being like...task orientated...it's more about getting to know them and being quite curious and quizzical about what's going on with them.” (p 2, Ray)

“but what I've tried to do anyway with parents that have experienced some sort trauma in their past is to build rapport firstly...so I just took bits that she didn't like about social workers before, and tried to work on it...make sure that I work on it all here...her sort of feedback, and then implement it... and I've seen that that kind of worked with her a little bit.” (p 4, Annie).

In Ray's extract, she identifies the importance of being curious with parents. Task orientated practice is depicted as a barrier to being present with the parent. Interestingly, there is an idea that the system removes the humanity of the social worker, and thus positions them as a perpetrator in a parallel process of the original trauma. TIC rejects this position by getting alongside the parent, and giving back a sense of control and empowerment to the parent. Annie, in the second extract, begins by establishing a rapport and aiming to develop a connection between her and the parent. The use of active listening skills seems present, and she incorporates the parents' reflections into her practice. The result is that the parent seems to feel heard, and a relationship begins to develop.

“I would say things like 'you know... I know this is this is difficult, she's doing this, or doing that...her mental health isn't great so she's shouting at you and screaming at you and she doesn't do that with anyone else, and it's hard for you to deal with...I get that” (p 5, David)

David validates and normalises the parent's experience. There is an emphasis on the relational nature of the difficulty. The difficulty is not just located in the parent, and this makes the parent feel understood and not blamed. In addition to the use of

core therapeutic skills, practitioners embedded other trauma informed principles into their practice.

“The foundation of any of my interventions... I mean... that's, that's number 1...and you can tell right away if you've got a worker and a client, and there's not trust, I mean, no way, nothing positive is going to come out of that. And, in fact, potentially it's going to be retraumatizing, cause someone is taking control right out of their hands and telling them what is what... and they don't understand what is going on, so, yeah, definitely...” (p 4, April)

“Yeah, I think I think they're okay with it [unannounced visits]. I think and I think again that that comes to the relationship you know. And if I knock at the door, it's not....'Oh my god, it's the social worker' it's...it might be that but at least 'I know him, and I trust him.' ” (p 9, David)

April describes trust as the foundation of her interventions. Without trust between social worker and parent, other trauma informed principles (empowerment in this instance) are unable to develop. In addition, the absence of trust, in replicating previous experiences of unsafe relationships, may actually retraumatize parents. David, in the second extract, observes that the intrusions of a S.47 that are often triggering for parents can feel tolerable when trust exists between worker and parent.

If trusting relationships were the foundation of trauma informed practice, transparency is another important element of the base.

“So one of my goals as a social worker is... I inform the family that I'm getting them ready for life without children services. I start a lot of my working relationships like that. And when I speak with families and explain what child protection means, I'll explain , just as I explain to you, why those precautions are in place. But then I also talk to them about the interventions that we're all going to be doing together. And I don't think I've ever had a resistant family... I've got one resistant teenager because they're in care, but I've not ever experienced resistance. That's because I try to be as transparent as possible when I speak with parents. So I explain to them why I turn up announced, the reason why I turn up unannounced is because maybe your house is messy one day, or maybe I might witness an argument right there and then, or maybe your child might have some bruises...And I'm just as transparent as I

possibly can be... if they've got questions about anything at all... I say what is worrying you? (p 5, Marty)

Marty immediately challenges the stereotype of social workers coming to remove children. Arguably, she does use stigmatising language but there is a consistent commitment to transparency throughout the extract. Perhaps most importantly, she is transparent about aspects of a S.47 that parents find particularly difficult. This may generate conflict between the two, but it will help build a solid working relationship in the longer term. There is no disguising of intent. Marty is open about her role, what it will entail for the families, and this seems to be important. The idea of the parent and the practitioner doing the work together is another example of TIC adopting a more diffuse sense of responsibility. Building on the transparency of communication, social workers also recognised the importance of flattening the hierarchy and giving control, where possible, to parents.

"if we had significant worries... I would say, if you say 'no' right now, that's fine that's absolutely your right... however, if we did get potentially get another referral highlighting very similar worries...then it may have to be stepped up'... and I suppose that's about presenting them of those options... not in a sort of threatening way, because I can also appreciate how... me saying... If you say no, and this happens again then we're going to escalate it can feel quite threatening... and I think I try to explain things in a way that don't feel that way... I appreciate that they can still feel that way....it's like a really difficult situation." (p 9, Nadia)

Nadia, on the subject of voluntary safeguarding procedures, describes the task of giving parents choice, being transparent about the consequences while also not making them feel threatened. There is a tension here though and striking the balance is a very difficult task. Integrating the principles of TIC in child protection work will not always counter the inherently disempowering nature of state

intervention. However, Nadia's awareness and sensitivity to the complexity of task is indicative of her thoughtfulness and commitment to trauma informed care.

"What can I do to make things easier? Do you want to know exactly what i'm doing? Do you want me to tell you exactly when I'm going to see the children at school? Or would you rather I just told you minimal information to avoid potentially triggering you... and she actually didn't want me to tell her a lot. So I did share all the bits I had to share with her. (p 10, Nadia)

The stream of questions suggest that Nadia is considering every element of the process on the parent. She is committed to ceding some of the power and her curiosity is indicative of her desire to 'know' the parent. When curiosity is present, there is less of a tendency to understand difficulties in reductive ways and locate responsibility within individuals.

"I know that the work that I do, or the things that I'm in charge of, I want to makes sure that I give options...because it's important that people feel a certain, amount of agency and I know how important that has been for my own journey... even if these options are fairly circumscribed, you know, I will often say to someone, you know, I think this is what might be happening here and given what I'm seeing, here are some things that we can do and, if you want to work on it with us then great, if you don't, then I need to know that, because we may have to do something else... But as much as possible, my goal is 'I'm going to be truly honest, transparent, as I know how to be here so I can actually talk about things in a way where you feel you have some ability to make some choices... when I do that, I very seldom have had anyone give me a hard time because I'm honest, I'm transparent, I'm saying... I've thought about this, and this is what we can do..." (p 11, April).

April's extract touches on similar themes: the importance of transparency in building relationships with parents and this enabling agency in the parents. April's perspective is linked to her own experience of trauma suggesting that integrating lived experience into service provision can be a powerful mediator of TIC.

Empowering parents can be a complex task but April recognises the importance of it for traumatised parents.

"I tried to give... I suppose some of the power back in a way because I feel like, you know, we come in with all the power and you know, people think that we can just come in and remove children... obviously we can't...we can't just go in and take children just because we feel like it...But a lot of the time that's the assumption that people have, and it's quite scary." (p 12, Nadia)

There is recognition about the power dynamics within the social worker and parent relationship. In addition, there is an awareness about the fear around the role, and the outcomes of procedures. Nadia does not link the importance of empowerment to parents' earlier experiences of powerlessness, but she does recognise its importance nonetheless.

4.3.5.3. Lived Experience of Social Workers. Across the interviews, the data demonstrated that trauma informed practice varied across participant and within participants; the same person could demonstrate trauma informed practice and potentially re-traumatising practice within the same extract. The data also suggested that lived experience of trauma correlated with more embedded trauma informed practice.

"A lot of us enter the job because you know we dealt with some element of trauma ourselves." (p 6, Nadia)

Participants with lived experience of trauma embedded TIC into their practice in a way that felt more comprehensive.

"I think if I had gone into this work with only the academic training that I received in my degree I would not be serving families well because I would understand things at a very superficial level" (p 4, April)

"empowerment' no one actually knows what that means... or if you ask a new social worker, or an older social worker to say... what does empowerment mean to you, or how do you put that into practice, I don't know, maybe they'll say 'we give them choices' but do you really give them choices, do they feel like they have a choice? No. I just ... as I say... coming into... having to through my own personal challenges... I know the things that have made a

difference in my own journey so I suppose yeah... those are the qualities that I try to put into practice... (p 5, April).

April points that sometimes trauma informed principles can feel abstract. Even when colleagues attempt to address them, it can feel tokenistic and performative. In contrast, her own journey means that her understanding of 'what works' is authentically integrated into her own practice. Again, the value of diversity and experience in working with traumatised parents is reiterated, while also problematizing training providers that recruit from a narrow population demographic.

"I think it's because I'm like hyper vigilant and aware of my surroundings making sure that I'm being in that person's shoes for that 45 min or an hour and realizing 'okay this isn't about me right now' but I will reflect during and after this home visit, meeting, session to realise ok, I need to think of... What did I do... How did I do it, and how am I feeling? I think this is trying to be in tune with my emotions as well that avoids me from being de-sensitized because that affects the way I work with traumatised parents and traumatised adults...I feel like if you're not present and if you're not validating, and if you're not containing of them they're just gonna withdraw and that's bad for both of us. (p 5, Ray)

Ray touches on her own hypervigilance (often indicative of trauma) but is able to manage that arousal. She recognises the importance of being fully present, while monitoring her own emotional state. The questioning seems to capture her own process of constant reflection. Importantly, Ray notices the pull towards emotional disconnection but is able to maintain a mindful practice and preserve the relationship. This is an important attribute for TIC, and suggests that developing an awareness of one's own changing emotional state helps resist numbing.

"I went to a school where they get off on telling everyone that it's psychoanalytic, psychodynamic social work...this is the Tavistock whatever... I hated it... I thought they were full of shit, but the fact is that at least they were putting... telling my colleagues to think about how they are feeling in those situations... because I would just do that instinctively, because of how I grew up, because my experiences growing up, I knew I had to go into situations

and in order to read them I had to see how am I feeling... how is this making me feel? But, when I went to the Tavistock, at least they were putting it in very explicitly, look guys, if you go into a situation and something doesn't feel ok, tap into that, like what is that about... they were trying to get people to think or feel in those ways." (p 9, April)

April's experiences cultivated an awareness of her own emotional states, and this gives her an insight into the lived experience of the traumatised parents. Programs that integrate psychoanalytic skills attempt to develop this capacity in the practitioners, and this is useful for effective work with traumatised parents. It is important to note that this capacity takes time, and is less likely to develop in training programs that feel squeezed. April, in asserting the importance of affect, is rejecting a positivist paradigm that increasingly dominates Health and Social Care.

"like why... the question 'why' I don't see people asking enough, and Munro talked, Eileen Munro has talked about the critical thinking ability, those are the things that I feel that people should be taught, but aren't being taught.... I only do that because that is how my brain works and because I think these things are fundamentally important because I've... personal experience... or personal interest... probably born of that personal experience but there are not enough people prepared to take the time to think about 'why'... as soon as you do that, as opposed to looking at a set of symptoms. (p 12, April)

April's experiences have conditioned her to look beneath the surface. The ability to discern latent meaning is critical to working with traumatised parents because the trauma is often hidden. While her own experiences have sensitised her to such things, April suggests it is a capacity that can also be cultivated. Though much of the broader interviews was pessimistic about the state of child protection, her signposting towards one potential solution brings a more hopeful tone.

4.3.5.4. The importance of the team. Working in a child protection space is emotionally challenging for the social workers, and can be traumatising for the workers too.

"I had Mum on a case that I was on... like the commit suicide recently...3 weeks after her kids were taken into care. Brutal. She blamed me the whole time, and like processing that... and then to go straight back into the madness of it. That's not something that is very easy to do..." (p 4, John)

John describes something of a parallel process with the mother, who may well have felt blamed herself, then projecting the same sense of individual culpability into the practitioner. The consequences of the punitive culture are tragic in multiple ways: the death of the mother, the trauma for the children of losing their mother and the impact on the practitioner at being blamed.

Some of the interviewees made observations about the solitary nature of the role.

"Social work you work quite solitary so I haven't seen lots of other people work." (p 5, David)

In a further example of parallel processes, the professional role has become individualised and atomised and thus reflects the experience of many traumatised parents. It is also interesting how subjectively alone a traumatised person can feel and how this may be replicated for social workers working in a trauma-organised system.

For the interviewees that were part of a team, this was key in managing the inevitable strains of the work.

"in my first placement, in the safeguarding team, we did have Tuesday coffee mornings where we just spoke about how we were feeling...Just that was a good way to just kind of like unload..." (p 7, Ray)

"We have regular reviews, so as a team, we function and we have a group supervision and that's weekly. So our supervisions they occur every single week, and then individual supervisions occur every month. But, as I said earlier on, it's very much if there's an emergency, you speak to your manager about it." (p 10, Marty)

Sometimes, the value of being part of a team is about the sense of a shared experience. In Marty's reflections, the team seemed to be a helpful mechanism to discuss and review cases. In addition, the team functions as a metaphorical safety blanket especially if there is an emergency. Instead of replicating the traumatic experience for social workers, a corrective experience of safety and connection is provided and this provides a platform for effective work.

"I think myself and the team had spoken about how they've [the parents] come from another country. They've not lived together previously, and now that they're all living in a very overcrowded small bed, one bedroom flat." (p 11, Marty)

Here, Marty describes the team thinking systemically, taking into account all of the broader factors that may be exacerbating challenges within the family. As noted, traumatised parents may have difficulties located in them as an individual. The systemic lens of the team helps to ameliorate that tendency. It may be that thinking about cases collectively loosens anxiety and enables a different type of thinking to occur. In addition to the importance of the team, interviewees highlighted supervision as having a number of important functions.

"you know, we do hear a lot about trauma parental trauma, and you know, children's trauma, and a lot of that, and that is quite heavy. And it's going to affect you emotionally and I think if you don't have a supervisor that they could go to and unload on in a way and just say 'this is really hard, like what? What do you do about this' that is going to be hard like? Because you... it feels like you sort of left on your own with everything that's going on... supervision is massive, and you know I think you do need to have a good relationship with a supervisor there and a trusting relationship and an open relationship, to be able to actually be open with them about what we're experiencing at work." (p 6, Nadia)

Supervision has an affective component in helping the social worker to manage the emotional strain of the work. Without it, the interviewee describes a feeling of

isolation. In addition, the more cognitive or practical element of supervision is alluded to with interviewees request for guidance.

"I found her [the supervisor] really helpful because we kind of we spoke a lot about relationships we spoke a lot about...you know how to do things in a way to make sure everyone's voices heard including other family members stuff like that. But whereas with other manager it was more like... Okay, your visits due you on the 27th January...Has it been done this type of thing?" (p 9, Annie)

The extract distinguishes between types of supervision, and notes that reflective supervision is particularly helpful. In particular, Annie finds helpful the opportunity to think about dynamic issues within the families. Task focused supervision may perpetuate the anxiety that is present within the system because it is another iteration of the same social defence.

"if I went to my supervisor, and I was like... 'Well, this is all anxiety and this is what's happening' and then they felt 'actually there's more to it maybe you could consider this thing, or that thing'...Obviously their role to also guide me and actually, maybe...'you're not considering certain things'... and I would like to think that if there were things that was clearly missing that there would be a more experienced person to go actually, maybe think about this from a different point of view." (p 11, Nadia)

Nadia is describing the importance of complex thinking in working with traumatised parents. Supervision can develop that capacity when social workers are conceptualising families in reductive ways.

"it's a lot to do with how am I feeling as well... it's not just about the patients... the supervision can be a place where you can discuss... the complexities in supporting traumatized parents." (p 4, Ray)

"And I think you know right now i'm really lucky, like my manager is amazing, and I know she's able to sort of challenge me where she thinks... maybe I'm not sort of on the right track or maybe I've done something that that maybe I could have done different... like she's able to sort of point out and and say

that to me... But she's also able to acknowledge like what i'm doing well and what I have done well when working with families." (p 13, Nadia)

Ray also identifies the complexities of supporting traumatised parents. Effective supervision integrates the family, and the feelings of social workers that are evoked by the work. Nadia reiterates this sense of supervision as a containing space by describing her supervisor's capacity to challenge and stretch her thinking while also acknowledging the good work that she has done with families. Supportive teams and supervisors help social workers feel a sense of containment that is vital in emotionally demanding work. In particular, they seem important in enabling professionals to manage the difficult feelings that are projected by both the client group and the system.

5. Discussion

5.1. Chapter Summary

The following chapter will summarise the research findings. Each theme will be presented, and discussed in the context of existing psychological research. There will be consideration of the clinical implications of the research, and reflection on the strengths and limitations of the study. Potential avenues for further research will be signposted. The penultimate subsection will be focused on reflections and learning. Finally, conclusions of the research will be documented.

5.2. Complex Trauma Presentations in Parents

The interviews documented the range and breadth of traumatic experience, including disrupted attachments with caregivers, sexual abuse and domestic violence in adult relationships. Felitti et al. (1998) documented nine categories of ACEs and many were reported in the interviews. Interviewees observed that parents experienced more than one type of trauma, and this is consistent with existing literature on the topic. Studies by Cloitre et al. (2011) and Greeson et al. (2011) indicated that 48-70% of individuals reported experiencing at least two traumatic events.

In addition to the broad types of trauma reported, interviewees noted the transgenerational nature of traumatic experience. The data suggested a pattern of traumatised parents finding it difficult to self-regulate and form nurturing relationships with other adults. In turn, this resulted in parents becoming unstable attachment figures and traumatising their own children- a cycle that repeats across generations. Hesse and Main (2000) define Intergenerational trauma as the process by which

parents with unresolved trauma transmit this to their children via specific interactional patterns. Parents traumatising children through neglect or exposure to domestic violence documented a parallel process, with conditions and relationships re-enacted across generations.

Affect regulation was reported as being difficult for parents. Interviewees seemed more attentive to instances of hyperarousal, but hypoarousal was also evident. Cook et al. (2005) theorise that severe problems with affect regulation is the result of impaired attachment and compromised neurobiological integrity. The foundation of affect regulation is the accurate identification of internal emotional experiences. Individuals must be able to differentiate among states of arousal, interpret and then label these states. Research has demonstrated deficits in the capacity of traumatised children to identify, discriminate and label affective states in self and others at 30 months (Beeghly & Cicchetti, 1994). Interviewees often observed parents that found it very difficult to hold their children's experience in mind.

Interviewees tended to locate emotional regulation difficulties within the parent. Considering that attachment disruption may be at the root of difficulties, this could be interpreted as one way in which social workers are influenced by structures of feeling associated with neo liberalism like responsabilisation "where individuals are seen as self-directing and autonomous irrespective of context" (Liebenberg et al., 2015, p.2). Even when difficulties were viewed in context, there was a sense that parents could be doing better. Juhila et al. (2017) observe that actively managing one's own choices can be read as empowering, but this expectation can swiftly assign blame, couched as responsibility, onto individual personal inadequacy.

Interviewees reported that parents generally had a negative self-concept. The relationships between trauma and self-concept has been documented in very young children, with maltreated 18-month-old toddlers responding to self-recognition with neutral or negative affect (Schneider-Rosen & Cicchetti, 1991). Interviewees talked about parents showing 'no love to themselves.' Sensitive and responsive caregiving enable children to develop a model of self as worthy and capable. In contrast, the experience of harm, rejection and deficits in developmental competencies are likely to cultivate as sense of self as defective, deficient and unlovable (Cook et al., 2005).

Participants identified the poor self-concept of the parents, and the domestic violence within their adult relationship as a latent example of the same idea: the experience of trauma making parents more likely to accept abusive treatment because of their negative self-concept. Some participants interpreted adult relationships as a straightforward example of poor choices, while others did not. This difference may touch on some of the conflicting roles, voices and discourses within social work that require professionals to keep children safe and collect evidence about parenting capacity whilst at the same time working in relational way with families within constraints of time provided. It may suggest that the individualistic discourse about parenting is present within public sector, despite other discourses underpinning training such as sociology and community psychology. Some participants had worked through this and articulated a more nuanced position. However, it is perhaps not surprising that others engaged in a more punitive discourse considering the contradictory messages within the profession (Ferguson & Lavallette, 2004).

The interviews suggested that parents had global difficulties with relationships, including their own children. In particular, parents found it difficult to connect with their children, and attune to their needs. Stob et al. (2020) note that lifelong histories of trauma and adversity compromise the ability to make meaning of one's own experiences, and understand or reflect upon the thoughts and feelings of others. For the traumatised parents, this is evident in their difficulties reflecting upon their child's thoughts and feelings (Fonagy & Allison, 2014) - a pattern that was noticed by a number of the interviewees. Parents not recognising the impact of witnessing violence or the problem with unsanitary home environments were examples of this deficit.

5.3. The Features of the System

The findings of the study that highlight pressures that social workers experience at early stages of their career and the relative lack of stable teams with more experienced colleagues correspond with the data available relating to provision with the current UK social care system. The statistics suggest a system under increasing strain year on year from 2013 to 2022: the number of 'children in need' increased from 378,030 to 404,310; child protection plans were up from 43,190 to 50,920; and referrals also went from 593,470 to 650,270.

In conjunction with the increase in demand, there was a decrease in available resources. Murphy (2021) reported a £2.5 billion cut in local authority funding soon after the Coalition Government came to power. Although investment in certain services (CIN and LAC) remained stable, the DfE report on 'Children's services: spending and delivery' (2016) reported a 29% cut in expenditure nationally between

2010/11 and 2013/14. The report concluded that “spending in some areas was difficult or impossible for participating councils to change (LAC)...however local councils had greater flexibility to decide spending changes on other areas, such as children’s services early help” (p,14). In the context of increasing risk aversion in child protection work and austerity eroding the capacity of services to provide for children’s wellbeing, Bywaters et al. (2017) observed that “it is not surprising that levels of service demand were increasing” (p.2).

The dynamic of a stretched service and reduced budget inevitably results in existing staff taking on increasing numbers of cases. This was evident in the data with the vast majority of participants experiencing or observing high caseload numbers, a trend reported in the wider literature. From 2010 to 2016, the average number of cases allocated to a social worker has risen from 22 to 34 (Murphy, 2021). The Laming Review, commissioned after the death of Peter Connelly, recommended a maximum caseload of 13 cases for child protection workers (Laming, 2009). Predictably, the increased case numbers had an impact on the quality of service, with social workers noticing the deleterious impact it had on building relationships with families. This is a sentiment echoed, almost verbatim, in other studies. “The biggest problem I think is the size of caseloads... they have been rising steadily for years...we are now spread so thinly that, outside of the minimum statutory tasks, we just don’t have enough time to spend with children” (Murphy, 2021, p. 7). Again, the idea of caseloads diluting or eroding the potential for relational work was reflected in the interviews of all the participants.

To compound the problems of a high caseload, the system also imposes onerous administrative tasks on practitioners. Gibson (2016) has documented the

increasing prominence of administration, described by some as the moral and cultural foundation of social work (Laurence & Suddeby, 2006). Interviewees frequently bemoaned the amount of paperwork that was required after each interaction. Other studies have estimated that social workers spend 85% of their working week on their laptop (Murphy, 2021). This work split reduced the opportunities to connect with families, but also contributed to the sense of burnout expressed by a number of the participants. Anderson (2000) also highlighted the particular vulnerability of child protection workers to burnout due to organisational features like excessive amounts of paper work, long hours, ineffective bureaucratic structures and poor opportunity for advancement.

The administrative shift in day-to-day social work is arguably an expression of the broader systemic priority of risk management. Governments, fearful of the publicity arising from child abuse deaths, have responded by imposing more regulations and policies over the LAs responsible for child protection (Littlechild, 1998). The interviews documented that risk is the ultimate priority, a finding echoed in a number of other studies. While a risk-focused culture is not inherently negative, the problem with contemporary risk approaches is they create an environment where social workers take defensible decisions rather than the right decision or avoid making risky decisions at all (Parton, 1997). In the data, this was evident in the decision to instigate a child protection plan for a first-born child, with the mother having no opportunity to evidence any parenting capacity. The vilification of social work in the media (Corby et al., 1996) creates a punitive culture that prioritises administration at the expense of direct work with families, and defensive approaches to risk. Saul, talking about serious case reviews, notes how the media hones in on

'what was missed.' Cooper et al. (2003) argued that the proclivity to regulate social workers through frameworks creates rather than reduces risk for children. The reality is that risk cannot be eliminated (Littlechild, 1998), but this reality conflicts with some deeply held beliefs in the modern world. Bauman (1992) observes the deep resentment of contingency and accident in contemporary life, and child death tragedies exposing society to the limits of reason.

5.4. Social Workers' Adaptations to Function in the System

The separation of the parent and the child as discrete entities is a sub theme that occurred across multiple interviews. For most participants, the child was the exclusive priority. Sometimes participants could integrate both the needs of the child and the parent, but the dichotomising functioned as a rationale and justification for services' focus on the wellbeing of the child. This theme is evident in other research, with social workers "repeatedly advised that they need to focus more on the child" (Wilkins & Whittaker, 2018, p.8). Social workers in serious case reviews have been criticised for focusing on the needs of the parent rather than risks to the child (Rhodes-White, 2016).

There was little, if any, critical perspective on the discourse. Keddell (2017), writing about the construction of childhood in child protection work, observes that "the construction of the *vulnerable child*...positions the needs of children and parents as separate...and diminishes the relational nature of the children within their families, culture and communities" (p.7). It is, therefore, not a "neutral descriptor.... [but] shaped in critical ways by the neoliberal framework that informs it" (O'Brien, 2016, p.9). The vulnerabilities of parents that lead to abusive behaviour are given relatively

little consideration, as are the structural, relational, community or personal causes of those vulnerabilities. This “pits children and adults against one another, as parents are viewed as less legitimate recipients of support and as sources of risk” (Keddell, 2017, p.7). John, who made a comment about parental trauma becoming less relevant when there is harm to the children, illustrated this idea of family members pitted against one another.

The system does not provide workers with enough space to complete both the procedural and relational aspects of the role. Media vilification of the social work profession has cultivated an emphasis on technocratic ways of working, and elevated the anxiety of front line workers. Lonne and Parton (2014) talked about “the media being crucial in bringing the problems into the open...[but] doing so in particular ways” (p.822). After the death of Maria Colwell, which was the first modern high profile inquiry, the social worker involved came under such strong media criticism that she changed her name (Lonne & Parton, 2014). This pattern has continued from that inquiry through Victoria Climbié, Peter Connelly and others. To assuage the fear of sacking or public shaming, many of the participants felt that they had to prioritise tasks rather than people. The emotional detachment mentioned by some participants is a familiar defence for professionals involved in emotionally demanding work. In her seminal paper on organizational defences in nursing, Menzies Lyth (1988) described emotional detachment as limiting psychological involvement, and thus acting as a means of self-preservation. Writing in a social work context, detachment occurs when social workers go beyond the “limits of anxiety and complexity that it is possible to tolerate” (Ferguson, 2017, p.1017). The existence of detachment perpetuates a sense of disconnect between the dyad, and

is seen in by the participant that drew attention to her own numbing. Furthermore, in denying the relational, it prevents the meaningful change that might result from a different kind of relational experience.

Participants entered the profession in order to help children and families, but their experience of the role felt incongruous with the expectation. Professionals felt the iniquities of the service offered, and some identified responsiblising parents as a form of systemic re-traumatising. To cope, participants used what the social defences against anxiety paradigm would describe as a *secondary anxiety that arises from the defences that emerge from the primary task* [My emphasis] but this triggered a further set of issues. Moral injury, which refers to lasting harm caused by one's own actions that transgresses deeply held moral beliefs, seemed to be a latent experience for a number of the participants. In their study on moral injury in child protection workers, Haight et al. (2017) observed professionals describing "troubling existential issues involving their ability to function in an ethical and moral manner within a system they viewed as deeply flawed, and in an unsupportive working environment steeped in human misery" (p.35). Many of the participants highlighted the lack of senior colleagues and high turnover over staff, and the impact this had on retention.

The participants- with the exception of one or two interviewees- expressed real ambivalence about a long-term career in social work. Retention is problem across social work. In 2021, the turnover rate was 15.4% which is the highest recorded rate in the last five years; 33.1% of social workers left after less than two years of service. Retention is even more difficult in child protection (Caringi et al., 2008), with the average working life around 8-13 years (Curtis et al., 2009). The

data reiterated Healy et al.'s (2009) identification of the organisational push factors (stress, burnout, poor social support) that create disincentives to remain. The Laming Report (2003) identified high staff turnover as a contributory factor to child deaths, but it is also particularly important for traumatized parents that need consistency in order to build effective relationships. Again, this is something that participants identified within the data set. This highlights that more attention is required with regard to conditions and approaches that promote sustainability of team based practice and a sense of both agency and security for social workers e.g. the secure base model of social work.

5.5. Establishing and Maintaining Working Relationships with Parents

The experience of C-PTSD results in global difficulties across relationships (Dorahy et al., 2013). Limitations of the social work system also had a significant impact on social workers' capacity to connect with parents. There was an awareness that the offer was not enough for parents or children, and this cultivated a feeling of disillusionment in the participants. For trauma survivors, the first stage of recovery is safety (Herman, 1992) and a revolving door of different professionals is not conducive to feelings of safety.

Stereotypes held by the parents about social workers compounded existing barriers to building an effective relationship. Buckley et al. (2011) highlight "service users views of the child protection system are shaped...by their preconceived impressions of it" (p.104). Parents' negative opinion of services is evident in previous research (Cleaver & Freeman, 1995). The fear of social workers *taking children away* [my emphasis] is a refrain echoed in others studies. A social worker in the

Buckley et al. (2011) study observed that parents' response to the title will be "oh no...not social workers, they'll be doing this, they'll be taking the kids" (p.104). The fear seems to be about the experience of powerlessness. Trauma is inherently disempowering (Herman, 1992) and so this makes sense. In some ways, the reality of the fear is not important because it is the expectation that entrenches existing distrust, and makes relationships even more challenging to form.

Many of the parents had histories of being in care. Their experiences as children created further obstacles for developing relationships with social workers as adults. Statistics on this particular issue are scarce, but Broadhurst et al. (2017) found that 54% of recurrent care mothers had experienced out of home care themselves. Research has suggested that the average number of ACE's in this population group is four (Broadhurst et al., 2017). Children generally want to remain with their parents even when parents can be sources of distress. While social workers may perceive their role as protective, children often experience the social worker as destructive. Historical experiences of social workers are transposed onto current relationships, and this positions the social worker as malign force. Introducing another professional into this dynamic seemed helpful because the traumatic histories' of the parents made forming a safe and trusting relationship with a social worker almost impossible.

Social workers are responsible for the implementation of a child protection plan. For the parents, the conference and the plan itself is often a discrete trauma or, at the very least, recapitulates feelings invoked by previous experiences of trauma. 'Intrusive' and 'oppressive' were two of the adjectives used in the current study to describe the plans, and this captures something of their inherently invasive and

suffocating nature. Again, this characterisation is quite familiar. Buckley et al. (2011) observed that child protection plans were not a “participatory process” with an “implied meeting of minds as to the way forward” (p.105). Parents experienced it as social workers “calling the shots” and dictating outcomes; failure to comply would result in ominous consequences, namely the loss of their children (p.105). Even when participants actively tried to mitigate the plan by leaning into TIC principles, parents often identified the worker with the plan and located the re-traumatising nature of the plan into the worker.

Participants experienced the involvement of social services as a source of shame. In his case study on shame in the child protection process, Gibson (2016) noted that even attuned social workers could not “protect or alleviate parents” from the experience of shame that seems endemic to the child protection process (p.223). In conjunction with the distrust engendered by the themes documented above, parents did not want social services to be involved with their families. This resulted in the rejection of the social worker when the intervention was voluntary, and attempts to minimise their involvement when intervention was mandated. Buckley (2011) described parents’ strategically managing interaction, and this captures something about their desire to keep social workers at arm’s length. In the study, parents’ actions (like not answering calls or the door) were slightly clumsy but understandable strategies to maintain distance from a perceived threatening other. This kind of interpretation was generally absent from the accounts however, with participants’ employing terms like ‘resistance’ and ‘non engagement’ that located culpability in the parents. Responsibilising the parents- linked to the broader discourse of personal responsibility- increased concerns within the system, and thus created even more

friction within the relationship. Earlier research has identified the influence of the politics of responsibility on the design of children and family social work (Lavin, 2008). Although one participant, who had lived experience of trauma, identified and bemoaned the lack of a critical voice among her colleagues, her insight hinted at a potential avenue for more TIC in services.

5.6. Trauma Informed Care

According to SAHMSA (Abuse, 2014), TIC begins with a recognition that the experience of trauma is commonplace. Even when there was no disclosure, the participants that kept trauma in their minds showed an awareness of its ubiquity. The trauma lens, which is another foundation of TIC, recognises the impact of trauma on an individual's physical and mental health can be both conspicuous and opaque. It speaks to a particular perspective that conceptualises problematic patterns as responses that once helped an individual cope or survive in threatening services (Levenson, 2020). Hickie (2020), in a youth service context, describes trauma informed approaches as reconsidering behaviour "typically considered irrational or harmful" as "adaptive responses to trauma, which at some point have served a protective function" (p.2). Within the data, John articulated this very concept in one extract. A number of other participants demonstrated the lens by, for example, conceptualising domestic violence as consistent with the parents' attachment relationships. Participants that integrated a trauma lens into their work did not responsiblise, but contextualised. There was a sense that participants were looking to understand behaviour, rather than blame parents' for their difficulties. In line with this, participants tended to think systemically and considered the impact of broader factors (poverty, social supports) on parenting capacity.

The aim of a trauma informed environment is to create a space, staffed by professionals, that is characterised by the opposite of the original trauma. Trauma informed principles reflect “the direct opposite conditions of persons who have experienced traumatic events” (Hales et al., 2017, p. 318). Powerlessness defines the original experience of trauma, (Herman, 1992) and so TIC aims to cede control to the survivor. If Developmental Trauma and C-PTSD are relational traumas, participants that maintained an explicit focus on the relationship with parents integrated TIC more consistently. Earlier research has recognised that the working alliance can provide a corrective emotional experience for survivors (Banks, 2006). Definitions of relationship-based practice recognise its close relationship to psychosocial approaches and psychodynamic casework (Trevithick, 2003). Researchers have characterised it as a holistic approach that enables a more complex understanding of an individual (Ruch, 2007), and this signifies its compatibility with the foundations of TIC described above. Interest in relationship-based practice is not universal, and “reflects the division between practitioners who find addressing the internal and external worlds of clients through the application of psychodynamic concepts helpful...and those who do not” (Ruch, 2007, p.113). In order for relationship-based practice to flourish, the “uncertainty and anxiety associated with the emotionally charged subject matter that social work comprises must be effectively addressed” (Ruch, 2004, p.111). This observation was very evident in the data, with emotionally regulated social workers more likely to prioritise the relationship. It may be that participants less able to conceive their work in relational terms in this study were influenced by their working systems and cultures.

The emphasis on the relationship resulted in a degree of professional intimacy between social worker and parent. Knowing the parent cultivated understanding and empathy towards their situation and weakened reductive accounts of distress. In addition, participants were able to integrate other trauma informed principles into their practice, though not in a sequential process. Trust and safety are the two initial components of the Harris and Fallot (2009) model because they are most important, though perhaps last to develop. For the trauma survivor, the world- and, in many cases, other people- are unsafe and safety is an essential condition of TIC, and interdependent with trust (Knight, 2019). Interviewees described empowering parents by giving them choices wherever possible within the child protection process. This is congruent with the wider literature that observes, "client empowerment depends on clients having choices" (Knight, 2019, p.4). For survivors, transparency is important because they often knew perpetrators (Pemberton & Loeb, 2020) and some participants were able to integrate this principle even when delivering difficult news. Having said that, some participants felt that it was impossible to integrate TIC in the context of child protection processes. Participants in other child protection research have argued similarly that participation and collaboration does not "work with everyone or in every situation" (Wilkins & Whittaker, 2027, p.7). This might connect to the different roles of child protection work- evidence gathering, relational work with parents and safeguarding children. John- who noticed the utility of having an additional professional- recognised something about the difficulty of wearing multiple 'different hats' when working with traumatised parents.

The integration of trauma informed principles seemed to connect with participants' own experience of trauma. Sweeney and Taggart (2018), highlighting misconceptions of the paradigm, observed that "trauma-informed approaches can seem fuzzy, complex.... or a theorised call for practitioners to 'be nicer' (p.344)." Participants recognised these observations in their colleagues, observing that practice could be confused, abstract or feel tokenistic. Hickle (2020) observed a "lack of clarity" regarding how trauma informed approaches are "defined, measured, and practised" (p.3). Isobel (2016) cautioned that TIC "risks becoming rhetoric without careful consideration of its intent and implications" (p. 589). Annie, who questioned what certain principles 'even mean' in practice, touched on the possibility of TIC becoming more rhetorical than practical.

The practice of those participants with lived experience seemed less performative, and more authentic. Byrne et al. (2013) described lived experience in services as "contributing a different perspective and new ways of knowing" (p.196). Participants used their intrapsychic attunement as a source of information; they monitored their own engagement and maintained emotional engagement. They appeared to demonstrate greater curiosity, and thought about the function of parents' behaviour, conceptualising it as trauma responses rather than personality pathology. It was specifically these traits- examples of posttraumatic growth (Calhoun & Tedeschi, 1991) – that correlated with a more comprehensive trauma informed approach. Lived experience did not equate with good practice per se, but it might have facilitated the development of a sensitivity, attunement and curiosity that were important in working with traumatised parents. Interestingly, participants

acknowledge that skills were formed in the context of their own trauma but also felt that teaching could develop similar traits.

Earlier research has documented the emotional challenges of working in child protection (Lees et al., 2013). The forces that circumnavigate the individual worker (government, media, service) often exacerbate, rather than ameliorate, the anxiety inherent to the work (Jones, 2014). In this study, the participants that felt held within a supportive teams or supervisory relationship appeared better able to realise TIC in their work with parents. Though not focused specifically on TIC, social work research has found that social support can act as moderator between burnout and worker dissatisfaction (Um & Harrison, 1998). Burns et al. (2020) found that being part of a team helped to “ameliorate the strains of the job” and “provided practitioners with practical, professional and emotional resource exchanges with peers” (p.1370). In particular, supportive teams and supervisors enabled risk to be held collectively, and this freed up the social worker to engage in less risk averse practice. This was reflected by Marty’s account of team meetings in the study, and other accounts of reflective supervision. Managing anxiety for professionals is particularly important for TIC since some of the principles- collaboration and empowerment- are about removing power from professionals and giving it to service users. The wider system works against this ideal by elevating anxiety and triggering professionals into defensive practice that seeks to eliminate risk; supportive teams and reflective supervisors seemed to function as a pressure release, enabling a different kind of relationship to develop.

5.7. Implications of the study

Many disciplines have tried to emulate the empirical methods of natural scientists in order to garner for themselves the prestige of being a science. The activity of science is supposed to be the production of objective knowledge by rational means. As part of that identity, orthodox psychology has presented itself as a kind of apolitical discipline, producing knowledge that is rational, objective and value free (Dalal, 2018).

Critical psychology and the anti-psychiatry movement adopt a different position, arguing that orthodox psychology and psychiatry are subjective and positioned. Parker (2015) argues that psychology is implicated in “some of the worst aspects of modern society” (Introduction). Instrumentalised in the service of various political projects, mainstream psychology now augments a neo liberal political philosophy that emphasises the tenets of free market liberalism like low taxation, de regulation, competition, individualism and consumption (Larner, 2000).

The rise of cognitive behavioural therapy (CBT) is an example of client care shaped by dominant political ideas. CBT is an individualistic approach, and is therefore politically non-threatening as it locates the cause of people’s problems squarely within themselves, and not within their circumstances. James Davies, in *Sedated*, has described the therapeutic intervention as a “kind of neo liberal, capitalist project- taking people out of their social context and wrong indoctrinating them with the idea that it is them, not the world that is at fault” (Davies, 2022, p.229).

In opposition to this depoliticised notion that distress is located in the individual, David Smail’s work around the environmental foundation of mental illness is

important. Smail introduced the concept of distal power (power that is far removed from the individual like decisions by the government and actions of the media) and proximal power (power that seemingly closer to the individual like behaviour and cognition). Historically, psychology has focused on proximal power, which is most amenable to personal intervention and the weakest. Distal power-largely impervious to personal influence- has been the focus of Sociology and Politics (Smail, 2018).

The profession has sociological roots, but there was not a consistent appraisal of how distal power affected their work. It could be said that many of the social work accounts reflect the structures of feelings relating to individualised and medicalised accounts of distress that predominate mainstream accounts of mental health within 21st century western culture. However, in order to understand the full implications of the study, it is necessary to consider the implications for both types of power.

5.7.1. Implications for Distal Power

5.7.1.1. Increased Investment in Social Care Services. The introduction documented how the financial crash of 2008/9 ushered in a period of Austerity, and a widespread cutting of public sector budgets. Local authority, which funds social care, experienced cuts of around £2billion from 2010/2011 to 2014/15 (King's Fund, 2020). In Children and Young People's services, the total reduction in spending per child in the same period was 14%, with the most deprived third of LAs cut by 21% compared to 7% in the least deprived LAs (Bywater et al., 2018). The result, unsurprisingly, was a domino effect where decreased local authority spending on public services (Asthana, 2017), reduced resources in related areas (health, housing, education)

(IFS, 2015) and reduction in welfare benefits (Ryan, 2017) has resulted in work intensification for public sector workers (Ellis, 2017).

According to a certain perspective, increased worker efficiency along with a further devolvement of responsibility to the individual is the solution. The recommendation in this paper is different. As Lavallette (2017) has observed, the “responsibilisation agenda seems to fit neatly with the context of declining funding” (p.36). In order to provide a service that is more responsive to the needs of children and parents, increased government investment is necessary and essential. Service initiatives that have emerged out of the issue of recurrent care provide a useful direction. The vast majority of parents in recurrent care services are traumatised (Broadhurst et al., 2020). Evaluations of services demonstrate that flexible modes of engagement shaped through iterative interactions of staff and service users is an effective model (Cox et al., 2020). Workers have lower caseloads, and are able to spend time developing meaningful relationships with parents. Studies have shown that cycle of rapid repeat removals can be interrupted (McPherson et al., 2020). Traumatized parents need time to build relationships because difficulties forming relationships are a consequence of trauma (Herman, 1992). Social workers will need time to build trust and this is difficult with high caseloads. A reduction in caseload is only possible if there is a reduction in demand, which is unlikely, or an increase in the number of staff. The latter is only possible if there is increased funding for recruitment and training of staff.

The case for ‘fiscal prudence’ generally rest on the amount of debt and the size of the deficit (Dupont & Kwarteng, 2012). The pandemic, which cost the country an extra £167 billion (Goodell, 2020), and the war in Ukraine have undoubtedly

stretched the nation's finance. The argument is that the country cannot afford Scandinavian type services with existing levels of taxation (Travers, 2016). The benefits of increased taxation is a contested ideological point, but it is generally not a vote winner. However, there is a strong economic and pragmatic argument for increased funding. A better-resourced service would reduce staff turnover (McFadden et al., 2014) and the use of short-term agency staff, which costs local authorities a significant amount of money. Edinburgh Council spent more than £30 million on agency staff over a five-year period (Paterson, 2022). Greater stability provided by consistent staff will facilitate relationship building with parents. Both the study and the literature review highlighted that excessive workload- a result of too much work and too few staff- prevented relational work. This type of work is crucial to working with trauma and reducing risk. Armstrong and Ruskin (2014) observe that public sector services run along business lines become "turbulent environments" (p.15) and hence become less containing for staff and families. Reducing staff caseloads may limit the escalation of cases and prevent the removal of children from their parents, which is a significant cost in itself.

5.7.1.2. Increasing Diversity in the Political Establishment. As noted above, the responsabilisation argument has occurred in tandem with the cutting of public services. From a perspective that advocates for small state government, it makes sense to locate responsibility in individuals rather than government. The process of 'responsibilising' citizens also functions to irresponsibilise governments (Craddock, 2007, p.162). A corollary of the agenda has been the rise of meritocracy. The philosopher, Michael Sandel, observes how "the meritocratic ideal places great weight on the notion of personal responsibility" (Sandel, 2020, p. 34).

In conjunction with this, the political class in this country comes from a circumscribed demographic. Seventy per cent of people do not have a university degree in the UK, (Sandel, 2020), while 57 % of the Cabinet attended Oxford or Cambridge. The Labour party, which is supposed to represent the interests of the working class, has also experienced a radical shift in the educational and class background of its MPs. In 1979, 41% of its MPs were elected without having a degree but this number had reduced to 16% by 2017 (Sandel, 2020).

The meritocratic ideal argues that 'success' is the result of individual ability and industry. The ethos is individualistic and it minimises the importance of the systemic and structural in mediating outcome. Recognising the impact of macro structures on individual lives would place an onus on Government. On an individual level, meritocracy can erode humility and gratitude because the narrative is one of just deserts. Diversity of background injects a different purview. A broader church of individuals may be more sensitive to the complexities of the world, and better able to recognise the impact of factors outside the individual. Clement Atlee's Cabinet, which included seven former coal miners and had the fewest number of privately educated ministers in any cabinet since the war (Sandel, 2020), created the NHS and the Welfare State. Broad social experience within government is important to counter the current status quo that has argued for the abnegation of social responsibility. This has filtered into public services- including safeguarding- and is not conducive to effective practice for children or their parents.

5.7.1.3. Reinstating an Ethical Politics. A number of social commentators have argued that the centrality of values-based politics has been eroded. Boris Johnson's premiership (and continued popularity) is an example, perfectly illustrated

by the attempt to remove the ethics officer from his role after a negative report (Stewart & Partington, 2022). Donald Trump's ascension to the Presidency, despite examples of egregious behaviour (Kellner, 2018), indicate a more global political trend, with voters caring less about moral rectitude than other perceived traits like national autonomy and 'economic competence.'

Real politick- which is a system of politics based on practical rather than moral or ideological considerations- is the ideology that generally seems to dominate contemporary politics (Bew, 2016). The introduction documented the Sun's coverage of the Peter Connelly story, and their scapegoating of social workers (Jones, 2014). However, the Government in capitulating to an agenda driven media have been complicit in the consequences of the episode (Warner, 2014). Optics, rather than ethics, seem to have informed the decision-making processes in this instance.

Humane child protection systems cannot eliminate risk to children (Munro, 2010). Designing a child protection system that prioritises a holistic conception of children's wellbeing means supporting parents, and rejecting highly risk averse practice (Featherstone et al., 2018). This paradigm involves risk and the risk will become actual harm in some instances. During these times, the spirit of an ethical politics should inform government response. This means reiterating the belief that an equitable system for children and their parents will be unable to prevent tragedy. Cooper et al. (2003) argue that politicians and managers have to legitimise the use of discretion in child protection work, and not blame social workers unless a child's abuse is due to a gross dereliction of duty. Castigating professionals that spend their working lives safeguarding vulnerable families is counterproductive (Bostock, 2005), and demonising parents that are often survivors of their own trauma is

reductive. While this nuanced account will not win votes, it is critical that politicians are supported to articulate policy that is premised on the complex reality of child protection work.

5.7.2. Implications for Proximal Power

5.7.2.1. System Level Implication: Moving towards a Family Service

Approach. Threshold systems- in a child protection context- describe systems where families need to meet minimum levels of dysfunction to gain entry into the system (Cameron et al., 2001). They exist in societies that emphasise individual rights and responsibilities, and their primary mandate is to protect children from harm in their immediate living environment. Various trends are associated with threshold approaches, with critics arguing that their “official rationale may be protection of children, but a more covert dynamic is the allocation of blame” (Cameron et al., 2001, p.27). In addition, they fail to recognise that mothers coming to the system have been victims of their own developmental trauma.

In contrast, the family services approach found in Scandinavia and Western Europe sees the state as having a responsibility to intervene early and in a supportive manner to assist vulnerable families as well as to protect children from harm in their own homes (Cameron & Freymond, 2006). Services in this country generally operate a threshold approach but should seek to move towards a family service approach that is characterised by early intervention and an ethos of supporting entire families. During times of financial constraint, there may be a temptation for LAs to cut early intervention programs but this should be resisted. Moreover, the features of threshold system (onerous paperwork, tight time frames,

highly standardised procedures) that erode the capacity of social workers to spend time building supportive relationships should also be pared down to the absolute minimum.

5.7.2.2. Local Authorities: Recruiting Lived Experience and Protecting Reflective Supervision. Social workers should be able to spend more time with families, and integrate more trauma informed principles with reduced caseloads. In addition, recruitment of lived experience professionals may help develop service competence. Existing literature has identified the capacity of lived experience to “revolutionise services” (Basset, 2010, p.3). Professionals are more likely to problematize the dominant biomedical model of distress and highlight an alternative framework of understanding (Beresford & Boxall, 2012). It may facilitate the transformation of abstract principles into more concrete actions or practices as demonstrated by April in the interviews. However, research has suggested that a disproportionate number of social workers have personal histories of trauma and the role may be a source of Secondary Traumatic Stress (Bell et al., 2003). To qualify the recommendation, lived experience will only be an attribute if the trauma has been processed or integrated. Wallin (2013) describes this as “conferring a heightened capacity for empathic understanding grounded in our partial identification with the patient’s own difficult experience” (p.249), while a lack of integration can adversely affect treatment in various ways.

Existing research (Ferguson, 2018) has observed how social workers shut down reflective capacity to cope with unbearable demands of face-to-face work, labelling it “the defended nature of self” (Briggs, 2005, p.23). Reflective supervision is critical because it can interrupt the formation of that intrapsychic defence. Effective

supervision mimics the 'containment' of a parent/child relationship (Ferguson, 2018), and should encourage practitioners to express feelings and think about the unbearable anxieties split off (Ruch, 2007). Similarly, Casement (1985) argues that supervision is crucial in developing the capacity of social workers to reflect, self-analyse and contain themselves when working with clients. From this experience, a process of 'internal supervision' develops and the supervisee is able to maintain a "benign split within themselves whereby their mind is free to move between themselves and the service user" (Ferguson, 2018, p.418). Although supervision is not routine within social care services currently, services should provide and prioritise reflective group spaces for social workers to reflect about their work. Organisational studies informed by the social defences against anxiety paradigm (Armstrong & Rustin, 2014) have highlighted that containment is also provided by how services are structured (Lyth, 1988), clarity about roles (Stokoe, 2018) and realistic appraisal of tasks.

5.7.2.3. Social Work Educators: Cultivating self-awareness in training and problematizing 'fast track' training programs.

In order to provide TIC, reflexive practice is essential with high levels of self, role and assumption awareness (Sheppard, 2007). Knowledge of self is a key aspect of relationship-based practice (Howe, 2008). The worker needs to be able "acknowledge and understand their own emotional states if they are to be able to get in touch with the feelings of the service user and the potential for their emotions and experience to trigger emotional reactions in the worker" (Ferguson, 2018, p.417). Psychoanalytic models recognise the importance of self-awareness and impose requirements on prospective trainees to be undergoing personal therapy (Rake &

Paley, 2009). This model brings its own issues (Moller et al., 2009) and would not be an appropriate recommendation considering the current cost of living crisis.

However, integrating fundamental psychoanalytic and attachment-focused concepts into training programs and post qualification could be an effective middle ground.

Developing the skills to monitor emotional engagement is critical in preventing affective detachment. Moreover, self-awareness is critical in noticing the projections that are present in this type of work, and resisting the pull of enactments (Emanuel, 2002).

Programs like Frontline and Step up to Social Work generate controversy. Like Teach First in the education sector, they probably attract graduates that may not have considered the profession. Frontline's attempt to develop "an elite leadership cadre for the social work profession" (Murphy, 2016, p.279) is problematic in that it appears to be an implicit criticism of the existing quality of social work professionals and leaders. Research estimates that around 30% of Frontline graduates had left the profession after 36 months (Turner 2020). The program was supposed to be part of the solution to the issue of staff turnover, but instead may be exacerbating the problem and this is particularly detrimental to effective work with traumatised parents. However, these figures also suggest that 70% remain, and some will make significant contributions to the field and profession, as illustrated by the founder, Josh MacAlister's work on children's social care. However, there are further issues, specifically around the truncated nature of the program, and the type of individuals that are likely to be attracted. As noted above, knowledge of self and reflexivity are critical skills for working with traumatised parents. Unless graduates already possess said capacities, the truncated and squeezed nature of fast track programs means

they are unlikely to be developed. Therefore, it is important that social work educators continue to highlight the issues that come with shortened training programs, and campaign for the slower, but arguably deeper, learning that comes with three or four year programs.

5.8. Strengths and Limitations of the Study

5.8.1. Strengths

The study had a number of strengths. Firstly, the planning and implementation of the study has been rigorous. The knowledge gap highlighted by a piece of existing research provided the rationale for the study, and a systematic literature review provided a useful background to the study. There were differences in the participants that provided some variation, and meant the study moved beyond a service type evaluation. Strategies were used to monitor researcher bias, and the primary supervisor commented on the data to provide a degree of triangulation. Secondly, the use of TA meant that the interview process was flexible, and allowed the interviews to develop in an organic manner. The capacity to be responsive to the themes brought by participants led to some interesting data, and novel recommendations e.g. the idea of psychoanalytic training as a potential method of mediating the inherent anxiety of the work. Thirdly, the overlap of themes between the literature review and results have strengthened the findings of the respective studies, while reiterating the importance of systemic features in working with parental trauma and child protection. Finally, the study has attempted to adopt a critical perspective, and consider the data in relation to the broader ideas and discourses

articulated by politics and government. A criticism of the discourse about safeguarding has been about its tendency to individualise problems, and responsiblise individuals in order to deflect from systemic issues. Based on careful interpretation of the interviews, the study has attempted to be congruent with that criticism.

5.8.2. Limitations

The study had a number of limitations. Firstly, the study used purposive sampling to recruit participants. Participants are likely to have had an existing interest in the topic. They may have been more knowledgeable about trauma, and more likely to be integrating trauma informed principles into their practice (Sharma, 2017). Secondly, the population group were chosen because it would enable recommendations for practice to be made. However, during the study it became clear that the experiences of trainee and newly social workers were quite different. Despite the fact that they may have been only a year apart in their respective social work journey, the requirements on the newly qualified social workers resulted in a qualitatively different experience. Focusing on the newly qualified social workers would arguably have resulted a study with greater ecological validity because their experience seemed closer to the reality of the social work role. Thirdly, the participants interviewed came through different routes, with the slight majority doing a BA or MA in social work. Again, their experiences seemed very different from the graduate entry programs (Frontline or Step up). A study that focused on a particular route may have resulted in recommendations, with less confounders. Finally, the sample- in terms of gender and ethnicity- did not represent the social work workforce. Although the sample was 75% female, the census states that over 90% of

children's social workers are female. In addition, the sample was 84% White British, but the census suggests that only 70% of the workforce is White British.

5.9. Further Research

There are different avenues for further research. As noted, the sample included both trainee and newly qualified social workers. The experiences of the two groups were quite distinct. Trainee social workers described a reduced caseload and more time to work with families that enabled them to integrate trauma informed principles, especially around collaboration. It may be useful to conduct further research only with newly qualified social workers to isolate themes, and therefore provided more focused recommendations.

Similarly, it may be useful to focus on particular routes into social work like university-based programs or graduate based programs. The teaching and practice emphasis on the routes seemed different, and this may affect the capacity of the participants to work in trauma informed ways. Murphy (2016) describes Frontline (a graduate route into the profession) as supported by neo conservatives with a "common emphasis on the development of non-state services...and entrepreneurial leaderships" (p.279). According to this observation, the program is ideologically driven and this may be reflected in the participants. Ideally, a study that focused on participants from each training route may provide some interesting comparisons about the relationship between training provider and TIC.

Further research with social workers as participants could include a study on social work managers. The participants talked about their capacity to work in trauma

informed as partially dependent on their supervisors and managers. A study focused on this perspective would provide a top-down account of the difficulties of attending to parental trauma within child protection work. Participants that were concerned about getting in trouble for failing to complete paperwork or pulled from training to complete assessments for high-risk families found it more difficult to be trauma informed. Conversely, participants described the positive impact of reflective supervision and managers that prioritised collective thinking. Ethnographic and psychoanalytically informed methodologies could obtain a 'close to the ground' account of the experience of social work practice including receiving reflective support and the impact on practice (Harvey & Henderson, 2014). Since it is a relational process, a study that was able to involve both parents and social workers might help understand similarities and differences concerning what helps parents who have experienced trauma to care effectively for their children.

Finally, a similar research question with social workers in recurrent care services may provide some very useful insights. In particular, it will be helpful in considering the impact of certain systemic pressures on working with traumatised parents because many of the services operate with reduced caseloads (McPherson et al., 2020). A number of services have been evaluated (Cox et al., 2020), but a focused research question may help to build an evidence base in support of reduced caseloads in generic child protection work.

5.10. Reflections and Learning

The research and interview process has demonstrated the tensions and challenges of being a social worker based in child protection. Like many caring

professions, the work is hard in both a literal and psychic sense. Unlike other allied professions, social workers contend with judgement and opprobrium from both the public and their clients. At points, I also felt judgmental during the interviews and I wonder if this reflects my own internalisation of the blaming discourse in social services. Many of the interviewees came into the profession in order to help children and families, but they feel scrutinised and undervalued. While some practitioners were more able to work within the limits and constraints of the current system, there is a need for a paradigm shift in understanding distress and relational harm at all levels. Developing an understanding of an allied profession has been helpful and I am looking at qualified roles that might enable me to utilise that knowledge.

I came into the project with a political perspective that was slightly left of centre. Societies should aim to limit the inequality between citizens as much as possible within a capitalist system. Across the capitalist spectrum, the Scandinavian model advocates high levels of taxation and a strong welfare state. The American system is characterised by small government and a strong emphasis on the individual. My preference is the former. I tried to limit the impact of my politics by opening with a broad question and being responsive to the interviewees' ideas. Similarly, I tried to bracket my views during the coding process. While I have sought to be rigorous in limiting and minimising my influence, the notion of research being neutral is questionable. This has further strengthened my scepticism of a positivistic research paradigm, and some of the outcomes of said paradigm.

The project enabled me to develop a better understanding of how governments use discourses in order to advance a particular political vision. I am better able to trace the relationship between vision, ideas and impact on the day-to-

day lives of ordinary people. David Cameron's 'big society' was the example used in the introduction; in particular, how the discourse placed the onus on individuals and communities, rather than government. Connected to this, it was interesting to observe the insidious impact of certain discourses on the social workers. Many of the interviewees observed the injustices of the system on parents, but also located blame primarily in the parents. I also recognised my internalisation of said discourses, and I have become increasingly aware of a friction between what I believe to be right and instinctive emotional responses to issues.

My final year has been an immersion in trauma, both for my placement and thesis. I have begun to develop an understanding about the magnitude of trauma's impact on an individual. Many aspects of life are extremely challenging for traumatised individuals, and parenting a child must evoke an array of difficult thoughts and feelings. The systems in this country rarely provide the depth and breadth of support that traumatised individuals require. Even within services, parents are often re-traumatised and held exclusively responsible for situations that have developed from a multiplicity of factors. The project has reiterated a sense that dichotomising (child/parent; victim/perpetrator) is reductive. To provide an effective service, services should view individuals within their historical and family context. Safeguarding is a collective responsibility. While parents may be primarily responsible, they should be supported to develop skills to exercise that responsibility if needed.

5.11. Conclusions

The aim of this study was to explore trainee and newly qualified social workers' experience of parental trauma in child protection work. There were varied categories of trauma experienced by parents, but a pattern of difficulties common to a C-PTSD profile. The systemic problems within child protection echoed the findings of the systematic literature review. The caseloads and administrative requirements obstructed relationship based practice, and it was difficult to provide an alternative relational experience. In order to manage the irreconcilable tensions created by macro systems, social workers used a range of defences to cope with the reality of the work. The lack of experienced staff exacerbated the emotional labour of the work, and left social workers feeling an absence of containment. Geisler et al. (2019) identify quality of work as a key feature in retaining social workers, but providing this was challenging in the context of high caseloads and onerous administrative requirements.

The difficulty in establishing effective working relationships between parents and workers was not the result of a single cause, but a combination of factors. The fear of social workers *taking your kids* [my emphasis] compounded existing negative experiences of the system. Despite the obstacles, social workers- to a greater or lesser extent- were able to integrate trauma informed principles into their work with parents. Social workers with lived experience of trauma seemed especially cognisant of the important features of TIC. The possibility of connecting with another professional, through supervision or reflective team spaces, correlated with social workers managing the high levels of anxiety inherent to the work. From there, they

were able to relinquish control, empower parents and develop effective working relationships.

The discussion adopted a critical approach, and considered implications of the research at both service and government level. While the consequences of trauma can be painfully isolating, trauma takes place in the context of relationships and any repair will be in the context of trusting relationships. To move forwards, traumatised individuals often need a diverse treatment plan that might include processing work, skill building and alternative relational templates. The issue of recurrent care-with 1 in 4 birth mothers reappearing in a subsequent set of proceedings within 7 years- is indicative of the cyclical nature of issues within families. However, the efficacy of new services, which are characterised by reduced caseloads, also indicates the type of services model that may engender change that is more lasting. To complement this, social workers' *use of self* is an important attribute and this capacity may correlate with a lived experience of trauma, provided there has been a degree of processing. Furthermore, relationship based practice is not something that can be practiced in isolation but requires "organizational attention, in particular the provision of reflective supervision as a standard part of agency life" (Cooper, 2018, p.6)

At a macro level, a better understanding of the complexity and implications of trauma informed work is required including at the level of policy. This includes diversifying the political establishment in order to disrupt existing narratives that individualise social problems and responsiblise parents. McGarvey (2018) talks about the "deficit" between people that "lead the conversation and those who experience the issue" (p.122). Child protection work should be conceptualised as a

family system issue rather than an exercise in eliminating risk, but this will require politicians willing to resist oversimplifying the issue in order to win votes (McGarvey, 2018). In a modest way, this study may help to inform a different understanding of the social care that traumatised families require.

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Appendixes

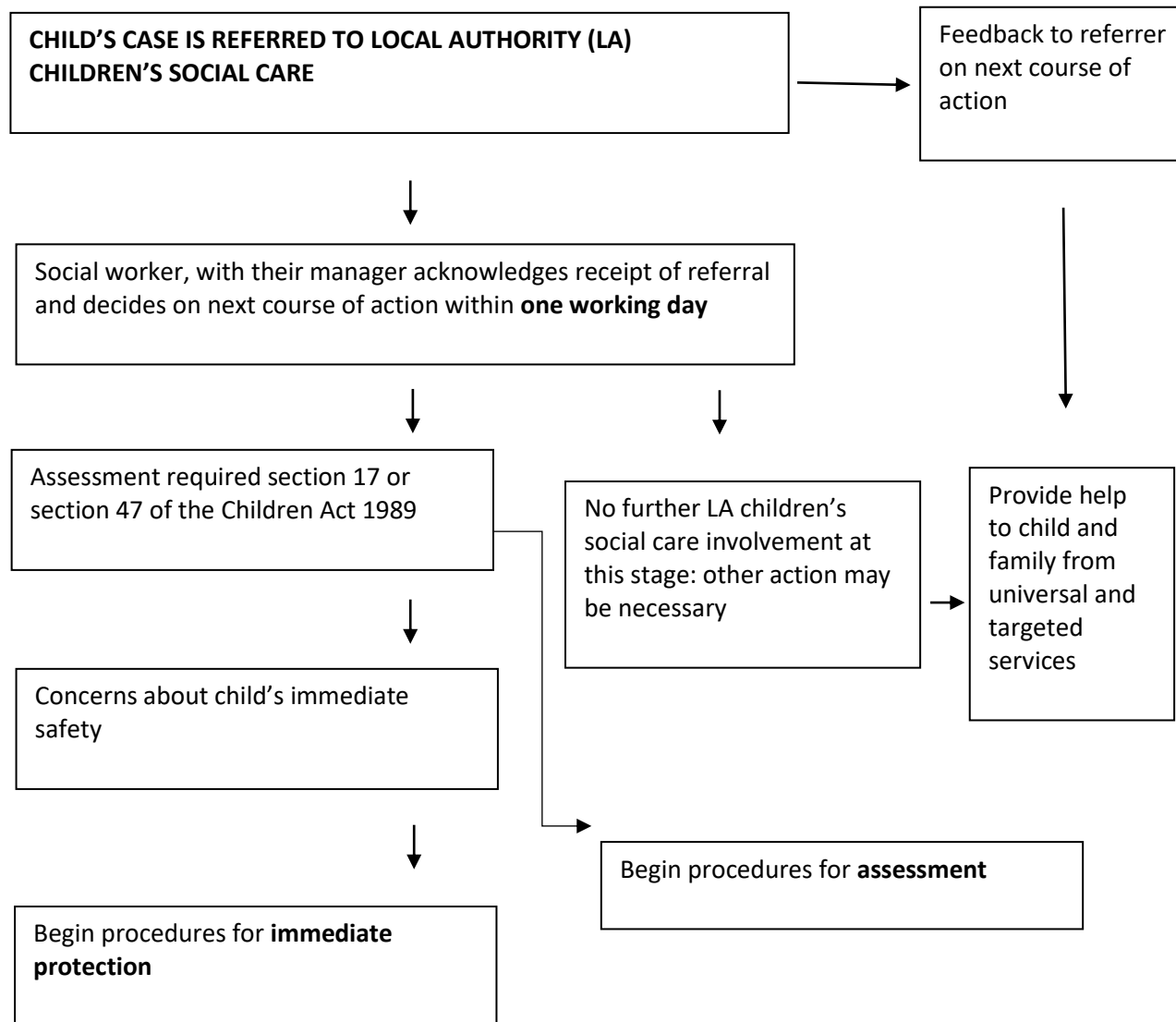
Appendix 1: Herman's domains of impairment in Complex trauma

Table 1. Domains of Impairment in initial proposal.

Domains of Alteration	Examples
affect regulation	Persistent dysphoria; chronic suicidal preoccupation; self-injury; explosive or extremely inhibited anger (may alternate); compulsive or extremely inhibited sexuality (may alternate)
consciousness	Amnesia or hyper amnesia for traumatic events; transient dissociative episodes; depersonalisation/derealisation; reliving experiences either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation.
self-perception	Sense of helplessness or paralysis of initiative; shame, guilt, and self-blame; sense of defilement or stigma; sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or non-human identity).
perception of perpetrator	Preoccupation with relationship with perpetrator (includes preoccupation with revenge); unrealistic attributions of total power to perpetrator; idealization or paradoxical gratitude; sense of special or supernatural relationship; acceptance of belief systems or rationalizations of perpetrator.
relation with others	Isolation and withdrawal; disruption in intimate relationships; repeated search for rescuer; persistent distrust; repeated failures of self-protection.
systems of meaning	Loss of sustaining faith; sense of hopelessness and despair.

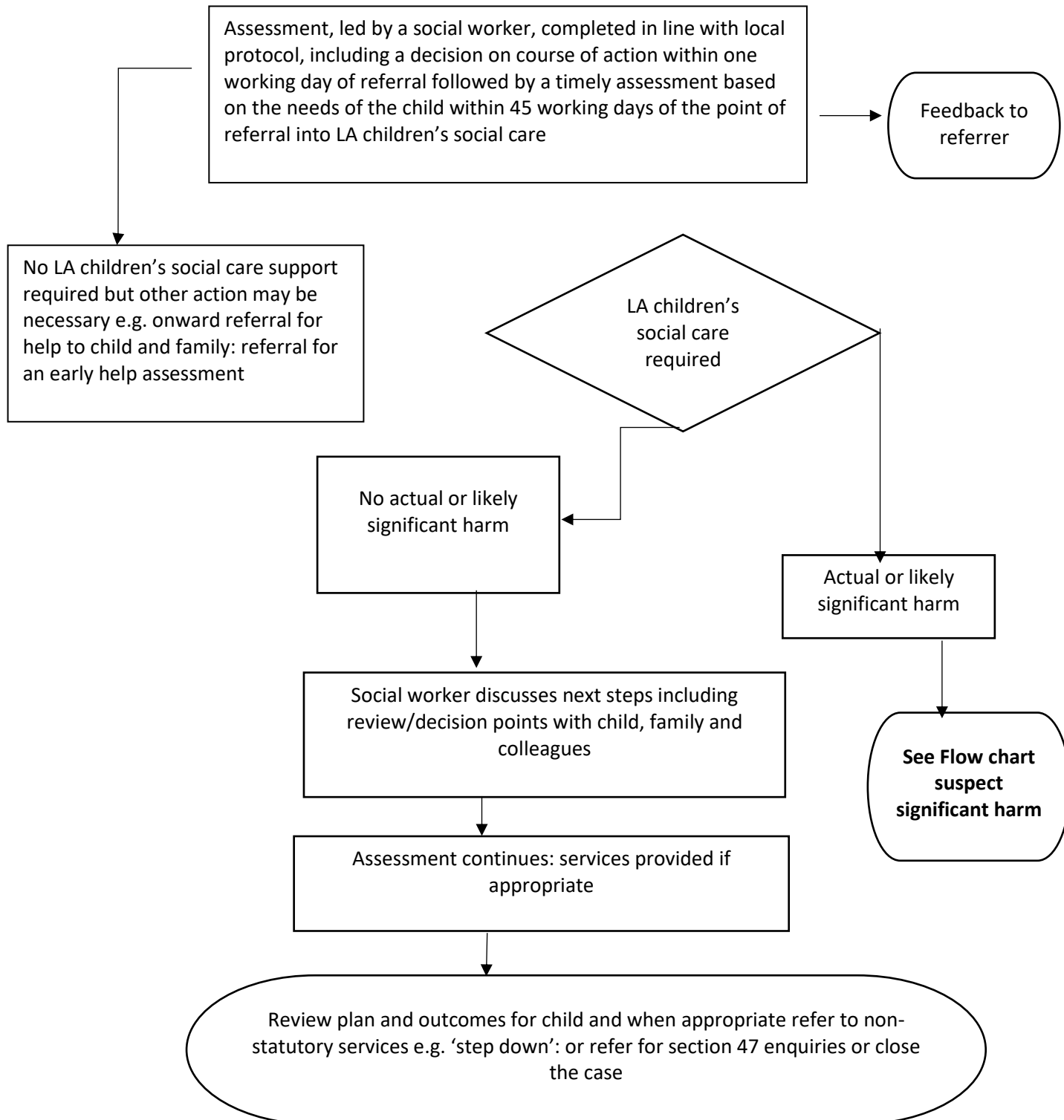
Appendix 2: Flow chart of Child Protection Processes

Figure 1. Initial Referral Process



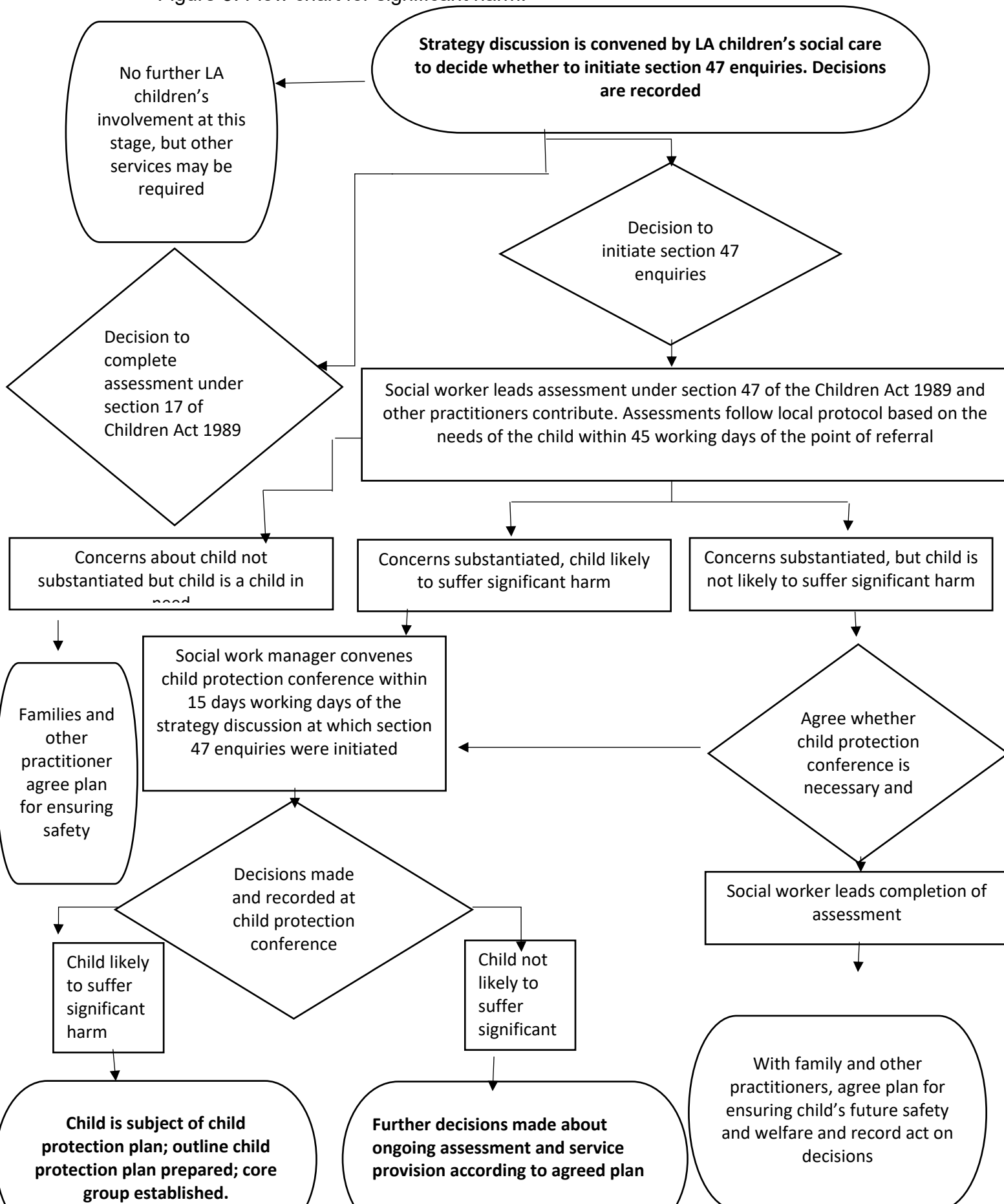
Appendix 3: Flow Chart of Child Protection Processes

Figure 2. Action Taken For an Assessment of a Child under Section 47.



Appendix 4: Flow Chart of Child Protection Processes

Figure 3. Flow chart for significant harm.



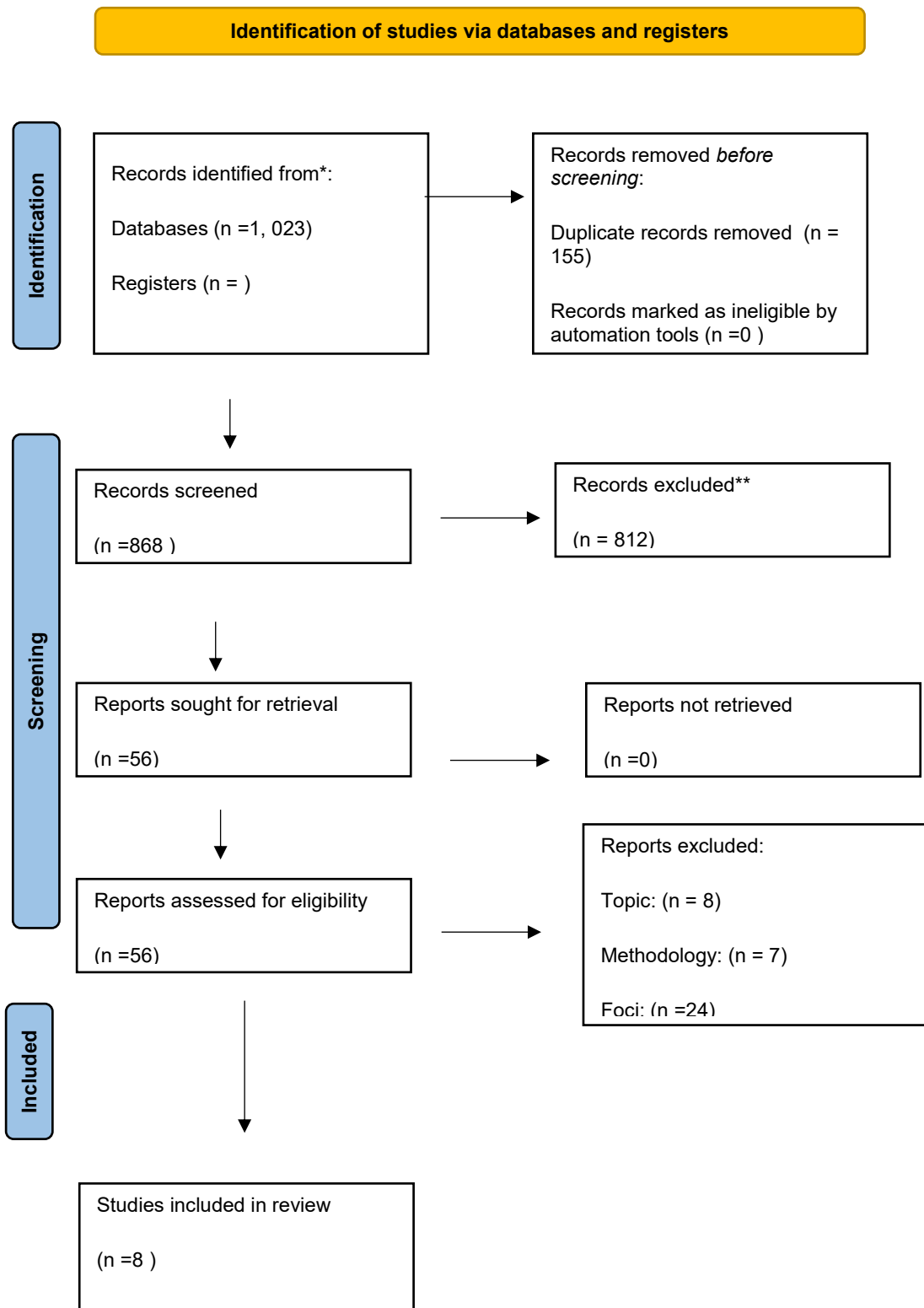
Appendix 5: Example of PEO framework for Literature search

Research Topic: What are the qualitative experiences of social workers in child protection cases?

P	Population and their problems	Social workers
E	Exposure	Child protection cases
O	Outcomes or themes	Experiences

S1	“Social worker*” or “Social work practitioner*”
S2	Experience* or perception* or attitude* or view*
S3	“child protection” or “child welfare”
S4	“qualitative research” or “qualitative study” or “qualitative methods” or interview or qualitative

Appendix 6: PRISMA Process of Literature Search



Appendix 7: Quality of Appraisal Table of Studies

Table 2. Quality of appraisal of included studies

Criteria	1	2	3	4	5	6	7	8	9	10	Total	Grade
Jansen (2018)	2	3	3	2	1	0	1	1	2	1	16/30	+
Sudland (2019)	3	3	3	3	2	2	2	1	2	2	23/30	++
Gibson (2017)	3	3	3	3	3	3	3	2	2	2	27/30	++
Lovanhnsuu & Emond (2020)	3	3	3	3	2	3	2	2	2	2	25/30	++
Kettle (2018)	3	3	3	1	3	1	2	1	2	2	21/30	+
Bernard, C. (2019)	3	3	3	1	2	2	2	2	2	3	25/30	
Radey & Schelbe (2017)	3	3	2	2	2	1	2	1	2	2	20/30	+
Delong-Hamilton (2016)	2	3	3	3	2	1	2	1	2	2	21/30	+

Clear statement of aims/objectives contextualised by existing research

Qualitative methodology appropriate

Research design appropriate to address aims of research

Sample Selection was purposeful and participant characteristics fully described

Data collection is clear including specific instrumentation used and saturation discussed

Reflexivity demonstrated (Relationship between researcher and participants considered, critical examination of researchers own role, personal biases etc)

Ethical considerations (approval sought, informed consent, confidentiality, effects of the study on participants)

Data analysis clearly described and referred to a clear data audit trail

Results were supported by the data (Use of quotes). E.g. triangulation, respondent validation, others involved in analysis.

(10)Contribution and implications to existing knowledge of the research, while outlining its limitations and future directions.

3=Well addressed 2=Adequately addressed 1=Poorly addressed 0=Not reported

Appendix 8: Overview of Studies

Table 2. Overview of Studies.

Author (Year)	Country	Number of Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
Jansen, A.(2018)	Norway	12	7/8 female	Unknown	23-48	Semi structured Interviews	Thematic Analysis	Complexity of life as a professional, casework characterised by multiplicity, uncertainty, divergence and emotionally tough.
Sudland, C. (2019)	Norway	24	23/24 female	Unknown	Unknown	Semi structured interviews	Grounded Theory	Difficulties communicating with parents, emotional strain of the work and organizational limitations.

Author	Country	Number of Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
Gibson, M. (2017)	United Kingdom	19	18/19 Female	18/19 White	24-63	Semi Structured Interviews	Grounded Theory	Administration as a priority, impact on social workers' job satisfaction.
Lohvansu, J. & Emond, R. (2020)	United Kingdom and Finland	8	All female	Not reported	Not reported	Semi structured interviews	Thematic analysis	Excessive workload, mistrust from service users, absence of 'early help' services, strain of the job.
Kettle, M, (2018)	United Kingdom	22	Not reported	Not Reported	Not reported	Semi Structured interviews	Grounded theory	Multiagency work, Social worker as 'persecutor', hostility and difficulty engaging parents, trauma informed care, power, difficulty of the job.

Author	Country	Number of Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
Bernard, C. (2019)	United Kingdom	30	Not reported	Not Reported	Not Reported	Semi Structured Interviews and Focus Groups	Thematic Analysis	Complexity in casework, uncertainty in decision making, hostility from parents, difficulties engaging parents.
Radey, M. & Schelbe, L. (2017)	United States	38	21/38 Female	28/39 White	21-59	Semi Structured Interviews	Thematic Analysis	Unprepared for work, multiplicity in cases, excessive workload, feelings uncontained, hopelessness.

Author	Country	Number of Participants	Gender Split	Ratio of Ethnicity	Age Range	Data Collection	Data Analysis	Main Findings
DeLong-Hamilton, T et al. (2016)	United States	20	19/20 Female	Not Reported	Not reported	Focus Group	Grounded Theory	Complexity of cases, importance of administration, uncertainty around decision making, ambivalence towards parents

Appendix 9: Example of Study Details and Key Concepts

Table 3. Sample of Tabulated Study Details and Key Concepts.

Methods and Concepts Jansen (2018)		
Key Details		
Purpose	To explore and unpack the concept of complexity in the everyday professional lives of newly graduated child protection workers	
Setting Sample	Norway 8 Newly Qualified Social Workers	
Data Collection and Analysis	Semi Structured Interviews Thematic Analysis	
Concept		
Powerlessness	A feeling of being unable to take effective action	"I have two children that I am responsible for, whom I know...more or less 100%- are being beaten at home... and I just have to let it happen." p.1529.
Workload	Insufficient time and space to provide adequate care to all the families in a caseload	"I have to put aside the remaining families that I work with, because I have no time to deal with them." P.1529.
Multiplicity	Having to perform multiple different roles and tasks.	"We do incredibly different things, and no case is alike, even if there is nuances of sameness, sort of." P.1530
Power over relationships with parents	An awareness that parents were likely to be feel forced to act in particular ways	"And it is of course a voluntary measure, but how much is it experienced as being voluntary?" P.1531
Uncertainty in decision making	Not being sure about the correct course of action	"I have another case that is also like 'maybe maybe' and I really don't want to take that one to court, because I am so much more uncertain about it." P.1532.
Training and reality mismatch	A lack of congruence between teaching and the realities of the job.	"Sometimes the graduates experience conflicts between the perspectives on social work that they have been taught at school and the practices they meet in the new workplace." P.1533.
Hostility from parents	Practitioners experience anger and hostility from parents at their decisions.	"She ended by stomping out of the meeting room, saying: Damn you,

Unpreparedness	The experience of training not preparing graduates for the reality of the job.	Lisa! Like- You create a hell of a lot of problems." P.1534. "When the graduates speak of praxis shock, it is the unpreparedness for the totality of professional conduct, the sum of everything involved and associated with the daily work, that they refer to." P.1535.
Lack of knowledge	A lack of concrete knowledge to perform the multiple aspects of the job.	"As a graduate, to stand alone and make those assessments, that...I can with absolute certainty say that I am not qualified to make those assessments after three years of education." P.1536.

Appendix 11: Participant Information Sheet

Traumatised parents in Social Work practice: A qualitative study on how is trauma managed in parents by trainee, newly qualified and experienced social work professionals.

4th July 2022

Invitation to our study

My name is [REDACTED]

[REDACTED] If you are a trainee social worker, newly qualified social worker or experienced social worker with experience of working with traumatised parents in child protection cases, I would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or you would like more information.

Background on the project

I am interested in social work professionals' understanding and management of parental trauma in child protection cases. This is because many of the parents whose children are involved in child protection cases have experienced trauma themselves. This can make establishing and maintaining relationships difficult, especially with professionals. I am interested in social work professionals' experiences of managing trauma in parents, as existing research has focused on parental perspectives.

Details of the study

If you agree, you will participate in a semi-structured interview that focuses how you have managed parental trauma in child protection cases. The interview will last approximately an hour. It will be conducted in a quiet public space, in your home, or over a digital platform like Zoom.

The interview will be more like a conversation, with questions used to structure the discussion. Examples of questions that you may be asked include *tell me about how you have managed trauma in parents*. The interview will be recorded and then transcribed. The transcription, together with the other interviewees, will then be analysed and interpreted.

I will not be able to pay you for participating in my research but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

Advantages and Disadvantages of participation

The disadvantages of taking part include time spent during the interview, and the disadvantages of talking about sensitive issues like trauma. The advantages of taking part are that the interviews might generate some original insights into the topic, which may help to develop practice.

Risks

Although the topic of the interview is sensitive, the focus of the interview will be on professional management of trauma in others. It will not focus on participants' personal experience, or vicarious trauma.

Informed consent

Should you agree to take part in this experiment, you will be asked to sign a consent form before the interview begins.

Data Controller

The legal process for processing the data will be consent, gained by participants' reading and signing the consent form described above.

Withdrawal

Your participation is voluntary and you will be free to withdraw from the project at any time without giving any reason and without penalty. If you wish to withdraw, you simply need to notify the principal investigator (see contact details below). If any data has already been collected, I reserve the right to use the anonymised data in the analysis.

Data gathered

We will collect the basic demographic data for each participant (age, sex, years of experience etc.). This information is important for contextualising the data in the written reports.

The data from the interviews will be recorded, transcribed and then analysed. A report will be written that attempts to capture the main themes across the collection of interviews.

Confidentially

The data from the interviews will be stored in electronic files only accessible to project researchers. Data files will be encrypted and word documents will be password protected.

Signed consent forms will be kept separately from individual experimental data and locked in a drawer until the end of the project.

In the write up, pseudonyms will be used to maintain anonymity.

The research data will be kept for 10 years, after which it will be destroyed.

Findings

After the end of the project, I will write a report that captures that main themes across all the interviews conducted. In addition, there is the possibility that the report may be written up for publication in academic journals.

I will be happy to provide you with a lay summary of the main findings and with copies of the articles published if you express an interest.

What should I do if I want to take part?

[REDACTED]
[REDACTED] contact phone number.

Concerns and complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project (see contact details below). If are still concerned or you think your complaint has not been addressed to your satisfaction, please contact the Supervisors in the principal investigator's department (see below). If you are still not satisfied, please contact the research [REDACTED]

Funding

The research does not require funding.

Ethical approval

This project has been reviewed on behalf of the [REDACTED] and had been given approval.

Contact details

Principal investigator

[REDACTED]

Supervisors

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Research Director

[REDACTED]

[REDACTED]

Appendix 12: Consent Form

Consent Form

Title of the Project: Traumatized parents in Social Work practice: A qualitative study on how is trauma managed in parents by trainee, newly qualified and experienced social work professionals

Research Team: Health and Social Care

Please initial box

I confirm that I have read and understand the Information Sheet dated 31/05/2022 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

I understand that my participation is voluntary and I am free to withdraw from the project at any time without giving any reason and without penalty up until the stage that the data has been anonymised and coded. After this stage, I understand that the anonymised data can be used in the analysis.

I understand that the topic of the research is potentially sensitive, but that the interview will focus on professional management of trauma in others, and not on personal experiences or vicarious experience of trauma.

I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the

and that confidentiality will be maintained.

I understand that my fully anonymised data will be used for the writing of a report, and possibly for the publication in an academic journal.

I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

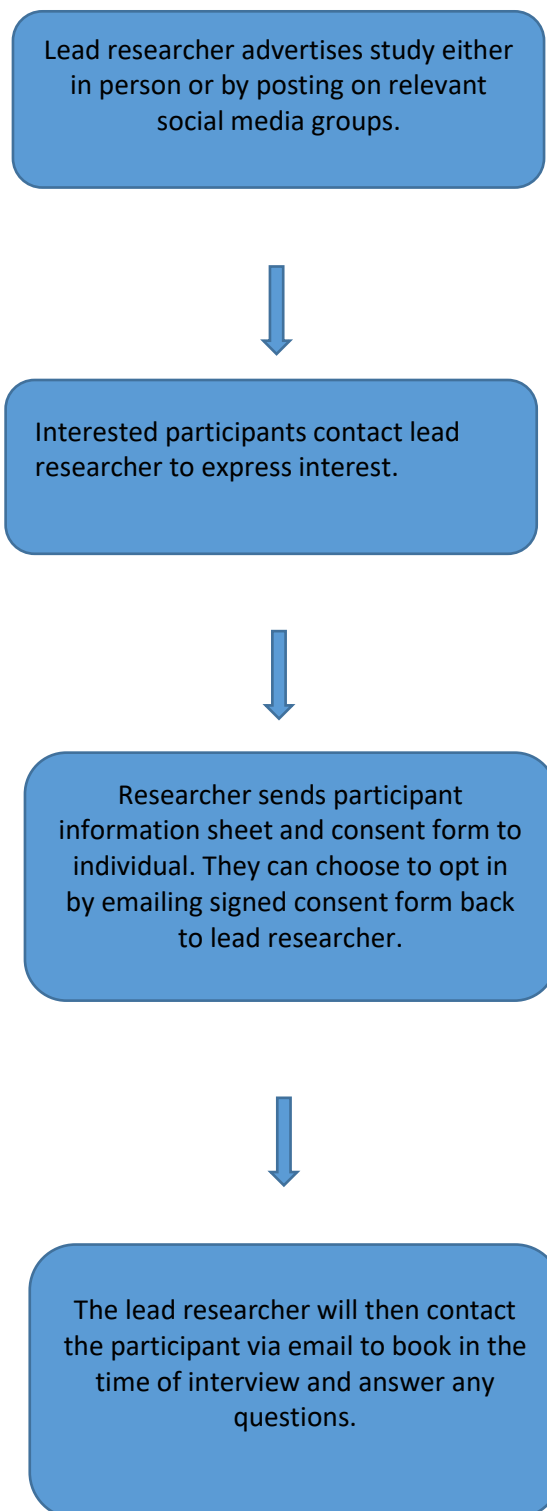
I give permission for the de identified anonymised transcripts that I provide to be deposited in a research data depository so that they will be available for future research and learning activities by other individuals.

I agree to take part in the above study.

Participant Name Date Participant Signature

Researcher Name Date Researcher Signature

Appendix 13: Flow Diagram of Recruitment Process





Interview will take place at the scheduled time via video conferencing.

Appendix 14: Interview Guide

Gender/Age/ Current Status/ Position/ Year that experiences were drawn from/

Can you tell me anything about the types of parental trauma that you have seen?

How did the trauma manifest e.g. behaviour, difficulties in sustaining relationships?

Was there a good understanding of trauma within the social work team? Was it something that was discussed when thinking about working with the parents?

Is there a good understanding of trauma from your supervisors or line managers? Was it integrated into the curriculum when you were studying?

How were understandings of trauma integrated into working practices with these parents?

When work has gone well, what enabled that?

When work hasn't gone very well, what factors have impacted on developing effective working relationships with individual parents?

Do you have any observations around things are currently and how this compares to the past?

The principles of trauma informed care- creating safety, empowerment, offering choice- how are they relevant to your experience of working with traumatised parents.

What has been the impact- if any- of the publicised cases of children dying while in the care of parents on this type of work?

To what extent do you think social work practice needs to be informed by self-reflexive practice?

When a child is removed from their parents, what has that been like for you? What kinds of impact has it typically had on the parent?

When the child is removed, what have you noticed about your own response to the removal?

What kind of language is typically used when a child is taken away? Any use of technocratic language to obscure the real intent?

For practitioners able to sustain complexity, what enables that?

Appendix 15: Ethics Approval

25/09/2022

Mr David Meechan

Health and Social Care

University of Essex

Dear David,

Ethics Committee Decision

Application: ETH2223-0128

I am pleased to inform you that the research proposal entitled "Traumatised parents in Social Work practice: A qualitative study on how is trauma managed in parents by trainee, newly qualified and experienced social work professionals." has been reviewed on behalf of the Ethics Sub Committee 2, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following conditions:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

Aaron Wyllie



Appendix 16: Different Routes into Training

There are a number of different routes into becoming a social worker described below.

BA in Social Work:

You can qualify as a social worker by completing a degree in social work that has been approved by Social Work England. Typically, this will involve theory and practice work placements. Students must spend at least 200 days in placements while they are on the course, and must include a 'statutory' placement. At the end of the course, students will gain a generic social work qualification with knowledge across a broad range of areas. Following the completion of this, social workers will go on to specialise in a more specific area.

MSW in Social Work:

It is also possible to qualify as a social worker by completing a postgraduate degree in social work if you have an existing degree. This will usually take 2 years to complete. Similar to the BA, the course involves a mixture of compulsory teaching modules and placement experience.

Fast Track Training Programs:

Step up to social work: Step up to social work is an intensive, 14-month, full-time programme. It is for graduates who want to become a social worker but do not have a degree in social work, you can train through this programme. In order to apply, applicants need a minimum 2:2, 6 months' full-time (or equivalent) direct experience, either in a paid or voluntary capacity, of working with vulnerable children, young people and/or families, carers or vulnerable adults, GCSEs in English or English language and mathematics at grade 4 (C) or above (or an approved equivalent). If application is successful, participants will train through a combination of academic study and hands on social work experience in a local authority. Once they have successfully complete the programme, they will qualify with a Postgraduate Diploma in Social Work. This will allow them to apply to register with Social Work England as a qualified social worker.

Frontline: The Frontline programme offers intensive paid training and a fully funded MSc in Advanced Relationship-Based Social work Practice with Children and Families.